Welcome Clinician Founder

Run Five Useful Problem Conversations

A practical field guide for learning how a real problem shows up — without pitching your idea, collecting polite compliments or discussing confidential patient information.

PRACTICAL FOUNDER RESOURCE

THE PROMISE

Leave with five comparable accounts of a real problem — and one evidence-based next decision.

Allow 15 minutes to prepare, then 15–20 minutes per conversation. You are not trying to prove your solution. You are learning what people already do.

STEP 1

Prepare one learning question

Start from the problem statement you already have. Keep the person and difficult moment consistent across all five conversations so the answers can be compared.

THE PERSON AND MOMENT

I want to speak with [specific person] who has recently experienced [specific situation].

THE ONE THING I NEED TO LEARN

Example: “How do they currently decide what to do when this happens?”

CHOOSE FIVE REACHABLE PEOPLE

- [ ] 1. Name / role / why relevant
- [ ] 2. Name / role / why relevant
- [ ] 3. Name / role / why relevant
- [ ] 4. Name / role / why relevant
- [ ] 5. Name / role / why relevant

COPY-PASTE INVITATION

“I am trying to understand how [problem/situation] shows up in real life. I am not selling anything. Would you be open to a 15-minute conversation about what happened the last time you dealt with it?”

STEP 2

Ask for the last real example

Use the same spine each time. Ask short follow-ups, tolerate silence and listen for behaviour. Do not correct the person or explain why your idea would solve it.

1. START WITH REALITY

When was it? What was happening around you?

“Tell me about the last time this happened.”

2. FOLLOW THE WORKAROUND

Which tool, person, shortcut or process did you use?

“What did you do next?”

3. FIND THE CONSEQUENCE

Listen for time, energy, money, confidence, delay, risk or reputation.

“What made that difficult or costly?”

4. TEST PRIORITY

Effort and repeated workarounds are stronger evidence than compliments.

“What have you already tried to make it better?”

5. CLOSE THE GAP

Then ask: “Who else sees this differently?”

“What do you wish had been easier?”

BOUNDARY CHECK

- [ ] No patient-identifiable information, clinical records or unnecessary sensitive details. Ask about the person’s workflow and experience, not a patient’s story.

If formal research, service evaluation or product testing is involved, follow the relevant governance and consent route.

STEP 3

Capture evidence, not impressions

Write notes immediately after each conversation. Preserve exact phrases where useful, but remove identifying details. A polite “great idea” is not evidence of the problem.

WHO / WHEN	LAST EXAMPLE	WORKAROUND	CONSEQUENCE	EXACT PHRASE
#1 Role: Date:				
#2 Role: Date:				
#3 Role: Date:				
#4 Role: Date:				
#5 Role: Date:				

AFTER THE FIFTH CONVERSATION

Circle repeated words. Mark any workaround people already spend time, energy, money or reputation on. Note meaningful differences — they may show that your audience or moment is still too broad.

What changed after listening?

Do not average away useful differences. Summarise what repeated, what did not, and which uncertainty should be tested next.

THE REPEATED DIFFICULT MOMENT

Across the five conversations, the problem most often showed up when...

THE REPEATED WORKAROUND

People already respond by...

THE PRACTICAL CONSEQUENCE

This matters because it costs or affects...

THE WORDS WORTH KEEPING

Exact non-identifying phrases that describe the problem:

CHOOSE ONE NEXT DECISION

- [ ] CONTINUE: the same person, moment and workaround repeated; design one reversible test.
- [ ] NARROW: the problem was real, but only for a more specific person or situation.
- [ ] RETURN: little repeated behaviour or consequence; observe more or choose another problem.

COMPLETION CRITERION

- [ ] I completed five comparable conversations, captured one recent example from each, and chose continue, narrow or return using observed behaviour.

Keep the decision page. It is your evidence trail for what repeated, what surprised you and the uncertainty you will test next.

YOUR NEXT STEP

Keep moving with support

A useful resource should lead to a real decision, conversation or system change — not another open tab. Bring what you completed and the point where you are stuck.

Need help implementing this? Join the Clinician Founder Actionship at just £297/yr.

Core Membership provides the community, pathway and practical resources. Actionship includes everything in Core and adds direct live implementation support from Shub.

CLINICIANFOUNDER.COM/ACTIONSHIP

Take the completed page with you. The next responsible move is the smallest one that creates clearer evidence in the real world.