

CC: Have you ever wanted to go talk to an MD in your area, but you feel like, I don't know how I would explain what I do. How do I communicate with them? How do I meet them? What do I say so they could refer patients to me? Well, my guest today is Dr. Elie Cole, and she has the answer for you. We talked about how we can approach other healthcare practitioners in our area, so we can exchange patients, so we can communicate to them how. We can help their patients and support their patients with what we have to offer our tools, which is acupuncture and Chinese medicine.

You are going to love Dr. Cole because her insights are fantastic. Are you ready? Let's go.

Welcome to AcuPro, a show dedicated to making Chinese medicine and acupuncture easy to grasp and fun to learn. Hi, I'm your host Clara Cohen. I support practitioners and students like you in changing the world one patient at a time. My goal is to share my passion for TCM and empower you to achieve superior patient care.

I love to showcase the amazing benefits of acupuncture because after all, acupuncture rocks!

Dr. Ellie Cole, who is practicing in Portland, Oregon, just a little bit south of me in the West coast of North America, which is very green, very rainy. A lot of time. That's why it's very green.

So Dr. Cole has been practicing since 2008. She has a doctorate in acupuncture and Chinese medicine. So welcome to the ACCUPRO show. Dr. Cole.

EC: Thank you.

CC: Well, we haven't met. We don't know each other, but I'm glad you came in. And this is the whole point about the show that I love is I get to meet people that otherwise I would have never met.

What I wanted to start with is we're going to talk about how we can have MDs and other practitioners and health care practitioners as MDs. refer patients to our acupuncture practice. So this is what we're going to talk about today with you. But before we do, I wanted to know why and how you got into acupuncture and Chinese medicine.

EC: I was in a traveling university where I had to spend four years in different countries of the world. My first year, I was in Costa Rica and I lived with a host family, the host mom. She Did everything for everyone and she was the mother and the grandmother and there was, no, no husband, no father and at the end of every day, she was , rubbing her neck, rubbing her low back.

She did everything by hand. There was no washing machine. There was no dishwasher. She was in pain now. I didn't know anything about massage or anything, but I thought, well, I know it feels good to have your back rubbed. So I would always say like, Oh, let me rub your back, and so one day she finally relented and let me do it.

And she just melted under my hands. And I just was like, wow. Just the power of touch, and it also brought us closer together. And it was really beautiful. So after that, I decided, I wonder if I should check out massage school, like just for fun.

I wasn't thinking of a career. I was just thinking just for fun. Like I had that incredible experience. Why not learn more? so after I finished my undergraduate. Training. I did go to massage school and I ended up loving it. I thought, oh, wow, the body is endlessly fascinating. I could do this forever.

I had a massage practice and pretty quickly. I started noticing that I was referring all of my massage clients to an acupuncturist. Because I was like, Oh, you have back pain, neck pain. Like I can massage that out, but Oh, you have menstrual issues. Oh, you have digestive issues. Oh, you get migraine. Oh, you should go see this acupuncturist.

So I referred all of my clients away until finally I was like, Oh, Wait a second. Maybe I should just go do that. So that is what I did. And yeah, so that's how I got into it.

CC: Okay, so I want to go back a little bit. First of all, you went to Costa Rica, Pura Vida. I love Costa Rica. We do. And this is where you learn Spanish because you do speak Spanish, do you?

EC: Yeah.

CC: So, okay, cool. And then, I love that you said she melted because, we have five senses and I always think, of course, nobody wants to lose any of them. But my favorite sense is the sense of touch. To me, a hug holding somebody's hands, just touching someone. There's a connection of energy that's much more powerful than just auditory or visual or even, smell or taste, .

They're all great. But that sense of touch. So to me, that's my favorite. And you're not the first person that I interviewed that went to massage therapy school first and then became an acupuncturist. And when you have both, you have such an advantage because your understanding of palpation of the body, of the whole musculoskeletal system is way ahead of someone that didn't do that prior.

