



EPISODE 171: So What If You Leave Medicine and It's A Mistake? - A Physician's Inspiring Story Of Figuring It Out By Trying Things Out
With guest Dr. Rinku Mehra

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RM: “Just sort of this feeling of being unsatisfied with what I had, but recognizing that I wasn't in a terrible position. I was just not satisfied. I remember having thoughts of, ‘Well, if I leave, what am I going to do? I can't even figure out where I would go. Would I have to move my family? What else is there?’ I didn't even know.”

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.

Hey 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 171. I am super excited to share this episode with you today. I have a wonderful returning guest, pediatric endocrinologist, Dr. Rinku Mehra here to share her inspiring story that beautifully illustrates how you don't need to settle in your career.

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Her professional journey, which continues to evolve and includes a number of transitions both out of and back into medicine, is living proof that you don't need to feel trapped with your choice or get it perfect out of the gate.

If you are feeling stuck and don't know where to start, if you are afraid you might make a mistake if you leave medicine, if you've experienced the imposter syndrome, if you want more autonomy, but don't fancy yourself a business person or if you're telling yourself you should just try and be happy where you are, this episode, my friend, is for you. Rinku's story is such a great example of how you don't have to let doubts and worries keep you stuck and how your career path can keep evolving as your vision for yourself continues to expand. Without further ado, let me welcome Dr. Rinku Mehra back to the podcast. Hey Rinku, welcome.

RM: Hi Heather. Thank you so much for having me on again.

HF: I'm so happy you're here. For people who haven't heard it, you did a great episode a while back on doing chart review as a gateway into health insurance and utilization management work.

RM: Yes, that's right. I'm so happy to be here again after a couple of years to share the rest of my journey.

HF: I know because there is so much packed into all the different things that you've done and I think it's a great illustration that you don't necessarily have to know what you're going to do and if it's going to work out perfectly to make a change.

RM: That's right. Yeah. I think when I started with you or talking to you in the beginning, I didn't even know what a vision board was or what I wanted to do. I think I was just feeling stuck in my job, stuck in the clinical job, which actually wasn't too bad. I just felt like I wanted more out of my career and I didn't even know what that was to be honest. I



think it was just making some changes, small changes that really helped me and guided me in the direction that I've gone in now.

HF: We're going to go back to the beginning. It was almost six years to the day when you first reached out to me. Would you like to give the listeners an idea of what your situation was at that time?

RM: Yes. Six years ago I was working in a large multi-specialty group in my hometown, the area that I grew up in. I was the medical director for a group. I was supervising about five or six other physicians. I had two nurse practitioners. I had a whole staff, MAs, diabetes educators. And I was working with a very good and talented group of physicians who I loved. I loved all of them.

Prior to that, I had worked in academics. I had worked at a large academic hospital and then I had moved to this more private practice type of setting. I was fine with what I was doing day to day. I was seeing patients. I was I would say probably burnt out from some of the day-to-day of patient care, running the practice, and supervising people. I just felt like I had such limited time to do things and see patients. I was very frustrated with the way I was delivering healthcare, the way I was delivering care to my patients.

After a while a lot of it became routine and I think that looking back, I was looking for something more. I remember just thinking, walking through the halls of the hospital when I was on call that I just felt like this was not what I wanted for my life. I just wanted something different. While it was fine, I had a job, and I was able to pick up and drop off my kids and my family was okay, I just felt like I needed something more professionally gratifying to me. I didn't even know if medicine was the right choice for me, to be honest. I sort of felt like I'd gone through this whole process and gotten to where I was and I just wasn't sure if I enjoyed medicine, if I enjoyed just seeing patients every 15 to 20 minutes and then just feeling really like I was on a hamster on a wheel. I think that's how I felt at the time.

