



## **EPISODE 111 Revisiting Careers You Can Do Without Residency**

**With guest Dr. John Jurica**

---

**SEE THE SHOW NOTES AT: [www.doctorscrossing.com/111](http://www.doctorscrossing.com/111)**

---

[0:0:00]

HF: Hello, hello and welcome back to the Doctor's Crossing Carpeting podcast. You're listening to episode number 111. I want to wish you a Happy New Year. Hope had some great times with loved ones during the holidays and feeling good about 2023. I have to admit, it's a little weird to say this since I'm recording this right before Thanksgiving, but I'm projecting into the new year and wishing for many good things and experiences to come your way.

As I did last week, I'm reposting a highly popular podcast from the past, in case you missed it. This one is episode 58 entitled "Careers You Can Do Without Residency." For this episode, I was joined by an expert in nonclinical careers, my friend and colleague, Dr. John Jurica.

I didn't realize how much interest there is in careers you can do without a medical license or residency until I saw how many people had downloaded podcasts on these topics. So, I thought it would be helpful to bring this episode back for a second airing.

Just as I'm resharing this episode, it's great if you can share past episodes you find valuable with friends and colleagues. Each week I keep hearing from listeners how helpful the podcast is for them. It's very touching and motivating for me to hear these stories. I'm very excited for the podcast to keep growing and reaching physicians and others who are struggling. A big thank you to all of you who are listening and letting

[www.doctorscrossing.com/111](http://www.doctorscrossing.com/111)



others know about the podcast. I am truly grateful. Now let's get on with this earlier episode number 58 - "Careers You Can Do Without Residency."

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. You are listening to episode number 58. This is another episode that has been high on the request list, which is what can you do if you have an MD or DO but didn't do a residency?

Sometimes in medical school you determine that this path of practicing medicine is not for you. You pull up the tent stakes and are wondering now what? Or perhaps you started residency, but for various reasons did not complete the training program. It could also be that you're an international medical graduate, but are not going to do residency here. It can be daunting to feel like you are back at square one, trying to figure out your career path all over again. Well, we're here to help you feel empowered and not alone in this process.

I have an iconic guest joining me today to share his wisdom and insights. His name is Dr. John Jurica , and I am sure many of you are familiar with him. He is the host of one of my favorite podcasts, Physician NonClinical Careers, also known as the PNC podcast. I will link to the fabulous episode he did, called "No Residency is No Problem" in the show notes, but make sure to check out all his other episodes.

[www.doctorscrossing.com/111](http://www.doctorscrossing.com/111)



Dr. Jurica is a board-certified family medicine physician who has extensive experience in healthcare administration and leadership. He also has been helping physicians with nonclinical transitions for a number of years with his excellent podcast, online courses, membership programs, and consulting.

In addition to all of his experience, what impresses me the most about John is he is one of the nicest, most genuine and generous individuals I know. A true Midwesterner. He has a huge heart for helping other physicians and always goes the extra mile to create invaluable resources that I know are transforming lives.

John is going to help us explore a variety of career areas you can consider that do not require residency. We're also going to be talking about a process to help you figure out where to even begin.

Without further ado, let me give a big Texas-sized welcome to my dear friend and colleague Dr. John Jurica. Hey John. Welcome. How are you?

JJ: Hi, Heather. I'm great. I'm happy to be here. This is going to be fun. It was quite an endorsement. I'm going to have to share that with some other people.

HF: Well, it's all true, and anyone who knows you, knows that. It's so obvious.

JJ: Well, thanks.

HF: You're welcome. You're welcome. This is going to be like speed dating in a way that we're covering a lot of information in a short period of time. And the goal is not to give you down in the weeds and details about these different careers, but just help you start thinking about how to even begin and some ideas to percolate in your brain.



All right, John. We wanted to start first with this process. When you have a physician who is at the crossroads and they have their MD or DO, and they're not sure what to do now because they're not doing residency, how do you even help them begin?

JJ: Well, to me, it seems like everyone who's looking at shifting out of what they're doing today to something different, particularly if you're going from, let's say clinical to non-clinical, but even for those who haven't even started clinical, because they didn't do their residency or they're not licensed, it's a big change.

What I've come to recognize for myself is that you've got to first get over some mindset issues. "Can I do this? What's holding me back?" Those kinds of things. And then the huge step is not knowing what's out there, what to strive for. You have to just do a lot of discovery. Okay, what jobs am I qualified for potentially? And how do I learn about those jobs so that I can step back to the first phase and see what aligns with my interests and my skills?