So I love that you really partnered or stood together because they. Fit so well. So now are you still practicing both massage and acupuncture? How do you differentiate the two? No, for the first year or two, as I was building my acupuncture practice, I was still doing massage just to earn income, but I knew that I wanted to phase out of that mostly just for the sustainability uh, of my own body.

EC: I did it for a year or two I've been doing this. What? 17 years, I think. And I'll have patients who have been to other acupuncturists before they see me. And they often will go, Oh, wow. Like my other acupuncturist barely touched me because I have that massage background.

So, when I'm putting on oil on the back to do cupping, for example, I make it a little mini massage. I can't help, but bring touch more into it rather than just, the needles.

CC: That's awesome. I know for a lot of massage therapists, I see how hard it is as you get older because it's so physical with acupuncture.

You can do a little bit of a mini massage, like you said, but you're not doing a full hour, eight hours in a row, which makes it so much easier to continue to practice later on as we get older. Right. So that's how you got into it. You've been practicing, like you said, for 17 years. So for quite a while. And one of the things that you're really good at and you want to share with us today is how do we get medical doctors, other healthcare practitioners, referring out their patients to us when they know that their patients could benefit from what we can offer?

EC: Absolutely. This thing that I came up with really, I stuck Stumbled upon it.

And it was a doctor's idea in the first place. So I was doing one of those marketing events that we've probably all done in the beginning of our practice. And we probably all are frustrated with it because you don't get anything from it, which is to go to like a farmer's market or some sort of market where you have a booth.

Right. And I just felt like it was so. So much work, all the setup, all the breakdown, all the extroverted energy that you have to just hi, come on in and talk to me about Chinese medicine. It was just exhausting to me. And if I was lucky, maybe I got one patient out of the whole deal.

And it was just a very small return on investment.

CC: I know I'm online all the time. People think, Oh, she's so extroverted. I'm like, it's easy to be all full of energy when you're just in front of the camera, you're not really talking to someone live I'm introverted.

And like you said, being at a farmer's market and stopping people. It is so out of your comfort zone. Like it's so hard specifically for introvert people, even for extrovert people, obviously, but it makes it so much harder that people are like, there's no way I can do that. So thank you for sharing. like for the introverted, it's like.

EC: Oh my gosh, and I want to put a pin in the introverted part because I want to come back to that because there is a piece to that I've addressed too. So, at one of these farmers market, the best thing that came out of this was that a doctor from the local medical clinic down the street stopped in to chat.

And then after a while, he said, why don't you do a lunch and learn at our medical clinic? And I'm like, a what? He said, a lunch and learn. You bring us lunch and you talk about what you do.

And I was like, wait, like I could do that? He's like, yeah, drug reps do it all the time. And I'm like, Oh my God.

Okay. So I said, well, how do I do it? And he's like, just call the office and say, you want to do a lunch and learn. And he just made it so nonchalant, so easy peasy. I was like, well, okay then. So it took me a while to actually get the courage up to do it. Because nobody wants to be told no.

Right. I called them up. It was actually pretty easy. I said, , Dr. So and so told me to call and set up this lunch and learn. I want to talk about acupuncture, see how it could help, the patients there. And so anyway, it was easier than I thought. My first lunch and learn at this medical clinic at the end of it, two things happened that just blew my mind.

Okay. Number one was, it happened to be a pediatrician who came up to me afterward and said, I'm already on board with acupuncture. I've read some of the research, I know it works, like I'm pro-acupuncture, but I just don't know who to send my patients to. And well, you're not weird.

I'm like. Thanks.

CC: That's so funny. Oh, I love that. Okay. Continue. Sorry.

EC: The bar is really low. Like you just have to be not weird. And some of the things that I talked about, I just threw in a couple of little bits of acupuncture research.

So they know like, okay. I'm speaking their language, I'm talking about the circulation of oxygen rich nutrient rich blood. I'm not talking about chi and yin and yang. Hell no, I'm not talking about that.

Yes, thank you for saying that. Oh my God, that is so important. Yes. I love it.

So that was the one thing that happened after lunch and learn.

