

## 159: Expert Witness Work for Physicians with Dr. Gretchen Green



### Full Episode Transcript

With Your Host

**Bonnie Koo, MD**

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Welcome to *The Wealthy Mom MD Podcast*, a podcast for women physicians who want to learn how to live a wealthy life. In this podcast you will learn how to make money work for you, how you can have more of it, and learn the tools to empower you to live a life on purpose. Get ready to up-level your money and your life. I'm your host, Dr. Bonnie Koo.

Hey, everyone, I hope you're having a wonderful day. And I'm super excited about today's episode. So I have a fellow physician and fellow coach, and she also attended my retreat in Hawaii. And the reason why I wanted to have Gretchen on is because she is an expert witness, and now she teaches doctors how to do the same thing.

When I talk to doctors who are looking to make money in another way and want to use their doctor brain, the first thing that comes to my mind is to do expert witness work. And one of the reasons why I think it's such a great way to supplement your income and do it from your home, because what I see is a lot of women, and men although I mainly work with women, is that they want to work less clinically.

And they don't necessarily want a decrease in income that usually comes with that. And so I think expert witness work is a great way to stay clinically active because it does require you to be clinically active in order to do it. And as you'll see, or rather listen to my conversation with Gretchen, we talk about how getting into this work is not just a way to create additional income, to do good for other doctors. It's also a pathway to opening your mind as to what else could be possible for you.

Now, when I recorded this episode it was just right after this annual virtual summit called the Leverage and Growth Summit happened. My friend Dr. Peter Kim has been doing this for quite a few years now. And what the summit is, I think it's like a three or four day thing where he interviews several doctors who are doing things outside the box.

So he has one day where they're having doctors who are big time real estate investors come on. He has all sorts of people. I was one of the

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people, so was Gretchen. And we have a chef that was on, actually he was my med school classmate. So really a way for doctors who may not be in this world to sort of see that there are other things you can do besides doctoring.

Now, a lot of the people at the summit also were doctors who are still doing doctor related things. And here's what I came to realize, is that when you think of our training we have this vision of doctoring as looking like one type of thing. Wearing a white coat, seeing patients, doing surgeries depending on your specialty. And I just want to really make sure that you understand that there are so many, so many ways that you can use your doctor brain.

Your brain is so valuable as is, and so many of us just don't know what else you can do with this doctor's brain. And so I just love how accessible expert witness work is. I would probably do it too if I was still clinical, you can't do it after you haven't seen patients in a while.

So here's what I was thinking, too. I think so many of us are looking for a break. And when I say a break, I don't mean like leaving medicine, but we want a break because we've been working so hard. Maybe you're burnt out, maybe you have young kids and you really, really, really want to cut down.

And actually two things came to mind. I know one objection is money. But also I was talking to a friend yesterday and so many of us, it hasn't even occurred to us that we could take a break, that we could work less. And I've said this time and time over again how important it is for us to rest, to have the time to think. You cannot think when you're stressed out about work, when you're not sleeping enough, especially if you have a family and young kids et cetera.

And so number one, you're allowed to take a break. Number two, you can work less. And none of this has to be permanent. When I hear people talk about why they can't do this, I think they think of it as a permanent

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decrease of income. It's definitely not permanent. You can always go back to work full-time.

But not only that, when you have that freed up time you're going to, A, be really able to assess your life. Like do I really want to be here? What do you want to do? What do you want to stop doing? And when you take that time to do that, I think you'll realize for most of us that maybe what you're doing now isn't what you want to do. Or maybe it is but you really want to do this and you haven't done that in years.

And so I'm kind of digressing here. But basically, I think doing something like expert witness work or going per diem or switching to locums for a while to kind of figure things out, I think those are such really easy and accessible ways to do that. And you don't have to wait forever, working forever in order to take that break.

So anyway, I'm excited for you to listen to our conversation to not just talk about expert witness work, but also just talking about journeys. Her journey in particular and why she's so passionate about just speaking about what she does to other physicians.

