

Chapter 1

Choosing the Right Path

“Chance favors the prepared mind.”

— *Louis Pasteur*

When you’re about to graduate from medical school, you are faced with five options: 1) become an associate, 2) start or buy a new practice, 3) join a partnership, 4) take a position as vacation relief, or 5) join a big medical company. Which one should you choose? Should you learn as much as you can as an associate and then start over on your own? Should you find a partner? Can you find one, and if you do find one, will you get along and can you trust one another? You’ve heard all the gossip about the different choices before you, but you’re still not sure which choice is right for you.

Welcome to the club! Every beginning doctor has had that feeling of a brick in his or her stomach before getting started. Even the cocky students whose grandfathers were DCs, NDs, MDs, DOs, or LACs don’t always know what to do. Most of them have preconceived notions from their families of what to do before they make up their minds, but there is no more certainty for them that they are making the right decisions than there is for you. Some of us look at chiropractors and see how they are struggling to see twenty patients a week—think of Dr. Alan Harper on the TV sitcom *Two and a Half Men*. We convince ourselves that we are nothing like him and we will do it differently because we are so much better as adjusters, or we have a better personality, or we are better at managing our finances, but are those the things that make you a better doctor? What does make you a better doctor? Do you know? Do you know from a patient’s perspective or do you know based on an assumption of what you think as a patient yourself? Yes, most of the doctors who train with me assume that because they have been patients they can treat all patients like they are talking to themselves. However, “Assumptions make an ass out of you and me.” Remember that quote. New doctors, please stop talking to yourselves. Back to choosing the right path for you.

Many students talk about opening up a clinic with their best friends only to end up ruining a friendship, judging each other, and being resentful. Many wonder why things are so hard for others. They will point out everything their

friend is doing wrong, and they can't wait to start their next clinic without him. In time, they then have a lonely half a clinic with all the same failures due to repeating the same bad leadership skills and blaming.

So how about trying the second option—being an associate? You interview and work for another doctor who is busy. It's a safe route and will guarantee that you will actually see patients. You can then soak up everything you can learn there to become ready to build your own clinic. This choice is the one I made. I decided I would best learn from the most successful clinics out there and create a new hybrid clinic of all the best I could find.

No shortage of opinions exists on which of these options is the best. I guarantee you that, much like the institute of marriage, not all of these options are so glum; they are 50 percent successful and 50 percent failures, and you get to choose which one it will be for you by the actions you take and the attitude you have.

I encourage you to sit and think about what your life will be like for the next thirty years and not the next thirty minutes. Have you heard the saying, "When the why is big enough, the how will take care of itself?" Think of the last thirty doctor visits you had as a patient. How many doctors outside of your school have you had the pleasure of being the patient of? Really, the five options you were thinking about your last year in school are the five presented to all new-borns doctors: 1) associate, 2) start or buy a new practice, 3) partnership, 4) vacation relief, or 5) join a big medical company. Choosing one of these options requires knowing the answers to several other questions as well, including:

- Where are you going to move to in the world?
- Are you going alone?
- Will you have a partner?
- Will your partner be a newbie friend or an experienced doctor?

Most chiropractors who worked within a partnership while in school will tell you after graduating that they did not have a good experience. Why? Because successful chiropractors and other doctors are off in the world making \$3,000 an hour! They are not at the school because a school cannot compete with entrepreneurship, so the hourly pay is set at an affordable rate for the students. I guarantee that's under \$50 an hour.

Making this decision is not easy. You may be thinking, I don't know enough. You're stressed thinking about all these options. Ultimately, your self-worth will eventually dictate your actions and where you will end up, especially if you interview and decide to take a low-paying or high-paying job. I often see

doctors with high self-worth take positions with a low starting salary but a great opportunity to learn or advance. Positions where growth is possible are not high paying in the beginning. They are also demanding and don't come with bonuses, limiting what you can make in the future. The stable high-paying positions offer less field experience and coaching from the clinic owner or lead doctor, if any is provided at all. Many offices, especially larger medical corporations, hire based on a general manager needing shifts covered. In this situation, there is no time for mentorship, so learning becomes minimized and quality time with mentors is very limited, if there is any time at all.

Now let's look at your second option—becoming an associate. There really are three types of associateships:

In the first type, you find a clinic with one doctor seeing a hundred patients a week who can't handle any more patients, so he or she brings on an associate to help, giving the newbie leftovers—usually without coaching and expecting the associate to help make the clinic money. These associateships don't work out. They are full of unrealistic expectations by both the inexperienced new doctor and the doctor hiring him or her. (I expand on these principles when I do one-on-one consulting because they are very complicated and depend on the values and personalities of the individuals involved.)