- HF: If you could estimate where your satisfaction was at that time, on a scale of zero to 10, with 10 being really satisfied and zero being not at all, where would you put yourself in retrospect?
- RM: I think in retrospect I would probably say I was at maybe four or five, but there were days when I felt like, "Oh, this is fine. I'm at eight, I had a good day." Then the next day I'd be like, "Wow, this was like a zero. It was terrible." I think overall maybe it was a four or five. The reality is that I wasn't in a bad situation. It wasn't that I was in a toxic situation. I liked my coworkers. I liked my staff. And I think that's where I had a really hard time because I felt like everything was fine. It was good. The people were good. The patients were coming in, I was treating them and I was like, "What's wrong with me? Why don't I like what I do?" And I think that's sort of where I struggled and where I came to you. I was like, "Just tell me this is my problem. I had to get over this; suck it up and this is fine. This is what I signed up for."
- HF: That's something that you actually said in our initial session because I went back to review our notes before this podcast and you said, "Should I just let it go and say this is my life and forget it?"
- RM: I felt like that a lot. I looked at my peers. I really didn't have a lot of role models to have done something different in my specialty. Everybody either worked in academics or they worked in private practice. They didn't work for themselves. They were hired by large groups. I remember having thoughts of, "Well if I leave, what am I going to do? What else am I going to do? I can't even figure out where I would go. Would I have to move my family out of my hometown area, or move away from my family?" My husband had a good job that he was happy with and I kept thinking, "If I leave, what else? What else is there?" I didn't even know.
- HF: Exactly. That's another thing that you said was "I know there are a lot of options and I don't want to make a mistake, but I don't know what to do." I bring these two things out

that you said because they're almost universal. I hear them all the time. That first one that I mentioned, "Should I just let it go and say this is my life and forget it?"

This is something people will often describe when I talk to them and they say, "Can you give me a mind trick that I can do just to make myself be happy, real and, be grateful for what I have?" When I hear that, I always know, "No, this is a problem. We're not going to just make you feel like Pollyanna, like everything is okay, put a little bow on you and send you down the highway." But that's a common belief. "There's something wrong with me. I just need to fix my mind and then things will be okay."

RM: That's how I felt. I felt like that. I feel this feeling of being unsatisfied with what I had but recognizing that I wasn't in a terrible position. I was just not satisfied.

HF: Now before you even reached out to me, you had already made a change and it didn't work out for you. Do you want to talk about that briefly?

RM: I think before I talked to you I had moved from an academic practice when I started off in 2008 and then I left because actually that was more of a toxic situation for me. But I left and I moved to the FDA. I went to the FDA and I was there for a little under a year actually. I just was not happy at all. In fact, I was less happy there than I was when I was in academic practice.

I really felt like at the time, number one I was a lot younger, but I also had been in practice for a few years and I really felt like when I moved to the FDA, I didn't even see at that moment that there was something beyond working at the FDA. I could have moved into pharma or I could have done something else if I had stuck it out.

I just was not happy with the environment and the drastic change from clinical practice and ended up going back to clinical care. Thinking back, I've always been a clinician, I've



always enjoyed talking to people and helping people on a one-to-one basis. I think that it just wasn't the right fit for me at all. I was miserable at the FDA.

When I moved back to clinical practice and I had all these feelings, again, of not being satisfied, I thought, "Well, I had already made this mistake." I felt like before, I had already moved into a nonclinical role. I was miserable in the nonclinical role. Whether that was me, the job that I was in or a combination of both.

Maybe I wasn't ready to move into that role at the time, but I just had this fear in the back of my mind that "What if I make that same mistake again? What's going to happen and where am I going to go this time? I was lucky enough to find a clinical job as a medical director. I was higher up in the food chain per se than I had been in academics." Interestingly, probably because I went to the FDA, I moved into a higher role, otherwise I would've been stuck in the same academic role. I didn't recognize that at the time. I just felt like it was a mistake. That's sort of where I was when I talked to you. "I've already made this mistake once and what happens if I make it again?"

HF: Thank you for sharing that. What were you doing when you were at the FDA, Rinku?

RM: I was reviewing information regarding medical devices specifically for diabetes. Diabetes, drugs and devices that I was reviewing to see if they were safe to come to market. I think the job itself was interesting, but I wasn't the type of person that could sit in a cubicle and work for eight hours a day without having any human interaction. That's sort of where I went from fully seeing patients eight to 10 hours a day and being on call to being in a role where I was basically by myself.

I had two young kids at the time and I was driving probably an hour and a half each way to get to the office at the FDA where I was basically sitting by myself and working. It was just a very inflexible environment for me. After I've gone through this whole discovery process, it's just really bad for me, to be in an inflexible environment where I just am not

allowed to be creative and I'm not allowed to think outside the box. It just wasn't really the right fit for me.