Bonnie: Hey, Gretchen, welcome.

Gretchen: Hey, thanks for having me.

Bonnie: Yeah, I was thinking, for some reason I thought I had you on the podcast. I don't think you have, right?

Gretchen: No, not the podcast.

Bonnie: Okay. Yeah, I had you on other things. Okay, so for my listeners who don't know you, why don't you introduce yourself?

Gretchen: Sure. Well, first off, I'm a loyal listener of your podcast. I love all the topics. I'm Gretchen Green. I'm a radiologist in North Carolina. I've been in private practice since I graduated fellowship. And I have a side business in doing expert witness work, which I started in 2016. And now I

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teach physicians how to launch and build their own expert witness practices, and also radiologists to manage their medical malpractice risk reading thermography.

Bonnie: Both so needed because – Well, we can talk about the litigation part later. Tell us how this even happened. How did you even get into expert witness work?

Gretchen: I really knew nothing about it until I was sued as a defendant in a radiology case for a breast ultrasound. This happened early in my career after I'd been in practice for just a couple of years. And it was a really trying experience. But I really dedicated myself to my own defense, and both my attorney and I believed strongly in my position. And I then understood the role of an expert witness who would review the case and support the findings that corresponded to my side.

So when we went through that case, and eventually resolved it, my defense attorney said, when it was all done, I should become an expert witness because I had such a good inside knowledge of how it worked and how important it was for either side to be able to educate lawyers and potentially a jury at trial about the radiology issues in a case.

Bonnie: What an opportunity for him to recommend that. Okay, so then what happened? Tell us the whole story, basically.

Gretchen: It was an important confidence booster, I think, during a time when I really felt at some of my lowest point. Where I felt that my professional credentials had been really put into question and really shook my confidence in my ability to do this job for a long-time career.

So the confidence that I got from him saying that I should do it was what helped me when a call came out of the blue from an attorney's office asking me to review an OB ultrasound medical malpractice case. That was why I said yes. And I very quickly realized the medicine was the easy part. That I knew all the medicine that I needed to review the case and give an opinion.

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But I knew nothing of the mechanics of charging. How much to charge. How much to bill. How to write a bill. I had just never had that experience as a lifetime medicine career person. And so I then dove in, learned all the basics about how to grow and build an expert witness practice. And then put that into use starting in about 2016, 2017.

And then I've reviewed almost 200 cases now. I've gone to trial, and now I get to see my students have that same success.

Bonnie: Yeah, so one of the things I love about what you're doing and teaching other physicians is, the way we're trained in residency is we're kind of told – Or even just beforehand, I think our vision of being a doctor is like, okay, we go to medical school, we finish residency, and then we be a doctor. And being a doctor is just seeing patients.

Sure there is private practice, depending on your specialty, but that's kind of what we're told. And as you and I both know, there are so many ways to use your doctor brain besides just seeing patients. And I think expert witness work is, I'm thinking, easy, but an accessible thing that physicians can start doing to have other sources of income besides direct patient care.

And so when I've brought it up, and I'm sure you know more than I do, I'd like to talk about not excuses, but maybe objections people have to even getting started. But I have found that a lot of people don't even know that this is a thing. They might know it's a thing, but it's never occurred to them that maybe they could do it as well.

Gretchen: I don't think people have a clear expectation for what the role is in a case. I think that most people's objection comes potentially from the fear of testifying against another doctor. They truly feel that it's an adversarial interaction, whether it's the lawyer asking them questions in deposition or whether they're giving an opinion and throwing somebody under the bus. And the role is much different.

The role of an expert witness is to educate, to evaluate the facts and circumstances of a case, to read the documents involved, medical records,

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lab tests if appropriate. And then to say whether or not you think the right thing was done by the person who's in your specialty. And that's an opinion about care, but it's not a personal judgment.

