



**EPISODE 128 No Residency Needed - Opportunities for  
Physicians in CME Writing**  
**With guest Dr. Morgan Leafe**

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ML: “My idea of a good day is sitting at my computer and typing all day. There are people where that is a nightmare for them. Pretty inactive. So, if that's not for you, then medical writing is probably not for you.”

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 and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 128. CME as in Continuing Medical Education is something we are very familiar with. If you have an active license every year, you have to earn a certain number of CME credits to keep that license active. You might go to an annual conference, read CME articles, attend a chicken dinner talk about diabetes, take an online course, or go on a cruise ship to the Bahamas and learn about the latest in cardiac drugs.

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Something we may not be as familiar with is who creates these resources and what are the opportunities for physicians who'd like to get paid to help create CME content. Today you are in for a treat because we have a very special returning guest, Dr. Morgan Leafe, here to help us learn about the role of being a CME writer.

Dr. Leafe is a pediatrician with a specialty in informatics who transitioned a number of years ago into being a freelance medical writer, consultant, and resume expert. Morgan has worked for a wide variety of companies and is well-versed in the different areas of medical writing.

In this episode, Morgan is going to help us understand the role physicians can have in CME creation, what it takes to get started, general compensation, the benefits and challenges, freelancing versus employee jobs and more. Morgan will also share the coaching program she offers to help aspiring medical writers get started. I am thrilled to welcome Dr. Morgan Leafe to the podcast. Hey, hey Morgan. It's so lovely to see you.

ML: It's good to see you. How are you? Thanks for having me.

HF: I'm great. And I'm tickled pink because you are a third time champion. You wrote a fantastic blog about dealing with the emotions that come up when you're leaving medicine, and then you came on the podcast and we talked about it. And here you are for another podcast episode.

ML: Well, thank you for being a champion for me. I appreciate all you've done for me in the platform, so thank you.

HF: Oh, it's my pleasure and I'm so excited to dive into this topic because I didn't realize this, but there are a lot of physicians out there who love to write and also a good number who may not have an active medical license and are looking for opportunities.



ML: Absolutely. And medical writing in general, and specifically medical writing in the CME area is something that's open to folks who are in that position.

HF: Well, we are going to dive into all the details, but first I want to give you a chance to talk a little bit about you and this transition. And to roll out the red carpet, I want to share a bit of what you wrote in that fantastic blog when you were talking about how you left pediatrics and that this was not an easy transition. Is it okay if I share a few quotes from your blog?

ML: Go right ahead.

HF: Okay. One thing you wrote was “Have you ever tried to tell someone, especially someone outside of the medical field, that you don't like your job? Especially if you are a pediatrician, they look at you like you have 10 heads.”

ML: True. It's still true.

HF: And you had been planning to be a pediatrician since you were five, so this was something that was really your identity.

ML: Absolutely. Absolutely. And it's funny, Heather, I was just thinking about that last night, how that concept is still true because now that I've been out of practice fully for three years, people ask me if I miss it. I just had dinner with some pediatrician friends a few weeks ago. “Oh, do you miss it? Do you miss seeing patients?” Honestly, I don't. And again, you say that to people and it's not often the reaction that they expect. So, you just have to be prepared for that.

HF: And the truth is, you can love kids and you can love people and you can love helping people, but being in the trenches, seeing patients every day may just not be what lights you up.

ML: 100%. And I do clarify that for people. I loved the families that I cared for. I loved my patients so much. But I think sometimes that tips the scales for people, maybe especially in pediatrics, because you put your whole self into it then. And that can be pretty emotionally exhausting over time. I think having that step back and being able to do things like create CME activities it's a step back from that direct interaction with patients. It does a lot to sort of make a boundary.

HF: And you grew up with a certain mindset around how you should feel about your work. So, I wanted to share this other quote from your blog. You wrote, "I had been raised to believe that your job was not meant to be enjoyed. When my father would return home from work when we were children, my older sister would ask him, how was work today, daddy? His response was always the same. It's work, Abigail. That's why they have to pay people to do it."