HF: There are lots of people who go to the FDA or they get into different nonclinical roles and they're fine with it. There's nothing wrong if anybody's thinking about these things. Don't necessarily write it off. I think this experience really helped you. So when you look at it, what did it really help you learn about yourself and do differently the next time you're going to make a change?

RM: I think the first time I did it, I really wanted to jump out of my academic role immediately. I didn't actually do a lot of thinking about what it was I wanted to do. I really wanted to just jump and get out of there. I didn't really explore the role. I interviewed because I had a close friend and acquaintance who I was talking to about my academic job and wanting to leave. She was like, "Oh, you'd be a great fit for the FDA. We're looking for somebody and they're looking for somebody in diabetes in particular." I interviewed and I got the job, not knowing anything really. They're not really allowed to disclose to you what you're doing at the interview. They're not really allowed to disclose any of that information to you until after you're hired because there's a lot of confidentiality issues.

What I learned was that I had to do a little bit more exploring for myself before I moved from one job to the other. And I interviewed within two or three months and then I was in a new job and then it wasn't the right fit for me. I hadn't really understood what it was that I was going to be doing.

HF: That's such a great point. You'd also mentioned in our sessions how the anxiety of not knowing what you're going to do next made you want to do things more quickly. And so, you didn't want to be in that land of uncertainty very long. So, it's like, "Okay, I'm in this job. I need to know I have something next lined up and that security can make us do that leap."

RM: I think I was not in a good academic environment. It just wasn't. I think at that time the year that I left, four people left at the same time I did. It was back to back and I think none of us really thought a lot about what we were doing. Interestingly, all of us are in different jobs. I think that was where I was at the time. I think that's what I really learned; that you really have to take some time to look. Even though when I was back in my practice, and I was there for six or seven years, and I think it was year three that I was like, "Oh, I need to look at something else." That's where I was at that point.

HF: We have so much more of your story and this is just the beginning. Let's fast forward a bit after you went back to clinical practice. What was the next big change that you made?

RM: I think I started doing some of that chart review. We had talked about it, so I started exploring a few different options after I talked to you. I was exploring being an expert witness. I was doing some chart reviews on the side in the evenings. I signed up for a company called Second MD to do second opinion services, which I still do now, offering second opinions to patients across the country who are looking for a pediatric endocrinologist.

I started just doing a few things on the side. It didn't take up a lot of time, maybe a couple of hours a month or something if that. Then I started trying to hone in on what it was that I wanted to do. Even then, I feel like I didn't really know. I didn't know. I started a telemedicine practice for my practice that I was in. I was the telemedicine director for the practice because I had always been interested in telemedicine and we had a lot of limitations in the practice at the time before COVID. It was because you had to be at the same location as the patient or there was a site of service issue with regards to billing. I worked with another physician to really start our telemedicine practice and then COVID hit.



Right before COVID I started interviewing for some of these jobs in utilization management because I felt like with that I liked doing the chart reviews. I'd done them for a couple of years actually. I liked the chart reviews and I started networking with people who were in the field, sort of asking them what their life was like and how things worked.

I ended up taking a job for a utilization management company, like a large health insurer. I still had a lot of anxiety about that, I will say. I had a lot of anxiety even though I had done some of the homework. I had networked with a lot of people. I'd worked on this for a couple of years, coaching, all that. I still had a lot of anxiety to move into the utilization and management world because I just wasn't sure. I still had in the back of my head that experience with the FDA. Each step actually, the things that I did, even in my academic practice and my private practice, I still said, "Hey, I still want to see patients here once a week. Am I allowed to do that?"

I worked that out with the academic center that I was at and then I also worked it out with the private practice where I was the medical director and I said, "Hey, I still like this patient population. Can I still see the patients once a week?" And they were like, "Yeah, that's fine. You can still do that once a week."

I still kept my hand in clinical medicine for a while just to make sure that this is what I really wanted to do. Ultimately, that's where I ended up. I ended up in utilization management and I liked it. I thought it was a big change for me, but I was still working in the diabetes space. I had a lot of physician colleagues. I was able to offer my opinions, work on clinical policy and I really enjoyed that piece of it.