And I think people have a misperception that they don't know anything about the legal field, they don't know how to speak the language. They feel it's legalese, it's literally a different language, sometimes it's Greek or Latin. And they just don't even know where to start with the words, much less how to integrate the medicine.

But all of that can be learned, it's a lot easier than learning the medicine that goes into it. And actually, the interactions with lawyers are some of my most satisfying. It's truly a good interaction to be able to talk about a case, to give information, support it with literature, and then to bring that knowledge back to my practice.

I think my colleagues in my practice really see me as a resource for the group. They see that if they ask me a question, they know that I'll be able to support the answer, whether it's literature, experience, or accommodation. And so that really, ultimately drives better patient care. That's the best possible outcome from any of this.

Bonnie: Yeah. Can you actually talk a little bit about expert witnessing on the other side where, as what you said, a lot of doctors are afraid. They don't want to testify against a doctor. So let's talk about that. And have you been on that side as well?

Gretchen: So I have been retained by both plaintiff and defense attorneys. That's what has been recommended to me and what I recommend to others, because it really gives you a better appreciation of the angles of a case.

So again, it's not pro or con doctor. It's just about the medicine and what happened in the case. And I've had it happen both ways where I've been retained by a plaintiff's attorney and I have found no fault, that nobody did



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something wrong. And in that case, that medical malpractice case may never have even been filed.

So there are plenty of doctors out there who are unaware that a potential case never came to light because an expert review found that they didn't do anything wrong. It's not like you get a report afterwards saying, "You were almost investigated, and yet you were found to not have done anything wrong. So good for you." No one gets that feedback.

And the contrary is true, too. There have been times when I have been retained by the defense that I have found that there was something, unfortunately, that could have been done better or should have been done differently according to criteria or practice standards. And that's been useful for that attorney to help nuance the defense, help decide how to manage a case and try to get the best outcome for their client.

So you really can put your skills to work in all these different angles, but in ways that most of us just don't think of based on what we see on TV and Law and Order.

Bonnie: I don't know if you know this, Gretchen, but I was sued. The case was dropped. So I don't know, does that mean I can talk about it? I don't quite know how the laws go with this stuff. I wasn't that concerned, and it's interesting because I can only imagine what it's like if it was like a report, which is kind of like probably what happened to you, is like a report that you actually dictated was the problem.

Whereas for me, as a dermatologist, it had nothing to do with the skin. So it was an injury to an unrelated organ, but they kind of sued everyone on the case and I happened to see them as an outpatient and prescribed them medication that they thought may have possibly been related to the injury, but it wasn't.

And even though I knew that, like this is like a really big stretch for them to have, I mean, I wasn't the primary, whatever, person. But yeah, it was a lot



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of anxiety. So I'm sure you could relate. And it's hard being a doctor, Gretchen.

Gretchen: It sure is. Sometimes it's hard when it goes well. And it's hard when it doesn't go as we hope.

Bonnie: Yeah. So this is a little bit of an aside but I just wonder, and actually, you probably would be able to answer this question. It's like, okay, there is a standard of care, although in dermatology there actually isn't for a lot of things. But it's like, the doctor is also human. So what's your sort of take on that?

That's something I find, not hard for me to reconcile, but it's almost as if the public expects perfection and that we'll always follow the textbook things. But there is an art of medicine, then there are the standard of care algorithms for certain things. And then the doctors are human after all. So what if, I mean, just from your experience as an expert witness, I'm just curious what your thoughts might be about that.

Gretchen: Yes. And this is something where there's a style sometimes to practice, and there is some leeway. I've learned to try to ask some critical questions when I'm evaluating a case. And I feel like I get stuck. And I've come to recognize that feeling of I don't know what was right in this case.

And so then, number one, I always sleep on it. I'll review a case, I have a particular order that I do it. I always review them blinded so that I look at the images first with no clinical history, which is very different from the real world where I'd have the advantage of at least some history. I do it blinded and only later do I then read the reports.

