

Ep #34: Operating Your Own Business as a Clinician (Part 1)



Full Episode Transcript

With Your Host

Heather Branscombe

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Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Hi there, friend. I hope you're doing well today. I am really excited to be recording this podcast today because I have my first guest today. I feel like this is just another little milestone that I am having as a podcaster, so it's so much fun.

The reason that I'm so excited is because I really want this podcast to be the beginning of a conversation. And I'm excited to be talking to you as part of the listening audience because I really firmly believe that together we can deliver more value and to be of more service to our fellow clinicians than we can on our own.

So, today I'm going to be talking with Gabriel Wong, who is a physiotherapist as well as the founder/operator of West Coast SCI Physiotherapy. And we ended up covering a lot, so I've decided to break this into a two-part series, and I hope that you love listening to Gabriel as much as I did when we recorded this.

So, here's our introduction to Gabriel Wong.

Heather: All right, well welcome, Gabriel. As I was mentioning at the beginning you are my first guest on this podcast, forever to be known as the first guest. So welcome. Welcome to the podcast.

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Gabriel: Thank you so much for having me, Heather. I'm very excited myself.

Heather: Awesome. So why don't we start by you just telling me a little bit about your background and how you came to be a clinic owner.

Gabriel: Sure. I will just back up a half second, my name is Gabriel Wong. I'm founder/operator of West Coast SCI Physiotherapy. I mean the background is as extensive as you want it, but basically I started clinics not knowing I was actually starting clinics, if that makes sense. I think a lot of people out there that own clinics, I feel, are kind of in that same boat. I think yourself included Heather.

Heather: Yeah, sure. And what does that mean to you?

Gabriel: Yeah, well I mean I came out of physio school thinking I was going to work for somebody and that was just kind of how I was going to do my thing. But I guess the place I worked at wasn't exactly the type of physio clinic I thought I wanted, but I didn't know that until I started working there.

I call them a turnstyle clinic. It was very much about volume, seeing as many people as possible and having three, four, five rooms going at the same time and just running around kind of like a chicken with my head cut off.

And I made pretty good money right out of school. They gave me a decent signing bonus and all that good stuff that kind of drew me to them. But after a little while I just felt very burnt out. And quite actually disillusioned by the practice of physio. And I guess that was my only experience as a working physio and just kind of realizing that that's actually not what I wanted to do at all.

Heather: And then your career took a little turn, if I remember.

Gabriel: Yeah, very much so. So I think as a lot of people have come out of school too you've got a mountain of debt and you're kind of at the age where you want to start settling down. I had a long-term relationship that we wanted to get married and start a family and purchase a home and all this kind of stuff. So I just worked my tail off and the fingers to the bone, literally. Stupid long hours. I was definitely the highest producing clinician at the clinic, even though I was fresh out of school.

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I ran the, I mean I would in BC at least, but they do occupational rehab as kind of the WorkSafe or WCB stuff, so I did private clients like 6am to 9am. I ran that program from 9am to noon. And then from basically noon til 6, 8pm I would do my privates again. So just working 60 hour plus weeks, saving up and just being a total crazy person and just burnt myself out.

And like I said, it was a clinic that encouraged that, actually. They really wanted me to work more and more and more and see as many people as I could.

Heather: What do you think motivated you to take that kind of position in the first place?

Gabriel: Well, I mean, I think as therapists out there know, there's a very high demand for therapists out there right now. And I didn't really realize that though, I guess. I was maybe naive or whatever. But I didn't even interview at that many places. This place, I think at that point I was maybe more financially driven just because I had a lot of debt and I wanted to get married and all this kind of stuff.

So I was just like, well, where can I make a lot of money and who's giving me the most signing bonus? And that place checked those boxes so I was like, okay, I'm there. But like I said, probably after about a month or two I was like, holy cow, this is not what I expected. It's not as glamorous as it kind of seemed, I guess.

