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THE MEDICAL EXPERT WITNESS “SIDE HUSTLE” WITH DR. JORDAN ROMANO

David Mandell:

Hello, this is David Mandell, host of the podcast. Thanks for joining us. We have a really interesting guest today on a really interesting topic that I think many of you are going to be excited to hear about -- and maybe want to even take a next step. So let me tell you about Dr. Jordan Romano, and then we'll bring him on.

Dr. Jordan Romano completed his residency in internal medicine at Dartmouth Hitchcock Medical Center before joining Mass General Hospital and Harvard Medical School in 2011, where he has been a hospitalist and internist for the past 12 years. At MGH, he manages complex medical cases and collaborates with multidisciplinary teams to provide high quality care to patients.

In addition to his clinical work, Dr. Romano has consulted in the medical malpractice space for nearly 10 years. His experience includes providing expert witness testimony, reviewing medical records, and analyzing complex medical cases. He has worked on cases for both plaintiffs and defendants and is well versed in the intricacies of medical malpractice law.

More recently, he has privately coached others on starting, growing and thriving in the medical expert witness space and one of the reasons I wanted him to come on and talk about that, and he's passionate about helping others succeed and is dedicated to sharing his knowledge and experience with others. So that's why he's here. So with that, Jordan, welcome to the program.

Jordan Romano:

Thanks for having me, David.

David Mandell:



Really appreciate it. I know you're up at Harvard and I actually flew back from Logan yesterday without any problems, so that was nice to get out of the Florida heat and get some New England summer weather. So let's jump into it. All the docs I have on, I always ask the same question because I think it's interesting for people to hear. Where are you from? What got you interested in medicine and becoming a physician?

Jordan Romano:

So I grew up in the suburbs of Philadelphia in a town called West Chester. I stayed around there for undergraduate. I went to Franklin & Marshall College, which is a small liberal arts college. They tend to produce a lot of lawyers and doctors, and I went the doctor route, but not a traditional path. I did take a year off. I was a high school biology teacher, which showed me that that is a hard job and not something I wanted to continue doing. And then after that year off, which happened to be 2001, a rough year for our country and for a lot of people, it was a decision that I made after that that I wanted to bolster my application for medicine and see if I could get in. And the following year I was accepted to medical school.

David Mandell:

It's interesting that you did that. I think I've mentioned this before on the podcast, but I was a teacher myself for a year before law school. I taught in my hometown of Providence, Rhode Island. I taught math actually, kind of had to review a bunch of that stuff before teaching it because it had been a while since I really learned it. But they had this private school in an area, needed somebody, and I was happy to jump in and help and I really enjoyed it. But now I teach by doing this as you do, teach others. So now obviously Harvard, great reputation. Was that a place you always wanted to go? Did you know you wanted to be in academics as part of medical school faculty, additional clinical practice, or did that kind of happenstance, come up without it being a real goal?

Jordan Romano:



Yeah, a bit of luck and hard work. Much to my parents' chagrin, I went to the first medical school I got into. It was an okay medical school, and I graduated towards the top of my school, which helped bolster my application and get me into Dartmouth.

They do this interesting match process. The physicians will understand that. I'm a bit of a risk-taker, and most people, when you do this crazy match process, if you put enough places on there, you're going to get linked up and have a residency. But I just listed one place. I just listed Dartmouth because I saw it as sort of a lottery ticket. I just figured if I wasn't accepted at Dartmouth, I would go to what they call the "scramble list," I actually studied it and what was available if you didn't match was actually still pretty good. And so, I didn't want to risk putting someplace on the list that I didn't want to go. It is not a strategy I would recommend if anybody on here is in medical school. It was a big risk.

Once I got into Dartmouth, you might've seen it on the internet. It's one of those physics experiments where you take a little domino and at the end it knocks over this ginormous domino at the end just simply by momentum, and by knocking over that first domino, by getting into Dartmouth, it really just opened up a world of opportunities for me. So I had stayed on at staff after completing my residency at Dartmouth for a couple years. I was there on staff at Dartmouth Medical School and working in the hospital for two years, and then I met my now wife and applied to Massachusetts General Hospital and was able to join the staff here over a decade ago.

So I would say Harvard was not something on my list, and like a lot of things in life, I think when I was in medical school, I didn't know what was available to me. It was either academia, do you want to be a surgeon, or do you not want to be a surgeon? I saw things in very large buckets, and I didn't understand that as a physician there is a whole world of things that you can do out there. So for me, as I went through my residency, it just became more and more exciting to realize I can really do whatever I want in this space.