And so sometimes after doing that, I'll go back to the images and re-review them based on how the call was made originally. And then sometimes I do get stuck. And I ask myself, okay, what will help me answer the question of is it more likely than not that this person acted appropriately given their community standard of care in this particular topic?

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Sometimes that means I need to think. Sometimes it means I need to look up some articles, or white papers or consensus statements. And sometimes I need to review the medical records again. Sometimes I need additional information that isn't there.

This is something that experts are very valuable to attorneys, is we can look at things and recognize what information is lacking? Or what might they get for information that will help clarify a case? And so doing that critical thinking helps me decide. And, ultimately, the inability to decide was it the right or wrong thing, you know, 51%, or greater is typically the standard of was something done, should it have been done differently? That may mean that no one did something wrong.

And so sometimes I go through this process, and then I come to the conclusion, if I can't decide and I know I've done all my work, that means that there wasn't a clear better option to take. So that sometimes is the answer. That's very different from how we normally think in medicine. We normally think, well I have to decide, it's one or the other.

Bonnie: Right, it's very black and white thinking, right?

Gretchen: Exactly. And so when you get some of that nuance you can realize sometimes, I don't know is the actual answer in a case, phrased in the right way.

Bonnie: Yeah. Phrased appropriately, yeah. Okay, so who do you think should consider expert witness work?

Gretchen: It's great for people who love to critically think about cases, who find the detective work to be fascinating and a really good mental exercise. And then who likes the process of feeling like you solve a mystery and then explain it to someone, you know, the retaining attorney.

So as for specialties, any specialty basically that involves patient care has some malpractice risk.

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Bonnie: Right, because that's a common question. Because I think a lot of doctors feel like, oh, it's not, you know, like family medicine, I think, a lot of them are like, well, it doesn't really apply to me.

Gretchen: Right. There is a misconception that only the subspecialties who get sued a lot, like neurosurgery, OB, that they're the only ones who need to be experts. But in fact, it's a little bit the opposite if you're just going by the numbers because there are so many more family medicine docs, internists, and now hospitalists.

That really creates a greater pool of potential exposure because they see a lot more patients. And so that can cause more cases to potentially get into the system. And so attorneys are looking for matches. They're looking for kind of a twin to the people who are involved in the case, that's the expert out there looking to match. And so we really need everybody throughout the country in all specialties to be willing to review these cases.

And maybe that's part, if we called it reviewing maybe that would make people feel better about it. I think that word, "expert" really stands in the way when people think, "Well, if I don't know how to do it yet, how can I be the expert?" You are the expert because you're the physician doing the work.

Bonnie: Yeah, no, totally. So I'm sure one of the first questions, I'm just trying to think because I do talk to a lot of my clients about this because one of the things, obviously, I help them do is to create other streams of income. And a lot of them will invest in real estate, but I think this is something they could supplement really well.

Especially if they want to start working part time. But real estate doesn't grow to millions overnight, obviously, right? But I'm sure you meet so many women physicians who just want to work a little bit less so they'll have some more free time, but they would still like to supplement their income while they're sort of figuring out what to do.

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And so in my opinion, and tell me if it doesn't match yours, it seems like a great way to supplement the income, use your doctor brain without having to go to a shift and see however many patients that you're supposed to see. Because this is basically working from home until you take – Well working from home. I think a lot of people also think, I'm just realizing this, Gretchen, they think that this means they have to go to the courtroom all the time, right? You probably hear that a lot.

Gretchen: I do. And it's interesting, since 2016, almost 200 cases now, one has gone to an in-person trial. And now because of the pandemic and even lawyers finally adopting some digital technology, even depositions are virtual. This work is now 99 plus percent on your own time, whatever hours you care to do it. So it's never been more flexible.

And there are two potential big opportunities with doing it. First is the mechanics of how you can make money. It's true, it is work and it makes money. So for your time as a physician, I don't know of another side gig that is better compensated just for the time that you spend doing the work, which ranges typically from 500 to \$900 an hour.