ML: Yes. I've since learned that apparently, that's a particular Scandinavian mindset. Maybe anybody else who comes from Scandinavian parents, you could relate to that. But it's also something that I bonded with Mandy Armitage, fellow medical writer who been on the podcast. She wrote something. I forget if she said on your podcast or she wrote in her book, but I emailed her because I was like, "Oh, my gosh, my family was the same way. There was not an expectation to love your job." And I can tell you now, I love my job so much. And luckily my husband loves his job too, that our financial advisor, Rick Ferri, who's also been on your show...

HF: Oh yes.

ML: When are you going to retire? What year do you want to retire? How old do you want to be? And we're like, we don't want to retire. We love it. We don't have a date in mind because we love it. So it is possible to love your job if you don't right now. Some people already do and that's great, but I think it's not a selfish goal to have to, to love your job.

HF: No, it's sustainable. And I grew up with German heritage and luckily my parents were far enough away from that, that they didn't put that mindset in me at all. I definitely believe you should love what you do. So, let's talk about how you made this transition into medical writing, which you do love and you're excellent at it.

ML: Yeah. Oh, thank you. Well, definitely it was not something that I set out. I did not sit down and look at a bunch of careers and say "Medical writer. That's for me." I sort of traveled a path and ended up there and that path started. I was always somebody who had a side hustle. I always had a side hustle, whether it was moonlighting or I used to grade the step two clinical skills exam or what have you.

And so, I was always looking for something to do on the side. And I ended up becoming the pediatric medical editor for Rosh Review. I'm referencing a lot of guests today, Heather. Adam Rosh you've had on the podcast too, which was just an amazing role. I really enjoyed doing that and I'm so grateful to Adam for hiring me when I had little experience, but a lot of pediatric knowledge. And through that role I learned a lot about AMA formatting, which is your grammar side of things that you need when you write. I learned a lot about formulating questions and doing that side of things, which when I was doing it, I didn't even know to associate that with CME necessarily.

But I worked in that role for a while and then that was while I was going through the process of I think I'm ready to get out of clinical medicine. I reached out to you, I did some coaching sessions with you and I went to the SEAK conference in 2019 where you were the keynote speaker. And there I also met Mandy Armitage, who was the medical writer speaker and did a coaching session with her as well. And that's where everything sort of started to come together for me in going to that conference and working with the two of you.

That's how I learned really what medical writing was and that it was something that interested me and that was the direction I decided to take. And I kind of knew from the get-go that I wanted to be a freelancer. From there I started applying for roles and I ended up leaving clinical medicine at kind of a funny time because I finally decided to take the leap when I had two pretty steady clients that I thought would be enough financial support while I established myself more.

And so, I decided to leave clinical medicine in April of 2020. And I had that all planned out from the end of 2019. And my job at the time was actually working in basically school-based clinics. When COVID hit in March of 2020, my job shut down immediately and everything kind of took off from there. It was a very chaotic transition because of that but it ended up working out really well because I was working as an independent contractor as a clinician and I would've had no job for months. So, it just kind of all fell into place.

HF: I love your story because it's a great example showing how you can test things out without completely closing one door. You can sort of keep your one hand in clinical and try your new hand in something different. And medical writing does lend itself really well to that way of having security still.

ML: Absolutely. And there are lots of folks that do that either to get their foot in the door or some people who are interested in cutting back their hours, maybe if they have young children or whatever. The reason really gravitate towards medical writing because you can do it for as many or as few hours a week as you want. It's all up to you. If you're a freelancer, you know how many projects you want to take on.

HF: We've talked on other podcasts about the big umbrella of medical writing, the regulatory writing, patient education, CME, more topical health news. So, there's quite a variety. We're going to focus obviously on CME today. Can you give us more of an understanding of this area of CME writing and content preparation?

ML: Yes, absolutely. And I think this is an area perhaps, some folks listening if you are say an oncologist, this might be fairly familiar to you, but if you're like me and you're pediatrician, it's probably less familiar what we mean when we're talking about CME in the context of medical writing. Because like you said in the introduction, everybody's familiar with the concept of CME because we have to get CME to maintain our licenses, right?