Heather: And so what do you think caused that shift? Like, at first, you were financially motivated and it sounds like you were making a fair amount of money by working in that way that you kind of expected. What do you think shifted? Why do you think it shifted to burnout?

Gabriel: That's actually a great question. I never really thought about that. I think it was just because I had no life outside of work. As I was saying, I worked 60 plus hours. I mean, I would see my, I guess she was my fiancée at that point, from time to time. But I mean you'd wake up at 5am get home, I mean, I'd go to the gym after which is crazy, too. But I'd get home at like 9, 10pm kind of thing and then just repeat. I did that on Saturdays, too.

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So I was just not really living a life, I was just basically a robot, living life as a robot. And I don't even remember that period of my life actually, it was such a blur. I think that's what it came down to, just life was not fine at that point in time. And I think I was just looking too much about the future, I guess, and not really enjoying the present moment.

And I think that kind of came as a realization at some point and I just said what am I doing? I can't do this forever. And I think that's kind of what led me to burnout, just being exhausted. Constantly being exhausted.

Heather: And I know we chatted before, you mentioned that you then quit that position and then you found an admin job, which is completely outside, well not completely outside, but outside of our traditional clinical career that you had trained for so long for. So tell me a little bit about that shift and what made you decide to go that way.

Gabriel: Right. I think, again, burnout was part of that reason. And just really not liking the way that I was practicing as a physiotherapist at that place. And I was dealing with some tougher clientele too. I wouldn't say super complex, but just chronic pain, I guess. And I guess maybe I wasn't ready for that yet or I didn't have enough skill set or training for that. And they didn't really provide much in terms of mentorship or training.

So then I was like, forget being a physio. I don't want to be a physio anymore. Actually, that's kind of where I was in my headspace. So a position opened up, it was still as a physiotherapist but it was in the hospital doing a discharge planning kind of a role.

So I was at a desk on the phone and then that type of thing. So I didn't really have a whole lot of patient interaction. But that's kind of what I needed at that point. I just wanted a steady paycheck that maybe wasn't as much, but it was steady and had the benefits and all that type of stuff, but just away from patient care and let me just sit in front of a computer and kind of chill out a little bit. That was kind of my mentality, I guess.

Heather: Yeah. And what do you think was attractive to you about that position?

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Gabriel: Yeah, I mean, like I said, the hospital, obviously, public practice, the salary was probably pretty good because I didn't have to feel like, oh my gosh, I need to see as many patients as I can. So I think that was one aspect. And, again, just not having the running around I felt as a clinician in that particular practice, that I was just like jamming in as many people as I can and running around.

I wasn't even eating. Like I would grab a granola bar at the charting station in between my patients and I literally wouldn't eat or take a break or anything. And having the ability to actually have a proper lunch break. And working with a team of people, I think, was interesting to me, too, because I worked with a team of different disciplines at that admin job, which was kind of nice because I was basically a lone wolf clinic I was at.

So that was kind of attractive as well. But I mean, I think I just wanted to get as far away from private practice as I could at that point in time.

Heather: Right. And then you ended up coming back to private practice.

Gabriel: Well, yeah, I mean, roundabout. It wasn't, again, anything I had planned. So that's, I guess, the birth of starting my own practice. But the hospital I was at, again, is a multidisciplinary team, but it was typically a place where mostly nurses, but like social workers and others would kind of end their careers because it wasn't bedside nursing and things. So they would get a desk job as an older nurse.

And so I guess I was working with people that had issues, you know, neck pain, back pain, all the typical stuff you see as an office worker and nurses ending their career. But they'd always come and say, oh, my neck is bugging me or this and that. So I'd said, well, I'm technically a physio still, so let's see what I can do. So I'd say, well, let's just go down to the park across the street.

I'd bring a mat and maybe a couple bands or whatever and I'd start doing stuff with them. And it was very much exercise-based because I didn't really have the equipment or anything else. I would spend like an hour with each person. And basically, after a little while they would say this is the best physio I've ever had. I've never had a physio that actually spends time with me and actually does

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more or less call it more physical exercise, it would be very much passive modalities. So I'm like, well, this is technically physio, I guess.