David Mandell:



Well, and that's obviously what we're going to talk about in a minute, which is... that there's a lot of ways to practice medicine. There's a lot of ways to have a productive career. There's a lot of ways to make money. There's a lot of ways to take your knowledge of clinical expertise and leverage that in other ways, and we're going to get into that. It makes sense.

Before we jump into the expert witnessing, what was your interest in a business or entrepreneurship or finance while you were going through the traditional medical training? Was that something that on one spectrum you were reading the Wall Street Journal every day and you were into it, or on the other spectrum it was like, I'll deal with that in the future? I'm just doing clinical, I don't want to think about it. Where were you in that spectrum?

Jordan Romano:

I would say it's in my blood. I mean, it was just sort of how I was raised. Interestingly enough, this is how I got into medicine. Most of my family worked for a private bank. It was called Republic National Bank owned by the Safra family. I think they still own some banks around the world, but I was going to join the bank when it was bought by HSBC my senior year in 2000, 2001, my senior year of college. So I grew up with finance and money. My father was a trader. I would go to the trading floor. I actually did some trades as a kid. Probably wouldn't fly these days, but he had me doing some trades. My aunt was in the private banking, my grandfather was in the C-suite. So everyone I knew was... I grew up in the bank, and so that was something I was going to do. I had it in my radar. I was always talking about stocks and finance and investing and money, and during my residency was 2008, which was just a fascinating time, the tough part for me is I didn't have any money to invest. So I was a voyeur, if you will.

David Mandell:

That probably was helpful in 2008. You could learn from other people's pain rather than your own.



Jordan Romano:

That's right, that's right.

David Mandell:

That's always a good thing. Obviously from your background, you had some finance, but maybe also some just business acumen and interest. So how'd you get into the field of expert witnessing, meaning how did it come about? Was it something you were looking for an ancillary income source, or did you take your knowledge and apply it? Or did it kind of fall in your lap somehow? Give us the story there.

Jordan Romano:

The term side hustle wasn't something that I really, I don't know, probably wasn't part of the normal chatter years ago.

David Mandell:

Yeah, that's fairly new.

Jordan Romano:

But I've always had something. I've always had multiple irons in the fire. I've done some medical device development. I've done some work with hospice and end of life companies. So one day, it was just serendipity. One day late at work, a colleague of mine was there. He looked tired. As a tip to your listeners, that's a great time. A boss of mine once said to me, "If you want to get access to people, you either..." He said, "The meeting isn't the meeting. The meeting happens before the meeting or after the meeting. And so you either come early or..." Because he said, "If you want access to me, just find out which conferences I go to and catch me afterwards."

So I was staying late at a conference. One of my colleagues was there and looked tired. I said, "Hey, what's going on?" He's like, "Oh, I'm so busy. I have this case." And when people are tired, they tend to share more. So I said, "Oh, where's the patient? Is there something I can help with?" And he said, "No, it's a medical malpractice case." I just kind of raised my eyebrows and he said, "Wait a minute. How long have you been



out of residency? I think you could help me." So he gave me my first case and then took me out to lunch and gave me the dime tour as to how it works. I had no clue what I was doing, and that's how I got started.

David Mandell:

I like it. Well, first of all, I like just the idea of networking. I'm sure at Harvard you got a lot of experts there who are busy all the time, and you're not going to access them in traditional ways and just show up at their office because they're not going to have time. But I like the meeting before and after being the key times when you can do that. Okay, so he put this on your lap. He said, okay, I'm going to show you the ropes, but then you obviously found something there that was intriguing and you ran with it. So tell us where you've gone with that over time and where you are now, and then we'll get into what makes a good expert and what folks listening to this may be thinking about.

Jordan Romano:

I would say I limped along the first couple of years, but I found out I was good at it. And I think that that's one of the keys that I learned was I felt it in my gut. I'm like, I enjoy doing this for a number of reasons. Yeah, the money's nice, but it also for sure, makes you a better doctor when you're just spending your free time reading about how mistakes happen. These are common things that come up. They're not just rare things, they're common things that come up. And so, it definitely helps alert you as to where you can run into trouble.

