



## **Episode 34 - How to Create a Resume That Will Open Doors**

### **With Guest Krista Grant**

---

**SEE THE SHOW NOTES AT: [www.doctorscrossing.com/34](http://www.doctorscrossing.com/34)**

---

[0:0:00]

KG: “Sometimes we're our worst enemies. You have a lot to offer and you have to get in front of those stakeholders for them to be able to see that. So, don't let that moss grow under your feet. Go get what you want in life”.

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello, and welcome back to The Doctor's Crossing Carpe Diem podcast. Today we're talking about another one of my favorite topics - Resumes. Why are we talking about resumes? Well, as a physician, when you apply for clinical jobs, you simply use your CV and it works. Whether it's 2 pages or 25, it opens doors and you don't have to translate your skills. It's obvious to those hiring you what you do. You're a doctor.

However, if you want to apply for a nonclinical job, your CV may not be the best bet. If you're applying for a job in medical writing, pharma or at a startup, for example, your CV

[www.doctorscrossing.com/34](http://www.doctorscrossing.com/34)



may not do the job of connecting the dots as to why you're a great fit for the position. You're often better off creating a customized resume for that job.

As an example, let's say you were doing online dating, you wouldn't simply just put up a chronological accounting of your life. You would customize your profile for who you wanted to attract.

It's kind of similar to a resume, but to be honest, when I first started coaching, I had no idea what the difference was between a CV and a resume. I learned by taking courses on resumes, talking to recruiters, helping my clients and seeing what worked. It's funny to say this, but when I see a beautifully done resume, that literally can take my breath away. It's a work of art.

To help us explore the difference between a CV and a resume and offer some great insider tips for creating your own resume, I'm joined today by my lovely guest, Krista Grant. Krista is a former news anchor and journalist, who has worked for many years as a physician recruiter in both clinical and nonclinical roles.

Currently, she's a physician recruitment leader at Wake Forest Baptist hospital in Winston-Salem, North Carolina, which just happens to be where I did my internship. I first met Krista a number of years ago, virtually, when she graciously helped a client of mine who was interested in transitioning into a job as a physician advisor. She also helped me out on a block for the Doctor's Crossing on resumes.

I'm eager to welcome Krista onto the podcast, and we'll make sure to link to her contact information in the show notes, so you can reach out to her if you like. It's a true pleasure to welcome Krista Grant to the podcast.

KG: Thank you so much. It's a pleasure to be with you.



HF: Yes, and I think you're a really great person to help us because you do work with physicians, both for clinical careers as well as nonclinical. So, you're very used to those long CVs and you also really understand the resume.

KG: Yeah. I hope I can be of assistance to people today. Absolutely.

HF: Wonderful. So, why don't you give us first an explanation of what is the difference between a CV and a resume?

KG: Sure. Your CV or curriculum vitae is your curriculum of life. That's what it means in Latin. So, it presents a full history of your academic credentials. So, the length of that document is variable. That's important to keep in mind. And it lists every single credential that you have to offer. So, here it is, world, this is who I am, and this is all that I bring to the table.

Now, in contrast, a resume presents a very concise picture of your skills and qualifications for a very specific position. So, it's much more targeted. So, here you are world, I'm going to be shooting that arrow towards the bullseye. It's shorter, it's a little bit snappier. And so, they serve very different purposes.

HF: And when a physician is thinking about taking that CV and converting it into a resume, how do they start to decide what they should put on, how they should change the content, to connect the dots for the recruiter about why they're making this transition and why they're a good fit?

KG: I think they have to understand what they're looking for, in order to shape that document. I think it's really important that they realize that they can have both, if you're looking for a nonclinical position in an academic integrated health system, then you may want both. But if you're transitioning for the most part from clinical to nonclinical, it would be a resume.

And you need to understand that the beginning of the resume is prime real estate. So, it's important to know what you're looking for and what you're going after and to kind of shape your document based on that position. So, give yourself a little bit of leeway because your resume is going to be a living, breathing document. For the most part, you'll have it finished, I would say, not 98%, but then you're going to be polishing it up and possibly tailoring it to job opportunities just as you were at a cover letter.

HF: You talk about that top part of the resume being prime real estate, which I love because it's so true. Often, when I have my clients do their resume, there's a summary statement right at the top. What do you like to see in the summary statement?

