



EPISODE 223 Who Am I Without The Scalpel? Redefining Identity and Finding a New Way Forward

With guest Dr. John Fondren

SEE THE SHOW NOTES AT: www.doctorscrossing.com/episode223

[0:0:00]

JF: “The easy thing would have been to try to go back. The hard thing was walking away. But if I'm not going to be safe, I just can't in good conscience do that. And maybe I'm not taking care of patients. But I'm still a physician. I'm still a healer. I still am all of those things.”

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 223. For many of us, medicine is more than just a career. It's a calling, a purpose, even a part of who we are. What happens when, for one reason or another, you have to step away from it, whether it's by choice or necessity?

www.doctorscrossing.com/episode223



Leaving behind a part of your medical career, especially something as deeply ingrained as patient care or surgery, can bring up big questions about identity, self-worth, and how others will see you. That's exactly what happened to my guest today, Dr. John Fondren, who is joining us again for another powerful conversation.

Dr. Fondren spent 15 years as a colorectal surgeon, a role that shaped both his career and his identity. But when arthritis in his hands and feet made it impossible to continue operating, he found himself at a crossroads, one that forced him to ask, “Who am I if I'm no longer a surgeon? What does success look like beyond the OR?” His experience mirrors what so many physicians go through, even when they choose to step away from medicine or shift into a different role. How do you reconcile leaving behind a career you've invested so much in? How do you deal with self-doubt or the fear of being seen as less than by colleagues, patients, or even yourself?

In today's episode, John opens up about his transition, the emotional mental challenges of redefining his professional identity, and how he ultimately found a new path in clinical informatics. We'll also talk about what he's learned from this journey and the advice he has for other physicians who are thinking about stepping away, making a big career pivot, or even leaving medicine entirely.

If you've been wondering what life might look like beyond your current role or struggling with the idea of how a change might affect your identity, this episode is for you, my friend. Without further ado, it's my great pleasure to welcome Dr. John Fondren back to the podcast. Well, hi, John. Welcome.

JF: Hi, Heather. Good to be back. Yeah, you really set this off to be a lighthearted topic.

HF: Well, I'm sure we'll be laughing because you have a great sense of humor. And these topics that we address on the podcast, they're significant. They typically are. But we always find a way to find a levity and a hope and inspiration, no matter what we're

talking about. So thanks for coming back. And it's interesting, because I just was thinking of your last episode that we did together, which was about anxiety as a new attending.

JF: Yes, yes, I'm kind of the poster child for mental health in medicine. So learning how to take care of myself was a big part of the transition. You get used to taking care of everybody else. Then all of a sudden I had a couple of surgeries and things and learning how to take care of yourself instead of other people. That was a that was a big that was a big transition.

HF: I know. And whoever said to us, you come first, your health comes first, put your oxygen mask on first. We were never told that.

JF: No, we're definitely not. No, never told that. And I don't think even now I'm 50 now, so I think I can look at the young residents and kind of say, oh back in my day, no, it's still hard. It's still every bit as hard as it was when you and I were training. So that aspect hasn't changed.

HF: Yes. In terms of your story, what we're talking about here today, would you like to begin your story with why you went into medicine, how you chose surgery, just kind of briefly to give us a picture of how this figured into your life goal?

JF: I was kind of always on the medical track since I was young. I have no idea. That's been a long time. But getting into medicine was kind of always something that I was interested in surgery. I've always been very hands on. I learned how to work on my cars as a high schooler, that sort of building things, that sort of thing.

And then once I got into medicine, just the draw of surgery is just being able to one, be right there with the patient, making a really direct impact on an individual level. And then just honestly, the instant satisfaction of being able to fix something taking out the tumor, stopping the bleeding, fixing the whatever, that instant gratification, it kind of gets to be a drug.

HF: And that's pretty much what I hear from most surgeons is they say they love that quickness. We see the problem, we fix the problem, and then we move on. We are not rounding for hours. That's often what they compare it to. They say they couldn't take that on internal medicine rounds. They wanted like, let's just fix this.

JF: Yeah, yeah. And my advice to medical students was always they'd say, oh, how do you know you want to go into surgery? If you look at every other specialty and if you can't see yourself in one of those other specialties, then go into surgery. Because it's a long haul. If you can find something different.

