



## **EPISODE 175: Are You In A Toxic Work Environment? Suffer No More Part 2**

**With guest Dr. Ann Chinnis**

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AC: “One of their employees has filed a complaint and suddenly they are put in a box. Suddenly their emails are not protected anymore. The statements that they make are not protected anymore. The letters of evaluation that they've written on the employee become part of the discovery, and so the ability of the leader to retaliate becomes greatly limited at that point.”

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 careers, 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 175. Today we're diving into the second half of our two-part series on the toxic work environment. If you missed last week's episode, I recommend listening to that one first, as we define what is a toxic work environment and talk about the four types of toxic leaders.

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Today I'm delighted to have Dr. Ann Chinnis back to continue on a very important topic. As I mentioned in the last episode, Dr. Chinnis has been an emergency medicine physician for 35 years, holding a variety of roles as a medical director in urban and rural practices. She transitioned into academic medicine and served as a department chair and associate dean. Additionally, she became an executive coach founding her own company, Matrix Coaching, where she works with physician executives and leaders.

We are picking up on our conversation to discuss what to do when you find yourself in a toxic work environment, how to heal, and steps you can take to move on. I am honored and delighted to welcome my friend and colleague, Dr. Chinnis, back to the podcast. Hi Ann. It's so great to have you back here.

AC: Thank you, Heather. It's good to see you. And it's so nice to be back here. I enjoyed our conversation so much the last podcast.

HF: I did too, and there was a lot of interest in this area and it's unfortunate that there are toxic work environments and toxic leaders, but we don't have to be victims to them.

AC: No. In fact, I hope that's what people will come away with, with an understanding that it's not about them and what to do about it. I'm just really excited about what this might spur people to do differently.

HF: Me too. And thank you so much. Would you like to just start us off with some descriptors of what a physician might experience when he or she is in a toxic work environment?

AC: Sure, I will. I'd love to, and I won't go through the examples again since they're in the first podcast, but just to refresh everyone, you might be feeling as if you've been singled out in some way. You might be feeling as if you're being ridiculed or demeaned. You might feel as if your boss is not honoring boundaries around your time, your time

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off, your time away, and your time with your family. You might even find that you're being excluded from discussions that are important, excluded from certain assignments. That basically you're finding that you're treated differently than other people and it's in a way that's making you doubt you are worth it. That all of this being singled out is not in a good way. It's in a way that is crippling and it causes people to not believe their own reality.

HF: And when you work with a physician who has actually been in a toxic work environment, I know that you work with a lot of the leaders who have some of these personality traits. What would you think is one of the biggest reasons why it's hard for the physician to see that they're not the problem?

AC: That's just a really good question. I think that some of it we talked a little bit about last time, which is the way we're trained in medical training, that we are supposed to surrender ourselves to the hierarchy for the benefit of our education and the patient's care. And I think we get a little bit of that beaten into us that we don't know what's good for us and that the people who are our bosses at a medical level do. And so, I think that's part of it. I think it's how we're trained.

I also think that it's a normal human phenomenon to want to assimilate comments that come to you and you think they're in service of growth. I honestly believe at everyone's core, they try really hard to get better at what they do. For the most part. Unless we're talking about somebody who's just got an absolutely toxic bent on the world. But I'm talking about people who work for them. They want to do a good job. For the most part, people show up, especially physicians to take good care of patients. And we want to do that. And when someone gives us feedback or single out or demeans us or ridicules us, you take it seriously and you try to see what is in here that I'm doing wrong. And it's hard to know or hard to perceive it's a pattern because you're in the middle of it.

And sometimes, and this comes to what you do when you're in it, it's the people around us who can see the pattern better than we can. And so, I think it really speaks to the

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value of connection and community when you're starting to wonder to be able to ask, "Is this me or is there something else going on?" Because frequently we're the last people in the world to see it because we're the fish swimming in the water and everyone else is watching the fishbowl and they're saying, "This is not how this person treats other people. Or this is not normal, or this wasn't how it was where I was before." That's a really good question. It's a hard one to answer. And it takes a while for people to understand that this is not about me. This is about something bigger than me here.

