Welcome Clinician Founder

Three-Question Problem History Card

A five-conversation field card to decide whether a problem deserves further investigation — before you build a solution.

PRACTICAL FOUNDER RESOURCE

THE DECISION

Is this problem worth investigating further before I build?

Time: 10 minutes to prepare · five 10–15 minute conversations · 10 minutes to interpret within 48 hours.

STEP 1

Take a history. Do not pitch.

Choose five reachable people who plausibly experience the same situation. Ask for a real episode, not an opinion about your solution.

1

WHEN DID THIS LAST HAPPEN?

Ask for the most recent specific occasion. “What was happening just before it?”

2

HOW OFTEN DOES IT HAPPEN?

Look for recurrence in their real context: per shift, week, month, project or event.

3

WHAT DO YOU CURRENTLY DO?

Follow the workaround. “What happens next when you try to manage it?”

OPTIONAL DEPTH: WORKAROUND COST

“What does that workaround cost in time, energy, money, delay or risk?” Record the consequence without collecting patient-identifiable or unnecessary sensitive information.

CONVERSATION BOUNDARY

Do not reveal, defend or sell the solution. Avoid “Would you use this?” and “Would you pay?” Five conversations are a first learning cycle—not proof of demand or market size.

Capture behaviour, not approval.

Write short, comparable notes immediately after each conversation. Preserve one exact, non-identifying phrase where useful.

#	LAST OCCURRENCE	FREQUENCY	CURRENT WORKAROUND	COST + EXACT PHRASE
1 Context/date:				
2 Context/date:				
3 Context/date:				
4 Context/date:				
5 Context/date:				

QUICK TALLY

Specific recent examples: ___ / 5 Repeated pattern: ___ / 5 Active workaround with a real cost: ___ / 5

STEP 2

Choose continue, change or park

The threshold is a practical first-pass rule, not a validated instrument. Use observed behaviour and context—not enthusiasm—to make the next decision.

CONTINUE

EVIDENCE THRESHOLD

At least 3 of 5 describe a specific recent example, recurrence and an active workaround that costs time, energy, money, delay or risk.

NEXT MOVE

Investigate the problem further. Plan the next demand or feasibility test; do not jump straight to a full build.

CHANGE

EVIDENCE THRESHOLD

People recognise the area, but the real moment, affected person, consequence or workaround differs from your starting statement.

NEXT MOVE

Rewrite the problem around what repeated. Run another five focused conversations with the narrower person or moment.

PARK

EVIDENCE THRESHOLD

The problem stays vague, rare or low-consequence, and people use no meaningful workaround or investment to manage it.

NEXT MOVE

Stop spending build effort for now. Keep the observation and return only if new evidence appears.

48-HOUR FOLLOW-UP

Within 48 hours of conversation five, rewrite the problem in the audience's language:

For [specific person], when [specific moment], [problem] causes [cost/consequence]. They currently [workaround].

☐ My decision: continue / change / park Review date: _____

From “useful idea” to a grounded call.

Illustrative problem: clinician founders lose their next step when clinical shifts interrupt an active project. This example demonstrates the card; it is not market evidence.

#	LAST TIME	FREQUENCY	WORKAROUND	COST
1	After 3 nights last week	Every shift block	Rereads notes	25 min + fatigue
2	Yesterday after a long shift	Weekly	Scans Notion + messages	15 min delay
3	Six weeks ago	Rare	Asks collaborator	About 5 min
4	Monday after weekend shifts	2–3× monthly	Postpones to free day	30–60 min rework
5	Today after on-call	Weekly	Rewrites task list	20 min

INTERPRETATION

4 of 5 describe recent, recurring interruptions and an active workaround with a time cost. Decision: CONTINUE investigating—but narrow the problem to clinicians with active founder projects interrupted by shift blocks. Next test: explore what a useful re-entry cue must contain before building any tool.

COMPLETE WHEN

You have five comparable histories, a tally, one continue/change/park decision and a rewritten problem statement completed within 48 hours.

- [ ] I can explain which evidence—not my enthusiasm—determined the next move.

Use what you heard to choose one responsible next move: continue, change or park.

YOUR NEXT STEP

Bring the idea into the world

A good problem history does not prove the whole business. It gives you enough evidence to make the next responsible decision without building on guesswork.

WANT MORE RESOURCES LIKE THIS?

Join the Clinician Founder Membership

Core Membership provides the community, pathway and practical resources. Actionship adds direct live implementation support when you need help applying them.

CLINICIANFOUNDER.COM/MEMBERSHIP

Bring your evidence, your continue/change/park decision and the meaningful idea you are ready to move.