

Michael Rizk: Run a Clinic Remotely, Master Team Culture, Co-consulting, and Productivity Hacks

GYC Podcast E274
Transcript

Ben Lynch: I think being a business owner is altogether so different to being a clinician. It really challenged your thinking, right? It's like, well, how do I get my team members what they need without me being there? I still think a lot of owners fall into that trap of being the clinical lead and the most senior. It went to show that you could provide a level of service for your team and have them happy and fulfilled.

This is the Grow Your Clinic podcast from Clinic Mastery.

Ben Lynch: Welcome to the Grow Your Clinic Podcast. My name is Ben Lynch. In this episode, I speak with Mick Risk. If you've ever wondered, can I run my clinic remotely, like from another city or country from where I'm based, this is the conversation for you. Perhaps you've got another meaningful milestone on the horizon, like starting a family, spending more time with family, taking care of your own health, or traveling. Mick discusses all the things he's had to do to be able to reduce the clinical and operational reliance on him so that that could be a reality. We also discuss what a zero admin team looks like and how that influences the client experience. Something against the status quo there. Something Mick is really good at is thinking differently and having a different perspective. Doesn't always work out. And in his own commentary, he talks about the shortcomings, the challenges, the failures that he's faced in being able to do this in clinic. One of the things you'll get from Mick is that he'll say, I am absolutely not perfect. These are the things that are not working. And that's what I love, such a refreshing perspective. Nick leads our Elevate program, helping startup clinics, young clinics to be able to grow sustainably, to break through some of those glass ceilings that are set. And so it's really practical on what you can do to sustainably grow your clinic. Let's pick up the conversation now with Nick. Michael Risk, welcome to The Crease. Good to be back with you out in the center. One of the things that I've always enjoyed watching and hearing from you is how you do things differently from the no admin at the clinics through to running your clinics remotely. You don't even live in the city that your clinics are in. which is really interesting. How did that come to be? What were some of the contexts, circumstances, decisions and

discussions that you had to get to that point where you said, I'm going to have a crack at trying to run the clinics completely remotely?

Michael Rizk: My brain went in so many directions. I think when I actually read the four-hour workweek really early on by Tim Ferriss, and that was an idea that as a business owner, you run the business, the business doesn't run you, and that it's possible to keep a business going in four hours. That was the premise. And Tim was getting virtual assistants and he was living all around the world. I probably still had a mental barrier that would that be possible in a service based business where our job is to look after the humans that look after the clients. Slowly, I stopped consulting while I was still in Sydney, where the clinics are, because we grew to five locations and I felt like I needed to play like the quarterback role rather than the treating role. Once I did that, I felt like it really was possible to run the clinics from anywhere. Cause I, I felt my role at that time was to keep the humans happy, the physios happy. And that involved answering probably the one question is what do your team, what does your team need and what does your business need? And the answer to those questions is independent of location, right? Like, do you need to work on marketing? Do you need to work on getting new team members? Do you need to mentor your team? None of that requires you to be at your location, or there's other solutions to those problems. So I enjoyed it. It really challenged your thinking, right? It's like, well, how do I get my team members what they need without me being there? I guess it is possible.

Ben Lynch: It's a great way to phrase the question and to even entertain how you might be able to do that. I guess the precursor to that, as you said, was not treating yourself. And then going through a transition phase where you're working on the business from home, presumably that was in Sydney, you were still physically present or in proximity. How long between making that transition of not trading anymore to running completely remotely and moving locations was it? within a month, a year? How quickly did that happen? What were some of the things you worked on to make that transition happen?