HF: And you're right. When this behavior happens, it can often lead to a progressive erosion of self-esteem to the point where the person doesn't have the confidence in a sense of self-respect to act to do something on their behalf.

Let's start to have this conversation about if you think you might be in a situation where someone with some power over you is mistreating you or abusing you in some way, what do you even start to do?

AC: In almost every place that I've coached, and I think most places where people work, at least institutionally, and I don't know about many private practices, but certainly within academic settings and in hospitals, there are procedures for lodging complaints about a hostile workplace. And usually that's what they call it. For the most part, institutions don't call it toxic leadership, but they call it a hostile workplace. And a hostile workplace is just basically another organizational name for a toxic workplace. And it has all of the same hallmarks that we've already talked about.

I think the problem is working yourself up to that point where you feel like "I'm being targeted or this is hostile." And I think it might bear a little bit of discussion about what do you do if you start to feel like you're in that position, you're not sure you're in that position. And the first thing that I will say is not to internalize it. Because what happens is, what you just alluded to, Heather, is that people tend to internalize it. They think it's about them and it erodes their self-confidence, their autonomy, and their sense of agency. They completely lose their sense of agency and they surrender to the bad

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treatment. And what happens then is that they don't discuss it with anyone. They might come home and not discuss it with their partner, not discuss it with their friends or their coworkers because there's some shame about it. It's like, "Man, I've worked so hard to get to this point and I'm a dud." And I will say don't get to that point. When you start doubting yourself or your confidence or believing that there's something wrong about you, start talking to the people that you trust in your life and say, "What are you noticing?" If it's another employee or if it's another resident or someone else in the practice, somebody who you trust and say, "Give me a gut check here."

Sometimes just taking that one step when I have had people come to me and I'll coach them for a while and it'll be clear to me in hearing it like, "This isn't about you." But that's still not quite enough. And I will coach them to go speak with someone else who they trust. And sometimes they have never talked about it to anybody, not one single person. And when they do and the person who they talk to says, "Well, of course, you're being targeted or gaslit" or whatever it is, then suddenly the individual is, it's like a complete liberation. They know "I'm not the problem here."

And I think that to get to that point where you have the realization that you are not failing to perform, you're not the problem, that there's something institutionally, then usually the institution is set up to protect you. And so, once you're there, and I'm not saying that you need to have thought through the entire sequela and you will have thought about a lot like, "What's going to happen if I get retaliated against? What's going to happen if I get fired? What's going to happen if I end up having to take a call every night for the rest of my life?" And I will say those are natural worries.

However, there are systems. Once you put yourself as the face of a hostile workplace inquiry or complaint or investigation, whatever that might be, then you are protected against things like that happening. And I have coached a lot of leaders, unfortunately, who have suddenly been put on notice that one of their employees has filed a complaint in that nature. And suddenly, if you don't think that they are put in a box, they are. Suddenly their emails are not protected anymore. The statements that they make are

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not protected anymore. The letters of evaluation that they've written on the employee become part of the discovery. They talk to everyone within the institution.

And so, the ability of the leader to retaliate becomes greatly limited at that point. I am not going to say that makes it any more comfortable. I am not going to sugarcoat that it is a really rough process for someone to go through. I can completely understand why someone wouldn't want to do it because it's really, really difficult. It's hard. However, the system is there to support people should they choose to do that. Frequently the choice is "Do I want to do that because I want to stay here or do I want to leave?" And that's oftentimes what it comes down to.

And I think the decision to file the complaint and to let HR support you really speaks to how much the person wants to stay. How much do they think that the bonds, the relationships, and the opportunities they have in their job are so compelling that they're willing to swallow the pain of going through this, which frequently will end up with the boss being terminated? That happens, and it happens with pretty high frequency when a complaint like that is lodged. And most definitely when two are. So, it's not a futile action at all, but it is also not one that's easy to work through.

