



EPISODE 156 How To Start A Side Gig Or Business As A Patient Navigator

With guest Dr. Nicole Rochester

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NR: “There's this fear of getting started. And the reality is, you've already started. You have helped Auntie Sally, you've helped your mom or your dad, or your siblings. We've all been doing this. Monetizing it is really just putting the structures in place and then getting that confidence to ask for money.”

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 156. Today we're diving into a topic where I've seen so much interest from physicians who want to learn more about opportunities. This just so happens to be the area of patient advocacy and navigation.

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In episode number 68, I was joined by Dr. Nicole Rochester, a pediatrician who started her own business helping patients and their families navigate the healthcare system. In episode number 84, my guest internal medicine physician, Dr. Caitlin Fawcett talked about her job working for a company where she helps members in a healthcare plan better understand their medical conditions and get advice on what treatments and procedures are best for them.

I can't tell you how many physicians have told me they would love to work in this area of patient advocacy and navigation. Many of them wanted to have a job like Dr. Fawcett as an employee of a company. Because as we know, it takes a lot of work to start your own business.

The challenge is that unfortunately, there are not very many positions of this type that I know about where you can simply be hired. If you can't find a job in this area, but it still interests you, what can you do? Enter our returning guest today, Dr. Nicole Rochester, after starting and running her own patient navigation business called Your GPS Doc, Dr. Rochester developed a coaching program where she helps other physicians develop their own business, working with patients and their families to get the best care possible.

In episode 68, Nicole shared a lot of the story of how she started her business after the illness and subsequent loss of her father, and we also touched upon her main other area of work as a speaker and consultant in health equity.

Today, we're going to expand on what we covered in that earlier episode and talk more in depth about the real possibility of starting your own patient navigation business, either as a side gig or a full-time endeavor.

We will hear about some of the physicians Dr. Rochester has helped, how to deal with the inner critic that likes to get in your way when you're starting something new, and



some details on how her coaching program can help if you want to start your own business.

Nicole is also going to touch upon the connection between this patient advocacy and navigation work and health equity. It's my sheer delight and honor to welcome Dr. Nicole Rochester back to the podcast. Hi Nicole.

NR: Hi, Heather. Thank you for having me back. What an honor.

HF: It's such a pleasure. I really enjoyed doing that episode with you and I encourage people who are interested in this topic, if you haven't heard it already, to go back and have a listen because there's so much great information in there and a really compelling story. But I am excited to have you expand upon what we've already covered.

NR: Awesome. I'm happy to do that.

HF: All right. Now, even though your story is in the earlier episode, would you like to give us a shortened version of how you got into this area?

NR: Sure. I am a pediatrician, as you stated, and I've always wanted to be a pediatrician since I was a little girl. I never imagined doing anything else. And I want to say at the very beginning of this episode that I did not consider myself to have any business acumen at all. Never ran my own practice. I was always an employed physician, so being an entrepreneur was literally like the farthest thing from my mind.

And as you mentioned, my father, who is now deceased, had a lot of chronic health conditions and for about three years, my two older sisters and I were caring for him. And as the doctor in the family, I was kind of relegated the role of taking over or managing or overseeing his medical care, going to medical appointments. Unfortunately he was in

and out of the hospital and he had a lot of emergency department stays, rehab stays after hospitalizations. At one point he was in an assisted living facility.

So, I had the opportunity to really see this healthcare system that we already know is broken, but it's really different when you're experiencing it as a family member. And I was just so compelled by the need for advocacy and the number of times that I had to stand up and advocate for my dad, speak up for my dad, seeing that my voice and my opinions were valued more when people found out that I was a doctor and understanding that me being a doctor allowed me to even be able to navigate the system in the first place.

And just wondering over and over again, what about everybody else? How is everyone else possibly figuring this out when we were struggling? I'm a doctor, one of my sisters is a nurse executive, and we were still having some challenges.

After he passed away, I just really felt compelled to try to advocate for others and help others navigate the system the way I had done for my dad, knowing that most people don't have the benefit of having a healthcare professional in the family.

I thought I was creating this very unique idea. I had no idea how to run it as a business and started doing some research and found out that in fact there was already a field of professional health advocates. And so, I left my good clinical job as a pediatric hospitalist and launched out into the deep and started Your GPS Doc. And here we are now about six years and three months later and I am loving it and we've grown and I'm just really excited.