Michael Rizk: The time was a year, but I feel like the times are irrelevant, you know, because I definitely looking back could have said I could have done more before I removed myself. that as owners, we I feel like we could say that at any point in the journey, I could have worked on my Google site more, I could have had that system done. And then I feel like that would just always be an excuse not to either to stop consulting or to move away. So I'm glad I did what I did when I did. But when I look back, I'm like, I could have had so much more on my Google site or so many more videos explaining to the team how to do this. Induction is something that just

came to mind. Like I was in the clinic meeting the new physio, doing the hands-on with them, doing the zero to 100 with them. And there's some presence to that, that you really miss. Now that's all prerecorded and they can watch that at their own pace. That's something I didn't have done the time I moved away, just as an example. So I'm not even really sure there's a checklist or criteria. I think the more the better. And then as you're speaking, I just went back to my original blue sky vision, which was I always wanted to live in Bali for three months of every year. So I kind of looked at moving to Melbourne as a challenge of doing that or a similar challenge. That's close to Bali. What was that? That's close to Bali. Yeah, exactly. Exactly. Yeah, climate, no difference. So it kind of started with a holiday. We went to Bali for one or two months, and that showed me it was possible because I did a working holiday. I still met with every team member each fortnight and did our mentoring sessions on Zoom. We still had our in-clinic CPD. And I was still asking that question, what do my team members need? And if my business could talk, what does my business need? And again, none of that needs me to be in the clinic. And then I actually moved to Melbourne, and I didn't tell the team. Now, this was in hindsight, I felt like it wasn't very transparent of me, but I kind of gamified it a bit. And I chatted to my business partner, I said, I reckon I could move to Melbourne, and they wouldn't know the difference. Because at that point, I was just doing Zoom calls with them. So I'd actually done a month in Melbourne and then I said, hey guys, I've actually been in Melbourne and I'm moving here. So it worked pretty well. It went to show that you could provide a level of service for your team and have them happy and fulfilled. by doing the things they need rather than being in the clinic physically.

Ben Lynch: I remember having this conversation with Lauren, who's part of the community. And Lauren was saying, in going through a similar transition, like I've been working out of the clinic, not treating, but they're nine to five Monday to Friday, in all aspects, present for the team, physically present, open door policy, come in, tell me what you need. went through a period of transitioning to only going to the clinic two days a week and working the rest from a home office. And a couple of months into it, she said, you know what, my team have been commenting on how present I am. What's funny is I'm actually less present than I was, you know, six, 12 months ago. Yeah. Like, that's really interesting. What do you think the difference is? She's like, I think it's the emotional presence, like I'm more there for them knowing what's going on in their life. and being prepared for those mentoring sessions and those interactions. I know what's going on for them. And so that always stuck with me as this like distinction, as you're saying, maybe you don't need to be physically present, but can you be present in other ways for your team members? Like you said, you continue to do the mentoring side of things,

the CPD side of things. And one thing you spoke about at one of our events moons ago was the learn more Zoom feedback on cases and case notes, et cetera. Can you just talk through that and any evolutions that you've had to being able to mentor your team from a distance?

Michael Rizk: Yeah. What Lauren's story brought up for me was a word that we have at iMove called potency. So making things potent. And that's what it did, right? In going away, the meetings that you had became more valuable. And then we had the focus sheet, like you said, so the team members were prepping for it. They tended to bring bigger problems. And then it kind of focused you as the owner, too. It's like, okay, I've got this 40 minute session once a fortnight with a focus sheet, so I can be more present and I am more focused. So that really stood out to me.

Ben Lynch: Just on that, just to interrupt you, can you just explain a focus sheet for those that aren't familiar at all with it? Because a bit of a CN language.

Michael Rizk: Yeah, the team member brings, it's a Google form. That's the tool we use. You create a Google form. It lives in their channel. So you might have a channel with the team member and they fill that out before the meeting. It will have, We have our four key areas. So your clinical development, how you're going as a human, how you're going looking after our partners, our community, our gyms and GPs and referral network. And then is there anything that we can do for you kind of a service question like what do you need our help with? And that's really good. That works well. It teaches your team how to have impactful meetings. And it's all along the lines of having an agenda for every meeting.

Ben Lynch: Such a great point, because certainly we're always looking internally at how we can get our meetings to be more effective when we do have them, because it's a valuable use of people's time or not. And so the focus sheet allows you and them to focus on how to make the most of it. So it actually gets bigger problems, better problems, if you would, to solve, like you said. So I really love that. Is there a question in the focus sheet that you found particularly impactful or one you continue to anchor back to in your sessions?