And maybe when people are thinking about, "Do I want to go that route?" they would want to think about "If this leader were gone, would the culture of this either a practice, school, or hospital still be so toxic that I wouldn't really want to work here?" Because sometimes it's a one-off and there is a culture of support and the values are that people look after each other and even maybe another employee would call out the boss and say, "What you're doing is not appropriate", that there's a whole culture of support. Or it might be that it's a cesspool. And if it is a cesspool, then I'm sure you see situations like that, then maybe the better part of valor becomes leaving.

HF: Yeah. This is such a complicated area. And it's true that workplaces have become more responsive to complaints. And I even did a couple podcasts with Dr. Ryan Bailey, who is the physician coach for disruptive physicians. And he talked about how now

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sometimes these complaints, there's this whole spectrum where it might not even be something really that onerous but the sequence gets triggered. And you can have leaders who actually are doing a good job, but they may be at a slip of the tongue or they pat somebody on the back and it can ruin their career. So, there are sort of tipping points at both ends of the spectrum.

I'll also add that I've seen situations where I had a client who was in a private practice, like a group setting, and there was sexual harassment and she reported to, I don't know if it was HR, but it was someone in administration and she was let go. And then another one where it was at an Ivy League institution, a powerful leader was actually harassing her for a long time. She went to her ombudsman and the ombudsman basically said "I can't do anything about it."

AC: Those are two really important points. And first of all, I have found that in private practice, which I do want to say I don't coach, I have coached some in private practice, but not as much. It's typically in academics and not private practice. However, many of the people who I coach who have left private practice and gone into academics have done so because there's not that kind of structure involved around accountabilities for behaviors like that. And so, I do think that it is more robust in institutions like academic medical centers.

And the story about the Ivy League medical center that blew it off, that's appalling. And I would wonder if perhaps, and maybe my word of advice would be to take it to the highest level of HR that will open their door and let you sit down. Because frequently the liaison or and interface with the department has a motivation to kind of blur it out. And so, that would be my suggestion. Send an email to the head of HR and say, "I have a hostile workplace complaint and I need to talk to you." And they probably won't be the one, but they will make sure it's their right or left-hand person so that it doesn't get swallowed up at some lower level that's not even part of HR. Yeah, that is a really sad story. Both of those, they're just awful.

HF: But they're disturbing. And I also have talked to physicians who are worried that if they sound the alarm bells that that person, whoever they're bringing the claim against, they're often a mover and shaker in their specialty and that they're going to go and tell they are colleagues and their cohorts and their cronies about this person and prevent them from potentially getting hired into other positions. They're afraid of this kind of behind-the-doors defamation of their reputation if they take somebody down.

AC: Yeah. To just talk about from the other side of it, what happens usually is as soon as a leader gets noticed that this has happened, then they're the ones that are worried that they're going to get sued and that they're the ones that are worried that their reputation is going to go down and that their research dollars are going to "Blah, blah, blah." Fill in all of the trappings of power that they're afraid they're going to lose.

And so, what I have seen, and unfortunately I've coached a pretty fair number of leaders, it's not that I'm attracted to such leaders, but frequently I get called to coach them with their boss knowing that it's coming. It's so tricky because it's like a lot of these folks are disruptive physicians and they need a different skill set. That's not leadership coaching. That is a whole different skill set that the coach that you talked about earlier has.

But anyway, once that hits a leader's desk, typically they are on their best behavior because they are worried that they're going to get sued, that they're going to get fired, that they're going to lose all the trappings of power. I personally have not seen one do that, try to turn it around and defame the person who lodged the complaint. Now to say I'm talking about an academic environment and in private practice, the one you talked about, that person was let go. Obviously, it's not without consequence, but I would say my observation is that the person who's put on notice then gets on their best behavior because they know the consequences could be career-ending for them.

HF: No, that's interesting. I know it is very dicey territory and it is something that I guess each situation it's different and having someone help you walk through this

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process. We had talked about talking to some people to get some perspective and then figuring out who you would want to file a complaint with, potentially HR. Do you have any specific recommendations for someone who's in a residency program? Would there be any type of different approach?