And so that's kind of that's kind of the short story of how I got into surgeries, I looked at all the other stuff. And after I rotated in surgery and compared it to everything else, it was a pretty easy question.

And then getting into what I was doing, I did my residency training, I did my colorectal training, and my majority of my early career was in general surgery, I worked at the indigent care clinic at our hospital system. So that also kind of got wrapped up into my persona and things because I was taking care of the self-pay, the Medicaid, the difficult cases, the drug addicts, the people that other people didn't want to take care of. And that got wrapped up into that as well. So it was the surgery and the doing things.

And then, at some point, you can teach anybody to do the motions of the surgery, it becomes more of the patient interaction and the relationships that you form with patients and things like that. And especially dealing with what's otherwise a marginalized community that was amazingly fulfilling because I was taking care of a lot of people that other people pushed to the side didn't want to. So it really got wrapped up in my entire way that I saw myself, for sure.

HF: Now, I had other clients who are colorectal surgeons, and sometimes they question the career path, because it does have complications, like all surgeries, and when the

complications happen, it's never fun, and it's challenging. Did you ever second guess your path because of the challenges of being a surgeon before you develop the arthritis?

JF: Oh, absolutely. I think if you don't have second, second guesses, or concerns after the stuff that you see, you need to see maybe one fungating rectal cancer before. That changes your life. And to see, God, some really awful things. You get some really amazing victories from that and you get some really tough losses from it. Yeah, that's the thing about colorectal surgery. And I know other specialties will dispute it and that but when we have complications, they're bad complications, they're life changing complications for people. So, it's hard. It was really difficult. I had a love-hate relationship with it. When things are going well, it was the best job in the world. And certainly, it was difficult to add some thoughts, well, is this the right thing to do?

And then ultimately, once I did it for a while, and realized that I was really helping people doing a good job and taking care of a lot of people, then those kinds of things sort of faded away. And I was perfectly happy doing what I was doing.

HF: I think that's a good shift, too. And I can help, like you said, to have experience is a shift from this feeling we often have, if we are a new attending, where there's no room for mistakes, there's no room for anything other than a perfect outcome to understanding that you can be God. And you'll never be perfect. And accepting the inherent risk of being a surgeon. I think that's a change that's helpful for some people. And some people aren't able to actually accept that risk.

JF: For sure, for sure. Yeah, I have some very, a couple of very good friends, who spent a few years practicing in surgery. And for that reason, moved on to something else, just it takes a toll and it's not for everyone. And that's not just to put a value judgment on it or anything. It's surgery and anything interventional or medical, where the cost of failure is high. That's kind of where I think the stress comes from. If the cost of a small wound dehiscence or a superficial infection is really low, the cost of an asthmatic dehiscence is extremely high. And it's the same tissues that we're working with. And you just don't

have any control over that. As you go through practice, you learn how little control you have over the outcomes, which is a really, really hard pill to swallow, you can do so.

I think anybody that trained as a surgeon probably has these people, they said, well the people you learn how to do things from, and then there's the people that teach you what you can get away with, because you can do something perfectly, and it falls apart. And I've seen people slap things together. And I'm like, there is no way that's going to work and it heals. It's a lot more out of our control than we realized. And that takes a while and some good mentorship to realize that I fortunately had a really good mentor to help me through that.

HF: Right. And I think that's a theme we'll be visiting when we talk really about what happened with you. So how about taking us now in the direction of what happened with the arthritis? When did you start noticing symptoms? And then how did you address it?

JF: Well, mostly by ignoring it and taking too many NSAIDs. Actually, I started having some pain in my feet in my late 30s. And I was a runner, and ended up going in for some X rays. And they said, Oh, you're starting to get a little bit of arthritis and your MTP joint. I'm like, I'm in my 30s. That's a little bit early, isn't it? And they said, well, yeah, some people get osteoarthritis, and then some other metacarpal places. And then I ended up getting a subtalar arthritis on my right foot. And that stopped me from running.