Michael Rizk: I think the most valuable thing we put in it was a new edition where at our retreats or alignment days, we set, the team members set their own goals for the three or four month period. And we have them copy and paste those goals at the top of it. It's the first question in every focus sheet. So they have to read them every time. And it also really helps as the owner just to bring your eyes back

over to, well, this was the big thing you said. I know you've got a challenging case or you've had a rough week, but this was the big thing you said. And I found that really helpful because we can set those big goals at retreats and culture days and then forget about them until the next one. Well, that was a bad habit that I was getting into. And the meetings tended to become more quick fires. So always reserving time to kind of coming back to that. And what's in your calendar this week? Do you have a time block this week that's still putting you in the direction of that big goal that you set?

Ben Lynch: Love that the accountability loop is so important for I disrupted your flow there before you were talking about how you use, say, Zoom or Loom as tools to review and reflect on how a therapist is going in their caseload. How do you go about doing that today?

Michael Rizk: There's been a few evolutions since we spoke last. I had a video called Around the Grounds, which was like every Monday morning, I would kind of review what I was seeing the last two weeks and what's coming up. That would just be a Loom video from me. kind of lighthearted, but giving some wins, giving some gratitude. Hey, this event's coming up in two weeks, Pennania Clinic's doing really well. Here's what I think we're focusing on as a team. So just a way for me to check in without being physically present. The other thing I did clinically, which was I would go into the new clients that the young team members had in front of them now, and I would give them my feedback and what I was seeing. I would always start those videos though with without me being in the room, it's obviously limited feedback. And I'm gonna just give you what I would do and what I'm perceiving from the notes. So that is helpful. But what evolved from that is one, I don't have to be the clinical lead as an owner. I still think a lot of owners fall into that trap of being the clinical lead and the most senior. So we now have a clinical lead. And the other part of decentralizing command, which I think is a good thing to do regardless of if you're in the state or not, was co-consulting. And every iMover to a T has said, since doing co-consulting, it's the most they've improved clinically in some of them five, seven years with us. And when we asked about the why, it's because even when your team members bring you a challenging case, there's often just something missing textually because you're not in the room. And You could give them all the advice, but maybe that was not the thing that was missing. Like maybe it was just a word that was said or a little moment of disconnection that the therapist didn't notice. Like you look down at your laptop or maybe the patient got emotional and it was a bit dismissive. Or it might be something more clinical, like you just did the clinical test wrong. And sometimes when your therapist come to you with a tough case, you give them your best advice. But

without being in the room, you can often miss the mark. And so what we found with co-consulting, it was immediate live feedback that was relevant. And that really helped us. The other thing we did with co-consulting was it didn't have to be a senior with a junior. It was juniors with juniors. And where it was empowering for the juniors, because what they showed themselves is I'm able to sit in this consult and give feedback, even though I don't have as much knowledge as the seventh year physio, I'm still able to pick up those moments of connection. So that's that's evolved a little bit from me doing the clinical reviews, which I still do, but decentralizing a little bit. So everyone's giving everyone feedback. And that's worked really well.

Ben Lynch: P2P, I love that. How do you tee that up? Just some of the mechanics of framing that to the team and all the clients? Is it like, hey, if you have a gap in your diary today and someone else is trading in the room next door, trying to align your times to step into that console, or is it more planned and scheduled? Like tactically, mechanically, how do you go about setting it?