HF: When you explain it like that, Nicole, it sounds like, "Oh, these things just happen." You have this idea, you work towards this business, it's successful. But we know that it takes a ton of hard work and most businesses don't really work out. I know I mentioned that we're going to talk a lot about your program and how you help people and these



successes other physicians have had with this. But I still want to tease apart your story a little bit more.

I love that you stated you were planning on being an employee till you die with your boots on, but this changed. And it's not like you found the career, the career found you. What do you think it was that had you decide, "I need to do something about it?" Because you did see there were other people working in this sphere. You could have said, well, let them do it, and gone about your merry way. Why did this stick on your heart?

NR: That's a great question, Heather. Honestly, the only answer I have for that is really, it ties to my spirituality and I literally felt a pull, like a spiritual calling. That is the only thing that would've taken me away from medicine because at the time I really, really loved my job.

Even though there were other people doing this, I kept getting text messages from friends, like, "Hey, I know you took care of your dad, now my mom is in the hospital. What should I do?" And every time I would try to forget about this thing that was in my head, someone or something would bring it back to the forefront. And I kind of took that as a message from God, the universe, whatever you want to call it.

And then also at the time, and this remains true, there are and were very few physicians doing this work. Even though I discovered that there is this amazing field of professional health advocacy, when I started to do some research, there were some nurses, there were some case managers, there were some medical billers, but very few physicians.

I just felt that what I had to offer as a physician, what we have to offer as physicians in this space is really incredible. And I thought that there was probably more that I could add to the field. And also even though I didn't see myself as a coach back then, I always knew that I would kind of be a cheerleader for this profession. And I had this thought of



introducing it to other friends and colleagues in medicine and then hopefully one day bringing them along as well.

HF: We did talk about that a little bit on the other episode about how you were called to do this. God got your number. I feel like when we're called, we don't have a choice.

NR: Yeah.

HF: But with callings, I do believe that there's already something inside of us that really wants to answer the call and we do. Now, when you think about your situation, what were some of the fears and doubts that came up that you also see in the coaching clients that you work with?

NR: Such a great question. I'm glad that you said earlier, Heather, I made it sound like I just had this bright idea and left my good job and then I was a success. That is absolutely not the case. This journey of building Your GPS Doc and just being an entrepreneur, a small business owner has been the biggest, best professional development experience ever. I have learned so many things about myself. I kind of knew this before, but now I say I'm a recovering control freak. A recovery perfectionist. There are a lot of things that are really bred into us as physicians or maybe we come to medicine with these traits that make it difficult to be an entrepreneur. I was very afraid of leaving what I thought was comfort and security and giving up this "steady paycheck."

I was very afraid of that and the unknown of owning my own business. Like I mentioned earlier, I had no idea about how to run a business. And so, I'm someone, and most of your listeners can probably relate to this, where for the most part we've always been high achievers and we've always been successful. To be in this space where I felt like I knew absolutely nothing and there was a really good chance that I was going to fail, that was also very scary.



And so, early on, I really didn't take some of the risks that I think I could have. Just as an example, I started out just kind of like providing free information. I'm like let's do a website, let's do social media. It took me almost a year before I even said publicly that I do this for a living and started to actually ask people to work with me.

And still I struggle sometimes with that call to action because we're just drawn as physicians. We're so altruistic and we just want to give and we just want to help. So I had to really reconcile, "Yes, I want to help. Yes, I'm a giving person and this is a business and if I don't make money, I'm not going to have a business and I'm going to have to go back to work and give up this purpose."

Dealing with the mindset challenges, I had money mindset issues that I think many people who aren't in medicine assume that all doctors are wealthy and maybe we come from wealthy families. And so, they may be surprised to hear that we have money mindset challenges, but I have them, almost every one of my coaching clients has had them. And that plays also into your ability or your willingness to take risks. It even plays into the clients that you accept.

There have been times where all the red flags were going off about a potential client, but because I was in a scarcity mindset where I was thinking, "Well, if I say no to this person, when is the next potential client going to come?" I would ignore those red flags and take on the client and sure enough those red flags were true. Over time I had to get comfortable with saying "no" to people that I may not want to work with for whatever reason.