And then the last step, the way I look at it is the action step. What are the puzzle pieces that I can put together? Like my resume and interviews and getting a mentor or getting a coach or whatever it might be to actually take action and aim and shoot for that new career and then land it.

HF: I love that. You start with a mindset, then the discovery process and then action, which is great because sometimes when we're anxious, we have this nervous energy and we just want to do something, like fix the problem. And we can get into action and maybe a well-meaning friend or colleague or someone says, "Well, why don't you think about being an MSL, a medical science liaison?" So, then you're like, "Okay, let me go apply. Let me go do that." But you haven't even done your own due diligence and discovered if this could be a good fit for you.

JJ: Yeah, absolutely. And I've seen that happen. It's unfortunate because then they backtrack and have to start over in a sense. I know some people feel like there's an urgency because either they need the job or whatever, but it's better to sort of stop, take a few breaths, do some internal assessments of what interests you and that kind of thing. And then find out what's available and move on. So that to me seems to work better.

HF: The one thing I've heard, which is interesting, is that a number of medical school graduates have told me that this decision to not go on to residency was the first time they made a big decision for themselves. And they feel very proud of that. And it also gives them a sense of peace and confidence.

And it's interesting because there's this whole experience that can happen where there are external factors, like family influences, maybe you came from a medical family or you were good in sciences and your family wanted you to do something practical. And maybe you had something that was more artsy, but you squashed that down.

What happens is you stop being internally driven and you become externally motivated. And then when you get to this crossroad point, you have to figure out how to listen to that internal guidance again, because that's what's really going to help you find your alignment.

JJ: Yeah. And the thing I would say about that too, that I've come to recognize is that many of us make the decision to pursue a career in medicine when we're kids basically. We're either in high school, maybe into college, but we've just committed ourselves to at least the next four to eight years. Yeah, actually eight years in most cases to follow this path. So, we don't make any other decisions in the meantime. We're just following that path and we come to the point you mentioned, lo and behold it's not really what I want to do.



HF: Right. That muscle is sort of weak from hearing your own guidance and acting on it. This is so key. And the other thing I would say when you're at this juncture is just because you trained in medicine in terms of going to medical school, really go back and answer that question "Is this what really interests me?" Because you don't want to have two wrongs in a row. I already did this. It really wasn't right. But I want to keep doing it because I don't want to "waste" that training and time. But if it's truly not what you would've done in the first place, it's an opportunity cost to keep going.

JJ: Absolutely. But the thing that I've come to realize also is that if you want to look at what would be a great general type of education that could set you up for lots of different careers, actually finishing university training and medical school is a great one even if you don't go into clinical because you learn so many things in medical school that apply in so many different ways that you shouldn't feel that you don't have any options at that point. You can build on your clinical and your medical background and move forward.

HF: Yes. And that's a terrific point because instead of thinking about what you don't have, like, "Oh, I don't have a residency. Somehow I'm less than." You actually have your whole undergraduate degree, which is more than a lot of people have. And then you have this additional four years of school, which gives you an incredible amount of credibility. People automatically know you're super smart. You're motivated. You can work hard. You can learn anything. Think of it as you have extra, not less.

JJ: Yes. And as an employer, I've employed people in my life, my wife employs people and nobody is more reliable and more accountable than a physician that's completed a medical school. I can tell you there's a lot of people who just don't even show up for their first day of work.

HF: That's so true.

JJ: That's another plus.



HF: It's true. Absolutely. Let's go on to number two, which is the discovery phase - exploring different opportunities.

JJ: Yeah. For me, that just means getting exposed to as many different nonclinical careers if you're looking in that direction as possible, just to find out what's out there because something is going to resonate with you, hopefully. And I keep learning about new options everyday myself and I will sometimes do a lecture or a presentation and I can easily describe 20, 30 different discrete jobs that one can do with a background that involves medicine.

HF: Yes, absolutely. I had a very funny client who was quipped and said, "I only know about the jobs I learned on Sesame Street." Doctor, teacher, lawyer, et cetera.

JJ: Fireman.

HF: Yeah. Fireman, baker, butcher. Every day new jobs are coming up that we can't even imagine. You're obviously right. Give yourself some time to look into things. Well, let's go on because we're going to be talking about some opportunities in a minute. Let's go on to number three, which is action.