HF: Now I remember when you're talking to me about your job at the health insurance company, you were enjoying it, but you're already thinking ahead. You mentioned I want to do something in policy and really help larger populations of patients. You started asking around, "Okay, how can I grow? What's my next step that I can do?" What



happened when you were searching for how you could continue to expand even though you're relatively new in this role?

RM: I think what I ended up finding out was that it was actually harder than I thought to advance in that type of role. And what I really wanted to do was to make a bigger impact and make a difference. It would take me quite a bit of time to do that in the health insurance world, maybe five years, maybe 10. It was a sort of hard jump to make.

The other thing that I learned there was I was at a lot of business meetings on the health insurer side, and while I knew the clinical piece of it, I didn't understand the business side of medicine. I think I never understood it. I ended up deciding to get an MBA. I got an MBA in 2022 I'll say. Yeah, 2022.

I ended up going to the Haslam School of Business and getting an MBA because my goal was to learn more about the business side of medicine. However, when I was there, I felt like that was really when the evolution happened for me as far as trying to figure out what I wanted to do with my life and my career. And it was really from Haslam that I think I discovered that I probably should have been an entrepreneur and I should have started a business or practice for myself a long time ago. I had the support of the faculty there and my physician colleagues who really pushed me and drove me into that.

I think that was the biggest positive experience I had. I'm not saying everybody has to get an MBA, but for me, that was probably the pivoting point for me to say, "Well, this is probably what I want to do." As a result I did start my own telemedicine practice, which now I do a direct care cash-based practice. I'm in four states and I love it. I love every aspect of it. I feel like it brings out the creativity in me, it's flexible. I can provide great patient care, I can have relationships with my patients and I'm constantly learning and I'm not bored. I feel like that's where I was throughout this whole journey, not knowing what the next step was. Now I feel like, "Well, I know I can grow this or I can do something new and grow." So, I'm happy professionally from that perspective.



HF: There's so much in here, Rinko, because I've seen the backstory of how you made these changes. So, I'm going to go back and tease out some of it because you went from when we first spoke and we did this inventory of what your career interests were, where you evaluate them and there was this question about “Do you want to have your own business? Do you see yourself as an entrepreneur?” You rated it like one to two out of five. It was super low. It was not even something you were considering.

I'm going to take a quick break but I want to come back because I want to dive into how you made the shift and also to touch upon how you also struggled with imposter syndrome. Hold on, don't go away. We'll be right back.

Okay, my dear listeners, I wanted to let you know about a freebie if you're not aware of it already. It's my Physician Transition Starter Kit. This is a hefty resource that you can use when you're at the white coat crossroads and not sure what to do next and what your options are. You can get this at the doctorscrossing.com website. Just hit the freebie tab at the top of the page and you'll find the Physician Transition Starter Kit. I'll also put a link to it in the show notes because this can really help you start to answer a lot of those questions you have that can keep you stuck.

All right, we're coming back here with my lovely guest, Dr. Rinku Mehra. I really want to help the listener understand that you just didn't go, “All right, I'm going to get an MBA. I'm going to start this practice. Done deal.” Now there's even more that you're expanding into beyond the practice, which is going to be a resource for physicians. I don't want to give that away, but hang on guys, because she's going to share that at the end because this is another new evolution in Rinku's story.

Let's go back a little bit, Rinku, because before you were not thinking of yourself as an entrepreneur, I remember when you were trying to decide, “Should I do an MPH? Should I do an MBA?” You were leaning towards MPH because the MBA books look so

boring to you. You also struggled with the imposter syndrome, which is super common. So, can you speak to some of these things please?

RM: I'll speak about imposter syndrome first because I think a lot of us have it. It was actually really hard for me to recognize that other physicians had it, other female physicians had it. I do feel like I always went through probably my entire life sort of thinking like I just wasn't good enough or I just wasn't sure how I was getting certain positions. I remember I wasn't sure how I even got into my med school or I got into the residency program. Whatever I did, each step of the way, I wasn't really sure how I did it. I sort of thought it was out of luck. Even with the medical director role that I had. I felt like, "Oh, why would they pick me?" I just felt like I was lucky and nobody else wanted to do it.