I think it was after a different lunch and learn. It was a physician's assistant. She came up to me afterward and she was just someone who was really like concerned about the opioid epidemic and really anti-prescribing these things. And so she was thrilled to have this like alternative. And so she came up to me and she said, I wish that I had a conveyor belt from my clinic to your clinic, because I would just put patients on it all day long.

I'm like, yeah, that worked. Okay. And you know what? To this day, that was probably, 12 years ago? To this day. This woman still refers patients to me. That's awesome. Sometimes you only need one person, that person, and then that changes everything. It changes everything.

Yes, it does. So that's how I first started. It was this thing that kind of fell into my lap, but I like took it. I ran with it, and of course the thing that I was nervous about was like, well, who am I to stand in front of a bunch of doctors teaching them something? Like, Who do I think I am?

I think that we all go through something like that when we think about being in front of the almighty doctors, I'm using the word doctors, but really I have done talks in front of, nurse practitioners, physician's assistants naturopathic doctors, homeopath, really it can be anybody.

I'm just using the word doctor cause it's just easier. So of course I was nervous to stand in front of these doctors and teach them something. But then when I got in the room the first time, I realized, Wait a second. I am the only person in this room who is an expert on Chinese medicine.

They've got amazing degrees that they have worked decades to attain. And I have total respect for that. But most of them don't know a thing about acupuncture.

Some of them know a little bit because they've maybe read some journal articles, which is great. But still, I am still the only expert in that room on Chinese medicine. So that made me feel so much better being in front of them because I had to start to think of all the doctors and all the nurses.

They're just like my patients, they're not some God almighty, right? It's just, they're just like my patients. And I talked to them like my patients, but then with some extra like scientific language, of course, but remembering that they're really not. that different than any other human on the planet.

CC: I love that because, it's interesting because over the years I focused my practice a lot on women's health. And I have a gynecologist in my area that, years ago started referring patients to me. I never met her. , I didn't know about her. And then one of my patients told me, Oh, I told my gynecologist what we did.

And she was like very impressed with the acupuncture and the results and how my numbers change. And so, So she started referring patients to me and I never met her. So I send her a thank you card and flowers and then one day I was like, do you want to go for lunch? Because, I don't know you, but you've been so nice to me.

And so we went for lunch. That's how it started for me in that perspective. And I also work a lot with reproductive endocrinologist, so fertility clinic in the area as well. And I did go see them, But it was interesting because I have a friend who is very close to a fertility clinic.

Like she's literally the same block. So she decided, why don't I do a lunch and learn? But she's very shy, very introverted. And like you said, your confidence, you come in, you're like, who am I to be talking to? Like those six doctors in front of me, they're looking at me with their arm crossed over their chest, like they're already feeling like, This is a waste of my time.

I don't think this is going to help and it was really hard. And she had a really hard time with it. And she felt like she completely failed, it was not received well. However, even though they didn't ask question, they didn't say much. And, she left. They started referring patients to her because specifically for fertility clinic, because it is a business, it is private, that people, patients have to pay for it.

And there. Full goal as a fertility clinic is to get their patients pregnant and have the percentage of numbers of pregnancy high. So they can show patients, Hey, our clinic gets so many percentage of people pregnant. And so they were like, wait a minute. So there's studies showing acupuncture can help this.

So if our patients get more pregnant with acupuncture, maybe we should do that. So that's how she ended up having a lot of referral. I do get a lot of referrals from, okay. reproductive endocrinologist as well, because I'm just a little bit outside of Vancouver, so I'm in the suburbs, and there's not many people in my area to do that, so then they refer to me when people are in that area.

I love that you shared about feeling uncomfortable, because you said you wanted to put a pin on the introvert. This is really hard for the introvert to think Oh my gosh, I am going to speak in front of a bunch of people. I'm so uncomfortable. What am I going to say? So can you talk a bit about that?

