



**EPISODE 228 Want to Live Abroad and Still Practice? Here's
How Doctors Are Doing It**
With guest Dr. Ashwini Bapat

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AB: “Walking past a Roman aqueduct while grabbing groceries, this is where we want to live. And so we were like, how can American doctors practice somewhere in Europe? And we were really shocked to find literally almost nothing. We created it to be literally the resource we wish we had as we were thinking of moving abroad.”

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 228. Have you ever dreamed about living abroad, maybe for a few months, perhaps longer, and wondered, “Could I actually keep practicing medicine while I'm here?”

Whether you imagine working from a seaside cafe in Italy, spending a summer in the Alps, seeing patients in New Zealand, or simply creating more freedom and adventure in

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your life, this episode is for you, my friend. We're exploring what's actually possible when it comes to practicing medicine while living abroad.

My wonderful and enthusiastic guest is Dr. Ashwini Bapat, a board-certified palliative care physician and co-founder of Hippocratic Adventures, a community and resource hub for physicians interested in international living. Oh, so exciting. Dr. Bapat and her husband, Dr. Emeric Bojarski, a board-certified psychiatrist, moved to Portugal during the pandemic. Emeric now runs a telepsychiatry practice based in the U.S. Like, isn't that so exciting? Well, Ashwini created a caregiver coaching service rooted in her palliative care background.

In today's conversation, we'll walk through different ways physicians are continuing to work clinically while living outside the U.S., from employed telemedicine to hybrid models to starting their own remote practice. We'll cover practical realities, common myths, and resources you can use to explore further. Because while it may not be for everyone, it might just be an adventure calling your name. It is my true honor and pleasure to welcome Dr. Ashwini Bapat to the podcast.

Hi Ashwini! Welcome.

AB: Hi. Thank you so much for having me. I'm so excited to be here.

HF: Well, I've been getting your emails when I first found Hippocratic Adventures, and I thought this is just fantastic. I need to get you on the podcast because I love how physicians are creating these resources for other physicians that have not existed, and they're so incredibly helpful.

AB: Yeah. To be honest, when I started on my own journey back in 2020, I used Doctors Crossing resources as well. I was listening to your podcast. I was listening to your voice. So it's great to be here.

HF: Oh, that's funny. I had no idea. Well, I hope there was something in there helpful because I honestly don't know that much about practicing abroad. I had one client a long time ago. She was a psychiatrist, and her husband was getting sent to be based in Germany. And we finally found one company where she could actually do telepsychiatry abroad. But it was like, I felt like it was a Wild West. I'm glad you can come here and tame it for us.

AB: Absolutely. We're happy to share.

HF: All right. Well, let's start with your story. You are living and working in Portugal with your husband and your kids and doing medicine. How did this happen?

AB: I'm going to take you back. Back in 2018, I was working as a palliative care doctor in Boston as an attending, and my husband was just wrapping up his child and adolescent psychiatry fellowship. And our plan, we thought we were going to settle down in the suburbs of Boston. That was the next step. We started searching for houses. And I think we found three or four perfect houses on paper. And they checked all the boxes. But when it came time to make an offer, we just couldn't do it.

And so, I remember one morning, it was January in Boston. There was some polar vortex that was coming in. We saw a perfect house in the morning. And in the evening, we were flying out for a planned vacation to Spain. And when we got to Spain, we were going to Granada, where La Alhambra is. And after three days of kind of roaming around there, walking in the medieval streets, picnicking under orange trees, walking past a Roman aqueduct while grabbing groceries, we thought this is where we want to live, like not necessarily right there in Granada, but somewhere in Europe.

And so, on that same trip, we started doing Google searches. We were like, how can American doctors practice in Spain? How can they practice in France? And we were really shocked to find literally almost nothing. There was no clear guidance, no shared stories. And I kept going down some like Quora or Reddit rabbit hole. And when we got www.doctorscrossing.com/episode228



back from vacation, we started asking our colleagues like, “Hey, do you know any doctors that moved from the US abroad?” And we just got blank stares. And we're like, okay, we're not going to get answers here.

We started to ask on Facebook groups. And it turns out there were like tons of physicians that moved from the US. They moved to Canada, to the UK, to New Zealand, to Australia. And we started talking to them. And we realized, oh, my God, there's so many people that are doing this. We don't have to reinvent the wheel. We just need to share our stories.

And so in March 2020, right when the pandemic began, that's when we started Hippocratic Adventures, the Facebook group. And then later that fall, we launched our website. And it's really kind of we created it to be literally the resource we wish we had as we were thinking of moving abroad. Kind of the one stop shop for physicians looking to move abroad.