The next type of associateship is in the super clinic looking for advanced CA chiropractors—you do exams and x-rays, but all the patients are the clinic's. You do not get your own patients; you just represent the clinic. If you want to leave, you have nothing, especially no confidence in getting your own patients—not to mention no opportunity to buy patient files and no coaching.

The third associateship is structured like successful law firms where the experienced doctor mentors the new doctor, shows him or her how to get patients, and goes over proper practice-building and behavior statistics. The senior doctor coaches and manages the associate in finding a way to success that is in line with a co-vision, as I like to call it. This is where both doctors accomplish more together, and all the hard work of an associate is rewarded because the associate can buy patient files, keeping the momentum going, which honors mentors for their time and teachings—success comes from the bilateral appreciation.

Have you been talking to your friends who have been in practice for a while? Some have amazing stories if they've had associateships where they learned a lot from successful clinics. Or they went to unsuccessful clinics and didn't own

the fact that they chose to work there. And so they blame the doctor or clinic for their lack of success. Maybe they weren't clear or careful about where to work and needed to figure out what not to do first.

Perhaps your friends have shared with you that they were hired and couldn't wait to get started, only to discover years into the job that they hated the doctors they worked with, the experience didn't go well, and they had to start over. Perhaps this happened to you. Perhaps you are the doctor who offered the associateship and it went badly, maybe on multiple occasions. Perhaps you're the successful doctor who brought on an associate who used you for knowledge and never intended to stick with the practice.

Gratitude is the best response to both good and bad experiences because you learn what you don't want and receive the gift and opportunity of clarity, which you need so you can move closer to what you do want. Julie and I help doctors acquire a gratitude perspective when we coach those who own practices. Maybe you just don't know how a bad experience will end up benefiting you in the long run without a coach's perspective or a guideline for processing what happens to you—or even better, an efficient way to process what happens to you in gratitude.

Some of your friends may have wanted to obtain associateships they could work in for six months while they learned everything they thought they needed to know to start a practice; then they planned to start their own practices thinking they would have a whopping fifty patients a week. This is an unrealistic expectation; you cannot learn what you need to know as a doctor in even one year, so success is half as likely within six months. The masters know you cannot learn everything in six months. They are humble enough to know it takes a few years to learn enough to run a successful practice of your own. Most experienced physicians will not share the best information with the new students who are looking to steal what they can and run. Again, to get the most out of your mentors, being appreciative of them is the best route.

Remember your commitment affects your ability to see, lead, and sign up patients. Basically, if you want to use a senior practitioner to help you learn, then work for (or with) him or her. However, the senior practitioner won't teach you much if you're not committed. You also won't see many patients since they instinctively avoid uncommitted and new doctors. Many new doctors try the hit-and-run approach (working for less than one year in one office or location), but they don't appreciate or get much out of the relationship

since healthy mentoring takes years. Knowledge really is a burden if you do not know what to do with it. I spend a lot of time with successful business people, not just successful physicians, and they all understand this basic concept: “It’s not what you know; it’s what you do with what you know.” Therefore, it’s really important to put yourself where you want to be and stick it out for three to five years, minimum. If you’re clear on where you want to be in thirty years, you will make a wiser decision, one that comes from your prefrontal cortex.

Another option is to form a partnership. You hear the biggest horror stories about this option, but it is my favorite. There are successful and lesson-filled marriages out there. There are successful business and medical partnerships out there. I’ve found about 100 or so across the globe among medical providers. I’m confident they work. Good partnerships all have one thing in common—two certain and congruent partners with an awesome legal contract they had a third party negotiate for them. It is important to have disinterested parties negotiate the terms and clauses, the contingencies for when things change, and the buyout options for if the partnership is dissolved. These partnerships are very successful and accomplish much more than you can do alone. People in my profession are known for being loners, doctors of chiropractic who want their own offices. That is why we only treat 10 percent of the population. We cannot grow and learn techniques as fast, work together, or gather statistics well in this format.

No one can really do it alone, and if you try, you severely limit yourself. The fear and vulnerability of being alone will stunt your growth. Starting over takes a lot of effort and discourages many, while enthusiasm is the fire needed to fill a new practice.