And when I was working clinically as a pediatrician, I was getting those CME credits from Grand Rounds and national conferences and things like that. I was fairly unfamiliar with CME as it's discussed in the medical writing realm, which usually relates to pharmaceutical backed programs, which can make some people cringe and say, "Oh, I don't know about that." But let me explain a little bit more.

CME in the medical writing realm actually has a lot of different players in it aside from the medical writer. What happens typically is that a pharmaceutical company will put out grant money. They'll put out what's called a request for proposals or an RFP for a CME topic, usually related to something they have a drug coming out on or something like that. They might say, "We're going to give a million dollars to fund a program on rheumatoid arthritis."

And then medical education companies are sort of the next player and they are the ones who are going to be applying for that grant. And so, they write up the whole grant, which includes a number of components. Some of them are financial, some of them are logistical about the where and the audience. And then a big chunk of that grant is something called a needs assessment, which is a 3, 4, 5 page document that digs into the literature on the topic and identifies gaps in clinician knowledge that could be addressed in that program.



And often that is where the medical writer comes in. They either work directly for the medical education company or like me, they're hired as a freelancer by the medical education company to write that needs assessment part of the grant. Once a grant is put together, you can imagine a lot of times there's multiple people applying for these grants. The company you wrote for might get it, they might not.

If they get the grant, then the next step in the process is putting together the educational activity. And that is a lot more work than the needs assessment. To me a little bit the more fun work, I don't know if everybody feels that way. And that can really vary in terms of what that activity is. Some are in person, some are online, some online are live, some are recorded. It might be slides with an audio on top. It might be a round table discussion of key opinion leaders discussing a new topic. That's really variable.

And the other thing I wanted to mention is that most of these are for CME credits and some are unaccredited. And those are different educational activities that don't have to follow a certain set of rules. Educational activities that are for CME credits are regulated by the ACCME. And that's the concept I think a lot of us are familiar with as physicians, where the activity has to have fair balance.

And there's a lot of rules and regulations that say when you do a CME activity, it has to address everything. It can't just be addressing Pfizer's drug because Pfizer is the sponsor, what have you. So, that's why I say if you cringe when you heard it's pharma, there's a lot of layers of regulations between you and sort of the money that is backing the educational activity. And personally, our job is to uphold the ethics of this. I have never had a problem where I didn't feel an educational activity I was part of was presenting a wide scope and fair balance on the topic.

HF: I was going to ask you about that, Morgan. You must have read my mind. Because it's a concern if you're thinking it was a pharmaceutical backing this, it's going to be slanted biased. And I remember the CME articles I read when I was in residency were actually

really high quality, so well done. And I got a lot of excellent information. I don't know if they were pharmaceutical backed, but they felt very objective.

ML: Yeah, they should. And my hope is that everything does. I do a lot of looking through activities that are available for free online just to see what's out there and stay up to date on things. And it really is a well-regulated area and medical writers specifically, we feel very seriously about this. It's a common topic of conversation in our discussion boards as medical writers. We really feel obligated to make sure that fair balance is there because we know how important that is.

HF: Well, it makes sense. And so, we're going to dive into a bunch of the details of the how and freelancing versus employed. So, let's talk a bit about if a physician were interested in CME writing, how might they know if this could be good for them? And then what qualifications might they need, if any, to just start doing this work?

ML: That's a great question and one that I get a lot because it's certainly an area without a well charted map. And there are many, many ways to get your foot in the door, which I know a lot of people who are looking to change careers are like "But tell me the four steps I need to take."

HF: Right, right.

ML: And I can't tell you that, but one thing that I find myself very frequently counseling folks on who want to transition to medical writing because you know as physicians we love to get more degrees and certifications.

HF: We do. Absolutely. We'll pay a lot of money if someone will just give us a program and a certificate and hopefully it will open a door.



ML: And those exist in medical writing. University of Chicago, University of San Diego have specific medical writing programs. People take them, people like them. If you really want to do that, go right ahead. It is not required. And I like to emphasize that to people, again, to dispel that idea that you have to do it. And also because I think that a lot of clients, especially in the CME realm who might be hiring you, don't know what those programs are. So I just don't want people to get their hopes up that if they do that program, it's going to stand out on their resume.