But I limped along, and then years ago, there weren't for-doctor-by-doctor solutions. Most things were... And the side hustle culture was kind of this was under the radar. There are a lot of lawyer companies that do preparations, so I went that direction. I took one course, then I took several others, and then one year, I think it was probably the year before, it was either '19 or '20, something just clicked.

David Mandell:

Before COVID.



Jordan Romano:

Yeah, oh certainly. And I just said, "This is a business. This is a real business. It's a big business if you look at how many years I could be doing it, and I need to treat it as such." And so I just ramped up what I was doing, ramped up how I was engaging, who I was building a team around it, and I was reminded of what my boss said to me when I came from Dartmouth to Harvard. I sat down on one of the first meetings, and he said to me, "What are you going to be an expert in? What are you going to be a world renowned expert in?" And this was before the expert witnessing. I remember that conversation. I was like, "Gosh, that's just such a big way of thinking. I'm just here to see patients and work." And he's like, "What are you going to be known for?"

And at that time, I had this book of inventions and he said, "Oh, there's a course at MIT where they take doctors with medical devices and they actually build the medical devices. So let's get you to apply for that course." So the first couple of years at Mass General, I was doing medical device things, but at this point in my medical expert witness journey, I just realized I am good at this. I'm good at explaining it to others, and I need to take this very seriously. And so, that's what I did.

David Mandell:

You've got to put the effort into it and look at it like a business if it's going to excel. You talked about what you liked about it: you're good at it, it makes you a better doctor, obviously the income's good. What do you say the most significant challenge is as you do this?

Jordan Romano:

Well, I would say that the challenges are if people want to grow, there isn't a manual on how to grow. There's some online, you can go onto social media, that's become big. There's some work groups there. I look to be on the younger side. I'm in my mid-40s. I tend to feel that some of the social media things work for some businesses and not for others. I think that you can grow your business. Not everybody in this space wants to or can, based on who their employer is, put an advertisement and should be posting on social media about this. And given the fact that you're in the legal



space, you have to be very careful as to what you're posting about. So I would say that's one challenge is sort of your persona in this, if you will, and what you put out there.

I think the other challenge is just scheduling. Most of these cases settle, right? Most of them settle. Most of your hours, 80% of your hours, 80 plus percent of your hours will be communicating with lawyers or reviewing documents or drafting reports on all the records that you review. The challenge is at some point they may want your testimony, sworn statements under oath. It's called a deposition. Thankfully under Zoom, that can be scheduled remotely, which is great, and it can be scheduled when you're available.

The difficulty comes in when you're called to testify at trial, again, which happens depending on your specialty, depending on how active you are in the space, it can happen more or less frequently. But that's more rigid. There is some flexibility. You can tell the lawyer, "Okay, on this week, I could come on Monday or Tuesday," but if you're a surgeon, if you're a busy proceduralist, or you don't have flexibility in your physician schedule, this can be challenging because ultimately you're being retained as an expert to share your opinions. And if you're not available to share those opinions, it's going to be a tough slog for you to build a medical expert witnessing practice.

David Mandell:

You're not going to get called back by that law firm if you can't show up. I mean, I'm not surprised that time is an important element. So let's talk about on the plus side or one of the pluses obviously, which is the financial piece. What is for a physician, let's say, who has an expertise, who has enough experience, who has the drive, and in their schedule, like you're saying, enough flexibility that when those things do go to trial, which are few, but they could make that happen, what's a realistic, you think, projection year one, three, five? Where could people go, do you think?

Jordan Romano:



I would say it depends. It depends on how much they're going to lean into putting their name out there because the biggest issue when you start is nobody knows you're doing it, and you don't know where to go to get cases. I could go through and there are a number of ways to make that happen, things you can do, or you could hire people to help you get your name out there.

David Mandell:

And you do that coaching, you do help people. It was in your bio, so if someone is interested, they can contact you. We'll put your contact info in the show notes, and you have a business that you're starting to help others do what you've done.

Jordan Romano:

That's right. I've privately coached individuals to grow their businesses, people who want to have a full-throated effort at this. And even folks that are just getting started, they know the basics, but they just don't know how to grow, I've been doing that privately. But I figured to leverage the internet, so to speak, I was going to build a course. It is recorded sessions but also some live time with me to answer your specific questions and help you as needed. I had a mentee call me the other day. She was preparing for a deposition. I had another one call me who was just starting out, but he's had about two or three cases and really wanted to take it to the next level. Your original question, sorry, just going back.