And really also this idea of iterating. I think most of my success has been literally a result of my failures. Me, for not putting something in the contract and getting burned. Or me, not realizing that a particular thing was important and then finding out it was. And so, having to iterate over and over again has been the greatest lesson. And that's not something that we're comfortable with as physicians. And these are the challenges that I

see in my coaching clients is that we all are such perfectionists. And so, it's almost like quicksand. We become immobile in that. I'm telling people what they need to do, but if we don't address the mindset, it doesn't matter.

HF: Those are all such great points and I like that you experience them. It sounds like you probably experienced almost every single one of them probably from what you see with your clients. And that's helpful because you can be a better teacher. I want to back up just for a second for people who may not have heard the initial episode. Can you give us just a few quick examples of when someone is working in this area, what are they actually doing for patients and families?

NR: Sure, absolutely. As a physician who is also a health advocate, one of the things that I would say most of us do, including myself, is kind of loosely called medical navigation. It's helping them understand their acute and chronic illnesses, helping them figure out the next steps, which may be formulating questions with them for their next doctor's appointment. Helping them anticipate what do I need to do next? What kind of specialists need to be involved in my care? Sometimes it's helping to vet those specialists as they're choosing their breast surgeon as an example for breast cancer. Or maybe a family member is trying to find a high quality skilled nursing facility for their loved one who's going to be discharged from the hospital in a couple of days.

It can be everything from researching treatments to researching healthcare providers or facilities to helping people understand their medications. Being a communication liaison between the patient and family and the medical team. I've helped clients get transferred from I won't say crappy, but let's just say from medical facilities who were not doing their best to higher levels of care.

And then there's some people that specialize in billing, so they help facilitate appeals for insurance companies when certain services are denied or help patients fight medical bills that may be inaccurate. There's such a host of things that you can do, but I think



most of us who are physicians or other healthcare professionals really focus on the medical side and interpreting their results and just helping them understand what's going on so that they can then navigate the system.

HF: Now, if someone is thinking about potentially doing this, and when I said in the intro that there's a lot of interest, I meant it because physicians really like to help in this way. We just don't get paid for it traditionally. And we may be doing it for family members or our neighbors who we care about and we're spending a lot of time, but we're not monetizing it.

If someone is thinking about doing this, they may be saying in their head, "Well, I know Dr. Rochester was an entrepreneur in the beginning, but somehow she's different than me. For these reasons, I cannot do it."

Do you have any examples of physicians that you've worked with in your coaching program who may have felt that same way and how you saw them change throughout the program and maybe what they're doing now, what kind of practice or business that they have?

NR: Yeah, absolutely. I would say literally every single one of my coaching clients has had that idea like, "Well, you're Dr. Nicole." And even the fact that they sign up, I think they are like, "I want to learn from you because you're the guru or you're the expert." And I'm very transparent with my clients about all the mistakes that I made. And so when they say that, I am very clear that I made the mistake so that hopefully you won't have to.

In terms of like success stories, I think one of my favorites is Dr. Carolyn Trend. The name of her business is Trend Health Advocacy, LLC. And she's also a fellow pediatrician. When she started the program, she had already retired and she was kind of trying to figure out what her next step was going to be after practicing for over 20 years.



She's someone who really quickly conquered the mindset blocks. I would say she entered the program like everyone else with all of the mindset blocks that I just mentioned, the same ones that I've been overcoming, but was very willing to tackle those quickly and not afraid to make mistakes.

And so, I remember early in the program she put in our Facebook group that she was going to this networking event and she was just going to start telling people in her community about what she does. She's gone to health affairs in her community.

Because one of the things is that a lot of times the doctors, they're nervous about putting themselves out there, making this announcement that this is what they're going to do. But Dr. Trend was not nervous or if she was nervous, she overcame that. And so, she's regularly put herself in situations where other people are aware of what she does. And as a result of that, she's been very successful with growing her business over the last year and getting new clients. And so regularly, when I check in with her, she always has great news.