KG: I like an overview. This is where I want to get to know you. So, I like to see more than just what you've done. So, you've come from point A to point B. This is where I love to see some really strong action verbs. Who are you as a person, give me at least a little bit of a soft skill in there as well, or how you view the world, but let it summarize who you are, not just as a physician, but possibly as a human being as well.

HF: And I think that's really helpful because if you're able to get a real good sense of this person in the short summary statement, which is often five sentences, it's not like a ton, then that might encourage you as a recruiter to want to read more.

KG: Don't be too dry. It's important to be factual. It's important to be concise, but you also want to be impactful. You have to gain their attention. We recruiters don't spend a lot of time reading resumes. And physician recruiting, it's more than the typical seven to eight seconds, there's different studies. But you want to make sure that you garner attention. Make them say, "Wow", and make them want to read the rest of the document, or at least scan it.



HF: What I want to do is ask you some of the real common questions that come up around resumes. So, one of the ones is if it's going to be shorter, does it have to be limited to one page?

KG: Absolutely not. It should showcase you. If you're not a one-page person and you've accomplished a lot in your life, it's okay to have it be more than one page. Don't be afraid to color outside the lines. You want it to be professional and crisp, but don't get stuck in all of the rules either. I think it's more important that you understand today's world and technology, that your resume is going to be screened by a computer most likely before it gets to the actual recruiter or hiring manager. So, it's important to just kind of understand how the game is being played today.

HF: And would it be okay if someone had a fair amount of research or publications or just experience that was pertinent to the job for it to be even four, five, maybe six pages?

KG: It could be. There are always different scenarios. You can now have a URL, a link to your own website in the resume where you might want to refrain from having it be too long and send them to a different source as well. But I think it's okay for physicians to have up to six pages. I'm not saying to go 15 to completely color outside the lines. That's where you get into the difference between your CV or your resume.

But don't be afraid to link to other things too, because for the most part, people are picking up your resume on computer, laptop, tablet, mobile device. And so, you can use those other links if it's very relevant or you've been a research physician and you have different projects you've worked on, your different grant funding, whatever the case may be. So yeah, just do what's right for you, but do be aware of the recruiter's time and be respectful of that.



HF: And how does a physician decide what to put in the resume based on the job that they're applying for? We understand we want to shorten it, we want to try to connect the dots for the recruiter, but how do they think about what information to put on?

KG: Well, I think you want to have your job history, so your most recent up front, but you also want to have a couple of other sections. So, maybe it's action verbs that describe you since you're trying to transition from clinical to nonclinical or vice versa. And you want to have some different areas where you can tell a little bit more about yourself, not just the factual content as well.

So, use your margins, use your headers, your sub-headers in a creative way, and make sure that you're not using an outdated formula. Make sure that you have a template that's appealing, aesthetically appealing that has some color, and it leaves enough white space so that the person can skim from section to section as well.

HF: Now we often hear that they're going to be matching as many keywords as possible from the job description and incorporating that information into their resume. How do they go about doing that?

KG: Well, the applicant tracking system, which people refer to as the ATS or the job board does that. So, for example, if you apply on a large job board and have your resume in there, I am saying indeed, they use technology, there's artificial intelligence, and there's keyword searches that the recruiters use when they're pulling it up to find people. So, you want to have that key content in your resume. And the job board will actually match on that content as well. So, the keywords, and then it automatically gets forwarded or emailed to the recruiter as well. So, there's different ways that it happens.

HF: And how does a physician know? They may not know what the keywords are. Can you tell us a little bit about how they might go and find the keywords from the job description and then incorporate them in an organic way into the resume?



KG: Yeah. So, the hard part in healthcare is that the titles of physicians really vary. So, medical director, director of medical X. But you want to make sure that you skim the type of position you're looking for. And there usually would be some verbs that they're looking for. If they're describing someone as a key player in different ways, but also look down to the minimum qualifications. That's where you'll get screened out immediately. So, the minimum qualifications are basically the credentials for the position and you need to match, I would say on the vast majority of those, maybe not every one, but that's how they're determining it.

HF: You're looking for things like a board certification licensure, a certain number of years of experience. Some of those are the qualifications?

KG: Whatever listed in that minimum qualification section, you want to make sure that you meet those. Otherwise, you'll automatically get screened out. Now that's not to say there aren't ways you can massage your way around that. But from the computer's perspective, that's how you'll get screened out. So, your resume would not be forwarded on to that recruiter automatically.