AC: Yeah, for sure. There are, for the most part, the ACGME mandates, that there are mechanisms for residents to report hostile workplace or sexual harassment or even just not wellbeing complaints. And those have pretty predefined channels in every department. And they would just probably need to ask the residency coordinator what they are. However, if the residency coordinator director, or program director is the problem, I would suggest they go to the DIO in their particular institution and say, "Where do I lodge a complaint of this nature?" And now would ensure that it got reported. A lot of institutions have online reporting for residents to lodge complaints, some don't. But I would think that probably the most protected way to do it would be to call the DIO's office and ask them, "Where do I lodge a complaint like this and how do I go about doing it?" But residents really by virtue of the ACGME are and should be highly protected from abuses of power in terms of sexual harassment or for whatever they're being targeted for unreasonably.

HF: Ann, can you define the DIO?

AC: Yeah. Basically, the DIO is the director of the institutional organization for the educational program. That's just typically their title. They're the person in the institution who oversees all of the graduate medical education. That pretty much all of the residency program directors report to that person. And then that person usually is in the dean's office and typically then reports to the associate dean for education.

HF: Oh, okay. Thank you. Ann, I'm wondering, when might you recommend that somebody seek out guidance from an attorney.



AC: Yeah, I'm so glad you asked that question, Heather. I would say that as you're making your way through a hostile workplace complaint, you feel as if there's a threat to your job. And by job I mean either your paycheck, your schedule, any aspect of your job, your reputation, or your personal safety that you reached out to an employment lawyer or a labor lawyer. There will be some folks who have a lower threshold than waiting until they feel threatened. They may want some advice, and some backup while they're initiating the complaint. And that's reasonable too.

I think that everybody has a different degree of comfort going through things like this unaccompanied by an attorney. And some folks, for example, like with their employment agreements, they like to get a lawyer to read them early on. Other people are fine with not doing that. Again, trust your gut. If you're feeling vulnerable, if you're feeling like you don't know what you need to know, if you're feeling like it's not going well if you're feeling like your institution is not supporting you, get a lawyer because their jobs to support you, not the abuser. And if you feel like it's otherwise, then go get help on your side.

HF: That is excellent advice, and I really like that you brought out that nothing has to even be in the process to even seek counsel from an attorney. It could be that your attorney is not going to talk to anybody or get involved at all. It could be very early on, as you mentioned, where you just want to know how to proceed and if there's someone that's feeling like they're threatening you or you're worried even about your job security to just start that conversation.

AC: Yeah, I think that's exactly right. And not to feel like you've hit a nuclear button in doing that because you haven't. It's just a wise and prudent thing if you're feeling uncertain or if you're feeling unsupported, to do it. And also don't skimp. Don't think, "Oh my gosh, I'm not going to spend the money on a lawyer." It will probably be the best money you've ever spent. And I speak from personal experience and having left a private practice under what I thought would be good terms, but when it came time for them to cough up the buyout, it wasn't such good terms. And so, you just don't ever

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know what weird and quirky terms that will take. Sure, that's a whole different example. But in the end, it was worth just going ahead and saying, “Let me just write the check to a lawyer because I need this kind of expertise right now.”

HF: Yes, yes and yes. Ann, thank you so much for that.

AC: You're welcome. My pleasure.

HF: Now, could you describe some examples of how physicians have healed and moved on when they've been in this type of situation? I know you typically work with the leaders on the other side, but do you have any examples for our listeners if they're in this situation and trying to figure out, “Well, how can I actually move forward from this?”

AC: Yeah. I have an example of somebody who I'm coaching now who was in a toxic environment in one academic medical center, and chose not to file a hostile workplace complaint because this person felt as if it were way bigger than one leader. It was the whole institution. And so, left and found a job with a place that is very collegial and collaborative and represents how this person wants to roll.