EC: Yes, absolutely. Before I forget, I want to respond to something you said about like those doctors realized we need this acupuncturist. And that's the frame of mind shift that needs to happen here, because we can think of this as like, Oh, I'm going to them because I want to get something from them. I want to get patient referrals.

And I want to, build my practice. And yes. That is true, but it goes both ways. Just like any good relationship. It goes both ways. They need us. They also need our education because I guarantee you their patients are coming into them saying, Hey doc I read that acupuncture is good for back pain.

Do you think I should get it? What do you know about it? Well, doctors, just like any other humans, they don't want to look stupid. They don't want to go yeah, I don't know. I don't really know anything about it. And I don't know anyone around here who does it. They don't want to say that they want to go.

Yes. I know exactly what you're talking about. I have a person down the road. I will refer you. I feel confident about that's what they want. Right. And so we are giving them that. So they need us. We a fantastic point. Great point. I love it. They need us. And this is the whole point about what we do and what MDs do is.

We help each other. We're here to help patients in the end. We're all here to make patients lives better. Doesn't matter who does it. But if we work as a team, that's the best for the patient, right? In the end, it's not Western medicine versus, complementary medicine. It's together. We got to do it together.

So, yes, I want to talk about introverts. because I'm actually an ambivert, which, if you think of it as a scale and extroverts over here and introverts over here, the ambiverts right in the middle, so I can turn on my extrovert a little bit, but then it's also all too much for me sometimes.

So, I created this whole program, basically, initially I did it as like, okay here's a PowerPoint presentation that you actually give to these group of doctors. Here's what you say . If you only have 10 minutes. Do this section. If you have 30 minutes, do this section. If you have a 60 minutes, do this section.

Right? And it's customizable. You can change it out because, you don't want my name on there. You want your name on there. And if you have a specialty, you can add a slide in for your fertility specialty, for example. There's also like a 30 minute video of me doing the PowerPoint presentation so you can see what it should look like, what it should sound like.

I'm doing it in front of doctors. Like it's like the real thing. The doctors are sitting there eating lunch, you can really get a feel for what it actually looks like and feels like. And then I have this guidebook on like how to do the whole thing from all the way from how to find the clinic, in your area, what to say when you call, like there's a literally a script.

Hi, my name is, can I talk to the person who could set up lunch and learn? If they say this, then say this, but if they say that, then say that, right? It's like, it's a whole script. So you can just follow it. It's very easy. But I realized after a while there's a lot of introverts out there that are not going to do this.

So wait a minute, what are we going to do for them? So I have a whole nother handbook. That is just the introverts guide to a lunch and learn. And basically it's a little bit like what you did. You chose one person. I mean, First of all, they chose you, which is very cool. But then you decided to reach out to this doctor and say, Hey, thanks for the referrals.

Now it could just as easily been like this. Like if you hadn't been getting referrals from a doctor, we have patients who have a primary care. You just ask your patient, Hey, who's your primary care? Do you like them? And they go, yeah, it's so and so down at this clinic. You call them up or you send them email or whatever, or you show up and you say, Hey, we've got a patient in common.

That's another like road in and you could just say, Hey, I would love to share with you acupuncture, how it works from a scientific point of view. That is the key. That is the key. If doctors think you're going to talk about energy, they're going to be like, yeah, don't waste my time.

But if you say, I want to explain to you how acupuncture works from a scientific point of view, and all of it is in my program, it's all research based can I take you out to lunch? So then it's a one on one lunchtime. It still may be scary for some people introverts or not, that may still be scary, but it is.

not standing in front of a crowd with a PowerPoint presentation, in this case, you could actually bring like your little iPad or something and set it up on the table at the restaurant. Or if that feels awkward, have a few things in the back of your mind memorized, and you're just talking about it.

You're not like presenting it. It becomes much more just, Face to face, human to human. We're just chatting about our practices, and you got to make sure it's a back and forth, right? It's not just, here's me here's acupuncture. Here's everything I do. Here's what I want from you.

It can't be that right. Because nobody wants to be in relationship with that. If you just think about friendships to give and take. I talk about me, but then I ask all about you and I want to know about your practice. And what are things that are challenging in your practice?