But you might say, have only half of them, but then that's where in the job description content, there'll be different bullet points. If you have that on your resume, then when the recruiter is doing that manual search, they may hit on your resume and find you that way. So, it's a little bit complicated.

HF: Yeah. I think it is helpful, like you mentioned, to go through the job description and now I find it helpful to underline a lot of these competencies and skills they are looking for whether it's collaborating, it's teaching, it's presenting, it's analyzing data, writing guidelines and policy. So, if they go through and they find a lot of these terms in a job description, then if there are ways, they can organically incorporate it into the resume, then there'll be a good one match.

- KG: And something that people sometimes don't want to take leeway with is if you're a physician and you've been on different committees say, and say you are primary care physician, but you've sat on utilization review or you were involved in case management or any of the other committees you're on, or even a little bit outside, if you're involved in your medical organization. It doesn't have to be that you've been paid for that for you to include that on your resume. That's still a skill or competency, especially when you're trying to have transferable skills to a position that you haven't held before.
- HF: That is such a great point. And I love that you said that because a lot of these things that physicians do, they take for granted, and don't think that they'd be desirable by another company, which is showing that you go above and beyond. That you do those volunteer things. You participate on a committee. You might be involved in a project. And even volunteer experience can be incredibly helpful. So, you're not just gaining new skills by volunteering, but you're also showing that you're a giver and you really want to make a difference by doing something that has sort of a mission-based orientation to it.
- KG: It's really so important. You have to realize that your resume is a marketing tool, right? It's to showcase the best version of yourself, but the question becomes "Whom are you showcasing it to? And how do you massage that?" So, to the recruiter, to the hiring manager, to those people that you will interview with, depending on the type of interview process. It's going to be multifaceted. So, there's a lot of psychology as well. They're the various stakeholders that are going to glance it over because of course you have to get past the recruiter, but then once you do, there's an entire team that's oftentimes involved.
- HF: I would say, you're writing with an audience in mind. So, it is helpful to understand what the audience needs from you.



KG: Yeah. They have to really get to know you. They have to like you. They have to trust you. You have to be able to fulfill their needs. And so, when you're crafting this document, it's not just about you. It's what's in it for them. It's important to keep that in mind.

HF: I love that statement, "What's in it for them?" instead of the WIFM "What's in it for me?" We know that you want the job, but "What's in it for them?" is an important perspective to have. And speaking of that, what do you see as the most common mistakes that happened on a resume that doesn't make it really work for you as a recruiter?

KG: I would say, not being bold enough. You really want to garner interest. So don't be uninspiring. Don't use, as I mentioned before, that really outdated format where it's just kind of law. Be okay with showcasing that best version of yourself. I love to see color. I like to see people being a little bit innovative. You definitely need some very strong action verbs. If you're not sure what those are, just go ahead and do a quick online search of "powerful action verbs", showstopping ones, jaw-dropping, inspiring, whatever they may be. But it needs to say you are apart from the competition. And make sure that it comes across that you have a passion for excellence. Why are you doing what you're doing? Show that spark for life. And be inspiring when you're putting together this resume to showcase your best version of yourself and your skills.

HF: By the way, you have to stand out when they're getting a whole pile of resumes and make yourself look different. What if you feel like maybe you're different in not a good way, for example? And it's such a common thing. So, I am not saying it's a negative thing at all, but what if you've had a significant gap? How do you address that on a resume?

KG: I think it's okay to have a gap. We're all human. Just be honest. And that's the nice thing though, is when you're working with a recruiter, I take care of that on the front end for all of my candidates so that it usually doesn't come up in interviews. But on my resume, I

have a gap when I met my husband, I used to be a news anchor and we met and I was relocating out of state and we're getting married, we're building a home.

And so, I had those few months, and I just fell in love. And people like that, they laugh just like you did. And they said, well, there's a lot, you're moving out of state. You're building a home. You're planning a wedding. People get it that you're human.

When I used strong action words on my own resume, I was actually embarrassed one time for a consulting job. I met with the dean. Obviously, it was going well. They said he wants to meet you for breakfast. And I said, sure. And he said, I really liked how you put the word "fierce". And I was a little embarrassed. I put something like "I was a fierce sourcer". I qualified and quantified. And I was a little bit embarrassed in person, but better to be embarrassed in person than to never have the opportunity to meet that hiring manager.

HF: Exactly.

KF: We both laughed and smiled, but be bold. Don't be afraid to showcase your best self and be inspiring and let people know why it is that you do what you do. That you enjoy it.