So you can work three to four hours a week and make \$100,000 in “side gig,” I'm using air quotes, income doing this work. But even more so, and you mentioned real estate, once you have a mindset that you are the creator of a business, you become unstoppable in ways that you will never anticipate before.

The world of possibility opens up to you because you start stacking these talents that you acquire by doing this work. And I don't think a lot of people notice it happening, but real estate is something that I got into because I honestly needed someplace to invest the money. I just wanted to diversify not only my sources of income, but also where I put the money to work for me.

And so real estate had a lot of tax advantages and others for diversification, so that's what I did. But I realized not only that I have the means to do it, I

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had the mindset as a business creator to make businesses in real estate as well. And then it was an even shorter leap to get into digital course creation and to expand from there with marketing.

There's literally no stopping you once you make that breakthrough to becoming an owner and an operator of a new business. And there's no telling the dividends that it pays down the road. It's really just opened possibilities.

Bonnie: Yeah, no, I think you said that really beautifully. Because I think it's really easy, you know, we just had the Leverage and Growth Summit that just closed down. And for people listening who have no idea what we're talking about, it was a virtual summit with interviews with physicians who are doing things outside the box. I feel like you were in it, right?

Gretchen: Yes, I was again. Yeah, we were both at the summit.

Bonnie: Yeah, awesome. Yeah, so I think it's really easy for participants who might be their first exposure to doctors doing these things. And it's really easy to be like, how do they get there? It seems like a big gap. But I just love how you said it just starts with one thing. And once you do something that's not just seeing patients, being a W2, whatever, it's like this world opens up, right?

Literally the world opens up, your mind opens up, and then it's like you start meeting people who are doing these things. And you just start getting ideas. And like you said, the skills start stacking, as you said. And then the new beliefs and all the stuff that you and I are really into right now starts, the world just starts opening up and then – Yeah, because someone might look at you, Gretchen, and be like, “Holy cow, how'd you go from being sued to becoming an expert witness, to creating a course, to XYZ?” Right?

And it snowballs at some point, right? It's so easy to get ideas once you start doing things. And yeah, because one of my favorite things to do, Gretchen, and maybe you feel the same, is when you meet someone who

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is earlier in the path and they literally have no idea that this was available to them. I think it's the best, right?

And I think the Leverage and Growth Summit, I'm sure you did, we got to interact with physicians where this was their first exposure and their minds were blown and they're just like, holy cow and I can't believe it. They didn't even consider, and I was at that point, too, where I was like, "What? People do things besides seeing patients as a doctor?"

So I just love that you said that because I think it's easy to just talk about, oh, expert witnesses work XYZ, but also just explaining how it can just fit in with all the things that could come afterwards.

Gretchen: And I think it feels like a big leap for people.

Bonnie: Yes.

Gretchen: I got a lot of feedback from the summit, and I was looking at the numbers. This summit has doubled every year, it is not an accident that over 8,000 people registered for this summit, because physicians are really, I think, looking for ways to take back the feeling of control. I think we – I hope one of these days we'll be at the low point of feeling of control over our careers and how we dictate how medicine is run.

Everything we can do to improve that mindset and that sense of ownership and control is going to benefit medicine, and put us back in the driver's seat. And the two uniform concepts that I heard from everybody's talk, and I've said the same, is you get started by starting. You take one step and then you keep taking steps.

And that's what adds up over time to these, what look like from an outside, are these huge leaps, right? Because like you said –

Bonnie: Overnight success or whatever.

Gretchen: Right. Like, oh, and it's easy for you. A natural. There's nothing natural about going from being sued to being an expert witness. It feels, in

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some ways, the most unnatural thing to do because why would you go back into the lion's den, so to speak? There's a lot of things you can think about.

But the book *Atomic Habits* is one of my absolute favorites. And it truly describes that process of doing consistent small actions every day to make massive results and building up your stamina and your patience that success will come. And it's not instantaneous, but it comes in leaps that you can take over time.

That's the key, I think, to business building. So that's just one of the books that I love the best.

