**EPISODE 213: Struggling with Board Exams? You're Not Alone—Practical Help for Success**

**With guests Dr. Rob Steele and Dr. Charles Bell**

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CB: “The problem is sometimes they have all of these distractions and commitments and priorities that they put ahead of preparing for the test. After they fail the test, sometimes they don't put together that the reason they fail was because they didn't prepare. There's nothing you can do about it then, but then prepare to take the test again.”

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 to the Doctor's Crossing Carpe Diem podcast. I'm your host, Heather Fork, and you're listening to episode number 213. Today, we're diving into a topic that can be both intimidating and career-defining for many physicians preparing for high-stakes exams and board certification. For some, test-taking can be a struggle, often leading to feelings of self-doubt and frustration, and can impact career paths and options. It's essential to remember, though, that test scores rarely reflect a physician's true abilities.

Often, challenges with exams stem from anxiety or an ineffective study approach, rather than a lack of medical knowledge or ability. Many outstanding physicians have been challenged by standardized tests. To help us navigate this important topic, I'm thrilled to be joined by two wonderful guests.

Dr. Rob Steele is a board-certified family physician with almost 30 years of experience doing a combination of patient care and physician assessment and remediation. He has been the Medical Director of the Physician Assessment Services at both the University of Wisconsin-Madison and Texas A&M University Health Case Star Program. Despite having partially retired in 2023, he continues to participate in physician assessments and physician re-entry training. You may remember Dr. Steele from episode 15. He started with me early on and then came back in for episode 165 to talk about re-entry. I'm going to link to those podcasts in the show notes.

Dr. Charles Bell is joining us for the first time, and he is an internal medicine physician with deep and wide experience in patient care and public health. He has served as Commissioner of the Department of State Health for Texas and has had leadership positions in other organizations. He is currently the Associate Director at the Texas A&M Case Star Physician Assessment Program.

Dr. Steele and Dr. Bell have recently co-founded Physician Desk Prep Professionals, a company dedicated to helping physicians excel in high-stakes exams. In this episode, they'll guide us through essential steps for effective exam preparation, share study techniques and some case studies, as well as offer strategies for managing test-day stress.

Whether you're preparing for board exams, considering recertification, or just want to strengthen your test-taking skills, this episode is for you. I'm very excited and honored to welcome Dr. Rob Steele and Dr. Charles Bell to the podcast. Well, hello, how are you both?

CB: We're doing well, thank you.

RS: I'm doing fine.

HF: I'm so excited to have you. Welcome back, Dr. Steele, and welcome for the first time, Dr. Bell.

CB: Thank you, Heather. I appreciate it.

HF: All right. I'd love it if each of you could just maybe start out telling us a little bit about your interest in this area and what led you to decide to even co-found this company together.

CB: We've been working with physicians in various specialties like family medicine, emergency medicine and pediatrics. And we found that there were some common missteps that they made in trying to prepare for their board testing. And these missteps range from planning for the exam to taking the exam. And there's some basic things we've learned and we think will be helpful in improving the performance on high-stake exams. And we want to take you through some of that here.

RS: Yeah. And just to underscore too, Charles and I have been doing work in physician assessment and remediation for more than a decade now. So we have a really rich source to draw upon when it comes to finding opportunities for almost anyone to improve the manner in which they approach testing.

HF: I know. And I think this is such a rich topic and I appreciate you both reaching out to me to discuss it on the podcast because I personally work with a good number of physicians who have not been able to pass their board exams. I see the pain that this caused, the shame, and even how it has affected their career path. And it tugs on my heartstrings. Absolutely. You both are very compassionate individuals and I think you bring a real sense of caring and healing to this topic. So I'm honored to have both of you here. Now, Charles, did you want to start us off with some first steps for exam preparation?

CB: I sure will. What we usually recommend is that the individual who's taking the exam make a commitment to not only take the exam, but to use a structured approach to prepare for it. And that includes developing a timeline that starts at least six to 24 months before the test date. They need to think about how they will study. For example, will they study three days a week or one to two hours?

We recommend small chunks as opposed to trying to run a marathon. Usually you get sort of burnt out when you're trying to run a marathon studying for your test. So smaller amounts. And some research has shown that studying in small sort of periods, you retain a lot more knowledge. And so, it's important for them to sort of get that schedule taken care of. They need to give their study time priority and make it predictable. And they have to really beware of trying to constantly plan over their study time, because in essence, what happens is you just don't do it.