HF: So, be different. And so, you fall in love and you put that on your gap. It was a couple of months gap. What if someone has a five-year gap where they were raising kids or taking care of an aging parent? How might they write that into a resume? Or should that go on a cover letter?

KG: They can put it in their resume. I would just put it in parenthesis and explain. You don't have to dwell on it. People are looking for candidates to generally solve a problem that they have today, not in the past, but it can parlay into the future. So, I think as candidates, people worry about it more, but as hiring managers and people who are

under a tight timeline to fill a job, not so much. So, just be honest, I think that's always the best policy.

HF: And what if someone has had a fair amount of job changes, one, maybe they came out of residency and the first job wasn't a good fit. And then maybe they did some locums for a year or two, and then they did something else. I find that sometimes resumes that have a lot of different kinds of jobs aren't getting the attention as someone who stayed 10 years at one position. How do you deal with that kind of history? Because it happens and it doesn't mean anything really negative about that person.

KG: No, it can oftentimes mean that they're finding their way and really trying to decide what inspires them to get up in the morning and to contribute to the world. So, you just have to be a little bit creative. I think you always have to be honest as I've hit on before. You can use subheadings, you can use categories, you could go to skills, but it's okay. It's really more of a point when you're talking to the recruiter or the hiring manager that you are able to explain it.

And so, it's important to be able to practice that out loud a few times. Don't just wait until you get into that interview on the phone or in-person to explain it, practice it a couple of times. And that's where when you're working with the recruiter, I help coach people on that, and you don't dwell on it. It's just boom, one or two sentences and you move on and you spin it around.

But what's important to me now is that I find an organization that I can contribute to and with and use all of these skills that I've acquired. And they like that, when they show that you're ready to show up and really move the dial.

HF: Right. There's always a way you can put a positive spin on whatever the experience was. It could be, "I got to see a lot of different healthcare settings and I learned a lot from



each one". And that's some nice varied experience there. And then you know what you really want.

KG: Yeah. It's not the way it used to be. I used to see when I've been recruiting for, gosh, am I pushing near 15, 20 years? I used to see very long tenures. And sometimes I do, but sometimes in those long tenures, there's a lot of stagnation and there's a lot of people who aren't creative as well. And sometimes they want the person who is more cutting edge and who is a little bit more dynamic. So, you just never know what they're thinking. That's very interesting. I've been on the fly on the wall for many different of the top healthcare systems around the country and you learn something each and every time. So, don't stereotype them either. You never know what they're looking for.

HF: I like that open-minded approach. So, let's say we have our resume fixed up, we have it keyword optimized, we're targeting why we're a good fit for that job, we send it off and we hear crickets.

KG: It happens a lot.

HF: What are some of the reasons why a physician doesn't get a response when they feel like they've met all the qualifications?

KG: Oftentimes it can be that that organization maybe isn't quite ready to move forward. It can mean that they have an incumbent candidate and they're posting to post. It can mean that you've caught them at the tail end of the process. It can mean that they have a placeholder wreck or requisition that they just keep open all the time just to have additional candidates as well. Maybe they're having some turnover issues and they do that. Maybe they have some strategic planning issues and they're doing that. They know they're going to expand beds in a year. So, there's a lot of different reasons for that. It's



not you. And it's important that you understand that and that you have some strategies to circumvent it too.

HF: All right. Can you give us some of those strategies Krista?

KG: Yeah. So, don't fall into that applicant tracking system or the ATS wasteland. So, I would never, for example, just apply or even oftentimes physicians, again, you're not applying, you're actually talking to recruiters. So, sometimes you are circumventing having to actually apply on the applicant tracking system.

But what you want to do is build that relationship. Don't be afraid to call it the recruiter, don't criticize that you haven't heard from them, because oftentimes physicians, there will be a phone number with that recruiter, or you could go through the main switchboard and get them. And just be engaging on the phone and say, "I heard about this position, it sounds really interesting and it aligns well with my skill set. I wanted to call and introduce myself and possibly schedule time for us to chat when it's convenient for you". So, be cordial, be personable. Don't start the conversation of course, with criticism. Nobody likes that.

And be mindful of their process too. If you are going to, for example, you haven't heard from the recruiter, you left a message and you don't hear back, at that point in time, you don't have a lot to lose. I might be bold and I might look at the title of who that role reports to. I might go on LinkedIn or another social media outlet, find that person's name, call in and talk to them.

