ILLUSTRATIVE SAMPLE · FICTIONAL CLIENT · PREVIEW OF THE YOUR BLUEPRINT FORMAT

YOUR BLUEPRINT

Elena Marsh

From running the floor to running the operation.

01 — WHAT YOU TOLD US

Your Starting Point

Elena has spent eleven years keeping a busy multi-site medical practice running — and she's ready to do that same work without the patient-crisis weight that comes with it. This Blueprint translates what she already does into the language the market searches for, maps three realistic directions, and gives her the exact next moves to start the conversation.

Before we look forward, here's what you handed us — so you can see we built everything below on your actual situation, not a template.

CURRENT ROLE

Senior Practice Manager · Multi-site dermatology group

YEARS OF EXPERIENCE

11 years · 6 in this role

WHAT'S PROMPTING THE CHANGE

"I love the operations. I'm worn down by being the crisis line for every patient and provider."

TIMELINE

Actively looking — wants a move within 6 months

INCOME EXPECTATIONS

$95K floor (currently $88K)

GEOGRAPHY

Charlotte, NC — or fully remote

TOP SKILLS YOU'D BET ON

- Running staffing, scheduling, and throughput across four sites and 40+ people
- Owning a ~$6M practice P&L — budgets, vendor contracts, margin
- EHR and practice-management systems (selection, rollout, training)
- HIPAA / OSHA compliance and audit readiness
- De-escalation and team retention in a high-burnout environment

02 — YOUR SKILLS, TRANSLATED

The Same Work, In the Words That Get Found

Eleven years of keeping a four-site operation running is a serious body of work — and every piece of it transfers. It just needs to be said in the words the market searches for.

Here's the thing the job market hasn't told you yet: you are not "a healthcare person who wants to leave healthcare." You are an operations leader who happens to have done the job inside a clinic. The work you describe — keeping a multi-site machine running on budget, picking and rolling out the systems, being the person everything routes through — has a name outside of medicine, and roles under that name are typically posted above your current $88K.

The reason your applications went quiet was never your experience. Your resume is written in clinic language, and the software screening those applications is searching for the corporate version of the exact same work. Close that gap, and the same background reads very differently.

WHAT YOU CALL IT		WHAT THE MARKET CALLS IT
"Practice management — keeping four locations running"	→	Multi-site operations leadership · 40-person org
"Handling the budget and the vendor contracts"	→	P&L ownership — ~$6M annual operating budget

WHAT YOU CALL IT	WHAT THE MARKET CALLS IT
"Picking the EHR and getting everyone trained on it"	Systems selection, implementation & change management
"Coordinating billing, scheduling, and the front office"	Revenue Operations — the pipeline from booking to payment
"Keeping the team together in a burnout field"	Team retention & performance in high-turnover environments

THE INSIGHT

You're already doing Revenue Operations — you just call it "running the practice." Coordinating billing, scheduling, systems, and the people in between — the whole path from booking to payment — is the literal job description of a RevOps role. That's your shortest bridge, and almost no one would think to point you at it.

HONEST CONSTRAINTS

You don't have a recognizable software or corporate logo on your resume, so you'll be screened harder on the first pass. And the $95K floor is realistic but not generous in healthcare-adjacent ops — the higher posted ranges sit one step outside healthcare (SaaS, services), which usually means a slightly longer search.

03 — YOUR PATHS

How This Could Go

These aren't a ranked list — they're a real menu with different risk, timeline, and upside. You can pursue more than one at once; we'll tell you which we'd lead with.

PATH A · SHORTEST BRIDGE

Revenue Operations (Healthcare SaaS)

Keep the billing-scheduling-systems work; lose the patients-in-crisis. Healthcare SaaS companies specifically want operators who've lived inside a clinic.

Typical search: 3–5 months · **Posted range:** $95–120K · above your floor.

PATH B · HIGHEST CEILING

Internal Ops / Chief of Staff

Be the person a growing mid-size company routes everything through — exactly your current role, minus the clinical context. Broad, visible, and the seat director roles are usually filled from.

Typical search: 4–7 months · **Posted range:** $100–130K · above your floor.

PATH C · SLOWER BURN

Healthcare Operations Consulting

Sell your clinic expertise back to practices as an outside advisor. Highest long-term upside, but income is lumpy early and relationship-built.

Typical ramp: 9–18 months to steady · **Comp:** variable.

OUR RECOMMENDATION

Lead with **Path A (Revenue Operations)** and run Path B in parallel. A is your shortest, lowest-risk bridge — it reuses your exact skill set, is posted above your $95K floor, and removes the crisis-line drain you named. Path B has the higher ceiling and is worth pursuing at the same time, since the same resume rewrite serves both. We'd park Path C as a "someday," not a now — it can't meet your 6-month, $95K constraints, and you'd be giving up income stability to chase it.

04 — JOB TITLE CHEAT SHEET

The Titles to Search For

The roles that fit you are posted under names you'd never think to type. Set alerts on every title below — the highlighted ones are your best first-pass matches.

PATH A · REVENUE OPERATIONS

- **Revenue Operations Manager**
- **RevOps Manager**
- Revenue Cycle Operations Manager
- Sales Operations Manager
- Billing Operations Manager

Add "healthcare" or "healthtech" to any of these searches and your clinic years read as the advantage, not the asterisk.

PATH B · INTERNAL OPERATIONS

- **Business Operations Manager**
- **Chief of Staff**
- Director of Operations
- Operations Program Manager
- Regional Operations Manager

Mid-size companies (100–500 people) are your zone — big enough to pay, small enough that one operator still runs the machine.

PATH C · CONSULTING (SOMEDAY)

- Practice Management Consultant
- Healthcare Operations Consultant
- Fractional COO (practices)

Parked for now — but these are the words when you're ready.

05 — WHAT TO DO FIRST

Your First Moves

Each step is sequenced so it makes the next one easier. Do them in order.

1

WEEKS 1–2 · REWRITE THE TOP THIRD OF YOUR RESUME

Replace "Practice Manager" framing with the translated language from Section 02: "Multi-site operations leader — P&L ownership, systems implementation, 40-person team." This single change is what the first-pass screen is looking for.

2

WEEKS 3–4 · REPOSITION YOUR LINKEDIN AND START SEARCHING BY TITLE

Work through the Job Title Cheat Sheet — set alerts on every highlighted title. Apply to 5 Path-A roles using the new resume.

3

MONTH 2 · HAVE 4 CONVERSATIONS, NOT 40 APPLICATIONS

Reach out to 4 people working in RevOps or internal ops — ideally one who also came from healthcare. Ask how they made the jump, not for a job. This is where pivots most often happen.

4

MONTH 3 · TIGHTEN YOUR STORY AND GO WIDER

By now you'll have a read on which version of your pitch lands. Lock it, widen the search to Path B titles, and aim for first-round interviews. The target for the end of month three is 2–3 live conversations, not a stack of applications.

YOUR WORDS, READY TO USE

> *"I'm an operations leader — I've spent the last six years running a multi-site, multi-million-dollar operation, and I'm moving that work into the tech and services world."*

Ready to see the whole picture?

Your Big Picture picks up exactly where this Blueprint ends — a 60-minute strategy session with the founder, your income landscape, LinkedIn positioning, and a 30-day action plan built together. Your $149 credits toward it.

GO FURTHER