Bonnie: Yeah, no, it's a book – I have it, I don't think I've read the whole thing. His name is James, right?

Gretchen: Yeah, James Clear. He has a great blog post also. It's very quick.

Bonnie: 1-2-3 email?

Gretchen: Yes.

Bonnie: Yeah, I get those. Yeah. I don't always read them, but I see them in my inbox. Is it every day or every week? It's every week, right?

Gretchen: It's pretty frequent. But yeah, it's like cliff notes, very succinct. I love it.

Bonnie: Yeah. So I know we're veering off, but I love where we're going here. I really like what you just said about taking one step and then one step. So we're recording this on Thursday, and every Thursday I pretty much listen to *The Life Coach School Podcast*. That's probably the only one that I'm following consistently, at least for now. I'm sure I'll find another podcast that I get obsessed with.



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But today's episode actually was about, I forget the title, but she was talking about how people tell her that she makes success look easy. And she was talking about that. She's like, "Well, it is simple, but it's not easy." And then she says that she's going to try to make an effort to talk more about the hard.

So I think kind of like the summit is easy for someone to look at and they make it look so easy, or they're a special unicorn. And because they're comparing about – You know that book, *The Gap and The Gain*?

Gretchen: Yes.

Bonnie: They're comparing themselves to where someone else is. And so I do try to share all the failures and just talk about "the early beginnings," and things like that because I do think it's easy to kind of glamorize business or even coaching, right? Like, becoming a coach, it's easy to make money. It is easy in other ways, and Brooke did a really great job going through what's hard about it, right?

And so you and I both know what's hard is all the negative emotions, feeling like a failure, feeling shame when you get a hate email. I've gotten my share of hate emails over the years. Or making a mistake in public, because you do become a public figure when you're in business, depending on the business you have. That's why taking one step at a time is important. That's the long-winded way.

Gretchen: It's amazing the feedback and the value or not that we give to it. Because I had to face – Let me backup for a second. The feedback that I've routinely gotten from my students that they felt is most valuable is that I'm not afraid to talk about my experience having been sued.

And now having gone through a divorce, I can tell you how I put my skills to work in that and faced those fears of things that are very emotional. And yet kept my composure and continued through a process on a daily basis that's very difficult and challenging. And we are not very public about those challenges. We're not public about failures.

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Facebook is very public about the pretty pictures of vacations, but the true value comes from sharing that this is a human experience, that we're just doing this every day just like everybody else who is at any other point in this process. I know I've heard you talk about it, and it's been helpful for me for those days when you feel like, "I just want to pull the plug on this." Like it's a hard day or you're trying to wrestle with something new and you think, "What if I just quit? Could I just quit? I'll just pull the plug."

And every day is a decision to not do that and it becomes a habit. And that's the key, is you say, "Yes, I can acknowledge that I can feel that way. But I'm going to keep going because I'm going to keep deciding to keep moving forward." For me, that motto is onwards and upwards. And sometimes I just need to pause, but I'm never going to stop moving forward in the things that I do, acknowledging that I'm always going to keep thinking those thoughts.

And I've had, it's been very interesting the thoughts that I had going into the digital course creation thinking lawyers will use this against me in cases in which I'm retained as an expert. And I had people say, "Don't do this. Don't go make a course about being an expert. They'll crucify you and they'll hold it against you. And it's going to come up in every deposition."

And I thought to myself, "Well, then I will handle it. Then I will decide in advance how I will answer questions, just as I do with every other question that I'm asked." And it has happened. I've gone into the arena, like Brene Brown says, and I have had lawyers cross examine me about my courses.

And now I took it a step further with this course where I teach radiologists the patterns that I've seen in breast imaging, in reading mammograms in breast cancer expert witness cases. I decided I've seen too many of these patterns, there's like four of them and they're all the same.