The other thing I would share is that all of my clients have had successes in some ways or another. And I'm going to be very transparent with you, Heather, some of them have not yet launched their health advocacy practices. Not because they're not great people, not because they don't have literally everything that it takes to make this work, but some of them are still being challenged with those mindset blocks and being afraid of stepping forward. I continue to work with them in that regard.

And then the other fun thing that I like to share is that I have some clients who as a result of going through my program, they still have a desire to one day launch a health advocacy practice, but it's like going through my program helped them to see that there are possibilities outside of medicine and it helped them to tap into some of their interests and desires and loves and things. I've had doctors that finished the program



and said, “Okay, I'm going to do my health advocacy practice next year. This year I'm going to launch a bakery.”

I literally have one doctor that has a business where she does these desserts. It's like gluten-free and healthy desserts. I have other doctors that have launched private practices. It's like they thought they were done with medicine, but they now have the confidence and the desire and they can see a different path.

And so, one doctor is doing a private practice and her health advocacy practice all at the same time. She left with not one, but two or three businesses. That always is really exciting to see how sometimes when we invest in ourselves and when we get the coaching that helps us to open up our minds, the end result may be something different than what we started with. Those stories are success stories for me as well.

HF: Gosh, you make so many great points and I love that you're bringing out that when they started this program, it was to do a patient navigation advocacy business, but then other ideas came forward and some are doing it later, someone is doing this combined with something else. And this is such a great example of how when we start moving, then the universe can help direct us.

I talk about how our GPS doesn't really work when we're sitting in the parking lot or in the garage. We need to be moving and we can go. We pick a direction and then we recalculate.

NR: Yes.

HF: And it's beautiful. So, just start. Start somewhere, do something and then you'll get more information. Those are great examples. And it also reminds me of this recent podcast I did, number 150 with Dr. Nick Jenkins, and he started a direct primary care



practice and one of the things he talked about was how he started with more of a lemonade stand version.

He had a vision of this huge treatment center with all these different providers and assistants and nutritionists and dieticians, but that obviously wasn't feasible. He got some magnets, he put them on his pathfinder to advertise himself. He went to affairs and concerts and things just like you talked about with Dr. Trend.

I'm curious to ask you, what would be the smallest version, a lemonade stand version that a physician could do to even just try out if they were interested in this direction?

NR: Well, you mentioned earlier, Heather, that most of us are already doing this, we are just not monetizing it. And that's something that I share a lot with my clients because there's this fear of getting started and the reality is you've already started. You have helped Auntie Sally, you have helped your next door neighbor, you've helped your church member, you've helped your mom or your dad or your siblings. We've all been doing this. And so, I think part of it is realizing that monetizing it is really just putting the structures in place and then getting that confidence to ask for money.

Otherwise everything else, I teach the business part of it. What are the nuts and bolts of actually creating the business entity? What are the services that you can offer? What are the contracts and the types of insurance that you need? How much should you charge for these services? How do you market yourself? Those are the things that we don't get that stuff in medical school, but the actual doing, the actual being a health advocate, we're all health advocates. We're already doing that.

And so, the lemonade stand version is probably what all of us are already doing. The basic bot thing would be maybe just start with one person and just letting them know, "I do this for a living now. This is my price. Would you like to work with me?"

HF: Charge for the lemonade.

NR: Yes, charge for the lemonade.

HF: Are there any types of insurances or things that they would need to have if they were doing something like this?

NR: Yes, it is definitely recommended that you have an E&O or errors and omissions policy. That's kind of like the consultant's version of malpractice. You do not need medical malpractice. I want to make that clear because I get that answer a lot. You do not need medical malpractice because we are not practicing medicine, we are consultants in this role.

The E&O policy really protects you in the event that the client feels that maybe you recommended something, which by the way, we don't recommend either. We just provide information so that they can make an informed decision. But if there were some misunderstanding where a client felt that there was information that you gave them that maybe led to a decision that had a bad outcome, then this type of insurance would protect you from that. The good news is, as of now, as of this taping, no health advocate has ever been sued. Let me knock on wood a little bit.

HF: All right, go ahead.

NR: We all carry this insurance. Thank goodness I've never needed to use my policy. I don't know anyone in the industry that's ever needed to use that policy, but it is something that is recommended that you have just in case.