And they would say, well, can I tell my friends? Like, oh man, I think my friends would benefit from this too. So I'm thinking, okay, sure, tell your friends. And I had to figure out like, well, I guess I could bill these. I guess I could start charging for my time here because I'm spending quite a bit of time with these people.

In a roundabout way I kind of got a little practice going. And then next thing you know, I was working almost as much after work as I was working at work. And then winter came and I had to figure out some places to go. And I'd either go to people's homes or I'd go to their condo gym or whatever. Yeah, it was really makeshift at that point in time. But yeah, it kind of snowballed to the point of I need to hire people and I need to rent a space and all that type of thing.

So it was not planned. It was definitely on the fly and it definitely snowballed very quickly, actually.

Heather: But it sounds like it reignited the joy that you had originally around clinical practice. But it seemed, just from my outside view, it looked like you were now doing it more on your terms instead of what you perceived were outside terms.

Gabriel: Yeah, 100%. I was able to do whatever I wanted in terms of my treatment and kind of how I operated. I could obviously make my own schedule and stuff even though, again, I worked probably more than I should have and or needed to. But 100%, I could make all the decisions and that was really satisfying. And treating the way I wanted to treat and I didn't have to see three or four people at the same time. That was really nice to do that, too.

And like I said, the people I worked with were great, too. I mean, let's call them my patients, I guess. But they were great. And they were really finding benefit from what they were doing with me and they wanted to see me more and more and more. So I guess that kind of gave me the encouragement that I was actually doing something of benefit to people.

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I felt before at the practice I was working, it was just I'd put somebody on a tens machine for 20 minutes with a heat pad. I'm like, am I really actually doing anything? Or can they just do that at home or would they actually just naturally get better on their own from the therapy that I was doing for them?

Heather: Right. And then when you were working with them more specifically one on one from an exercise point of view, it sounds like that shift of belief was changing, that you actually felt like you were giving them more value than what you were in the past.

Gabriel: Yeah, I think so too. I mean, I think a lot of evidence now is pointing to activity as a method of healing, but I didn't really think about that so much before. I just realized that these people were very, very sedentary and sat at a desk eight hours a day, 40 hours a week, X amount of weeks per year, times how many years? So I was thinking, well, these people actually just need to move.

And then they would get great benefits relatively quickly from that. And I'm like, holy cow, this is working. I kind of surprised myself, actually. I mean, obviously, you know that, what is it, motion is lotion and all kinds of stuff now. But back then I was just kind of like, well, this is what I feel you need. Let's do it. I didn't really think about it too much.

Heather: Right, and then that was the birthplace of your practice and your clinics that you have today.

Gabriel: Right, very much so. I think I came to a point where I realized I needed to get people to help me because I couldn't manage all these clients on my own and still work full-time somewhere else. But yeah, I think just finding like-minded clinicians that believed in that kind of exercise-based therapy.

And then just realizing that there's actually a lot of therapists out there that don't need to have three people going at the same time and putting buddy machines on everybody and just basically giving somebody an exercise sheet and circling the top three exercises. And here, you've got back pain, do these three exercises. Here's the sheet, go off and do them. I'll check on you later. I'll see you next week and we'll see how things are going.

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I think there was a need for that at that given time. And I think kind of discovering that organically was actually very eye opening. And then, yeah, like I said, there's a lot of practitioners that felt that way too and maybe just didn't have a place to do it.

Heather: Yeah. And so what I'm kind of seeing as there was a similar thing of we go, no matter what our clinical background is, we go to clinical school, we get frameworks, we get practice. But it's in that actually practicing in different clinical locations and environments that helps us to kind of develop the kind of clinician we want to be.

And then it sounds like as you developed as a clinic owner, you also had to not only think about your clinical skills, but also the skills around running a business. Tell me about that.