And then sometimes they will push your resume to the recruiter. And it could just be that that recruiter is just buried up to their eyes with work. And that's why they haven't gotten back to you. It's not always a negative thing. It might be a workload issue or a balance issue as well.

HF: How long do you recommend somebody wait after they have applied and they haven't heard anything?

KG: Personally, if I'm interested, I will call the same day. I don't wait. Because I don't think that there's a point in that. I don't want to seem too eager either, but there's nothing wrong with applying and then leaving a nice introductory voicemail. Because if that recruiter is really buried in their workload, it's nice to have that. And for you to actually help get them organized and on track. They might've forgotten that because they have quotas, they have weekly reports, maybe they have 20, 50 recs. And that one, they just have not been working on. That makes them look good. If they have a candidate to submit who's well qualified and they consent to the hiring manager. So, sometimes you're actually doing them a favor.

HF: I think you're a very responsive recruiter Krista, because I've had physicians apply where it could be a month, even two months where they don't hear anything back then all of a sudden, it's like they just applied. And then the recruiter is like, "Hey, I want to talk to you". So, I know they feel uncomfortable when there's that time gap that goes on for a long time knowing "Did anyone even get this?" or "Was it just a 'no' but nobody even had the courtesy to tell me I wasn't a qualified candidate?"

KG: So awkward, right? When people don't have their act together or the processes aren't dialed in, that's certainly not my personality. I try to get back to anyone within 24 hours or even the same day and text message, I'm available, but that doesn't happen I would say for the most part. It can be that they're posting and especially when you get into large academic medical centers or others, you're trying to do a job scope call.

So, you're getting everyone's calendar available, that can take weeks, so the position has been posted, it's been pushed out through the applicant tracking system to the various job boards. That's how you found out about it. And the recruiter just doesn't know yet about the specifics of the job.

What's amazing is it can take a month or even five weeks to get all those stakeholders aligned to do that job scope, call for the recruiter to know about the job, and communicate that to you. So, there can be a lack of organization and communication, unfortunately, and that's what causes those delays.

HF: Yeah. It can be very frustrating. And I do like to give physicians the message that a lot of times, it's not you, it's not that you're not qualified or you're not wanted, but something may have happened or perhaps there's delays. And unfortunately, like you said so nice, that they already have somebody they're thinking of. So, do your best to follow up. And if you're not getting any response, it's just maybe time to move on and there'll be another door that will open welcoming you.

KG: Absolutely. Carpe diem, right? I use that phrase a lot. Tomorrow is not guaranteed, go after what you want. Don't delay. I've had physicians who are very well planned out coming from an Ivy League background and medical center. And we had a call and they would touch base with me from time to time and ask my advice. And I just paused and I said, "You're ready now for the system-wide role".

He was telling me it might be five to seven years and he was going to do this. And I said, "I'm looking at what the market bears right now. You have all those minimum qualifications and more. You're ready now". And sure enough, he landed in a system-wide role in New York, prior to COVID, this was several years ago, but at a very high level.

So, sometimes we're our worst enemies. You have a lot to offer and you have to get in front of those stakeholders for them to be able to see that. So don't let that moss grow under your feet, go get what you want in life.

HF: That is so beautiful. And I'm really glad you made this point because I think physicians do tend to undersell themselves. And especially going into the nonclinical space, all of a sudden, it's sort of like, they think they're chop liver. “Who am I? Who would want me? I'm not qualified, no transferable skills”. And what have they done? They've already climbed Mount Everest. They've gotten to a clinical and all of a sudden, they see themselves at the bottom of the mountain. Well, it's just not true.

So, I love the process of the resume because when they actually do their resume, I've heard a lot of them say, “Huh, I really do have skills. And now I really understand myself better” because they've had to reframe what they've done for a new role. That's one of the reasons why I think it's helpful to do your resume yourself versus having someone else who doesn't know you, do it for you. I think there are great resume writers out there. And I think that's a great option, but there's so much learning and growth that can happen from creating your own document.

KG: It's really important because that gives you the opportunity to tailor it to those specific needs as well, very much like you would a cover letter. And again, it's a living, breathing document. Once you're done, you're not done indefinitely. You'll want to make sure that you include the nuances for those specific positions. And to realize too, that when you are transitioning from a clinical to nonclinical or even vice versa, you have transferable skills.