Making a plan, making a commitment to the plan, and then finding a place to study that you have few interruptions. Local library, coffee shop, probably not a quiet coffee shop, I'll say it that way. And a workshop if they have one.

HF: These are such excellent points. And I have to say a number of the positions that I've spoken with, if I had trouble passing, I said, “Well, I really didn't give myself enough time, or we had a baby, a new baby, or I was working so many hours.” And so I think they even knew before they even made this commitment that it probably wasn't going to be ideal, but they felt like they needed to do it to just get it done. And then it wasn't optimal.

CB: Sure, I agree with that, Heather. I think the problem is sometimes they have all of these distractions, and how should I say, commitments and priorities that they put ahead of preparing for the test, but they don't see it after they fail the test. Sometimes they don't put together that the reason they fail was because they didn't prepare. Our goal is to help them understand some of the issues that may be surrounding them that keep them from passing and have them work on that earlier than to wait and go and take the test and then fail it. And then there's nothing you can do about it then, but then prepare to take the test again.

HF: Right, right. And I think, too, there's an element of self-sabotage that can come in where there's this, and I think it's more of a subconscious thought of, “Well, if I really don't give myself enough time, then if I don't do well, I sort of have an excuse. Oh, I didn't have enough time.” And it's not like deliberate, but it can sort of be something that's working below the radar.

CB: That is correct. And it's a good point, too.

HF: All right, Rob, before we start with the second step, which you're going to help us with, like materials to use, I always love when we have a case example to share to kind of set a little bit of a framework. Do you have an example of a physician who you work with that you might be able to talk about?

RS: Yeah, I think one of our earlier physicians that we worked with in the board re-eligibility program, she had not been able to pass her initial certification exam, and she had tried six or seven times. And by the time that she saw us, she was just completely frustrated and defeated and really was frustrated.

We evaluated her at Texas A&M. She actually went through an assessment, and what we found out with her is that she did have some gaps in her knowledge, her medical knowledge. But she really had a good way about her, and she worked with patients very well, and she took care of them very well.

And so, what she ended up doing is she had access to the MOC, a maintenance of certification materials, from the American Board of Family Medicine through an agreement that we have with them for our trainees. And she did, I think, almost every knowledge self-discussment module, and that's a lot of them. She just made time. She scheduled a little bit every day, and on her first attempt, she ended up passing, and she way overpassed, too. She jumped up several standard deviations, which in theory is very difficult to do.

But what happened with her is she had a change in attitude, she had a change in approach, and she also took it one bite at a time and decreased her schedule. She had so many other responsibilities. She ended up having to turn over some of them to get this done, and I think that's what a lot of people need to do. I think they need to say, “Look, this is that important now. My career and my income is depending on it, so that's what I have to do.” She was one of our early ones, and it was nice to have someone early on have success because we knew that maybe we're on the right track.

HF: Oh, I love that story, and it shows you that it is important to identify where is the gap, what's the issue. Is it that you know everything you need to know, but you get really anxious, and then you just mess up on the answer you choose? Or as you identified here, there was a knowledge gap, and that no amount of test-taking strategy was going to help if that wasn't addressed. Excellent. Do you want to now talk a little bit, Rob, about the materials to consider using that can be helpful? And you mentioned some of the things you did.

RS: Sure. There's a lot of CME materials and information out there. I'm sure if you Google it, you'll get a bunch of sponsors right off the bat, and there's all sorts of CME materials that people could chase down. But we're going to help kind of narrow that down a little bit and make some fairly specific suggestions about it. And the very first one that we're going to suggest is that anybody who really wants to conquer these high-stakes tests that are always multiple choice, and they're always very long, is to use materials, continuing medical education materials, from reputable resources that are in question and answer format with annotated answers, and to use that type of activity for the majority of your test preparation.

I know it sounds a little funny to say, “Oh, you're not very good at tests. We're going to make you do a lot more of it.” Honestly, that's how you end up getting more used to it and getting better at it, by rehearsing. And you have to do it, repetition and rehearsing.