JJ: Yeah. For me, it's one thing that you may land on an option or to make a selection. Oh, that sounds like something I want to pursue, but it's not really always intuitive how to pursue it. So, you have to learn how to go about the process. And there are certain pieces that are very common that you talk about quite a bit, but just the actual nuts and bolts. Moving forward, whether it's getting a mentor or a coach or networking and using LinkedIn, doing your resume, et cetera, et cetera. Those are all concrete steps to be learned how to be done. Sometimes you can hire that out a little bit, but it's definitely the action phase of the way I look at it.

HF: Right. And even though these things can feel a little bit overwhelming, like what's a resume? I didn't know that when I started. Think of them as all steps. Did we know how to put in a central line before we actually did one or even do an examination? No, everything we know now we learned. This other stuff is all just learning. And the good news is you won't kill anybody if you mess up on your resume or miss an interview question. No trees will be harmed. You'll just learn.

JJ: Yeah, for sure. And you can do the old "see one, do one, teach one." We can learn very quickly when we apply ourselves.

HF: Absolutely. All right. Now we're going to be talking about some of these ideas, but again, we're not getting into details. There are details on lots of podcasts that John did. There are some podcasts that I've done on these topics so I'll try to link to some of those specific ones and just know that you can do research to find out more. The first category we're diving into is writing. Take us there, John.

JJ: Okay, excellent. Medical writing is actually like lots of different opportunities, but if you like to write and if you're skilled at writing, then you should consider this. When you're a medical writer, you can do things as a freelancer, a lot of people start that way, or you can be employed. You can do it part-time to start. And eventually you can do it full-time.

There are opportunities for advancement because you might become a senior medical writer for a company or an editor or something like that. And so, there's a lot of flexibility.

The salary, I like to mention when I'm talking about different nonclinical careers, particularly for those who don't have residency training. The salary will be good, but you have to be efficient. You have to be disciplined. You have to work hard because you have to line up publishers or you have to get a job and then you have to be able to write prodigiously. Eventually, it takes time. You have to learn the skill, but I think you can



definitely make \$130,000 and \$150,000 if you're a full-time medical writer. That's my opinion about medical writing. And I like it. I happen to like writing. That's why I now write an email every day. If you can imagine that.

HF: I know. I don't know how you do it John. They're also so interesting and captivating. You have quite a history to you that's very fun.

JJ: Sometimes it's TMI - too much information. But that's alright.

HF: I love it. I love it. One thing I want to offer you, if you're listening, it's whenever you're exploring options, it's helpful to quantify your interest level or energy on a scale of 0 to 10. For example, let's say you hear us talking about writing or pharma or whatever it is, just come up with a number like "What's my interest level?" And you probably need a bit more information too. It might be you go and you listen to one of John's podcasts about clinical documentation of improvement. Is that a 7 out of a 10? Is it a 2 out of a 10? I like to use 7 as a cutoff. If it's less than seven, don't bother. That's not good.

You wouldn't want to marry someone who was a 6 out of a 10. No, you wouldn't. You're really going for the eights, some nines, tens, but seven is a cutoff. Keep that in mind because we can get lost in the details. And this really works because it connects with your energy and that's what we want to follow. Let go of all the details at the end of the day, follow your energy that's connecting to your spirit.

JJ: I think it's been shown, Heather, too, that if you're passionate about something, you'll actually earn more money. You'll be better at it. You'll have more staying power and you'll rise to the top in terms of your competitors or people that are doing that. Having that passion helps a lot.

HF: Well, it's huge. When your energy expands, when it's expansive, that's what you're looking for because that's your fuel. It's like sitting on a volcano. We don't want to be sitting on a little ant hill, it will be causing us pain to do that.

One other thing I wanted to add about writing is that before you even pay money to take a writing course or really get heavily invested in this, write. Just write five blogs, write five articles on your own and just see if you really enjoy doing it. That's a good means test. Because if you're not going to do that, you're probably not going to want to write. And to go into writing, you really need to love writing because it's not easy.

JJ: Yeah. That's true, except, you know what? I do that daily email thing. I'm just using myself as an example, but it's actually the most fun thing I do every day. I sit down and I don't want to do anything else. I want to sit there and write this email. That's one reason why it's successful.

HF: That's a really good sign because I could not write an email every day. I don't love to write, that'd be torture for me. Anyway, let's go on to the second category, which is the big world of pharma and medical devices.