I think I ran my last marathon and then walked with a limp for the next three years. And then the base of my thumbs, the MCP joint. Oh, when did that start? About four or five years before I ended practice, where I felt some soreness in the base of my thumbs, I thought maybe it was just a tendonitis from some repetitive motion from the using the colonoscope or things like that, that started to get progressively worse when I saw somebody and they said, "Oh, you've got MCP arthritis in both of your hands." And I did physical therapy, did bracing, did injections, like I said, took far too many NSAIDs, just trying to get through the day between my hands, my ankle hurting and things like that.

Kind of always knew that I would need surgery on it at some point, but always had the assumption of, "Oh, well, it's like a knee replacement. I'll get it fixed, and I'll have some time off, and then I'll get back into it."

What finally happened, I describe it as being like a long, long walk to fall off a cliff is I knew it was coming. And then there was one day, I had a case, there were a lot of adhesions, I was having trouble using the laparoscopic scissors, getting those opened and closed, it was a robotic case. By the end of that, I went to be pulling the trocars out, and I started dropping things.

And that was the last case I did. Because I realized that at that point, I was not safe anymore. And also had the realization that I can't have a trapeziectomy and reconstruct my joint with tendons and then go back to doing colonoscopies and pelvic surgery and all the things that cause the problem in the first place. So, I kind of went from, okay, now it's time to have surgery. And then I'll be back in the game. It was a real rapid realization to, "You know what? I don't think I'm going to be able to go back."

HF: And what was your initial reaction when you sort of had that realization and it hit home?

JF: Denial, I think was the big thing. I was like, well, maybe I can. I thought maybe I was being a little weak, maybe I should push through it. Maybe I should push harder, those sorts of things. I can rehab it harder and I can get back to what I'm doing. And then reality kept talking in the back of my head.

And I remember one day, the nurse in our office, RN, who I've worked with since the beginning of my career, she walked in my office and said, "This might not be appropriate, but I know you're not coming back. And I know you haven't talked about it, but we need to talk about it because I'm not ready for you to be done, but I know you're not coming back."

And then it hit reality for me like, here's somebody looking from the outside, seeing things that I'm not seeing. And turns out everybody around me was kind of like, yeah,

www.doctorscrossing.com/episode223

you definitely need to stop this. You are not safe. You're not going to be safe for patients. You're not going to be safe for you.

I was the last one to really kind of be able to realize that which is how it is for everybody when they're in a situation. It's hard to see when you're in the middle of it, but held on as long as I could. And then that realization that I was done was, that was rough. It was definitely rough.

HF: We are not alone at all. I definitely speak with physicians who've dealt with seizures and being diagnosed with mental health conditions, and then having tremors and other physical issues and burnout even. We can become cynical enough that we get dangerous in a sense because we just don't care as much. And that's hard. And it's true. Denial can hold on, we can get in the grips of denial for a long time until something actually happens to really scare us or make it impossible for us to continue. I'm curious, had you been talking with your wife before this final event about the what ifs?

JF: Nope. No, we honestly had not. Like I said, I was just in that mental place of, yeah, I'll just get it fixed and I'll move along. I'm glad I didn't try to go back because knowing now what my recovery was like and how I am now, there's no way that would have been awful. But in a way that would have been the easy thing to try to do. The easy thing would have been to try to go back. The hard thing was walking away. But if I'm not going to be safe, I just can't in good conscience do that. It wasn't going to be safe for me either. Like I said, I can't take this great surgery that my doctor did so I can still work my hand and I can't ruin that by doing the same things to it that I did that broke it.

HF: What was it like that period when you were no longer able to go back to the OR and then you had to figure out something else to do?

JF: It was confusing. The first period, I didn't really register that I needed to find something else to do that this was really over. And I was in the process of trying to see the last of

my patients and my follow-ups and transfer care and wind down my practice, make sure my patients were being taken care of. That helped keep my mind off of it.

And then I had surgery on my hand and my foot at the same time, a few months later after I had finished up with my practice. And that's when it really hit home is when I was at home by myself cast on my leg and my arm, riding around on a scooter, kind of hit home that life was going to be different.

HF: Did you have any dark thoughts?