And so that's the first thing that we tell people. And the thing about it is that you're getting two for one if you do that approach. You're learning how to test better just out of repetition, and you're also building your medical knowledge in a way that's proven to work quite well. And that is with questions, answers, and repeat.

When it comes to reputable sources there's a lot of material out there. I would say that one of the best bets is to use the CME resources in question and answers format that are closest to your specialty. And that would be your specialty boards and your specialty academies.

For example, I'm a family physician. The two entities that are closest to my practice and to the test materials would be the American Academy of Family Physicians materials and the American Board of Family Medicine. They have the MOC materials. They also have other CME products. Those are the two areas. That's what I use. I use those two predominantly. I'll go to other individual courses here and there, but not to learn. I use it to reinforce what I already know. Most of what I'm getting my stuff from is those two entities.

Another thing I want to encourage people to not do is don't buy multiple study guides to feel better about preparing for the test. They're probably going to sit on the bookshelf. Some of them are better than others. Some of them are up to date. Some of them are not up to date. You want stuff that's pretty current when it comes to taking a board exam. Again, the people who have the most current materials are going to be like the American Board of Family Medicine and the AAFP. They are the ones that are at the forefront usually.

I think the last thing that I think is really helpful to do in preparing for your study is try to get a hold of your last testing attempt. If you've taken the board exam before, the certification exam before, and failed, that's fine. Get the test and look at it and see where your strengths and where your weaknesses are. Your lower score areas should be where you concentrate your study. The areas of higher score, you don't need to study those. Just leave those alone for now. Concentrate on your areas of need and you'll bring your scores up overall faster.

HF: That's interesting, Rob. I didn't know you could get your test.

RS: The test score, that score report. Yeah, that they mail to you.

HF: Oh, it's been so long since I took the board exam. Yeah, I just remember that saying I passed, but I don't remember scores or categories or anything like that.

RS: That's usually the score that we focus on the most when it says pass or fail. After that, we don't look at it. The other stuff is worth looking at for what we're doing here.

HF: Oh, all right. That's great.

RS: It's a blueprint.

HF: Right. You said you want to focus on your weak areas and improve that. Now, Charles, would you like to share a case study that you're familiar with?

CB: Yeah, and it really sort of outlines what Rob just finished providing you the advice on how to study. We had a physician who took his board certification test and after not passing the test, he got his report on areas that he did well, areas that he did not do well. And you're right, Heather, nobody looks at that after they passed, but it's very helpful for individuals who have not passed the test.

And so, what he realized in looking at his scores was that he had scored two to three standard deviations below the mean in most areas that contained the majority of the questions of the test. He structured a study plan around his knowledge gaps and increased his level of effort in studying.

However, the other thing that he realized that his work schedule was so demanding that it always took priority in his study and he needed to study more and prepare more. He realigned his priorities. He talked with his colleagues and told them that passing his boards was extremely important, not only for the fact that he needed certification, but for his career. They decreased his schedule. He stuck to his study schedule and made it a high priority and then went and passed the test. And that's very, very, very well.

HF: Bravo. And I love that story, Charles, because we often have a hard time asking for what we need, especially if it might cause a little extra work for someone else or people have to accommodate us. But we really have to say, “Who's going to advocate for me except myself?” And this is very important to my career. I just got to like kind of bite suck it up and ask.

CB: That's right.

HF: Yes. Well, that's another great success story. Thank you. So, Rob, I think you're going to carry on now with some more tips on how to actually study.

RS: Yeah, this is one of my favorite parts of this whole topic. These are things that I've learned doing this. I did not know a lot of this until I actually had to figure out how to do it to help teach other people. But anyway, how to study? I would say the first thing about studying is there's a good chance you're going to have to rethink the way you study, especially if you haven't passed before. If you haven't passed your test and you've tried over and over again, something isn't working for you. And one of the best things you can do right off the bat is look at how you studied. Did you have a plan? Did you stick to it? Did you do long cram sessions? Did you go to a bunch of conferences, but never any question and answers? Things like that.

But when it comes to allocating your time, you're probably going to find it much more agreeable and easier to study more frequently, but in much smaller bites. We're talking about maybe an hour or two at a time, maybe even 45 minutes even. And what you've got to do basically is just carve out that time. And like Charles was saying, find an area that's comfortable, that doesn't have distractions. One of our doctors did it before work. She just got up earlier in the morning. It was her time alone, no distractions. She just basically did it that and it worked for her.