JJ: Yeah. Pharma is awesome. It's such a huge industry and it has so many different jobs for people. But those that have not completed residency that I've seen in the past, the MSL is probably the biggest one, medical monitor is another one. And even when you enter those types of jobs, you can advance to other things.

But just to give a little bit of a background about the MSL - Medical Science Liaison, it's like an educational position where you're teaching influencers and physicians about new drugs and therapeutic classes, bringing the information back to the company. It does involve a lot of travel, because you're out meeting with people. I think the last time I checked for someone maybe who doesn't have a lot of clinical background and so forth,

you can easily get \$130,00 to \$150,000 in terms of salary, I would think, but then go up from there.

You get to spend some time at home, usually not in an office. You're going to do online meetings, let's say once a week with the home office and then a day of administrative work at home and then at least three days traveling. But if you like that kind of thing, and if you're a bit of an extrovert, that could be a great job for you.

HF: And once you get your foot in the pharma door, then you can go on to other positions. So, you might be like, "I don't want to do this job forever, but it's a way I can get started." MSL's seems to really like those positions.

JJ: Yeah. And I've talked to several. They're usually international graduates who really focused on the MSL job and they got a little bit of background doing some other things. And they were successful and they loved it. And then once they were in, they moved to another MSL job or shifted to medical affairs or other areas within pharma because it is so large. There's a lot of room for advancement.

HF: Absolutely. And you had also mentioned a medical monitor and then we have the drug safety. We have medical communications.

JJ: Yeah. The thing I would say about medical monitors, I'm finding out that there's different terms for that. I always thought a medical monitor helps support clinical development. They're kind of an entry level job where you're going out in the field and making sure that principal investigators are doing the right thing and the safety data is being measured. But sometimes those people are called assistant medical directors. Sometimes they're called clinical research associates. Depending on the company, they have all different names, but it is open to a broader pool of entrants than let's say someone who's trying to go right into medical affairs or clinical development itself as a researcher.

HF: One of the things that is confusing about pharma is that these titles, such as drug safety officer or medical monitor, are positions for people who have not done residency and they have a certain type of job description. And then there are positions for physicians that require a license and they require board certification or they require completing residency and some clinical practice. You have to really look at the job descriptions. And I like to go on LinkedIn, search for titles such as drug safety or medical director, medical monitor, look at the minimum qualifications because some of them are going to have a BS as a qualification. Some are going to have an MD. Go and have a look, that's going to give you helpful guidance.

JJ: The other thing I would mention on this side too is when you're looking in pharma, if you want to take another approach, you can look directly through the pharma companies or you can start looking at a CRO or a contract research organization because a lot of times they are hiring. And it seems like the bar to hiring at a CRO is lower than let's say the bar to hiring at a pharma company because the CRO will sometimes hire temporary workers or to the pharma company, they're outsourcing that. They're not being as critical.

HF: That's absolutely an excellent point. The contract research organizations are a lower barrier to entry. Sometimes they pay a little bit less than the big pharma companies, but you just want to get in there. And you can Google contract research organizations and see the names of them there. There're tons of them.

Now medical communication is an area that I've seen a number of medical school graduates get into and be very successful. Do you want to just say a little bit about that?

JJ: Yeah. I interviewed a woman who's an OB-GYN. She obviously had residency training, but she told me that she was hired on as a medical director for a medical



communications company, which is basically a company that helps create the advertising and the marketing for pharmaceutical companies and device companies.

And it could be things like live events. It could be software on a computer. It could be written. The writing background could be helpful, but it's really an agency. They have writers that do most of the writing and you're the physician component of their team.

But she told me specifically, at least at her company, that the assistant medical directors were those who did not have clinical background after medical school. They definitely recognized and would hire people at that level.

HF: Yeah. I did a podcast episode earlier with Dr. Hilary Hott and she was an intern. She did great, but she decided to leave. She did medical communications for a couple years and then realized she missed medicine. So, she went and she did an anesthesiology residency with a cardiothoracic fellowship. I think that's a very fascinating story there. You can go back.

Onto the third category, which is the financial sector. Some of you have a real interest in money and investing, you like the stock market. And so, this might be something that you're considering. You could look into investment banking, venture capitalism, being an equity analyst, where you help companies decide if they want to invest in certain companies that have maybe a healthcare background or idea. I had a client who went on and works for a brokerage company, another one who became a CPA. Really think about yourself and if this is a sector that interests you, because these are all possibilities.