What I always encourage people to do is, yes, you need to learn things, you definitely want to take courses and build your skills, but do it for that purpose. If you say, "I'm not great at AMA formatting", take a class in that. LinkedIn Learning has tons of classes. If you're not a whiz at PowerPoint, take some PowerPoint classes on LinkedIn Learning.

Gear your learning towards areas where you feel you could use some extra work and maybe aren't your strengths because that's what's going to get you there. And then building up samples is another way to do that. One particular course, which I think you've mentioned here on the show before is Emma Hitt Nichols six week course.

HF: Yes.

ML: I took that course when I was transitioning to medical writing. It's a great course. Even Emma herself will joke that it cannot be done in six weeks. Nobody's ever done it in six weeks. It takes a little longer than that, but it's worth it. And one of the weeks of the course does teach you about needs assessments and that's great if you sign up to also do the homework with that course, then you write a needs assessment yourself, you get feedback on it and there's your sample. Because a challenge in CME writing, and I think Yasmine mentioned this on your podcast as well, is a lot of it is proprietary and you're signing non-disclosures when you write the content. So, you write these beautiful needs assessments for your clients, but then they're not yours to use as samples.



A lot of clients, especially after a time has gone by, will let you use it as a sample if you ask, or a portion of it. But right off the bat, it can be a little bit of a catch-22. You get your foot in the door that way.

HF: Well, this is golden information. You're saying be strategic. Yes, you can take these courses and I've heard people say they've spent thousands of dollars and they haven't gotten a job and they're upset. So, I think it is good to be strategic.

And I want to let the listeners know that if they are interested in medical writing, I have a freebie with a pretty hefty guide of medical writing resources. If you want that, you can go to [doctorscrossing.com](http://doctorscrossing.com), go to the freebie tab at the top of the page, scroll down, you'll see a number of freebies. There's the medical writing guide. And in that guide I do have a link for Emma Hitt's freelancing course, one that's even less expensive. It's under \$200 to get you started and just understanding the whole area of medical writing. Again, if you want that resource, you can just go to the freebie tab at [doctorscrossing.com](http://doctorscrossing.com).

Back to you Morgan. These are great tips. I love how you said get some samples. Emma's course could help you get a needs assessment sample and other ones as well. I know sometimes there is confusion as a physician medical writer, do I need a license, do I need a board certification? And let's just make this real clear. Tell everybody what the bottom line is.

ML: No. The bottom line is that really in the CME world that I just mentioned, and there are other activities that are considered CME that you'll find, but what I mentioned is kind of the meat and potatoes, it's mainly populated by non-physicians. People from journalism backgrounds, people with PhDs. Absolutely not, you don't need any sort of medical degree to get into CME.



HF: Yes. And just remember that folks. Sometimes physicians are doing medical writing where they want you to be board certified or they want a license, but that's just a very, very small piece of this big landscape of medical writing.

All right. So, if someone is thinking about, "Oh, could I do this? Could I have some flexibility, some money, some ways to maybe transition out of medicine? But I don't know if I would be good at this." How would you describe the ideal candidate for medical writing?

ML: Well, you have to like to write. That's definitely a big qualification. It's a very, very, very different lifestyle from practicing clinical medicine. I always say this is much more what I was meant for because I'm pretty introverted. My idea of a good day is sitting at my computer and typing all day. There are people where that is a nightmare for them. You're sitting all day, you're pretty inactive. So, if that's not for you, then medical writing is probably not for you.

You still have plenty of human interaction, you're still interacting with your clients if you're a freelancer like me or your coworkers, if you're employed the same way you are in a clinical job, but you really have to like to write.

And if you're going to be a freelancer, you have to be interested in running the business side of things too. Which to be honest, I didn't know if I would be interested in when I started and I love it. So, I found that out about myself that I think it's so fun to run a business. But if you're like, "Oh, no, that is not for me", well, then maybe you could still be a medical writer, but you want to lean towards an employed position so you don't have to worry about all the behind the scenes.