And it may not feel like you're doing much, but you really are. You're actually going to learn information much better. It's going to stick if you do a smaller amount of studying and spend a little more time with it. So, study more frequently and in smaller bites.

Now, we've already said that using a question and answers approach, CME is probably the best way to do this because of the nature of the type of testing that you're going to be doing anyway. While you're working through the questions for each question, look at it carefully, read it carefully. And when you go through it, if you get the question right because you definitely knew the answer, great. Move on to the next question. You don't need to write anything down. You don't need to spend any more time on it at all. Assume that you know it. You don't have to try to put extra brainpower into that one.

Now, if you got the question right and you should read the critique or the annotated response after each question just for learning. But if you got it right because it was an accident, like you guessed at it, consider that to be one of the things that you do not know. And that goes into your do not know pile. There's a know pile and do not know the pile. You don't have to keep track of the I don't know pile. You do have to keep track of whether you guessed it correctly or you got it wrong.

The next thing you have to do, too, and this may seem a little bit old fashioned, but old Grandpa Dr. Steel here is going to say, get your pen or pen out and a notebook or flashcards. And whether you like notebook or flashcards, you get one of the two. That's going to be your special notebook or your magic flashcards. On those are where you put the information that you didn't get right. And what you're going to do is you're going to do it as compactly or concisely as possible. And this is how you do it. I'm going to give you an example.

This test question is about breastfeeding. So the question is, like, which of the following medications is safest for breastfeeding mothers? You get five different drugs that are put up in front of you. And this is just not your area. You don't do a lot of behavioral health and you don't really remember what drugs are safe or don't have that in your head. But what you did is you said, “Oh, Zoloft maybe looks safer than tricyclic antidepressants. So I'm going to say Zoloft.” You got it right. First off, he's like, “Oh, I got it right.” It's like, yeah, but you didn't know it. So you got to count it as something that you didn't know. You write it down on the card and on the card, you would say best medication for breastfeeding would be Zoloft or question mark. What is the best medication or the best SSRI even for breastfeeding? Zoloft would be one of them.

That's how you do it. You keep track of what you don't know and then you can go back and revisit it. What happened there, though, is that little extra effort of writing it down and categorizing it right there made it stick more in your brain. And as your brain processes and stores it, it will actually get in there better.

That's one thing that I learned that really seems to work. So you want to do that with all your questions. You're not going to be doing a lot of questions at one thing, but you can do easily 10 questions in an hour. That's not hard. Five to 10 questions in an hour, not a problem at all. And just use that method, write down what you don't know, make a question out of it and keep it in your notebook or in your flashcards.

Over time, you'll find that you write down less and less information because you know more. If you review that list of questions that you answered incorrectly from time to time, the more likely you'll answer them correctly. And actually, even if you review them a little bit after that, you will still answer them correctly. Like I say, don't cut and paste with electronically. Write it down. Write it down like old school days.

HF: That hand-brain connection, I think, is very key. And you made so many great points here. I really like what you said about more frequent study sessions, but shorter, chunk it down. And it makes me think of something I talk about in commitment, which is to under commit, but keep your commitment. So you might say, well, I'm going to do two hours and then you don't do two hours and then you feel bad about yourself and you beat yourself up. But if you even said, I'm going to under commit and I'm going to do 20 minutes or 30 minutes, but you keep it, then usually when you sit down, by the time you're sitting down, you end up doing more than you think. And then you feel proud of yourself and that kind of builds the confidence. Thank you for all those great suggestions.

I want to mention a resource while we're here right now talking about this, which is I have a freebie on the website about time management. And it came out of a time management podcast I did with Dr. Andrew Willner. I'll link to that episode two in the show notes. But if you go to doctorscrossing.com, hit the freebie tab at the top of the page, we have a growing list of freebies. And there is one on time management with books and apps and different resources. I’ll just put that in the show notes as well. Because as you mentioned, this is key, got to make the time.

All right, we're getting close to the end of the podcast here. But we have some more great content that you're going to share. We're going to do a little ping pong back and forth with Rob and Charles on exam day and other suggestions preparing for that exam day and some other tips. So, who would like to start us off with the first one, Charles?