And if people just knew these patterns, we could potentially improve people's confidence and reduce cases ever being filed for this. So there's a potential to do the greater good, but I have had to face those fears and

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demons myself, thinking, am I giving people the tools to undo me? But that's where the knowledge is. They can't undo me. They can't take me down. It's because I know that the good that I'm doing for the world is so much greater and the better impact for everybody, ultimately patients. It's worth a few tough questions.

Bonnie: Now I'm going to try to do a better – Well I shouldn't say a better job. But I do try to share the good and the bad and the ugly, I guess is what I'm trying to say. I mean Match Day was just a week ago. And every match week every year – I kind of forget when it is, but I see all the posts on match day and I'm like, "Oh yeah, I didn't match till the third time." And I share my story because I think match day a lot of people don't match.

And I actually heard that emergency medicine had a gazillion unfilled spots, but then someone said they also increased the spots significantly. But just seeing how match day unfolds or match week, I should say, unfolds every year has been interesting for me to watch. But especially as a dermatologist I think it's important for me to post that I didn't get in, because it's really common.

And I do think that's one of my strengths, is I didn't give up. Because people were like, well, why don't – Actually you know what they all said? I should become a radiologist is what they said. Because they're like, it's high paying. I was like, well, first of all, I don't understand anatomy. That was not my forte. I was like, "No, that's a no."

But I just thought it was interesting how everyone kept saying do something else, do this, or become a hospitalist. And then at one point I was like, "Oh my God, at this point I'm going to be like 38 when I finish residency." And then literally I was like, "Well, I'm going to be 38 anyway, I might as well be 38 practicing the specialty that I want and not some other field." Because I think, honestly, they just didn't want to see me fail, I guess.

Or even Sunny, my first coach, as you know her too. I think she told me it was extremely rare for someone to apply three times for a specialty, for

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derm, especially. She says people usually just give up after the first time, usually.

Gretchen: That's what we're told. We're told, well, if it didn't work, then just try something else. But the secret to success is not quitting. Sometimes it's just keeping going even though it seems like you're not getting anywhere.

And the analogy James Clear makes in his book, Atomic Habits, is that you're heating the room and the temperature is going up by one degree. But you're starting at zero, you have an ice cube on the table and you're looking at the ice cube and you're saying, well the temperature of the room is rising, but the ice cube is not melting. Look at it, it's just sitting there. It's not melting.

Okay, now we're at 16. Now we're at 17 degrees. And you're like it's not working, it's clearly not working. But what you're doing is you're depositing energy into that room. Literal caloric energy, increasing the temperature of the room until you get to 32 degrees.

And then at 32, that is the temperature at which the ice will begin to melt. But you didn't feel that there was progress leading up to then. But really, you're putting in place those habits and those systems and a mindset that means you are a person who keeps going until you get those results.

Bonnie: I love that ice cube analogy, yeah. I mean it was devastating every time I didn't get in. I racked up a lot of credit cards buying expensive shoes, like retail therapy. Yeah, actually, the first time I didn't match – No, the second time because the first time I was still in med school so I didn't have any income.

But the second time I was an intern. The red bottom shoes, two pairs of Christian Louboutin, which I still have but they don't fit my feet anymore because after you have a baby your feet change. At least my feet did.

Gretchen: Oh yeah.

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Bonnie: Okay, anything else you want to say about either expert witness work or kind of tying back to what we were talking about how your mind opens up? Yeah, just like any advice you have for physicians listening who, I guess are just looking for either it's something or more something else, but there's something we're like – I think you know what I'm saying.

Gretchen: Yes. And I think this is something that we talked about your retreat in Hawaii and other things that you've taught. One of the most valuable ways to think about this is what happens if you don't do it? What are the actions that you might be taking or not taking in going a different direction?

Like you said, you can go work extra shifts. These are all choices. If you're making choices about other time in your life that you can spend for work or play or other things, you do have to decide what you're going to do. And you can decide, as I did early in my career, I'm going to work weekends.