Michael Rizk: Yeah, yeah, yeah. That's how we started, if you have a gap, but then we realized it was so valuable that we said, block it in at 10am on a Wednesday, you know you're in and you know Ben's in, and 90% chance he's going to get a client at 10am Wednesday. And that way everyone has a co-consult in their diary. And on the off occasion that Ben doesn't have a client at 10am, then you've got a time block there to fill with something else. So that was the mechanism. I think pretty common feedback we get is it feels awkward if you've never done it before. Just like sometimes therapists feel a bit awkward. So we give some scripting like saying to the patient, hey, you've got two physios working on you today. We do co-consulting. It helps us develop. And most of the time they're actually pumped. They're like, oh, that's really good. We have a few rules. So we never question the therapist in the room, even if they've like doing the complete wrong body part. It's like you never undermine the therapist. So like always agree with the therapist in the room and then give the feedback after. For treatment, it's okay to do like, you know, something simple for a physio is a hamstring release. The physio can do the other leg. So the patient actually feels like they're getting twice as much treatment. And in the objective test, we'll always pick one objective test and say, can I get Ben's opinion on this? He's really great at shoulders and you'll do the same test. So it's also pumping up the other therapist. There's some mechanical things that have really helped it be more successful.

Ben Lynch: We found that method of co-treating, co-consulting as a really beautiful way to transfer trust in the case where, like you said earlier, you're

transitioning from being a full-time clinician to more of your week as a business owner, and you've got a caseload that you need to transfer the trust and get another therapist to take on that caseload or number of patients. And so used it more in that part of a client's journey or a practitioner's journey. And so I love that you've got that set up just as part of the career development for the team ongoing. It's a standard. Great distinction. You talk a lot about culture. and leadership. And I know a lot of the community look to you for guidance, soundbites, wisdom. You seem to do a lot of development in that area. What are some of the things that you see other clinics making mistakes on when they do transition or clinic owners making mistakes when they transition from being perhaps that full-time clinician to reducing their caseload, spending more time working on the business slash supporting the team? What are some of the common things that you see that, you know, for someone who's about to navigate that or navigating that now could go, ah, yeah, that would really help me in the transition.

Michael Rizk: I think it goes right back to the start of what we think good culture is. I still think there is a misrepresentation of the feeling of what good culture is, because I think Pat Lencioni says this, like, If everyone's happy and laughing and smiling, we might have a mental picture that that's good culture, but potentially there's no hard conversations and feedback and actually us getting better as a unit. And I think the learnings from some clinics, my clinic culture days is that it probably is the honest, transparent, what we might frame as difficult conversations that develop the team, bond the team, So I'd probably start there. It's like, that's still, it talks to accountability, our team members doing the one percenters, having the right team on the bus, moving in one direction is, are we having enough of those radical candor, compassionate candor, difficult in quotations, conversations? That probably had to ramp up for me as I got more distant because you're not, what I found is not being in the clinic does have some disadvantages. we can go into those, but the things you did notice, I would say if I noticed something on my once a month visits, that was probably happening five or 10x what I noticed. So I found I had to have a faster feedback loop. If I noticed something in the clinic in my once a month visits, what I found probably too late in the piece was that was happening more often than I saw on the day. It wasn't just a one off. So I probably had to increase the frequency of the conversations that were a bit more direct. Probably the first piece. What was the original question? Where do clinic owners go wrong? The second part was, I think, probably mindset for the clinic owner of being in a There's a there's a self accountability that is tricky. I don't recommend working in the clinic. That's a big thing that clinic owners still do when they get two days off the tools. They'll do their work in the clinic. And that opens the gates for your admin to come talk to you a patient that you know to come talk to you young

physio to knock on the door and come talk to you. And then you don't do the big work because you're distracted. That's a really common mistake. So if you have one or two days off the tools, I think you need to be in a different environment. And you've done some really good work. You helped me with this, Benny, of like certain environments, certain energy, certain work. That's really rung true. Doubled for me when I moved away. Like when I moved to Melbourne, I almost, this is so... I don't know what the word is. I almost feel like I need two offices. It feels so privileged. It's true. I feel like in this office, I do a lot of my Zoom calls, but I like to be in a cafe or a big open space or the dining room where the sun's coming in when I'm working on the creative side of the business. And that's a challenge a lot of owners face is being unproductive. And you can be unproductive from home or at the clinic for different reasons. At the clinic, it's because your team members are bugging you. At home, you need a different energy. I think you need a different energy to do that well. What do you think? You're really good at that.