But part of the thing that kept happening was that if the new boss said something just even vaguely triggering, like “Here's a suggestion for another way you could do it.” Not in any kind of critical way, but in a mentoring way. Or “Here's some other options for you.” The faculty member would get incredibly rung up, like real reactive. Just almost like a whipped puppy. And you go to pet it and it cringes and it was like, the mentor that this faculty had was tremendous and was aware of all of the history, but it's like, “I still have to mentor and coach this person. I'm not sure how to do it.”

And I was trying to help both of them find a way forward. The faculty member just started to realize how reactive he had become and hypervigilant. And so, we started looking at some ways to work yourself through it. And a lot of this is post-traumatic

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stress disorder. If you look at it is vaguely mediated and the body keeps the score. And really hidden in his somatic presence was this whole reaction. He'd hear words and his heart rate would increase and he'd start to hyperventilate and his palms would get sweaty.

And so, some of it was teaching him how to recenter, just how to calm his vagus nerve down with breathing, really simple breathing patterns. Just like even something as simple as lengthening your exhalation to 10 or 12 seconds or even trying something called box breathing, which you might be familiar with, where you breathe out for most people say six seconds, you hold it for six seconds, breathe in for six, hold it for six.

There are variations on that, but just ways to deactivate your fight or flight response so that you can socially connect. Because when you're all sympathetic, drive all the time, really that part of the brain that gets activated is not the part that allows for social connection, that allows for introspection, that allows for kind of frontal lobe processing. And so, this person had to kind of work themselves past being in this hyper-sympathetic state.

And also, this is really interesting. He had an Apple watch. And he is in really, really good shape, but his heart rate variability was really, really low. Even though his resting heart rate was maybe 62, or 58, he found that his heart rate variability was pretty low. And what that speaks of is this inability to regulate. You're parasympathetic and you're sympathetic. And even though your resting heart rate is low, the intra-variability is not speaking to a healthy balance between your sympathetic and parasympathetic nervous system. The more he practiced breathing, he could watch it on his Apple watch and could see that his heart rate variability was increasing, which is what you want, which speaks to the higher variability is the more appropriate balance so that you're not stuck on one side of the teeter-totter.

And so, that was one thing we did. We did breathing. Another thing that we did was have him write a letter to his past self. And that might sound really cheesy, but it's just

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like, “Just sit down and write what it was like for you and see if you can forgive yourself. See if you can just say to the self you were six months ago.” That it's kind of a ritual of closure.

And then the last thing we did was he burned some stuff. I feel like there's nothing that beats a good bonfire for your ritual. They don't call it a baggage-burning party for nothing. It was like there was some stuff that he just needed to take out and burn, and he did. And he had his friends and I think there were a couple of cocktails involved and it's a right of closure and I think that that's really helpful.

And then the last thing was to help him plan for triggers, to know that certain things like being offered feedback or options or being asked to do another assignment. That those were going to trigger him and how to deal with those at the moment. And so, a lot of it then once you find that job that you've been yearning is how you heal and to pay attention to it. Because it's not just like finding a new job, it's going to erase the trauma of what you had in your old job. It's like grieving. It doesn't just happen. They call it grief work because it's work and this is work as well that you have to consciously attend to.

HF: Oh my gosh, Ann. Those are fabulous. And I don't think anything that you said is cheesy. I actually love these suggestions. I just want to review some of the things you said. I really liked how you described that you can have PTSD and you often will from these kinds of situations. And it's not something that just goes away because you go to a new environment, you take it with you. And that it's important to have some strategies and to do some work. And that can involve even having a therapist, a psychiatrist, or someone to help you heal whatever happened and whatever deeper roots there are. And box breathing is so great. I hear people talk about that all the time as a way to calm yourself down. It's super simple but powerful.

And this letter to the past self, I actually use that with clients. We call it the true-self exercise. And one of the reasons why I really love it and think it's so important is because when you either write a letter to the self or have this self describe what the

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experience was like for them, you get some distance from that part of you. So, you don't always have to see it that I was the victim of this experience, it's that a part of me went through this process and I can actually help this part by listening to it and helping it to tell its story and put it in a new framework where it's not being a victim, but it's actually becoming empowered through telling this story.