There is training that goes on within organizations, especially from clinical to nonclinical. They have extensive training programs. So, they don't expect you to know it all. That's when we go to that top real estate section, things about when I say, “Tell me about a soft skill”. I think it's important to be a lifelong learner. That's something that most physicians are. But you articulate it, let them know that you have a thirst for knowledge, that you have a passion for excellence, that you want to continually strive to contribute. And so, I think it's really important to include those things about yourself as well.





HF: Yeah. I love that. And I love the energy that you bring into this and it helps physicians if they get in that space of really owning who they are, it's going to convey better on the resume. So, we just have about a minute left and I'd love it if you could give us just a little bit of advice about the cover letter. That's often a question. Do I do a cover letter or do I not? What do I put in it? How long should it be? Can you give us a lowdown?

KG: Yeah. So, a cover letter would be a further introduction. I think that that is nice as a recruiter to be able to attach the applicant tracking system. I think you can also put it in an email communication, which can be a follow-up to whomever you spoke to or introductory.

But do the homework for them, especially for these recruiters, to outline a few bullet points. So, if you don't want to have to redo your resume completely, as we typically would do, put that in the cover letter that correlates to whatever they're looking for in that position. That's where you want to play that matching game.

And sometimes believe it or not, it can be something as simple as these recruiters will not be able to explain it because they don't understand what you do, especially in research. So, offer after you speak to them to bullet point it out. If there's anything that they don't quite get. And that makes their job easier. So, then you get it as a recruiter and you go, perfect. Here's my ideal candidate. Let me send this on to the hiring manager and you've helped do their job for them. And it's a win-win.

HF: I love that you made that point because often when we are so used to knowing who we are and what we've done, we don't realize that other people may not quite be able to connect the dots by looking at our resume. So, if you can highlight it as it correlates to the job description and what they're looking for, then, like you said, the recruiters work is done. You're making it easy. And with the timeframes that they have and how busy they are, they're going to really appreciate that you've done that for them.



KG: Absolutely. Everything in healthcare, when you craft your resume, keep in mind that it comes down to improving patient care or outcomes. And it comes down to decreasing costs, which can also be saving money. And time is money, right? When we get down to that.

So, help that recruiter understand what you've done to improve patient care, workflow optimization. We could go on and on about that. But help them to understand how you are that problem solver, because that's really when you have an open position, right? They have a problem. They don't have someone to fulfill this role. Showcase how you can be that problem solver.

And if it means that at the end of the conversation, you have that email and you have a few bullet points, do that. And then they're handing you over on this beautiful silver platter onto the hiring manager, onto the next step of the process.

Your goal should be with your resume to have it propel you through that job search process, and then decide if you want the job. It's what's in it for the employer, but at the end of the day, it's what's in it for you. And you decide what's best for your life.

HF: This is golden. This is golden. You put a beautiful umbrella under this whole thing, which is the company, the employer, has a problem. You're coming in as the solution. Showing them how you solve that problem, really is what the resume and the interview are really about and the cover letter. So, thank you. I think that's a golden pearl to end on here. I want to thank you so much for coming on the podcast and sharing all this wisdom with us Krista. It's been a lot of fun and really helpful.

KG: Oh, it's my pleasure. And I'm available anytime. I really appreciate your time as well.

HF: Oh, thank you. Thank you. So, guys, I wanted to let you know I have a couple of things for you. I'm creating a resume tip sheet for you that you can download. It'll be at



doctorscrossing.com/resumetips with some “do's” and “don'ts” for your resume, some from this podcast. I'll add in a few other things. So, you'll be able to get that. I'll link to it in the show notes.

I also have created a resume kit that's for sale. It's \$64. I put my heart, soul, blood, sweat, and tears into this, and it walks you through everything you need step-by-step to create your own resume. And it also has a bonus for doing your cover letter. There are templates that you can use to put in your information. And I have used this with my clients and they've gotten jobs in pretty much almost every nonclinical career using this process. So, if you'd like that, I'll link to it in the show notes. You can also get it at doctorscrossing.com if you just go to the products tab at the top of the website.

So, thank you so much for listening. I know you got this. If you're trying to transition, it's entirely doable and I got your back. So, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at [doctorscrossing.com](https://doctorscrossing.com) and check out the free resources tab. You can also go to [doctorscrossing.com/free-resources](https://doctorscrossing.com/free-resources). And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:38:14]

*Podcast details*

**END OF TRANSCRIPT**