Ben Lynch: Yeah, I remember this quote, and I'm going to butcher it massively, but it was along the lines of one hour of inspired work is worth more than six hours of uninspired work, and part of that inspiration is the environment that you're in. And is that environment conducive to you being in a state where it's fitting of the work? For instance, if you're needing to really concentrate a lot because you're doing numbers work. For me, I need a lot of concentration doesn't come as naturally to me as others. being in a hustling, bustling cafe just isn't the right setting. Also, there's probably some confidentiality. I don't want people looking over my shoulder, looking at these numbers. I might be analyzing a clinic's numbers to help inform their strategy. So that's not the right environment to use that as an exaggerated example. It might literally be a different room in your house. If you're working from home and work in the you know, dining room, or I'm going to work in, if you've got an office. So I think environment is one element. It's not the be all and end all, but one element, you know, is there music? Does the music help you do it? Do you use a Pomodoro timer? I know you're into that as well. There are just these little things that I think are useful for helping you get into that state of productivity or flow, which is really useful. Having said that, one of the people I love reading and listening to, Seth Godin, in his book, *The Practice*, talks about flow. You don't wait to get into flow. Flow is the result of doing the work. So it's not like, am I in flow? No, do the work and you get into flow. So I always come back to that of sometimes you just need to make it happen. The point that you made there around the trust that Pat Lencioni has that beautiful visual of the triangle kind of saying you can't get to like peak results without having the base layer of trust. And trust is created through vulnerability that is largely created through sharing stories or knowing one another. If you have that trust, you can have those candid

conversations with one another. How have you gone about creating that sense of trust, that sense of vulnerability within the team to set the foundation to have those harder conversations? What are some of the things that you've found have worked?

Michael Rizk: I think that's been the challenge of being away. And it's not all just like the admin, there's big pluses and there's minuses as well. I think it's kind of like a zero sum game. It's like you moving away from your clinic or not going to the clinic has advantages, but then there's these things you need to keep your eye on. Trust is one of the ones I've found hard with the newer team members. So we've had team members that I've never met in person. And they've worked for us for 11 months and I've never shook their hand. And I do think it is harder to develop trust without the physical presence, but then it just makes me more mindful of what are some things I can do. It's probably being accountable and showing up to every call that you book in with them. I'm more mindful to give open appreciation in our Slack. It's just something I try to make more frequent and habit forming. And then it's, I think, stories. So at our Culture Days, Alignment Days retreats, I really like the vulnerability cards and the new ones that I've been using. The Hero Highlight, yeah, you've got them. I've got them here too. The Imperfects.

Ben Lynch: The Imperfects, yeah, Michael Blennery. Siobhan Kallenberg. They're great.

Michael Rizk: They're good. Hero Highlight, Hardship and the Lifeline Exercise, I still, we haven't done Retreat for a couple of years because of COVID. And so we, we asked our senior team members, like, what's missing? And they said, I just, I just feel like the culture is different. And I don't quite know my team members. And their suggestion was, oh, like, I don't know some of their stories, like the lifeline stories that we did. But can we do that again at Retreat? So I just think sharing stories about who we are, where we've come from and then spending time together does that. So for us, it kind of makes retreat more important because I'm physically present there.

Ben Lynch: It's a great point. It's such a. Complex, nuanced thing, culture, I think, you know, there's no silver bullet to it. But the individual connections and relationships is certainly a key element of being able to foster a good working environment. And I love the vulnerability cards, as you said, they're just little conversation starters to get to know one another. If I know a little bit more about you, ideally, we can trust one another and we can work more productively together. when it comes to being productive for you, when you're not at the clinic, I notice a

lot of clinic owners struggle with the structure, the productivity, getting into that flow and getting results. And the default is just to open up emails or open up Slack and just kind of bat them off, fill them up, fill them and deal with them. I definitely went through that tricky transition where probably for six months or so, just kind of finding a rhythm, especially when you don't have, and you would previously kind of measure your time or productive units by appointments. I've got, you know, seven appointments between now and the end of the day. And I know I've done something productive because I've served seven people. Then all of a sudden you don't have those appointments in your diary or they're a little sparse spread throughout the week, team member meetings or CPD, et cetera. And it's in those spaces where you're like, how am I going to be productive? You get to the end of the day and you go, I didn't really get much done. And it's a crappy feeling. What are some of the things that you find useful in guiding other clinic owners who are dealing with this challenge. So I think everyone's a little bit different. But how do you support someone? How do you coach and guide someone through finding productivity and flow in their day when they're working on the business is distinct from training patients?