The third option is starting your own clinic from scratch. Starting with \$200,000 to \$400,000 in student debt is stressful and creates urgency in a new doctor, but adding more debt with business loans and other start-up costs, and with no business experience, leads to higher probabilities of failure, mostly due to stress and lack of financial planning.

Also, most new doctors are unaware of the anti-marketing campaigns going on in the world of medicine. It’s crazy. Doctors are hating and fighting with each other. The chiropractors, PTs, MDs, surgeons, too, and many more, are all disparaging each other’s disciplines. I never took part in belittling other doctors or practices, except when it was necessary to confront directly negligent doctors, no matter of what discipline. I make friends with every medical practitioner I meet because I know we both want to help patients. That’s a big platform to stand on.

There is also a big mistrust of doctors among the general population due to symptom diagnosis. A great deal of people would like to know the cause of their issues, but we doctors don't always have the answers. That's when we really need to get along, so we can have a team diagnosis and identify the correct specialist.

When starting a new practice, you can potentially share space with another doctor to lower overhead. However, make sure the space will support two growing practices. The drawbacks are if the staff and space is solely controlled by someone who is growing faster than you. Ideally, the practitioners are congruent; you like the staff, and better yet, if the other doc is phasing out, you will have more space to grow into. I will go over this option in great detail later. Think about whom you would want to live with forever. If you move a lot, you incur the expenses of new letterhead, cards, and the loss of some patients who get use to a location and don't want to follow you elsewhere, so you're wasting your marketing efforts. I don't know about you, but giving away effort and prized momentum is not on my to-do list.

When you're new, you are learning what goes on in the real world. Working with a congruent mentor who has been in the field is a big help. Without the guidance of a senior mentor, you will face so many more challenges while starting your medical practice. There are underground politics, online reviews and social media, crooked insurance companies, doctors scamming patients, and many terrible doctors scamming insurance companies.

One of my favorite phrases, coined by Noel Lloyd, is "ignorance tax." I've paid my ignorance tax because I spent a lot of my potentially earned income losing out, reinventing the wheel, and doing things I had no idea wouldn't work out. Failure is expensive, and most have heard it takes hundreds of failures for every one success. Well, why not find out what the failures are and spend the rest of the failure learning the skills and arts needed to get to success faster.

Despite everything, many successful doctors are out there. I encourage you to find ten to twenty in each field you can think of and interview them—or go help them!

Some new doctors also procrastinate about getting started; procrastinating is choosing to fail, so if you do anything at all, you're increasing your probabilities for success. Opening your own practice right out of school can really bite. You get business cards, rent some space, and take out a business loan to float you through the first year or so. You go into debt and gamble that you can do enough correctly to pay it off.

Debt makes many doctors uncomfortable, with good cause. The proba-

bility is that the practice will fail in the first six months. Even if the practice doesn't fail, you will make many mistakes, many of them very costly.

So where do you turn to learn how to be successful? Many new doctors are scared and feel like they can't afford practice, financial, or business management help, so they drown in the expenses of their early learning mistakes. Reinventing the wheel is the most soul-crushing, lonely, and expensive way to go, but it's also the necessary route for the most stubborn doctors out there. Worse, once you have achieved your biggest goals alone, you have built your own prison, and that limits you because the next level requires team work within the profession. This is where my profession, chiropractic, stagnates. In the past hundred years of chiropractic service, we have failed to increase the number of people getting adjusted, and actually, early on in my career, I saw the numbers decline. It was not until recently that I saw them go back up to around 9 percent of the population. I believe this change is due to us starting to cooperate to increase student enrollments.

If you look long enough, you can find a win-win work scenario where you work for a minimum two years or transition into a partnership for a successful doctor, giving back in exchange for all you've been taught and being rewarded with a six-figure income, while making your mentor money.

The fourth option, vacation relief, is great for gypsy doctors who really need to find out what it is they like and don't like. Going into many clinics and treating many different types of patients will give you insight on how different each medical clinic is. I have been a vacation relief doctor over the years a dozen times, and I've found it gives you entrepreneurial insight into how others run their clinics. If we walk through your goals for the next thirty years, being locum tenens is expensive if you work globally or even nationally, so this is not a big bucks option. With moving around, you actually gain less experience and you gather little momentum. Doctors are known to be codependent workaholics, so we don't take vacations much. So you won't get many repeat gigs and you will constantly need to be looking for doctors to fill in for.