CB: Looking at and hearing what Rob was talking about, that actually is difficult and it takes focus and it takes commitment. And so, you're doing that. But right before test day, consider taking a day off. You've done your best. You've kept to your commitment. Stop reviewing and stop studying. Adopt an attitude that you've worked hard and you've done the best you could do and sort of get out of study mode and into more of a positive headspace, doing something pleasantly distracting before the day of the test. Listen to some music, watching some videos that make you laugh. Try to just get into study mode and move into what we sort of label as a game player mode. Or I think another term for it is detective mode.

Treat your test taking as a game that you want to win. So in essence, you've practiced for that game. Game day is here. And you're really going to take that knowledge and you're going to come up with the best score that you possibly can. Getting a good night's sleep is great. And if you have trouble sleeping, use meditation or some other relaxation techniques if possible. And above all, don't over caffeinate before the test. A lot of times that'll keep you up all night long trying to think about different scenarios, which actually just stresses you out. It just becomes a really stressful situation.So, try not to over caffeinate.

HF: Excellent. I love that idea of taking the day off, but I already feel calmer just thinking, I'm not taking a test anytime soon, but just how you described that was very calming, Charles. Thank you. Thank you. All right. The ball's now in your court, Rob. You have some more.

RS: Oh, yeah. I've got a couple more I can add to that wonderful list that Dr. Bell already put out there. First of all, do not eat a heavy meal like Mongolian barbecue before testing or eat food that you haven't eaten before. Go with something safe, something that's kind of like on the gentle side, and bring some snacks with you that you like. Probably not loud chips, but bring some food that you like to the test center. They give you breaks. And bring what you want. Treat yourself well. This is the day where you got to have a little comfort. A little self-care here is really great.

Know the exam center location very well and consider driving to it to better understand parking and traffic issues, etc. That's really important because sometimes people think, “Oh, I just have to go from there to there with my maps”, but that doesn't always reflect reality, traffic and road closures and stuff like that, and that can be nerve-wracking to show up late to a test.

The other thing, too, is make sure to bring your pass or ticket to enter the testing center. Those might be available electronically now, but I'm not sure. A few years ago, I still had to bring paper with me. If you don't have that with you, you don't get to take your test. So make sure that's with you for sure.

Leave for the testing center, I have 20 to 30 minutes early. That's if you live close. If you live farther away, get there an hour early if you can because you may need that time buffer if there's something unexpected that happens. I think last but not least, if you don't pass, use your test results as a blueprint for further improvement. You may have failed the test, but you are not a failure. Remember that you are not a failure. It just means there's more work to do, and you will get there if you keep trying.

HF: Thank you so much for saying that, Rob. Because there is so much shame around this, and people are afraid to talk about it. They hear about their friends and colleagues passing, and it's just a real source of difficulty to the person who this has happened to. And it really is true that often these physicians, and this is just my own experience, who have trouble with tests, they often are very empathetic, very compassionate. They have great patient interaction skills and rapport, and they know their stuff. This is just a challenge area, but it's a no statement about who you are as a physician. So really, thank you for emphasizing that.

RS: Thank you, Heather.

HF: You're very welcome. Do you have any other tips that you wanted to share?

RS: I'm going to add one thing in there. What Dr. Bell was talking about, taking the day off before the test, that's really a good idea. Very last-minute reviewing can be very counterproductive because it actually can raise your anxiety level. And plus, the stuff you try to learn at the last minute doesn't soak in very well. It just really doesn't. So it's not worth it. Why not be nice to yourself and take a day off work, take the day off from studying, put everything away, and just be nice to yourself and just know that you did what you could do. If you didn't do it perfect, that's okay. You're going to learn what to do the next time if you don't pass. You'll keep moving ahead.

HF: Exactly. And like if you do, if you don't pass, it's a learning experience. It's not a failure. Failure would be you failed to take the test. You just didn't do it. So it's a learning experience.

Now, I love that the two of you are creating this new company to help physicians who don't necessarily need this big assessment through KSTAR or another program, but they do want some help with desk prep and taking their board exam. Would you like to share a little bit about this company and then how folks would get in touch with you?