HF: Well, that's a great segue, Morgan, because I wanted to ask you if you could do a little comparing and contrasting of freelance versus employed.

ML: Yeah. Freelance versus employed, as far as it pertains to CME, I would say really could go either way. And I've never been employed. I can't speak directly from that perspective. My sense is that you would have an easier time getting an employed role if you've done some freelance work. And it's a little easier to get that freelance work right off the bat. Once you network, you have to put yourself out there. It's not going to land in your lap. You have to work for that initial freelance work, but you can really go either way.

And there's pluses and minuses to both. And some of that I'm always telling people, it depends on where you live. I'm really lucky, I live in California. So, as a freelancer it's very easy for me to get health insurance separately through the state. Some people, I understand you're concerned about health insurance and you need an employer to get that, and that's a big part of your decision making. So, it just depends.

Even employed jobs often have flexible hours, but not always. So to me, a huge plus of freelancing is the flexibility of the hours. It's just amazing. My husband and I always say we haven't set an alarm in years and there's probably people throwing things at their phone that I just said that.

HF: I know. Well, the interesting thing too is, and Mandy Armitage talked about this is how she did freelancing and she did employed and then she's gone back and forth. So, it's not like you pick one and you're stuck with that. And I like how you said being a freelancer gives you some examples and some past work and probably testimonials that can help you get an employed job. But I will say I have had physicians get that employed job without any prior experience other than what they've written as a physician.

ML: I believe it because a really important point I think people should take away from this is that being a physician is a huge asset as a medical writer. Even if you don't have any writing experience, by definition have CME experience. You're a physician, you've taken these courses. You understand the material better than anyone else in the field. So, that's huge and you should really use that to your advantage.



HF: Well, one thing we always like to try to talk about here on the podcast is show me the money. Can you talk a little bit about compensation?

ML: Sure. Well, I'll tell you some direct numbers but I'll start with the big picture. I'll tell you that when I went out on my own in 2020 as a freelancer in my second year of full-time freelancing, I made more than I ever made in 11 years as an attending pediatrician.

HF: No way, Morgan. Seriously?

ML: Yeah. If you're a plastic surgeon, that probably won't be true for you. My friend's husband likes to joke that pediatricians are paid the league minimum like in baseball. So if you're in a field that pays the league minimum I think you'll find it equally lucrative.

On an individual basis for freelancing projects as far as CME is concerned, I remember Yasmin talked about regulatory writing, which is probably the highest compensated. CME is probably right below that. Needs assessments which are your bread and butter pay anywhere from \$1,500 to \$2,000 a pop. When you're starting, they probably take you about 20 hours, but as you get a little bit faster you can whittle that down to 12 to 15 hours.

But the projects, I think that when you're putting together content for a CME activity, I could be wrong on this, but it's my sense that again, as a physician, you have an advantage in your medical knowledge in that you can put the content together a little faster than somebody who maybe has a PhD in neuroscience and is putting together a presentation on ovarian cancer and has to learn from square one.

Those projects are usually paid on a per project basis. And so, you spend a lot of time early in your career as a freelancer learning how to price those things to make it work for you.

HF: And that's something that Yasmin Ali, Dr. Ali stressed too that that's where often the boost in compensation comes in when you're doing project-based compensation. Because if you're fast especially, you can make a lot more than the average hourly rate.

Now we talked a little bit about benefits and challenges. Is there anything else you'd like to add to that, Morgan?

ML: I would say I guess one of the challenges sometimes in freelancing is what I mentioned, that you are working with a lot of people who are not from a medical background. You have to be conscious of your audience and your expertise and helping people, guiding them along and seeing the right things. So, you really have to learn your audience and your clients and your coworkers and things like that and understand your role in the game. Just like anything else, you figure it out and it works out.

HF: I know we're getting close to time here, but there's still a few things I wanted to ask you. And I think this can apply not just to medical writing, but trying to get into other areas and nonclinical careers is trying, applying, sending out resumes, feeling like you're doing all the right things, but you're getting crickets. What have you seen really makes a difference in medical writing?