Michael Rizk: I think being a business owner is altogether so different to being a clinician. It's a different job. And we weren't trained in it and we don't know how to do it. And we might, in fact, do it and it not be for us. I've had some really great conversation with clinic owners who have done the thing and then realised their most important impact for their business is seeing clients. And that's really good. That's self discovery. Like that's, you might get to this. What I think being away from your clinic owner does is it forces you to be a business owner in the true sense of the word. Like you are now a business owner, you're not on appointments, generating revenue in that sense. And that we just don't know. So that's the first thing is like, be gentle because you don't you just don't know. I think all of the productivity hacks are genuinely helpful, but we have to apply the self-discovery to it. So I think just the evolutions of all the things have been helpful for me. Time blocking is still the mainstay, but the evolution of the self-discovery is your time blocking is something that gets nurtured every week. It's not a set and forget. And you need to discover that for yourself every Sunday night I do it where I look ahead. And there's a bit of analysis involved of like, where was my energy? Where was my flow? And what do I need to change? Because it's so easy to time block our ideal we and then it just not happen. And then we don't nurture it. So it's kind of like the combination of self discovery and that very much like all the self help books, I think we need to combine them. The second thing is space, so that the environment and energy, if you're not productive, you haven't had a productive day, I would actually say try changing the space is the first thing. So my office is for

Zoom calls, my dining tables for creative work and the cafes for busy work. That's how I've got it set up at the moment. And that other productivity rule of eat the frog, like the big thing in the morning, I've actually, and again, this is taking all the rules we know about applying self-discovery, I tried for so long to do the big task, the most important task so that I could start my week and be really proud that no matter what happens now, I've done the thing. It doesn't work for me. I have to clear out my Slack and my email first. And that's the self-discovery part. So my busy work is cafe. I go to cafe. I clear out my Slack. I get to inbox zero. And then I feel really good to then do the big task. A fourth productivity hack would be in your time blocks, you need to, on the Sunday night when you're nurturing your time blocking, is be more specific, so have an agenda with yourself. So in your, I call it the cloud's time block, when I'm working on the non-urgent important tasks that move the needle, I'm very specific each week with dot points in the Google Calendar time block of what's being done. So it's marketing because we need more new clients at Panamia Clinic. And here's the two tasks I'm doing clinic apps to my existing patients and a Facebook ad to new clients. So there's a quick four, I think, and the evolutions of them from just being the standard advice.

Ben Lynch: I like that distinction of there's many different tactics, methods, approaches. You have to give it a shot and find what works for you and be open that it's always evolving and you're always getting better at doing it. I'm much the same. I found, you know, from going to every minute of my day in my calendar has a color code and being assigned through to complete white space and just having like a priority for the day. It's like, this is the outcome and I'll find a way. So I love that. We're always getting better. Test a few different methods and see how you go. I think one of the key distinctions I always come back to when it comes to this is who, what, when, where, why, and how. really simple of who do I need to be with or not with when I'm doing this thing to that point of it might be someone else's genius or I might need my accountant when I'm doing my accounting stuff. What am I doing very specifically and why? What is the outcome that we're trying to achieve? where location is most conducive to doing this thing and when as well. To your point, I know people who are super productive early in the morning. They want to get the, you know, eat the frog, as you said, and some who are super productive in the evening. So I just come back to those very simple fundamentals. And there are different methodologies almost for each one of those things. But if you kind of look at I'm doing marketing. Okay. Who needs to help me? What do I need to achieve? How am I going to go about it? Et cetera. That can be a useful framework, agnostic of kind of the tactic or methodology of the moment. I like that. Good questions to ask. When it comes to client experience, one of the things that we're super passionate about is transforming the client experience, really.