CB: Sure. I'll start it off. We've been targeting physicians who failed to become board eligible for a number of reasons. They either took the test and they didn't pass or they waited too long. And so, there's a longer process that the boards require, one of which is to talk about preparing for high stakes exams that we do to get these individuals ready and re-eligible for certification.

What we feel is that there are physicians, residents, fellows, and physicians just going out into practice who have not set for their boards yet or are planning to sit for their boards. And they may have had some issues with standardized tests and unable to take them successfully. We are trying to target our services to that population. And it's not the population that needs a complete assessment, but it's a population who could just benefit from what we talked about today, Heather, on your show.

The show notes will contain information on how to contact us. We've given ourselves the name Physician Test Prep Professionals. We're early on in establishing this coaching and consulting services, but our experience comes from individuals who have been a part of the Texas A&M program, of which Rob and I are both affiliated with. So, hopefully we can help individuals identify issues in advance and address them prior to taking the exam.

RS: Yeah, I was just going to add to that too. Heather and I, or we were all talking about this before we started the podcast, is that we're not aware of any failures yet. We've had only successes so far. People have gotten through. Now, not all is said and done because the people who've gone through the process that we've been working through at the university, people have several years, they can keep trying to take the test again to pass.

But we had people passing right off the bat. And I think that really made us want to kind of carry what we have out to a larger audience that maybe doesn't have the same needs of the people that we're dealing with at the university. But hopefully it'll give people some confidence and a way of structuring their approach so that really test preparation can be a little more agreeable. I am not lying when I say that when I changed over to this way of test prep, that's how I'm doing my maintenance certification too, much less stressful. And I'm generating my book that tells me always what I need to know, what I need to study or keep in my head. And it's so much more benign to do it in small pieces.

And so, it's a much more agreeable process. And I'm convinced because of that, people are more successful in it. Fingers crossed that we continue to have this success, but things are looking really promising out of the starting gate. And again, we are not aware of any failures yet.

HF: I am so excited about this. And as physicians, we do really well with structure when someone else gives us some deadlines and helps us create a plan and also can give us some support. And so, I think people listening out there who want some help with this are going to be feeling that you could potentially really be a game changer for them because you can provide all those things. And I don't know about anyone else, this is my opinion, but I think there'll be a lot of corroboration that the two of you just are the nicest guys. And that really comes through that you're not, this is not a get rich scheme that you came up with for your semi-retirement. This comes out of honestly really wanting to help and be of service. And so, I am really just tickled pink that you're doing this.

And before we go, I have one question. We can't really spend much time on this, but I want to ask is that for a lot of physicians in this situation, they've said, “I've used up all my attempts. I'm not board eligible anymore. The door is closed.” Have you had experience with this kind of situation where that door can be reopened for various reasons?

RS: Yes. At least four of the specialty boards now, AVMS certified specialty programs have basically opened their doors and said, okay, if you meet certain criteria, we will let you be eligible again. And if you go through the six-month training program, whether it's here or whether it's in Colorado or whether it's in Pennsylvania, there are a small handful of us doing it. I think there's three organizations or four doing this type of work. They can.

The other thing they can do is there are other boards who have not approved it yet, but are working on or considering it right now. Phone calls or contacts with those boards asking for it could help push that along because I think there's a lot more specialties that could do this. And any of them have the ability to do it if they're motivated to do it. One way to motivate people is say, look, I want this. I want to go back into internal medicine, but I can't get the right way in. Call them and just tell them you want it. You may not get what you want right away, but it may help things move in the right direction.

HF: Right. Well, that's important information. I'm sure. This can be a game changer for people, as we've talked about. Some of them are losing their jobs because they don't have the certification. So, yeah, if that's you, call your board. The more people calling, the better. Put pressure so that there's this interest and need. I have to extend a huge thank you for both of you, Dr. Charles and Dr. Rob, for coming on the podcast. Thank you. It's been wonderful.

CB: Thank you.

RS: Thank you, Heather.

HF: All right, my dear listeners. Well, if you know of anybody who could benefit from this podcast, please share it. I'd love it, too, if you would like to rate and review the podcast, if you haven't already. The resource that I mentioned is for time management. It will be in the show notes. You can also find it at the doctorscrossing.com website under the freebie tab. 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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