JJ: That's very interesting to me. I occasionally get a guest like that and I'm like "Wow." You're just doing this thing, but they're doing it on the side while they're still practicing, which blows my mind for the ones that are beyond the medical school grad. But definitely there are companies who look for having just that medical expertise that then

they can integrate that with the financial side, in terms of investing or starting a company or something like that.

HF: Right. And there are some physicians who have gone on and they become financial advisors for other physicians. They go into that whole realm, in which they have this interesting connection.

JJ: I know one physician who has his own mutual fund. He has his own investment company and people can invest in that investment company. And he's demonstrated over a period of years that his returns are good. That's what he is doing. He's not practicing at all.

HF: Oh, well, doctors are smart, right? We can do these different things if that's a proclivity that you have. And real estate also comes to my mind. So many physicians are interested in real estate and that could be an avenue.

JJ: Absolutely. In fact, I have a guest coming up. I haven't interviewed her yet, but she's doing full-time real estate. She got her license. I knew a cardiologist's wife who was a pediatric cardiologist and she didn't work doing cardiology very much, but she spent most of her time selling houses as well.

HF: Oh really? See? Don't limit yourself. Follow that energy. All right. This brings us to number four, which is clinical documentation improvement or CDI. And I know you have a great couple podcasts about it, and I recently did one too.

JJ: Yeah, I really like this. I don't know why I love this. It's one of those things where the federal government institutes the system. In this case, it's DRGs in the hospital setting. And it's so complicated and confusing that you end up with an entire industry around that usually has to employ nurses and physicians to figure it out and to engage with their colleagues, to teach them and show them how to do it.

I really like CDI. It was something I dealt with a lot when I was chief medical officer. But I interviewed a guest once who was a foreign medical grad. He came here for a while and looked for a job or a residency because he didn't do it. What he did was he started working in a hospital, basically at the level of a nurse UM specialist. He was doing utilization management, not as a physician advisor, but at the nursing level.

But he got interested in CDI along the way. He took a course through the ACDIS and he ended up becoming a physician advisor for clinical documentation improvement at a hospital. And then later moved to work for a third party, a consulting firm, something like Optum360 or this one was called Claro Healthcare, I think.

But anyway, there are these firms that either will put these physician advisors in the hospitals, or they will do remote work from time to time, which could be kind of fun. Or you can just work for the hospital as most physician advisors for CDI do.

And last I checked I think a salary could be \$150,000 to \$160,000. I always like to throw this salary out there. These things depend on where you're working, of course. But if you're meticulous and you are both an introvert and extrovert in a sense that you have to work with data a lot, but then you have to turn around and communicate with physicians and educate them, I think it's great. And the hospital loves it because they look better from a quality standpoint and they make more money.

HF: Yeah. And the people who do CDI seem really passionate about it. They like detective work. They like the detail. They like using their medical brain and they like that it's helping and they don't feel like they're being antagonistic in a way, but they're trying to create a win-win.

JJ: Absolutely.



HF: I just had an idea coming to me, because there are so many podcasts and different resources that can go along with these different categories that we are mentioning, I'm going to create a free download that I'll attach to this podcast. And it's going to be [doctorscrossing.com/oyster](http://doctorscrossing.com/oyster). Meaning the world is your oyster. There's lots of things you can do. I know this is kind of a goofy name, but I just came up with it now because I want you to have all these links to make it easier for you to explore these topics. It'll be [doctorscrossing.com/oyster](http://doctorscrossing.com/oyster). And there'll be a lot of John's great podcasts in there so make sure to check it out.

JJ: Thanks.

HF: Yeah, of course, of course. I love promoting you. The last category we're going to cover is the catchall category, meaning this is your oyster. There are so many things you can do so I'm just going to mention some things that I've seen physicians go into. There are all these startups that have to do with something in healthcare and you could go in and help them because a lot of the individuals in startups don't have the medical experience that you do have, and they need you to help advise them on whatever is they're trying to do to improve the healthcare process or help patients or individuals. Startup is an area.

You can also consider coaching. There are physicians who have left after medical school who are becoming coaches and helping. And you don't have to help even in the medical space. It could be just something that you want to help people with.

There's a whole area of informatics. If you like the EMR and you're good with computers, you don't need to have done residency to help out there.