I decided, okay, I moved into a house. I started a new partnership track job and I decided, okay, I can't put a standard 9 by 13 pan in this oven, so I've got to buy a new oven. Okay, well, I've got to work a weekend. You can trade time for money. And then there comes a point where you start to feel like you have less time, I think as you get older. And you can make a decision whether you want to earn it in a denser fashion, at a higher rate.

It would be great if doctors, if we could just fix it and doctors would make what doctors are worth, like NBA players. Imagine how healthy could everybody be if doctors made what NBA players do and we valued our collective health. But we're not there yet.

And so what happens if you don't? You can work shifts. You can enact a strict budget. You can spend a lot less. You can live differently. Then you're deciding what will you maybe regret later? And so that's kind of where I am now, is I'm willing to put in the effort now because I like the alternative less.

And what I've found is that the gains and the reward is so much greater than I ever thought. The sense of accomplishment, this feeling something

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that I've built that has done service and good in the world. I mean, my feeling when I went to trial, people think trial is scary, they're going to destroy you. No, the trial was like back when I used to sing opera. I just use fewer notes, right?

But I had been rehearsing. I had practiced. I was totally polished and ready to go. I had my PowerPoint with my radiology pictures. And when the jury kind of finally walked into the room, I felt like jumping up and clapping. Like it's an actual jury. I was so excited because everything I had done had led to that point and I couldn't wait to tell them how a CT scan works. And how did it work in this case? And what does that mean in this finding? And that was the culmination that really, instead of being a scary experience, it was just so rewarding.

I knew every skill I'd ever worked hard to get, I put to work that day. Emotionally, psychologically, knowledge wise, even the tech. And I just sat there, and even when I had to project something off my laptop I thought, "Oh, I know what that alt f5 button does. I know that's the one that puts it on the computer screen up above." And it worked like magic.

Even things like that, I just spent that whole day just celebrating all that work that led to that time. And that's the magic. And all of us can do that.

Bonnie: Yeah, actually, I really love what you said about how having that sense of accomplishment, fulfillment and knowing that you made a difference, I think that's what a lot of us are craving. Because at some point we stopped feeling accomplished, especially with all the pressures of being a physician. And so I think we're looking for that sense of fulfillment, feeling accomplished, and also truly feel like we're making a difference. With the confines of insurance, et cetera it's so difficult now. So I love it.

I mean you and I, we're speaking to the choir here about this stuff. Okay, is there anything else you want to say before we close?

Gretchen: I'm not sure how much of your listener audience is women, but I don't think that there is a better way, at least this is one way of doing it, that

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the concept of learning to improve your position is so important for women too.

I think a sense of agency that you are in the driver's seat of what happens to you, that you're not a victim of circumstance, and that you have that power to make positive change and direction in your life, you can be open to how these opportunities unfold.

For me, also, it's been employing my children doing marketing work. They stuff envelopes, literally, for me that I send to lawyers in mailings. And so the lessons that they've learned, I've been able to pass on to them. There are just so many other benefits.

Now, they have Roth IRAs and they know something about investing money and working to get money. And these are really important concepts that it becomes an opportunity to teach, not only to yourself as you're energizing your own career by learning about the medicine and learning this process, but also benefits others.

Bonnie: Yeah, no, totally. Jack's five, so technically I could pay him for modeling because he has been on stuff. But I've just decided at this point it's probably not worth the paperwork to pay him like 500 bucks a year. But at some point he will be doing probably my social media or something, right? Because the kids learn that stuff really early these days.

Gretchen: Yeah, it's amazing.

Bonnie: Okay, well, thank you so much for being here and for doing what you do. Gretchen.

Gretchen: Thank you for having me. It's really a pleasure.

Bonnie: Oh, and how do people find you? I forgot to ask.

Gretchen: My best email to reach me is [admin@theexpertresource.com](mailto:admin@theexpertresource.com). And if you want to see my courses, it's <https://www.theexpertresource.com>.



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Bonnie: Awesome. Yeah, we'll be sure to link it in the show notes. Okay, everyone, talk to you next week.