I feel like I've struggled with that a lot. I've worked with you. I've worked with other physician coaches through the MBA program and I feel like that for me was just recognizing that this is a common thing. This is something that I have and that I have done certain things that have taken me to a different level or have me achieve certain things. I have not been good at documenting those. I'm not good at saying "I did this." I'm not good about boasting about what I did. I think a lot of us are like that. We're just not used to saying, "Oh, I got an A. That was great." That's not that we do. I think that's sort of what my struggle was throughout my whole career, I would say. I think it's getting better, but it's still there I'll say

HF: Well, I know a lot of people will relate to that and we're told not to toot our own horn. We also think, "Oh, well, go to medical school. Everyone else in our class was in medical school too." So we don't think that's anything special. I think it can be helpful to acknowledge this part of you, almost like a separate self, this inner self. Just like you would if it were your child or a friend or someone else. We have no trouble with that. There's a part of you that has done all these things and that part of you does thrive on acknowledgement. I think it's a good skill to learn and it's not arrogant or conceited. It just actually gives you more fuel and confidence to do the next hard thing.

RM: Exactly. I agree. As physicians, I sort of feel like we're not trained that way. We're not trained to toot our own horn or to say that we had a good outcome. A lot of it is in the industry also I will say.

HF: It is. To me, it's just honoring the gifts that you've been given. Now I remember Rinku, just going ahead a little bit here about the MBA. When you started your program, you had no idea that you were going to be working that whole year on developing your own business. Like I said, when you did the initial inventory, having your own business was the last thing on your mind. So, how'd you make the shift?

RM: Like I said, I went into it. I went from the health insurance world saying, "I want to learn about business, I want to learn about how to read spreadsheets, be knowledgeable, and sound intelligent at these meetings that are all basically talking about finances."

When I got to the MBA program, actually the first week that I was there, I had multiple physician colleagues come up to me and say, "Oh, you're a pediatric endocrinologist, we need your services. Where are you located?" I was like, "Well, I'm not really practicing anymore." They were like, "Oh, why not? We can't get in. Nobody can get in to see a pediatric endocrinologist for six months."

I had a few other physicians who had started their own direct care practices. They were family medicine practices. They were very successful and very happy. I started looking into that and saying, "Well, maybe I could do this." I will say that we had to graduate, we had to have a project to do. Even when I was going through this process, I didn't think that I was actually going to start a practice. I just said, "Well, I have to graduate with this thesis essentially and let me do all the work for it to see what happens if I start the practice."

In the beginning I was like, “There's no way I'm going back to clinical medicine. I'm not doing that anymore. I'm in the health insurance world.” As I started getting through the process, and this was a whole year, I went through the whole year of doing market research and evaluating things and talking to people and looking at my state. I called pediatric endocrine practices across the country and I asked them, “How long is your wait right now to get in?”

Again, it was a process and a research process for me. In the end, when I was presenting this information to my mentors, they were like, “Well, you need to start this. You've already done all the work. Just do it.”

HF: It wasn't just a project.

RM: Right, right. I'd done all of it. It takes time. If I had not done the MBA, I wouldn't have done it because it was really a process of discovery for me and finding a love for my specialty again, which I had lost, I think.

HF: Tell us what it's like for you now to have this practice.

RM: Like I said, I'm licensed in four different states. I have an in-person office in Virginia. I see patients in an hour. My new patient appointments are for one hour and I have patients on a membership plan. Essentially that we know what that means for them is they can contact me and they really have access to a physician which is me at this point all the time. It's more of a concierge style practice that I have.

I feel like I'm delivering very good healthcare. I'm picking up things that I have been missing by many, many people for years because I actually have the time to spend with my patients. They text me and say, “Oh, Johnny is like drinking and peeing all night long. What do we do?” I can do their labs the same day or next day and discover things that



they have that somebody else may have missed just because they don't have time to deal with them. That's part of my job.

My other part of my job is marketing the practice, which I never had to do as a medical director. I do a lot of social media and Instagram and I try to spread health information that's reliable because I also think there's a lot of unreliable health information on social media, but it's not being done by physicians. I started some of that.

Then actually as a result of this practice and my whole journey through this and seeing how difficult it was, I'm working with another physician and we are going to start a course essentially for physicians who want to launch their own practice. It's called Doc Launch Academy. We're starting that practice to really help other physicians who are thinking about doing this get started and really launch themselves into their next job.