JF: Oh, I was floridly suicidal. There were dark thoughts. There were beyond dark thoughts. Yeah, I do have a history of depression, but this is the worst I've ever been through. When I got suicidal enough that I got scared, I went into an IOP, an intensive outpatient program. That was, I don't know, three, four hours a day, every day. It hit me so hard. And I had some really good people that got me through it. Some really good people that got me through it. Other listeners and people and somebody that's got to make that change. Like I get it. It's your everything. It's your everything. I thought my life was over. And since my life was over, I might as well just get it over with. Taking a while to realize that life is not over. One part of my life is done and change, but life is not over.

HF: Thank you for sharing that. I appreciate it. And it's understandable how much your identity is intertwined into who you are and how you make a living, how you support your family. And when something like that happens, it's abrupt and it's like a death, but there's no "funeral" and people don't come around and say all these great things about you. You have to figure it out on your own. What was it, John, that helped you turn the corner?

JF: Gosh, lots of things. One was getting into the new career. I happened to be in a good position for informatics, which we can talk about later, but it's computer IT things. I was in a good position to move over into a role in the organization that I was with. Having a job and some stability and that sort of thing helped. And then really just to be honest, a

lot of therapy, a lot of work on myself, a lot of meditation, a lot of yoga, a lot of journaling, a lot of figuring out what things were going to be like, because it took me a while to realize part of why it hurt so much is that it wasn't just the career that I had lost. It's all of the personal interactions. Right now, most of my day is spent on Team meetings in front of a screen. When I was doing surgery, I would walk into the hospital. I would say hello to probably a dozen people before I hit my office. I would see 20 patients in the office with my office staff, go over to the operating room, say hello to another dozen people. I saw people and was in and amongst people all the time. And those were my friends. Those were my colleagues. That's where I spent my free time. You don't realize the socialization that you get out of your career as well.

HF: Now, if someone's listening to this and they're thinking, "Well, I think I might be heading towards this path", or they might even be considering a nonclinical career change because they want to leave, but they still question their identity. "Will I still be a doctor if I'm working in pharma? Or will I still be a doctor if I'm a medical writer?" How would you speak to that concern about identity change?

JF: At this point, I'm always a surgeon, and I'm always a doctor. And actually something made me realize. I came back from a yoga retreat about three weeks ago. And I never thought this would happen to me. But they said, "Hey, we have a medical emergency. Is there any medical personnel?" Oh, boy. I guess I'm still a doctor.

HF: That downward dog turned into a disaster or something...

JF: Yeah, everything was okay. But my doctor brain turned back on, my clinical brain turned back on. Maybe I'm not taking care of patients, but I'm still a physician. I'm still a healer. I still am all of those things. And I haven't lost those skills. I haven't lost all of that knowledge and experience and things like that. But it's been three plus years now since my last procedure, I'm still not sure how to introduce myself. So that does take a while. I come up and meet them Dr. Fondren. I was a surgeon, I'm a retired surgeon, who's now an informatician. I'm an informaticist. But I used to be a surgeon, do I even say the

surgeon thing? It's tough to unravel all that. For people making that change, I think patience with yourself would be the best advice I would have is that it takes a long time to unravel all of that stuff.

F: It sounds like we leave one way of seeing ourselves, and then there's a transition point, which can feel murky and messy and undefined. And then in time, I think we redefine who we are. And I think the beauty of that is we get to choose what that is.

JF: Yeah, you hear people that have those terrible things happen to them and then they say, "Oh, it's the best thing that happened to me, because it gave me this opportunity." I'm not going to go and say, I'm glad this happened. But there have been other opportunities and change in different ways that I can use the same skills. I'm still in medicine, I still work in the medical community with clinicians, and with administrators, all that stuff, I'm making the help and make the big medical machine work. It's not as personal and on the personal level.

But on the other hand now I teach anatomy to yoga classes, which has been really amazingly fun and fulfilling. To take what I know about anatomy, and then translate that into, into yoga, and then present that to a group of people and teach. I had residents. I taught residents every day of my career, and I loved it. And I so miss that. And when I got the opportunity to just teach some anatomy to some yoga students, it was it was fantastic. It was amazingly fulfilling, they were super interested. It was every bit as fulfilling. And I came out feeling every bit as good as I did coming out of a lecture on rectal cancer to the residents. So you can still find fulfillment and things is just different ways.