I love that. I love this burning some stuff, burning the baggage, whatever ritual you need to do to help really solidify that we are moving forward. And this is grief work because there's often a lot that's happened to us in these situations. But we can heal. We are very resilient in a good way. And it's not just this word that gets thrown around, "Oh, just be resilient." But it's true. We can go through tough experiences, but we can actually heal and be stronger by consciously doing the work to do the healing.

AC: Yeah. That's so wonderful. I love how you were able to just paraphrase and condense and make things so wonderfully succinct in a way that I can't do. I really admire that. But what you're saying about resilience, our brains have the capacity to rewire themselves. And that's what I love about coaching. I think that we take advantage of that every single day when we're working with our clients. And I think part of the mystery and the magic of coaching is having someone be there with their undivided attention, an open heart and an acceptance of everything that someone brings to the table.

I think that is the beauty of the relationship between the coach and the coachee. And I know from my standpoint, I always come out of every conversation changed in some way. The reason why I am talking about that is not to plug coaching for people but to find that type of relationship where you can be with someone as your unadulterated self. Someone with whom there's unconditional regard and just sit and talk about it. It's the slowing yourself down and hitting the pause button enough to think "This is what happened to me, this is how it impacted me, and this is how I want my life to look different" and tell that to someone who really cares about you. Because to me that is just so healing. And that's what this is about. It's about not labeling yourself as a victim.

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That's what is so important, is not to feel as if you've lost your power because you haven't. And even if you decide you're leaving because it's not worth it to you to make that fight, then that was you exercising your power, but you still got some healing to do and to find that person with whom you can just process it. A therapist is great. A coach is great, and even a loving friend is super good. But don't leave that part out because usually people are like, "Ha, you're in the rearview mirror now, I'm gone." But it's like, "Oh, they're still there on your shoulder a little bit. Don't let them sit there for very long."

HF: That was excellent, Ann, and you are very good at synthesizing things and distilling them otherwise we couldn't have done these two podcasts on this really deep topic without your expertise. Thank you. I just wonder if you have any final words you'd like to say about any of this to maybe encourage someone or give them some hope.

AC: Yes, I sure would. I just want to speak out and say I think the most important thing is that if you feel like something is off in your environment in whatever way, you are probably not wrong. And so, to listen to that, to listen to that little voice that says, "I'm not being treated right here." And then when you hear that little voice to talk to other people, to say the words out loud, say the words out loud to someone, because once you do, I believe that they will take on a life. And the life that the words take on then will spur you to do what you need to do to keep yourself healthy and whole. I just want to encourage people to trust your gut. You said that Heather, and I want to say that again. Listen to the little voice that says, "This doesn't seem right to me" because it's probably not. And if you talk to all your friends and they go, "Yeah, you know what? There is a problem with how you do X, Y, or Z", then you're going to know, "All right. Well, maybe I was taking it a little bit personally." But usually, that's not the case. All of us have been through many hazing processes in our lives, and I think we know how to differentiate between hazing and toxicity. Although hazing, I would call it almost a type of toxicity. But anyway, listen to that little voice and speak the words out loud because that's the first step to being able to find your way through the forest.

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HF: I love that. That is a beautiful note to end on. Listen to yourself. Well, thank you again, Ann, for coming on and doing not just one, but two excellent episodes. I know they're going to be very valuable for folks and I really appreciate you.

AC: Thank you. I have loved our conversation and I appreciate you and also the work that you do in helping people get through the forest because it's got a ton of impact and I really enjoyed this. Thank you.

HF: Thank you. And thank you my dear listeners for being here. I wouldn't want to do this without you. I just wanted to mention in case you're not signed up for our weekly newsletter, that every week on Thursday I send out a newsletter that announces the upcoming podcast. I also share some special events and bonuses that are going on that you wouldn't hear about otherwise.

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