Really, you need a business entity to protect your assets just in case something crazy were to happen and you need an insurance policy and a way for people to pay you and a way to communicate with them. All the other things are fluff. You can start this without a

website, you can start this without a social media page. You don't need accountants and attorneys. You don't need any of that stuff.

HF: Those are often delay tactics.

NR: Exactly.

HF: I need to do this, I need to do that. I'm so glad you made this point. It is so valuable because it's true and I want to ask you a little bit about the financial aspect. But before that we're going to take a quick break and then we'll be right back with Dr. Nicole Rochester.

My dear listeners I have talked a little bit about these consultations that I do and I love doing them. They're one of my favorite things. If you are questioning your career path or you need some advice or want to go over a decision that you're trying to make, I do one-off hour consultations.

If you'd like more information about them, you can reach out to us at team@doctorscrossing.com. I'll put that email in the show notes. You can also go to the Doctors Crossing website. If you go to the schedule page, there is a link that you can click on to learn more information as well.

All right, we're coming back here with my lovely guest, Dr. Nicole Rochester. And I wanted to ask you, Nicole, obviously when physicians are thinking about something where they maybe trading their income or trying to supplement it and they have no idea what they would make, they're curious, what can you tell us?

NR: The answer to that is variable. And what I tell my clients is you can make what you want to make. And I know that sounds very nebulous, but it really is true. In terms of hourly, most health advocates charge an hourly rate and then most of us package our services in



a way where because we're working with clients for usually more than a few hours, they can kind of pre-purchase, so to speak, a block of hours similar to like a retainer model.

And so, most physician health advocates charge anywhere from \$200 to \$400 an hour. I've seen less and I've seen more, but I would say that's the average and that that will depend on your geography.

In terms of really figuring out how much money can I make in a year from this? I help my clients reverse engineer that with the understanding that in the first year, again, we're managing these mindset challenges. And so, some will be very quick starts and they will shoot past, like Dr. Trend. Shoot past all of those mindset barriers and just start getting clients. Others will have a slower ramp up.

But you can definitely reverse engineer that by deciding how much extra money do you want to make in the first year, how much money do you need to replace part of your income? And then figuring out, "Okay, these are the services I'm going to offer, this is what I'm going to charge for these services." An average client, depending on what you offer, may utilize anywhere from eight to 10 or more hours.

And so then you can say, "Okay, I'll, I'm going to need two clients a month or I'm going to need four clients a month." It really depends on what your needs are. I'm very transparent in saying that this is not the type of career, or at least it hasn't been my experience, where in the first year you can replace your six figure physician income.

And I think for many of us it can take several years to get to that stage. I usually am encouraging my clients to either maintain some type of clinical role part-time or many of them go on to get nonclinical roles or as I mentioned earlier, they'll pursue lots of very interesting nonclinical paths while they're building their health advocacy practice. And there is so much flexibility as you're building your practice that you can absolutely entertain other areas of expertise.

You can do this while you're still working clinically, you can do this while you have a nonclinical job and even while you're still working full-time, it's a little challenging, but it absolutely can be done.

And then from there it really depends on the types of services that you offer, how much you're willing to charge, how confident you are with asking for money and marketing yourself and all of those things. And all of that really has a big impact ultimately on your revenue.

HF: Those are really great suggestions that you have and it's showing you that this is flexible, there are many ways you can work this. You mentioned on the earlier podcast about ways that you can scale what you're doing. Do you want to just hit some of those highlights because I think that's so valuable because you will max out on what you can do in terms of your one-to-one time?

NR: Yes. One of the things that I've had to do as I've expanded into more healthcare consulting and speaking, but also still wanting to help clients is that I am not currently taking new clients. I don't have the capacity to spend 6, 8, 10, 12 hours. However, I still can provide a lot of high value information in a one-off consult similar to what you just shared with your audience, Heather.

That's one way that you can scale is in addition to working long-term with clients, you can offer one-off consults for individuals who maybe just need a little help getting on the right path. Or maybe one example is I had someone who had a new breast cancer diagnosis and she really just was overwhelmed and wanted some guidance with what questions do I need to ask when I have that very first appointment with the breast surgeon or with the medical oncologist.