There's healthcare administration, which John knows a lot about. You can work for the FDA. Especially if you're a foreign medical graduate, they hire a lot of foreign medical graduates or international medical graduates at the FDA. Working in public health, doing



teaching. I also see physicians going into the more artistic area. One went into graphic design. Another one's looking into the arts arena.

Also consider sports and wellness. This is a huge booming area. If you're an athlete or you really like physical fitness, you could lend a lot of your experience there. Artificial intelligence, data analytics. I could ramble on forever.

Again, start thinking about what I've said or what I even haven't said that interests you because that's going to give you sort of a connection to your internal GPS, which can help you start narrowing things down and moving forward.

JJ: That sounds like a lot of things to consider right there. I don't know if I could even add to that, but that covers the whole gamut.

HF: Well, I'm sure I left a lot of things out. And then being an entrepreneur, having your own business. People are creating businesses all the time, online businesses, and it's so much easier than it used to be. It might not be what you can do right away. You might need to get a job-job, but then allow yourself to use your creative freedom and ideas to possibly work for yourself.

JJ: Oh, you reminded me when you said the FDA too. The NIH hires a lot of physicians that they don't necessarily have to have a residency.

HF: All right. We can keep going with this, but I just wanted to get your brain percolating. And the most important thing is to just believe in yourself, know that you are incredibly special and have a lot of talents. You've already been given your purpose in life. I really believe that. And we've been given everything we need to fulfill that purpose and be helpful in a way that brings us joy. Keep that in the forefront, trust it, believe it, and let it fuel you.



Now, John, I know that you probably have something that you can share with the audience that could be helpful for them. Is there anything you want to talk about?

JJ: There are a lot of different things I need to focus on, I think, but I just encourage everyone to listen to the podcast. That's kind of a given. But I wanted to tell you, Heather and your listeners about something new that's coming out. And I'm not sure when this is going to be released, but actually the week that we're talking, this smartphone app called NewScript, which my colleague Tom Davis and I have been working on for a year or two is being released.

It's an online app in which we're focused on clinicians beyond physicians. It's physicians, nurses, PAs, NPs, oral surgeons, the people that are licensed providers of care for patients generally who are going through the same thing that we're talking about for physicians. Career transition, trying to find their next career in life and trying to maybe leave corporate medicine or the burnout, the frustration, the lack of gratitude that the big employers are treating us with.

It's called [NewScript](#). It's an online community. You can go in there and you can interact with one another. We have courses. We have live stream events. We have a feed there. We have different groups you can join within it. And it's very, very low cost. I don't know what the cost is going to be when this is aired. We're getting the first couple hundred in there for free. And then after that, there's going to be a minimal fee.

I really would encourage people to check out NewScript. It's at [newsript.app](#). You'll see a landing page. It'll tell you all about it. And if it sounds like something that you're interested in, then feel free to join and see what's going on there.

HF: Wow, John, you are truly an innovator. You're always coming up with something new. And this sounds fascinating. I would really love to try it out. I will make sure to link to



your NewScript app in the show notes and all the other things that people can find out about you and use the resources.

I have my one resource that I'd like to mention, which is my brand-new [LinkedIn course for physicians](#). This could be really, really helpful for you if you're at the crossroads, trying to figure it out because it's going to walk you through step-by-step with short video lessons of how to create your profile on LinkedIn, how to optimize it for the direction you want to go in. Then it takes you through some very strategic ways to network to send messages to people you want to have informational interviews with and actually have them respond.

I also walk you through searching for jobs and applying for them. This would be great because if you have an area you're interested in, you can search and find people on LinkedIn who are working in these areas. How else can you find these people? We can't look in the phone book and find them and we can network in person, but that's limiting. If you're interested in checking out this course, you can find out more information at [doctorscrossing.com/linkedincourse](http://doctorscrossing.com/linkedincourse). And I'll also put that in the show notes.

JJ: Let me say something there. I got to say something.

HF: Okay.

JJ: Because I had a sneak preview of the LinkedIn course and I have been waiting for that course myself. I have a little video somewhere that I did on LinkedIn. This is a real course for people. I'm just telling you that I looked at it and it was fantastic. And so, anyone who has not really felt like they're the LinkedIn pro, they should really take this course. I think it's awesome.

HF: Thank you, John. You're awesome. And 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](http://doctorscrossing.com) and check out the free resources tab. You can also go to [doctorscrossing.com/free-resources](http://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.

[00:38:04]

*Podcast details*

**END OF TRANSCRIPT**