Gabriel: Yeah, let's call it the school of hard knocks, the most expensive education I've ever paid for. Much more expensive than physio school. Like I said, you pay for it because of all the mistakes you make.

Yeah, but obviously going through physio school I didn't have a business background, I wish I did. And at one point I debated getting an MBA and I, offline, spoke to Heather about do I need to get an MBA?

Heather: And what did I tell you? No.

Gabriel: Yeah. I mean, I think you get it along the way. And I mean, initially, again, I wasn't really thinking as a business owner or anything like that, but I just started reading like a crazy person. I was commuting to work on the bus and would have like an hour in transit each way.

So I would just read and read and read and get every single book from the library I could about business and finance and accounting and marketing and all this type of stuff. I would try to meet people that, obviously, were business owners, even in different industries to just kind of pick their brains and try to see what they've done and how they succeeded and things.

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And then, obviously, like I said, make a million and one mistakes. I still make mistakes today. But I use them as learning opportunities. I try not to get too down on myself. I mean, kind of hard, easier said than done. But I would get down on myself for a little bit and then I'd kind of pick myself up and push forward.

But yeah, physio school doesn't really teach you very much about that. Even just working in private practice, I think, they don't really emphasize that a whole lot. So just coming out of school and trying to figure that out myself was a steep learning curve.

Heather: If you were to name the top one or two things that you've learned in your career so far, be that clinically or from your business career, what would you say your biggest learnings are?

Gabriel: I mean, that's hard to narrow down to kind of one or two things. But I guess either partnering and collaborating or, I guess meeting with people that have more experience than you to try to piggyback off of them. Because, I mean, you only know what you know, and you don't know what you don't know.

And you really, I mean, you kind of have no idea almost till somebody says, hey, have you ever tried X? And you're like, I never thought of that, that type of thing. So is that a mentor, is it a business partner, or is it schooling, whatever? But just trying to kind of lean on those around you that have more experience than you. I think that's kind of a big one.

Two, I don't know, clinic ownership is a lot more than it seems. I think when I was kind of going through starting my own practice, I think you get really excited and you have this kind of energy that, oh wow, this is so great. Now I'm going to be my own boss, and all this type of thing.

Heather: What did you think it was going to be like before? Now you're on the other side. But if you can go back and think about that person that was in that clinic grinding out, or even at the admin, did you have a perception, a thought of what a clinic owner would be like?

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Gabriel: I did, for sure. I mean, as a clinician or employee or whatever, you kind of think, oh, well this clinic is making so much money, and oh man, they're taking this huge cut for me. And then I see them driving this nice car and they have this nice house or whatever, they can have a Rolex or whatever. And, oh man, they're making so much money. It must be so easy, they just sit there while I'm working my tail off. I want to be in that position.

And then when you're in that position, you're like, holy crap, it's not like that at all. It's basically just a big illusion. I mean, maybe it's just the way I run it and I had to have a very small margin but, I mean, if I have a margin at all. But you don't see the back end of things and you don't realize how much the owner actually – Well I guess it depends on where you're working.

But you don't actually see how much the owner is actually working behind the scenes and giving up their weekends and not having that work life balance that everyone talks about. Basically not even paying yourself half the time, if not all the time or some of the time at least because you're just pumping all the money you're making back into the clinic type of thing. And as an employee or clinician, you don't really see that aspect of things. You just see all the glory.

And there is glory. I'm not going to say there isn't, but there's definitely some hardship as well in trying to find that balance.

Heather: Yeah, I think that's the reality, is that there are these sayings out there because our brains like to think them and that the grass is always greener on the other side.

When you're an employee you think, whether it's your supervisor or your boss, or if you're in private practice, the owner, it must be easier or better on that side. And when you're the owner, sometimes we can fantasize about working at Starbucks or just being an employee because our brain likes to think that that would be easier also.

When the truth is, there's 50/50 on all sides. There are pros and cons to both sides and it's really about deciding what is in most alignment with what we're looking to create and how we want to show up as a clinician. So I think that's helpful.

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