And so, being able to spend time with helping the person formulate these questions and giving them a guide that they can take into the doctor's appointment. Those are some

ways that you can scale. You can do group services, you can do classes, you can do webinars, you can do courses for clients. The information is absolutely necessary and it can be difficult to find this type of information in terms of navigating the system. There are ways that you can monetize that as well. You can do a podcast. Myself, I mentioned I do a lot of public speaking, which has now turned into paid speaking opportunities. Those are all ways that you can scale the work that you do one-on-one with your clients.

HF: Don't you even have a course on understanding health insurance because you had to go through that when you went as an entrepreneur?

NR: Yes.

HF: I think that's such a valuable example because you could spend so much time trying to repeat yourself to clients about what are our options for health insurance or whatever it is. Like what are the questions to ask when you go see the doctor. You could create a whole course on that material and then it can be more affordable for someone who might not even be able to afford your one-on-one services yet you're getting positive income once you've created the course.

NR: Absolutely.

HF: All right, we're running out of time here, but there's still a couple things I want to cover. First, can you touch upon this connection between health equity and patient navigation and if you do have one of these businesses, how that works?

NR: Absolutely. This is a transition in my business that has been so rewarding. There is a natural connection between health equity and health advocacy and navigation in the sense that you get better care when you understand the system. You get better care when you advocate for yourself. And I wish that that weren't true. I wish that I could sit here and say that every patient, no matter their race or ethnicity or their gender or their



age or where they live or how much money they make, that all of us get the same care. But you and I know that that's not true.

And so, the reality is that when you're able to understand the system, which ties into health literacy, when you are able to ask really good questions and make yourself an empowered member of your healthcare team, you're going to get better care.

And so, one of the things that I'm working on now and really will be more of a 2024 project is making health advocacy and patient navigation services more accessible to people who don't have the resources to be able to work one-on-one with a health advocate feeling and understanding that those particularly in marginalized communities can really benefit from having this information.

And that while we're waiting on everybody else to fix this broken system, which is going to take probably decades, how do we right now empower and educate everyone but specifically those with marginalized identities so that they can show up powerfully the way those of us who are doctors and nurses and other healthcare professionals. It's almost like pulling that VIP card without necessarily being a recognized VIP.

That's really my dream and it's something that I'm very passionate about and I'm looking forward to developing a curriculum that would basically teach lay people in the community how to be advocates, not only for themselves but for their neighbors, for their church members, and for other members of their communities. So, look out for that hopefully in 2024 as if I don't have enough on my plate, Heather.

HF: That is really exciting, Nicole. And I want to hear more about that later. So, we may be having you back again for the third time. Lastly, for folks who are interested in your coaching program, how do they get in touch with you and when are you next offering it?



NR: Thank you for asking. We are currently having a blast in our fall 2023 cohort, which wraps up in a couple of weeks and then the next cohort will launch in the winter of 2024, most likely at the end of January.

So, now is a good time to reach out to be considered for the winter 2024 cohort. It is an eight week program, it is limited to physicians only. I don't take any more than six doctors at a time because I like the very small, intimate high touch environment. They can either reach out to me by email, info@yourgpsdoc.com or they can fill out an application at bit.ly/nhaapplyone and I'm sure you'll put that in the show notes.

HF: Yes. I have it right here in front of me. I do. We will have all your information. And that is a small group. So, if you are interested I would reach out right away. Don't wait, run because there's only six slots. Will you take a waiting list if it gets full?

NR: Absolutely. I always take a waiting list and often some of those doctors get moved to the next cohort. So yes.

HF: You're going to get private time with Dr. Nicole Rochester and she obviously knows what she's talking about. Again, if you're interested, please feel free to reach out to her. And we really want to thank you for coming on the podcast. It was just a joy to have you here.

NR: Thank you so much, Heather. It was my pleasure.

HF: All right, we'll keep on doing what you're doing and keep us posted and thank you for all that you do for others.

NR: Thank you.



HF: All right, my dear listeners, thank you so much for being here. And again, if you're interested in a consultation, this does not mean that you need to have continued coaching with me. I love doing these one-off consultations and if you need further coaching, if I have room, I'm happy to take you into my five month program.

But otherwise if there's something that you're needing help on, it could even be interviewing for a job, interview prep, looking at your resume, anything at all related to career transition, I'd love to help you. All right, 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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