Time flies. You'll find yourself ten years down the line having done the same number of visits in the same state. If you had started a practice, you could now sell it or insert a specialist into it who could generate income, so with subbing, you lose out on the entrepreneurial benefits of your own practice. The benefits in this scenario are short-term and short-lived, so they are not for the individual looking at practicing to create a lifestyle or future retirement. To me, the

major drawback is missing out on long-term patient relationships. I have had fulfilled patients I still treat over twelve years later. Growing with them and helping them long-term, and for the rest of my life, is a special gift of service that really inspires me to continue to practice for my lifetime.

The fifth option, working for a hospital or large corporation, is very popular and may be one of the most widely chosen. Due to the complications of starting your own practice, including paying taxes and the personal education required to create a healthy practice environment, many doctors go this route instead. Hospitals and other organizations have structure, routine, and legal processes in place. It is a stable and rigid working position. Many doctors who like stability and memorizing and following orders take refuge and work in these scenarios their entire lives.

Another perk is the health and benefits package, so no knowledge of retirement plans is necessary. The drawback is you have no practice to sell for your retirement, and you receive no payment for practice building or entrepreneurial efforts. The major drawbacks for a free-spirited and very diagnosis-heavy doctor are the protocols and rules.

Also, personal issues with poor providers and great providers making the same salary can cause resentful undertones, ruining a harmonious work environment. The larger hospitals are pain and cancer focused. There are few wellness practices and they offer less benefits so it's not as easy to have a wellness specialty if you don't want to work for yourself.

And that leads us to the secret sixth option, which you don't hear about often—starting on your own within an associateship with a purchase option. In this scenario, you learn while earning, can make mistakes with an experienced doctor on hand to guide you, and work with each other's best interests at heart, creating a win-win situation. Then, when you work your way up, you can purchase your practice within a practice, and you can teach, split bills, and expand your income.

I first heard about this idea from my business coach, Noel Lloyd. Then, as I co-taught with attorneys and learned about their firms' structures, I noticed they had a great system for bringing in associates, mentoring them, and either making them partners or sending them off well-prepared to open their own practices or work for other firms.

Doctors so needed this model. It is beautiful and successful, much like a well-structured lease-to-own contract in home buying. The cost-sharing aspect is a superb act of leveraging and limiting effort, while forestalling additional

debt. Believe in yourself enough to know you could make it on your own, but be humble enough to know that you don't know everything. It is of great value to be in the middle of a busy clinic when you start practicing. It's a lot easier to work hard knowing others can take work off your plate when needed.

Starting with little work and building a practice is more difficult. On the plus side, it ensures many inefficient, time-wasting habits will have to go. Also, if you start in a slow clinic, you may pick up the habit of chatting with patients, which limits the number of people you can help and stresses out the staff as it deals with scheduling problems just to mention one of many bad habits slow practices can cultivate.

You can be successful on your own with a successful coach and many mentors, but you have to go find them. Of course, this only works if you have enough self-worth to decide you will be successful. Some doctors hide their failures, not wanting coaches or mentors to know they are struggling; then as they suffer in silence, their practice stagnates or dies. Be strong enough to take the criticism and follow what your coach suggests. Failures only suck if you don't learn from them.

Once you figure out the direction your career will take, more decisions still need to be made. Your life is like a ball of twisted up Christmas lights because you have to make the same decisions with your marriage, beliefs, education, family, social networks, and finances. So there is no time to waste. But don't worry if you don't get it right the first time. See any missteps as a chance to remold, remodel, and change your mind as many times as you want. Just don't stand there wasting time because once time is gone, you are screwed. Doing nothing guarantees failure; doing anything increases the probability of success big time.

Get your priorities straight. Get moving. Get off your butt.

You can probably see that I'm pro associateship. In a balanced state, it's less risky and offers a higher return. The do-it-yourself option is tougher. In math, we call it probabilities. For me, it's like the difference between asking for directions or using a GPS, versus tracking through the woods with a compass. We can end up where we want to be this way—it's not impossible—but it's a lot harder and you are way more likely to become bear food.

Exercise

Can you properly assess where you are? If you want to figure out where you're going, you have to know where you are currently standing. Remember the eye cannot see itself. Ask the three closest people to you to tell you honestly where they think you are. As a provider this may help to determine your current state of doctorhood. Record their answers about your strengths and weaknesses below.

1. _____

2. _____

3. _____

What kind of doctor are you going to be—associate, new clinic owner, owner with business experience, etc.? What habits do you need to be that doctor?