HF: There's so much here I'd love to comment on, but we're running short on time. First I do want to say, I'm so glad you fell in love with medicine again. I think it's such a beautiful story and encouraging to people too who want to find a way to still see patients but more on their own terms and in a way that really works for them.

Second, I'd also like to say I am super excited that you and your partner are creating a course offering that's going to help physicians who also want to do something more autonomous, create their own practice, whether it's telemedicine, a DPC, a direct specialty care practice like you have or something else.

What would be a way for people to get in touch with you if they want to be on the waiting list or find out more about this?

RM: They can email us at doclaunchacademy@gmail.com, or I can share a QR code with you and they can click on that QR code and send us a message. Then right now we really want to know what physicians, what stage they're at and what would help them the

most in creating their own business. It can be a private practice too. It can be insurance based. It doesn't have to be direct care because my partner is very experienced with the insurance based model as well. Anything that would help. That's the best way for them to reach out to us.

HF: I'll make sure to include that information in the show notes. Just a few last questions for you, Rinku. When you look at the arc of your career transition and transformation, there's so many different permutations, things that happen and things that you learned from. What would you say has led you to keep going, persisting and not settling in one spot?

RM: For me, it's been just trying to embrace the process really at this point. The other part of it is just always thinking in the back of my head that there is something more that I'm meant to do. I think that has been this nagging feeling probably my entire life. What am I supposed to do with my life? And is this it? And is this the next step? What would be the next thing that I could do? I think that's really helped me.

The other piece of advice I would give anyone who's thinking about this is just not to settle for what you're doing now. If you think there's something else you should do, you should probably do it. It may take you four jumps to get there, but take that time to evaluate yourself. We don't often have time as physicians to evaluate ourselves. We're so busy with our jobs, taking care of patients, and taking care of our families. We don't have time to evaluate that as far as what we want to do with our life. I think that was really helpful for me. Just to take that time and reevaluate things. For me it was the MBA, for other people it could be something else, but that was it for me.

HF: Let me just ask you, Rinku, how has it changed your whole life?

RM: My whole life is probably more chaotic now than it's ever been. I'll say that my kids are a little bit older than they were, but my kids and my family are very, very supportive of this

job. In fact, my daughter created some, and I have some sweatshirts I created. She did my logo this weekend.

HF: Oh, that's sweet.

RM: They're very involved in this. A lot of us think about, "Oh our kids, we are not going to have time for our kids and we're going to be so busy with our work." They're watching everything. To be honest, my kids are very proud of the work that I've done and they've even said that. They've made me cards and they're like, "Mom, we're just so proud of you. You just keep going. You're not ready to settle for what you're doing." I think it's had a positive impact on them.

I will say that I'm very busy and so I try to limit myself now whereas before I had a job where I just shut the computer off at 05:00 o'clock. Now I'm always working or I'm thinking about things that need to be done and sometimes my kids are like, "Mom, stop talking about business." I think overall it's been a positive experience for them and I'm learning more to set boundaries now, like not to work when I'm not supposed to work.

HF: I know. I honestly don't know how you do all you do. And I remember you told me that you're going on vacation and you've been trying to start this business and still doing a full-time job and your husband said, "Rinku, you cannot bring your laptop on vacation." He set his foot down so that you cannot bring your laptop.

RM: I know. And I had a lot of anxiety about that, not taking my laptop on vacation. I think it's been positive overall.

HF: Well, thank you so much for coming on and sharing your story. I think it'll be inspiring for so many other physicians. I also love that you're developing this course where you can help other entrepreneurs who may not even have seen themselves as entrepreneurs just like you didn't.



RM: Right, exactly. I'm happy to help out and I'm really interested to see how I can help and pay it back.

HF: All right. Lovely. We will put your information in the show notes and I'm sure you'll be back on in a couple years to tell us about your next iteration. Thank you and I'm so proud of you and all the best to you Rinku.

RM: Thank you so much.

HF: All right, my dear listeners, thank you so much for joining in. Please feel free to share this podcast with anyone who you think could be helped by it. There's so many good nuggets in here for anybody who's questioning themselves. So, please share widely and deeply and always know that we're here to help you. If you have any questions, if you have episodes that you'd like to hear us talk about, please reach out to us at team@doctorscrossing.com. And as always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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