Whether that's through technology, service and care always is the bedrock of that. Whether it's through different systems and touch points that we can have in their journey. How do you think about them? Perhaps what are some of the key like principles and practices of iMove in delivering great client experiences?

Michael Rizk: To be fair, I think that's our weakest area. I don't think we've spent a lot of time and it came to our attention at the end of last year. So we've got it in our 12 month plan this year, which is the first time for a long time. We haven't actually just sat down and revisited What does it feel like from the moment you're on our website to the moment you get the booking text to the moment you come in the clinic? We haven't done that for a very long time. I think we've been focused on tech and innovation a lot, which does lean into client experience. I think when you walk into an iMove clinic, it does have a modern active gym type of feeling. And the technology supports that. So we like to give a lot of objective data. And I guess a lot of physios aren't doing that yet. So we'll use like valve plates to get objective scores to you. So I can say, hey, Ben, your shoulder strength is here. Here's where we want it to be. And this is what we're going to do in the gap. So I think we do that part of the client experience well. And I also think part of our client experience is marketing because we spend a lot of time in the community doing a lot of talks. So we'll give up our time to talk about knee arthritis and talk about running and how you can be a stronger, faster, injury-free runner. I think those parts we do well, but I get the sense we need to do a full audit again of what it feels like before someone comes to our clinic.

Ben Lynch: I see patterns and cycles occur in clinics where for a season, let's call it six to 12 months, there's a specific focus. For instance, client experience, like they're going through the whole journey and they're going to work on it and then they don't touch it for a couple of years because they've done a lot of the work or they're making like little marginal gains as time progresses. But in terms of like, all right, we're doing a full analysis, head to toe, you know, what are the emails say for a new patient? What's our follow up? What is the website? How is that booking experience, et cetera, et cetera. So, you know, I say that because someone listening or watching here might also be in a similar position. And I think that's okay. Like we can't master everything all at once. But to have those seasons where you know, for a longer period of time, you're going to immerse yourself in an area and really develop it. I don't know about you, I find a lot of joy in that, which brings me to a point around mastery. What does that mean to you? And by extension, the iMove team, how does that come to be in the way you show up every day?

Michael Rizk: I just instantly went to infinite game, like mastery is never, I'm not there. I'll never be there. I'll never say we've, we've done that and we've mastered it and we've crossed the finish line. So I think it is the mindset of, yeah, we're always improving. We're always doing that marginal gain. And then I had two thoughts off of that, which was that Alex and Leila Hormozy, they're like dominating social media at the moment, but she had a great video on but that's what a business owner does. You look at your client experience, you get, you take all your experiences with your team and your knowledge from that season, and then you polish it up. And then you move on to the next thing, you go to marketing, and you take all the new information and new knowledge you've got, you polish it up, and then you go through the seven degrees that we have, and then you go back. So it's, to me, that's mastery that you're, you're never there. I like that. And I, and I would just link that to a higher meaning and purpose of of happiness. I think I've been infinitely happier since coming to that realization that it's never done. Like your Google site is the example that keeps coming up for me, right? Because a lot of the CM members talk about a Google site. Like that's never done, but we feel like it has to be done or I've spent six months on it now or other clinics have it done, but it's more of a, I'm always adding to it and I'm polishing it. And then there might be a season of intense work and then I leave it and come back. To me, that's made business more joyful and me happier just in general.