ML: Absolutely. I'm going to give you a few very direct tips. One is your LinkedIn profile needs to be stellar. And one of my other hats that I wear is writing LinkedIn profiles. If you people want to understand about medical writer profile on LinkedIn, you're welcome to check me out. And I'm going to plug your LinkedIn course because I used that to initially make my LinkedIn profile. Because you need people to be able to find you. That's really a key on LinkedIn. You're going to be spinning your wheels if you're constantly out there looking. You need people to find you.

Another thing is you must join AMWA, the American Medical Writers Association. It is a wonderful professional organization, everybody is so helpful. There's a discussion board



where people share all kinds of tips, tricks, questions, issues. And AMWA has a freelance directory that you can make a profile in.

I probably get half my clients from that and that's a much smaller pool of people than LinkedIn. So, that's a great place. Again, more detail, more keywords so people can find you. You're welcome to look at my profile in the freelance directory and take anything you want from it. I took some from somebody else's profile. Emma Hitt Nichols has the Hitt list, which is a job list specifically with medical writing jobs. So, you can go on her website nascentmc.com and look for that.

And finally, networking, networking, networking, networking, networking, networking, networking. That is how I got a lot of my roles. And everything that you emphasize on this program, Heather, it's not reaching out and saying, "Hi, I'm a medical writer, do you have any work for me?" It's connecting with other people who are starting out. It's asking very pointed questions to people. It's just getting out there and getting to know people. Again, AMWA, great way to do that. Join your local chapter, go to the national meeting, which this year's coming up in October in Baltimore. I met tons of people who were totally new to medical writing at last year's national conference in Denver. It's a great place to just immerse yourself, meet people and get the ball rolling.

HF: Those are all fantastic suggestions, Morgan. I think you've given so much great content here. And in the freebie I mentioned on medical writing on my website and all the link for the freebie tab in the show notes are all the things that you mentioned. AMWA, Emma's course or other courses. And I love your suggestions of having a good LinkedIn profile and also having a profile on the AMWA site.

I like to think of networking as connecting is that somehow that feels like something we're more natural at, but I think medical writers, like a lot of other physicians who've transitioned are willing to talk to you and help you out and because someone helped them out and we like to pay it back. So, don't hesitate to reach out



The last thing I want to ask you, Morgan, I'm glad we're getting this on here, is you help other physicians who are aspiring medical writers and you do some coaching with them. Do you want to just tell us a little bit about that and then we'll wrap up?

ML: Thanks Heather. And thanks Heather for encouraging me to do that to begin with.

HF: Yes, yes. We need more medical writer coaches.

ML: I always tell people I'm not so much a coach because I don't have any coaching training as I am a career counselor because I'm there for you with the direct practical advice on what to do. People say, how do I do this? Where do I apply? A lot of things you and I just spoke about. I'm here and I want to do this and I am happy to talk with folks anytime about those issues. If anybody wants to reach me to talk in more detail about medical writing, you can find me on LinkedIn, Morgan, and my last name is Leafe. Like a leaf on a tree with an E at the end. So, I'm pretty sure I'm the only Morgan Leafe on LinkedIn.

HF: I love your name.

ML: And I offer 30 minute sessions or 60 minute sessions and other things I've done. Some people are very specifically looking to learn how to write a needs assessment and want to pay for a session to do that. That's fine too. So whatever people need.

HF: I am sure you'll have people knocking at your door and I'll make sure to put your LinkedIn profile, and it's really great by the way, in the show notes. And thank you for all you do Morgan. People don't know you, but I'm sure they can kind of get a sense that you're a very generous bighearted physician and woman and you're here to help.



So, if this is an interest, please feel free to reach out to Morgan. She will definitely help you. Thank you Morgan for coming on yet again to the podcast and helping the listeners out.

ML: Thank you so much, Heather. This was so much fun. I appreciate it.

HF: Oh, my pleasure. And I can't wait till it goes live. All right, my dear listeners, thanks so much for being here. If this is something you're interested in, there are a lot of great resources. So, don't feel like it's daunting, it's all doable and Morgan can help you. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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