Cause what they say is challenging might actually be something that we have a solution for. Yeah, that's how the introverts can do it.

CC: A lot of people know that I have three books. However, many don't that I also offer continuing education online courses. This is actually how I started Acupro Academy to support new practitioners. You can choose from TCM treatment for common mental disorders, fertility, pregnancy, thyroid disorders, but also specific ones like scalp acupuncture or cosmetic acupuncture.

Acupuncture online course. All these are pre recorded so you can watch them on your own time and since you have access to them forever, you can revisit the information anytime you need. You will receive a certificate with your name on it after you pass a multiple choice quiz. And if you're truly not satisfied, With any of my online courses, I offer a seven day money back guarantee as I stand behind my products and truly, truly want you to benefit from them.

So go check them out on my website, acuproacademy.com and click the TCM course tab on the menu bar, or check out the link in the show notes below.

CC: That's exactly how I did it. So it's so funny you bring that up because the first reproductive endocrinologist I contacted I just asked if I could take him for lunch.

What I did is I researched each of those people and I picked the youngest person. That's just in my mind. I'm like the youngest person might be more open than someone that's been practicing for 40 years and might still be a bit closed up. So I picked that person, took them for lunch. And what was funny is exactly what I did.

I first started saying, we have a lot of patients in common. I have a lot of patients that see you. And also one of the reason why I picked him is people that saw him said they loved him. They're like, Oh, my God, I love them. He's so amazing. He's so caring. And so I told him that. And then, ask him question and then he said, Oh, he talked about his family and how they see naturopathic doctors.

I'm like, Oh my God, this is great. It's going really well. So then I explained exactly like you said, I didn't talk about chi. I just talked about blood circulation studies for, everything that has to do with fertility, the reproductive system, what acupuncture does. The, parasympathetic state and how the patients get into that calm rest and recover to self healing, et cetera.

So we talked about this and he just loved acupuncture and I ended up having a lot of referral from him. So it was a conversation. You're absolutely right. The first person I went to see was the opposite. It was a different clinic and there was a main person to see. So I went to see this main doctor and I was in his office across from his desk, and I felt like I was in the firing squad.

Like, no, I'm sitting there. He's not smiling once. He looks very serious, doesn't say anything, and I'm talking. I'm asking a question, and his answers are yes. No, yes, like there was nothing I could and I was sweating like literally sweating. It was just so uncomfortable. In the end, which was funny is that they actually put my clinic and my name on their website as a resource. So I was really good, but I didn't think it went well at all because there was no exchange. Compared to the second person which you write going to a restaurant is a neutral zone than being in that office.

You feel like you're just don't belong there. So that was much harder for me. In my clinic, in my practice, I don't have a desk where the patient is on the opposite side of the desk, because I feel like. Then we are very separated and I want to connect with the patient.

So the desk is on the side, . There's no barrier because I really focus on Feng shui and I don't like when there's a barrier. So that was a big barrier because he had a really big desk and I felt like I was this little mouse on the other side.

It was just. So I have two different kind of experience.

EC: So I love that you talk about the restaurant.

Obviously you can't go back and do that over again, but if someone's listening to this and finds themselves in that sort of situation, I might suggest especially if it's maybe a nice day out to say, Hey, you want to just go for a walk and talk about this because that's even easier because then you're side to side and we all know it's easier to have a conversation side to side rather than face to face.

Right? So that could be like a little, way to get out of that power dynamic. That does not feel comfortable to you. So if anyone has that, maybe they could say, or even if it's raining out, Hey,

let's walk up and down the halls. Cause it's like a lunch and learn, but it's an exercise movement, lunch and learn, which is really better for everyone.

CC: I'm going to start with MDs, but obviously, like you said, you can talk to nurses and physical therapists and counselors and naturopathic doctor and chiropractors, et cetera, et cetera. But when it comes to MDs specifically, What do you see when they refer patients out to you?