David Mandell:

Back to the question, which was range of what people could make. I mean obviously, it's a huge range on a lot of factors, but give us a little bit of a taste of what that could be for folks who are interested.

Jordan Romano:

Most people charge somewhere between \$400 and \$1,200 an hour. When you get to \$1,200 an hour, you're a neurosurgeon likely, \$400 an hour, a pediatrician, and somewhere in between based on experience and what your appetite for testing the



market is, let's just say. Typically, most people charge a non-refundable retainer. This is getting into the weeds, but you just get some upfront money. Those checks tend to be somewhere between several thousand dollars, let's just say.

And then as you get deeper in the cases, obviously you're making more money because you're spending more time. So the time that you spend to prepare for a deposition in trial are in the dozen to dozens of hours, and as you can imagine, just doing the simple math, these numbers can become quite significant pretty quickly.

David Mandell:

Yeah, five figures, six figures, that kind of income as an ancillary business, and like anything, I think one of the attractions, if I'm listing to this as a physician, is they don't have to completely reinvent the wheel, especially with someone like you who might be a mentor. They can avoid some mistakes that maybe they would make on their own. So that leads me to another question, which is if you knew when you started this what you know now, what are a couple of pitfalls that you would avoid and that you probably would tell your first mentee, as you said, if they're thinking about getting their feet wet?

Jordan Romano:

Momentum matters in this space because it is essentially your reputation that is going to drive the vast majority of your business. Referrals are a non-linear return on investment, and so the word of mouth moves very quickly. For instance, I was involved in a trial in Maryland, and I had no dog in the fight. I just happened to be on the plaintiff's side. The judgment was for the plaintiffs. It was one of the largest judgments, if not the largest judgment, in that jurisdiction ever, and I didn't know that. I found out six, eight months later, and since then in this particular state, the defense side has inundated me with cases. So basically they didn't want me to be... because then at a certain point you become conflicted because you have too many cases, and you can't be for and against a hospital. It can be very challenging.

And so my reputation, because I did so well during that trial, it was like an advertisement for this person is a very good expert witness. And so I think going back

to it, I understand that I'm charging for mentorship, but there's a reason for that. It is meaningful, and how you start out is important. If you start off limping, you're going to continue to limp. And the difficulty too is it's hard to know if you're good at this because the tail of these cases is very long. It takes 18 to 24 months for one of these cases to either go to trial or to settle. How are you going to get the reps in to know if you're good at this?

I had a mentee who was ready to hang it up after a tough deposition, and I explained to her, I said, "Look. I just finished a deposition a couple of weeks ago and to use a sports analogy, it's like a basketball game. You can win 100 to 80, but the other team still scored 80 points on you and you're going to feel a little beat up." So she was ready to hang up her expert witnessing shoes, and I just said... I reviewed it. I reviewed the transcript. I said, "You did a good job."

So I think that having that person to, because it's a solo sport and it is a little bit behind the scenes, you need to get yourself out there. You need to speak to people who do this. And if you want to find out very quickly if you're good at this or not, you need to get cases, and attaching yourself to a group or an individual to help you through that process is I think very important.

The other thing I would say is I would treat it like a business. I'm not the most organized of individuals. I added a virtual assistant who has revolutionized my life. Not having the fact that I can just send a message, invoice this person, do that, I guess there were some folks getting away with some free services because I was just bad at tracking the money. So I think that those little details matter. But for a busy clinician, I think a virtual assistant.

And the other thing is knowing what your strengths are and not, and I think that's a better way of summing that up is I knew that that organization piece was not my strength. I'm a fan of, I know there are different schools of thought, should you focus on the things you're not strong at and get better at them versus double down on your strengths? I'm a big proponent of yes, okay, if there's some soft skills you need to improve on, yes, let's tweak them a little. But if you have a strength, you really just need to go all in on that, and I think that that will save you a lot of time, for sure.



David Mandell:

Yeah, I like those. Two things that came out of that. One was I think what's really interesting in your story that you said, you did a great job and... Well, actually three things. One, that you were an expert witness in the case, and you didn't even know the result of the case for six months. You heard about it or you're not involved. Some people may get emotional, like, "I don't want to be involved in these cases emotionally and really take it on." And I think the fact that you do your piece, and it's within a much larger context and you find out later, that might be attractive to some people.