HF: Now, this is a tough journey that you've been on. But you transition into being a clinical informaticist. And we're not really going into the details of that. I will link to another podcast we have about informatics. But just in a nutshell, could you give a little description of what is clinical informatics?



JF: Basically, the way I describe it is kind of that I am a translator. I understand and have experience in clinical medicine. And I have had kind of a techie bent a little bit, but then I've done a lot of training and other things on the tech side, not just to understand the EMR, but how all of the electronic and things fit together. It's super complex, it's almost like a human body, what our networks are and things like that. To understand that, and then to understand the clinical medicine, and then bring those two groups of people together, and to translate to be able to move everybody forward. So kind of a coordinator, a facilitator.

A lot of times the technical people have no idea what happens clinically, and the clinical people have no idea how the technology works behind the scenes. So smoothing things for those two sides. And it's a lot of problem solving, sometimes similar to what I used to do, where you just kind of get a problem dumped in front of you, or the system crashes, and you have to figure out what it was. But a lot of liaison, a lot of a lot of meetings, and things like that.

HF: This is helping to improve the EMR, make it more functional, user friendly, improve workflow.

JF: Yes, with the EMR, then with all kinds of other things. Home monitoring equipment, and different communications things, think of anything that's IT related, I probably get called in on just to make sure that what they're doing isn't going to break anything clinically. And then for the clinical folks, when they need something, when there's a problem, I can translate that into something that the technical people can understand and fix. It's kind of a strange role. It's very different from what I used to do, because it's not that instant gratification of going in, taking out the appendix and seeing the patient home the next day.

HF: It's kind of the opposite.

JF: It's kind of the opposite of starting a project and gathering all the right people and understanding all of the specifications and the needs of everybody, and then taking everybody's disparate needs and opinions, then trying to put that into a way that everybody's rowing in the same direction is a lot of what I do. Some of it is people and soft skills, some of it is just pure technical things. I will say that has also helped me with the recovery, because there's been a lot to learn. Just in the learning the new career has been something to keep my mind occupied. And as you learn new things, and as you get better at that new career then you get more confidence and make things that makes that transition easier as with time.

HF: Right. That's a big change that you made. And it's great that you were able to stay in your same system. Now one of the things people often mention about surgery and one reason why some physicians leave even from residency is they look at the lifestyle of their attendings or then they experience the lifestyle of being a surgeon and they say, this is not compatible with my having a family that gets to see me as a happy person. And so, how would you speak to the lifestyle change for you and also how your family has welcomed the change or not?

JF: Well, they have certainly welcomed the change I did when I talked to my children about it. Gosh, that was a while ago. How old were they? Maybe 10 and 12 or 12 and 14, somewhere in that range. And I said I wasn't going to be doing surgery. And their eyes lit up and they said, "Does this mean you're going to be home for dinner more often?" They were pretty happy about the transition. And it's been good.

I always put a lot of emphasis on being there for my family, being there for my kids, things like that. But having made this transition, it's made that a lot easier. I've gotten a lot more, a lot more time with my kids, a lot more quality time. I've finally taken up photography that I talked about for years. Nobody wakes me up at night anymore. I don't work on the weekends.

The lifestyle things have been a huge shift. It's for the positive, definitely. I will say that my personal life has been much better. Like you say, be there as an emotionally stable person. It's hard to do that when you're in the middle of practice. When you have something horrible happens at the hospital and then to come home and try to be a dad was hard sometimes and I'm sure they noticed that. So every change has the positives and the negatives. There have definitely been some positives.

HF: And I asked a bit earlier about any advice to a physician who may be making some changes, either by choice or not. Is there anything else you would add, reflecting back on your journey that you might have done earlier rather than later if you knew change was coming?

JF: It's funny, I thought you were going to phrase that question, is there anything that you would change? And I was going to say I would have done a lot of stuff earlier. When I got my preoperative labs, my creatinine had bumped. And I think it was from all the NSAIDs that I had taken.

HF: Let me just interrupt you on section. What would you say your pain level was zero to ten when you were taking all these NSAIDs?

JF: Like I said, I walked with a limp and it was painful to put on my socks in the morning. Putting on my socks was actually the worst part of my day is because just the way that you have to flip your thumbs to pull on some socks was super painful.