Ben Lynch: It's a great point, because I think that's true for everyone we've dealt with, myself included, like you mentioned. There's something that comes to mind, personally, where having the satisfaction of closing a chapter, of ticking something off and saying like, It's done, at least for the moment, and I'm going to get better at it as it goes forward. But being able to say, I started working on this thing. It's now at a point where I'm going to leave it alone to a degree, depending on what that is. Say your Google site, which is like an intranet hub for those playing along at home, where you would house all of your systems, policies, procedures. so that your team could access it and know what to do. It's kind of where they go to get the answers about running the clinic. You get to a point where you say, I've been working on this behind the scenes in private, now I've pressed publish, and it's now in the hands of the team. I'm going to iterate based off the feedback that I get, but it's done. There's a sense of closure whilst also holding true that sense that the infinite game that it's never actually done, we're always getting better. It's a good tension to wrestle with. I totally get it. I experience it. I see it in the community. I think that's where probably one of the skill sets that I see in the clinics that are able to sort of hit their milestones of meaningful growth, whatever that is. There's no, we never sort of say there's some ultimate version of a clinic. It's just whatever's meaningful for you when growth is often a key part of that. And growth

can look like a number of different things from head count to the quality of your experience and systems, whatever that is. is they get better at prioritizing more of the right things to do at the right time. And that's really about controlling the focus and attention and energy. I think people get better at doing that over time rather than maybe spending a disproportionate amount of time on the things that don't really make a huge difference. They sort of major in minor things as the saying goes. So I certainly see people being able to prioritise the big things, team culture, client experience, being able to reach more people through your marketing, being able to prioritise those in the dire and continue to make progress, even when it's frustrating that it's never done. Yeah.

Michael Rizk: There's that trap we fall into of Like when I achieve that goal or, you know, when I achieve that, I'll be, I'll be able to take Fridays off and play golf or when, when we get to this level, I'll be able to come off the tools. And I heard a really great quote, which has been ringing in my ears for the last two days. And he said, you've already set and achieved goals that you said would make you happy. And that really, that really hit me as like, If we can get to that place as a business owner where we understand it's infinite and it's mastery and it's always going, it disconnects you from that thing of like when we get to that revenue, when we get to these team members, because that's not where your happiness and fulfillment lies. Because we've all done that. Like I thought when we had a million dollar clinic, I'd just instantly be happier or when we had a certain amount in a war chest or when the Google site was published. but it's never the case. And that really, I really liked that quote.

Ben Lynch: It's a good point. And at the same time celebrating, yeah, those milestones along the way is important. Yeah. You think of when I get my first client in the clinic here, when I get my first team member, when I get, you know, my first admin team member, when I hired that practice manager and so on and so forth, it just continues. I think To your point, The Infinite Game is a great book to read if you haven't read it by Simon Sinek, a terrific book about playing the infinite game. Michael Risk, it's always a joy. We could talk for many, many hours. If there were a key note, key thing at this point in the conversation you would like to leave people with. What would that be?

Michael Rizk: Well, I think there's pros and cons to the admin adminless clinic and the on the tools off the tools and being in state and being out of state. But bring it like where I started was right back to that blue sky vision is I wanted to spend three months in Bali a year that then challenged me on the questions. What does my team need to thrive? And Also treating the business itself, the entity, as if it

was a human, like if my business could talk, what would it be saying? What would it be asking of me right now? If you bring it back to those two things, that's your focus point. And then if it so happens to be that you want to come off the tools or you want to move away, your whole job is to answer those questions. And it can be in the state, it can be out of the state, it can be in another country, or you might still find your genius is treating clients. So it's not about you need to stop treating clients or you need to move away. Answer those questions first and then go from there.

Ben Lynch: Timeless. Great insights. I love that. That comes back to, we talk about creating a meaningful clinic and growing as sustainably as possible. I think that absolutely cuts through to what it means to be part of clinic mastery community and clinics for good. Thank you so much for sharing. I'm sure we'll do another one of these very soon. You can find all the show notes over at clinicmastery.com. Please join us over on YouTube if you haven't already. Like and subscribe to this channel. It really helps us be able to keep you abreast with all that's happening in clinic owner world. And if you're listening in on one of your podcast players, please, if you get a moment to give us a review, that would be sensational on whatever app you're using to tune in. Michael Riss, thank you so much.

Michael Rizk: Thank you. Bye-bye.

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