I think the other piece that you said, which I think might be of interest, is that you did that on the plaintiff's side, and then you started getting all these calls from the defense side. So you may have some docs who say, "Listen, I'm just not that comfortable working always on the plaintiff's side because fellow docs, and I feel like anybody can make a mistake and I don't want to be on the side of someone who's coming after them." But like you just said, you did a large case on the plaintiff's side and then all the defense people wanted you, and people may get more comfortable with that. So I thought that was interesting.

Then the third thing, which is really more about entrepreneurship that I like that you said, "And I'm more of a proponent," just to follow up on what you said, "of highest and best use." So you delegate. Most physicians in private practice, they're not answering the phone, they're not doing the scheduling, they're not doing the billing. They're seeing the patients because you can pay others to do the other things, and you use your highest and best use.

Some of that might be marketing. Obviously all of it's going to be actually doing the work of being an expert witness, but with these contract or on demand services that you can get like a virtual assistant, like a virtual biller or a CFO or bookkeeper, all this stuff, you can grow the business in steps and not have to commit to a lot of overhead. But you will want to, I think that's what you're saying, invest in your business. If it starts making progress, then get that virtual assistant, hire somebody part-time. You don't have to do it all yourself. It doesn't have to be a one person



shop, but it doesn't mean you have to have a storefront and overhead and all that. You can do it virtually.

So all those three things, I made notes on them because I think they're all worth teasing out. So as we get to the point where we should wrap and hit the timeframe here, any last thoughts just big picture on both expert witnessing, what people who are listening might want to be thinking about in terms of whether it fits for them?

Jordan Romano:

Yeah, post pandemic, there are a lot of people moving into this space. I think there are a lot of physicians that are looking at their lifestyle and honestly looking at their paychecks and saying, "With all the inflation that's happened, perhaps I haven't been the beneficiary of that."

Medicine, like any other industry, is a moving target. I think the pendulum has swung from a lot of private ownership and physician ownership of their practices and their lives to hospital systems owning things. I'd like to see that pendulum swing back a little bit perhaps. Maybe this is what this space is hinting at is like, wait a minute, we need to take back some of our control, and I think that to me is very exciting. I think there's a lot of opportunities.

And physicians get a bad rep. We typically are labeled as being terrible with finance and oh, you should just focus on what you're good at. What I like to do is look back. It wasn't that long ago, I mean 15 years ago, I was a resident. Look at what I've achieved in 15 years. And so, that's how I look at the expert witnessing is if I really dedicate myself to this for 15 years and I'm already here, where am I going to be in another five years or 10 years? And so that to me is very exciting. And it's okay. It's not even okay, it's necessary as a physician, if you're dedicated as a clinician and that's all you want to do, that's fantastic. There are folks that want to carve out a small, almost like Pareto's principle. That's what's interesting about expert witnessing is you could carve out 20% of your time and get a Pareto distribution return by spending a little time in this space. So as you can tell, I'm excited about it.



This is how I spend my free time. I like learning about who's out there, what they're thinking, reading cases, reading depositions, speaking to physicians. I love helping folks grow in this space, and it's easy to do. I don't want to mince words. It is not just medicine. You can't be a confident doctor and just walk into here and say, "I can review it and I know the medicine, and therefore I'm going to be successful at this." There are different rules. There's a whole new language to learn, and there's a cadence to learn. So it's an exciting space.

If your listeners want to set up some time to chat with me, also in that link, you can set up a free 30-minute call. I love learning from physicians around the country. I have mentees around the country, and I would be honored to just learn their story and see if there's a fit and if I can help.

David Mandell:

I appreciate that. I think there are a subset of docs looking for what the term is now, side hustles, and this is one that it seems to be very natural because you're using your knowledge, you're using your experience. And so, we've had people talk about using that experience to develop, like as you were mentioning before, you've been involved with medical products or new types of treatments. And this is another piece of it. It's using that medical knowledge in another way as a business.

And Jordan, I really appreciate you being on, and I think a lot of the listeners may have an interest and certainly we'll put his link that he mentioned in the show notes so you can get ahold of Jordan directly. I really appreciate you being here. And to all the listeners, thank you for tuning in. If you like what you're hearing, certainly give us a five-star review, like our podcast in the various formats that you listen to it, tell your colleagues about it. And if you're a physician who has something interesting to say on finance or entrepreneurship or career, get ahold of me. We're recording for Season Four here and would love to have more of you on. So with that, thank you and look for another episode of ours in another two weeks.