HF: So you're in a lot of pain.

JF: Yeah. And it's like that metaphor about how do you boil a frog? Just turn up the water very slowly. You don't notice that now a few years later or even honestly, I had surgery on my left hand and during the recovery over about two or three months, my right hand started to feel better. It still hurts but it did improve. I'm like, oh, okay, it really was all of the surgery that was doing this. Yeah, I didn't realize how much pain I was in until I stopped doing all that stuff and went, oh, wow, that was a lot.

I wouldn't have waited as long. But again, I don't think I certainly wasn't mentally ready to make that change at the time. But advice would be prepare as much as you can, not just the what the next career is going to be or where you're going to make your money, but how are you going to take care of yourself, who your support system is professional help if you need it, honestly because it's not easy. It really isn't. And I've seen other people go through it and I've not seen anybody just sail through that transition like it was nothing.

Like I said, three years later, I can say that there's definitely light at the other side and there is life after surgery and there's good life after surgery. But it takes a while. It takes patience, a lot of work and a lot of help. I had a lot of help.

HF: Would you say that you've been able to regain that swagger that a surgeon tends to have because they're, well, a surgeon?

JF: I'd like to think I was never I was not a surgeon. But yes, my confidence has come back, certainly. My confidence was completely destroyed because I was like, well, I'm trained for an extraordinarily niche field and now I can't do that. So what use am I anywhere else? Getting around that helped a lot to realizing that, oh, yeah, I'm trained in this extremely specialized area. But those skills translate into tons of other things. I had heard that, but I hadn't realized how much those soft skills and those things really make a difference.

And I noticed it on meetings now when there's contention, when something's going wrong or out, I'm the one that's able to bring calm to the room, settle everybody down, get everybody focused on what we're doing. And the same thing as when things go awry in the OR, you've got to be calm. You've got to make sure everybody's there. There's certain things that you do and those translate into dealing with all kinds of other things. All of those skills that you get as a physician are not gone when you stop doing clinical medicine.



HF: I think that is a great note to finish on, because it's something physicians realize when they start looking around and maybe not even wanting to leave clinical medicine, but they want to diversify that you have amazing skills, you can make a list a hundred skills long and longer. And often our initial intention when we go into medicine is because we want to help.

And I love how you said we are healers. We're healers because we have this heart of helping people. And there's so many different ways to have an impact. And I love it when physicians realize that there are so many different ways to help people. Wearing the white coat is one, but there are myriad others. And it helps, I think, with longevity of a career to know that you can use skills in different ways.

Thank you so much for coming on the podcast. It's really great to have you back. And I'm really glad that you made it to the other side.

JF: Yeah, thank you. Thank you for the opportunity, because at this point, I'm anxious to talk about it because I know that there's a lot of other people going through it. And if my story can help somebody else get through, that's very cathartic and good for me. This has been helpful for me. I appreciate the opportunity.

HF: No, it's wonderful. Thank you so much, John. And my dear listeners, before we go, I just wanted to tell you about my LinkedIn course for physicians. If you don't know about it, this is a video course that walks you through everything you need to do to create a LinkedIn profile, as well as optimize it for a non-clinical career or something different.

Each video has a cheat sheet with it. Once you see, okay, this is how to do your About section, you get the actual steps and there's lots of goodies in there, like how to send messages to recruiters, how to optimize your headline for attention. And it takes the guesswork out of it because I want to save you time and help you reach your goals faster.



If you'd like more information about the LinkedIn course, you can go to doctorscrossing.com and at the products tab at the top of the page, you can find more information. The LinkedIn course has a money back guarantee. So feel free to try it out. I've had great reviews from people on this course, and it's helped them make a lot of changes in their career. I'd love that for you, too. We'll put the link in the show notes.

And as always, don't forget to share the podcast, send it to one person today who you think it could help. And I'll be so, so thankful. As always, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

You've been listening to the Doctors Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd some additional resources, head on over to my website at DoctorsCrossing.com and check out the free resources tab. You can also go to DoctorsCrossing.com forward slash free resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:39:20]

Podcast details

END OF TRANSCRIPT