What syndrome or disorders that are coming the most toward you? Is it because the MDs think, oh, pain, so you get a lot of pain, or do you get anything?

EC: Definitely pain is the number one, for sure. Now, there are some enlightened MDs. who will be like, Oh, well, this is still pain, but any sort of dysmenorrhea, any issue around the menstrual cycle.

CC: Right. So that's cool when they realize it's for women's health. Some digestive issues migraines, of course that's pain. But yeah, mostly pain for sure, but that's also, that's what we're here to do. We're here to educate them. Like, yes, of course we can treat pain, but we can do so much more.

And when you go and do your lunch and learn or meet with the potential exchange of practitioners and referrals, do you have specific studies for each key person depending on who they are or is it the same studies and what are the studies on?

EC: That's a great question. So I do have what I call theories on acupuncture's mechanisms of action. So this is what MDs really want to know. How does it work? Like, that's the million dollar question. How does it work? Right? Now, yes, they also want to know, like, what does it work for, right? But how does it work? And so I have, what is there here, maybe like a dozen or so.

So that means there's a dozen slides right in the middle of the whole program talking about each thing. So, for example, here's a couple of things. reduces inflammation. And then there's two footnotes. There are the research study for that. So if any of the doctors like, Oh, I want to see the study on that.

Great. Here you go. There's two of them. Right. And so I have it footnoted. It vasoconstricts cerebral blood flow in migraines. It signals the brain to release endorphins. Norbephrine, and kephalins, and endogenous opioids, right? This is speaking their language. It is answering the question, how the heck does this work?

Right? I have about a dozen of these that are, varied. What is helpful, I think, about this PowerPoint presentation that I have is that it's customizable. So, some people might be all about women's health or fertility or digestive issues or autoimmunity or something.

And so they can add in their own slides to that. And, they can throw a piece of research in there. Or they could just say, like, here's an anecdote about treating people with autoimmune diseases. Whatever, however they want to do that.

CC: And where do you get mostly your research? So, I connected with for many years with Sandro Graca, who has been part of the acupuncture or evidencebasedacupuncture.org and he's doing research in the UK on acupuncture, not how it works, but what can it do? What can it treat? What can it help? And he's been on the podcast as well in 2024 and I really love what he does, for our community of TCM practitioners.

EC: I have problem with studies.

CC: There are lots of problems with studies. So yeah,

It's biased. There's so many factors and the problem that I have with study, which is even harder for acupuncture itself is that if you have a. Thousand people that have insomnia, and you're going to do the three, whatever insomnia points and you're going to have 20 percent people get better or not, whatever the outcome is, I'm like, yeah, but we're not treating the root cause.

We're not treating the TCM pattern. We're not treating, yeah. I don't know, heart blood deficiency or whatever the problem is. And with TCM, because we treat the person as a whole, how do we come up with studies that can show it's so effective with people, let's say, with insomnia? How do you go about that, in looking at studies?

EC: Yes. Okay. Good question. So a big part of the PowerPoint presentation is talking about the issues with acupuncture research. And there are major issues, like first of all, just the way that they sham acupuncture, like that there are three ways to sham acupuncture. One is like, Oh, we stick the needles in, but we don't put them in actual points.

Like we all know that's BS, right? Okay. Or we put them in the right points, but we put them in really shallowly. So it's like they're barely in, well, we also know that's BS, right? And then there's like this retractable needle that is actually like a really good placebo method, but it's super, super expensive.

And so we all know that like, funding is an issue in the first place anyway. So there's all these problems with acupuncture research. And so. When I'm talking to doctors, I explain all of these things, right? And I think it actually makes them feel a little bit better. Like, oh, okay. You're not just saying all acupuncture research says that all acupuncture works all the time.

Nobody wants to hear it like that because it's not true, right? There's some nuance. And so describing the nuance is really helpful. One of the things that I talk about too in the PowerPoint is this thing called comparative effectiveness research. So instead of saying, Oh how does acupuncture help back pain versus a placebo?

That's a little bit useless because nobody's going to go get a placebo for a treatment, right? What we want to do is we want to compare acupuncture for back pain versus physical therapy for back pain or acupuncture or back pain versus massage therapy for back pain, right? It's like, which one has better effectiveness?

So we're, that's what's called a comparative effectiveness research, right? Because it's just so much more useful. It's so much more useful because when a doctor is thinking, should I send my patient to acupuncture or should I send them to some placebo? that's not happening. That's not the question in their mind.

They're saying, should I send them to the acupuncturist that I know? Or should I send them to the physical therapist that I know? Right. There is a move to have more comparative effectiveness research.

Another thing that I have in the introverts guidebook is here's another way to connect with a doctor without actually taking them out to lunch. So, like I said earlier, you can ask your patients who's your primary care provider. So you get a list of these.

If you ask all of your patients and you have a list of them, I'm sure there's a lot of overlap. You probably have 10 patients who go to the same doctor, right? Okay. So that is a. Such a great in road right there. You're like, I have 10 of your patients, right? That doctor is going to pay attention.

Number one, if you say that. But here's one way to just get your foot in the door. You take one of those patients, especially the ones who've had some pretty good results with you. And maybe you do like a pain scale. Cause that's like definitely doctors. That's their world, right?

So you can say, Hey this person had back pain. It was 7 out of 10. It was constant. Then they had, 5 acupuncture treatments with me. Now it's a 2 out of a 10 intermittent, showing like pretty good results. But the magic is at the bottom of this by the way, this is a template that comes with my program is just you just fill in the template at the bottom of it.

It says in addition to the pain relief. This patient has received. They report to me. Then you can say. They're sleeping better, they have less stress, their digestion is better. They're having a bowel movement every day, all of the quote unquote side effects, right? of acupuncture.

And that is how we educate the doctors that it is more than just pain. And it is also, this is, it's not scientific research, but it is anecdotal. And that often stays in their brains a little better than research does because you think, wow, the doctor would think, wow. That person went for back pain and they came away with Six different things getting better.

Like that's astounding, to us, it's not astounding because we do it every day, but like doctors are used to treating one thing and they get one result. They don't get six benefits, or 10 benefits.

And that is pretty astounding to them. So even just. It's regularly sending these facts, like a fax to that doctor's office saying, Oh, here's another patient.

Here's another patient. Here's just wanted to give you a little progress report. Then your name is constantly in their consciousness. Like who is this Ellie Cole person who keeps treating all my patients and like getting them better. I want to know this person. Then you come in and go, Hey I getting my progress reports, but.

You feel like going to lunch, right? That is not a cold call. That is a hot call right there.

You've established a rapport with that person over email for a while and you're right. It's like, oh wow, this is really cool. We have those patients in common. And then I see the results and yeah, I want to meet you.

That's exactly what happened to me in reverse with the gynecologist. It was like, okay, you keep referring to me, but I don't know you. Like I want to meet you because I'm so excited that you are really enjoying your patients getting acupuncture and you're really promoting it, which I thought was really cool.

So it's, yeah, it's such a good thing to do as an introvert to start slowly via email, like you said, and then, building that rapport. So I love that. And so the program you have is it's all recorded. It's online.

CC: What is it called?

EC: It's called Chinese medicine explained.

CC: Ooh, I love it.

Make it simple. Chinese medicine explained. So you can have referral to you and you're right. It is all about exchange. It's not about asking and asking. It's about exchange. So my last question is, Obviously, we talked about MDs, but who, other health care practitioners, who refers the most to you that you see often in your area anyway?

EC: Yeah. Physicians assistants and nurse practitioners, hands down, they're the ones referring all the time. Yes. Now I also have a therapist, like a talk therapist, a counselor who does a lot and that's another piece too for introverts. An introvert, I suspect might feel a little more comfortable sitting down to lunch with the therapist.

Yeah. Then with an M. D. And so starting there because those therapists, they're seeing all these people with anxiety and depression, right? We can help that a lot, right? And we do it in conjunction with talk therapy. It's incredible. But yeah, usually it's nurse practitioners and physicians assistance for sure.

It's interesting because I started practicing in 2003 and in my area, I got lots of nurses as patients, nurses love acupuncture, they love it. So you're right. They would refer out because they are very inclined to come and get treatment for themselves. And I also have seen a lot of counselors and psychologists as well.

So that also, when they come in and they can see, they can also refer to patients. So when you have them as patients, it's even better because it's like, look at what this person can do for you that I know of because, they've helped

And those are the providers who don't even need the research because they have their experience with you to go from.

CC: And that's all they need. And that's exactly it. So I love that. This is a good conversation. I'm glad, we met and you came on to talk about this, because I think this really scares a lot of practitioners because of the imposter syndrome, because we're not good enough compared to the other people kind of thing.

And because we're not sure how to approach how to do it, but it has to be done, like you said, which is so key Transcribed It as an exchange and not as an ask ask. That's really what the mindset shift has to be done. So can you talk a little bit about this to finish off the podcast?

EC: Yeah, absolutely. One of the things that when you're in practice long enough and you get patients who trust you and trust your opinion, they want to know, I need a new, I need a new MD.

Do you know anyone open-minded or, like, do you know anyone who's cool? And so part of doing these lunch and learns is, I'm doing my own research for my patients. Who are the cool MDs out there, right? Like, who are the ones who are open to what we're doing, first of all?

And the ones who are not going to sit behind a desk staring at you and, making you feel uncomfortable, but the ones who are like really personable and warm and that you would feel really good about sending your patients to. So that's another approach is like, Hey, I'm looking to create a referral list for my patients for MDs, PAs, NPs, chiropractors, physical therapists, etc.

So you're doing your own research. You're interviewing them too.

CC: That is such a good point because I have a bunch of people that I refer to over the years and it's exactly it. It's people I've met, people I've been treated by often and know how they treat me. They go about the treatment and how they have the rapport with patients or a few times has been because patients have told me so many patients have told me about this person.

That's amazing. Amazing. Amazing. After a while you're like, okay, I gotta see this person because apparently they're amazing. So it's an exchange. I love that. So we'll have the link to your course below so people can check it out because I think that if you're trying to build your

practice, other healthcare practitioners so we can give a full support to our patient is really the best of both worlds.

So I really appreciate you creating this and really showing people how to go about it so they don't feel intimidated. So thank you so much Dr. Cole. And one final word before we go and let you go to your day.

EC: Yeah, actually, two quick things. One is that this entire program is also in Spanish. So for any Spanish-speaking practitioners or who are going into Spanish speaking provider offices I had this amazing acupuncturist in Guatemala and she translated the whole thing for me into Spanish, which was amazing.

And then the other thing is that when someone does physical therapy, purchase my course, it comes with a 30 minute video or phone call with me because everybody has their own little, worries or self doubts or anything. And if you want to talk that through or maybe they have a really unique practice and they want to figure out like how to make that work with the program.

It's an individualized call with me.

That is really good because a lot of time people want to talk to you and ask you a few things that they may not be sure, about when they watch the course or learn or they might have a specific question. So I think that's a great add on bonus to have.

And I don't know how it works in, outside of the U. S., but we have the National Commission for Acupuncture the NCCAOM. So there's five continuing education points for the NCCAOM from my course.

CC: That's awesome. Yeah, because most of my course are approved by the NCCOM as well because we got a lot of people from the States that also love to invest in the course that I have on my site.

So I really appreciate you coming in today. Thank you so, so much. And I just hope that it's beautiful in Portland, Oregon, and you have a great rest of your week.

EC: Thank you. Thank you for having me. I love talking about this.

CC: Thank you so much for spending your time with me today. I truly hope you benefited from this episode, and I would love for you to share it with a friend that may benefit from it as well, follow the show, leave a review, and if you want more. Go to my website, acuproacademy.com. I have tons of resources there with treatment protocols, case studies, free courses, and so much more, and connect with me on all social media at acuproacademy.com.

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