HF: Oh, my gosh, it was so fortuitous that you didn't buy one of those houses and then feel like, ah.

AB: It is. We couldn't make the offer and we didn't know why.

HF: I love that. It's as if the universe knew your plan better than you did and was going to make sure you didn't get yourself locked into something. My guests on the podcast typically are people like you who see a problem and it's a problem they potentially have. They can solve it for themselves, but they don't stop there. They go and say, “I want to help other physicians with this.” And I think it's so fabulous that you and your husband have this wonderful resource. And so we'll be talking more about how physicians can access that and what's actually available to them.

But where would you like to start in terms of talking about different opportunities for a physician who may be thinking, oh, my God, you're just opening my eyes. What's possible?

AB: I think let's start with the more traditional route. The more traditional route when a physician thinks about moving abroad, the more traditional route is to work clinically, to work locally in the place where they are planning to live. So that's one possibility. That's, I think, the possibility that most of the physicians we talked to early on were doing. They were working locally where they lived.

Now, because of COVID, COVID opened up a lot of opportunities when it came to telemedicine. And now, thanks to telemedicine, you can potentially live abroad and continue seeing American patients virtually in the U.S. And I think that flexibility has really opened doors and made the possibilities a lot and opportunities more varied for physicians.

HF: Absolutely. I know for me, when I was starting to do coaching, I'd hear about a client who had been in New Zealand for a period of time, like an OB-GYN who was working there. And you mentioned working locally. Just briefly, if we talk about those opportunities, are there certain countries, obviously, that are more amenable to this and where you won't be needing to have a charity organization sponsor you to actually have a salary? Do you want to speak a little bit to that, like working locally?

AB: Absolutely. If you were to work clinically locally, whether it's the easier countries that you will have a much easier time licensing in, getting your medical license in, are going to be English-speaking countries. Places like Canada have made it pretty easy for American physicians to move there. The UK, Ireland, New Zealand, Australia. Those are very, I wouldn't say none of this process is easy, but those are easier countries where the medical licensure process is a lot more straightforward and streamlined. I would also say a lot of the countries in the Middle East really are looking for American physicians. And



so, they also have a very streamlined licensure process, whether it's in the UAE, Qatar, those are some of the common places people will think of.

HF: Oh, that's right. I had a neurologist who worked in Abu Dhabi.

AB: Yeah.

HF: You're absolutely right. And just briefly, what does that involve? Is that usually taking an examination, proving your licensure is actually valid?

AB: Yeah. For those countries that I mentioned, the main thing you have to do is collect a bunch of paperwork and it'll depend on the country. Each country has very specific requirements, but the countries that I mentioned, which are English-speaking, you usually need to submit your med school diploma, the things you'd expect, similar to getting credentialed at a hospital, let's say. Your medical school diploma, your residency diploma, your fellowship diploma, U.S. board certification is often is critical.

If you are one of those doctors who is board eligible, but has not taken your certifying exam, do take it because that board certification, that American board certification will open up a lot of doors and it will make that process much easier for you.

And then usually, if you are a procedural specialty, you'll need some sort of log of the procedures. You'll need some sort of letter of good standing, usually from the board, a state medical board saying you are licensed in that state and you're in good standing there. And so, it's basically a lot of paperwork. And depending on the country, you may or may not need to submit transcripts from medical school, curriculum from your training, things like that.

HF: And what range of specialties do you see working in these other countries?

AB: Oh, there's not a single specialty that isn't able to work in these countries because they would have similar needs for their patients as the U.S. population. Everything, let me be

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clear, everything from family medicine. People usually think, oh, family medicine, they can do that. Their IM, they can do that. If they are peds, they can do that. If they are OB, they can do that. If they are surgeons, they can do that. If they are trauma surgeons, they can do that. If they are dermatologists, all of them.

HF: And how do physicians find the compensation compared to the U.S.?

AB: This is where you have to be prepared. I think you have to be prepared financially because I've looked at this over and over again, but there is no other country that pays as much on average. On average, the physician's salary is highest in the U.S. Canada is then probably second highest. And then the U.K. is up there. Australia, New Zealand, probably in the top 10. But for most specialties, the average physician's salary outside the U.S. will be lower.

Now, when you think about moving abroad, most of the people I talk to, they aren't moving abroad for a salary. Salary is not the reason that they're moving abroad. They're moving abroad because they want a different experience and they want to be able to still provide for their family. They want to make sure they're good, that when they move abroad, they have money to travel because that's one of the huge reasons why they move abroad. And in most of these countries, I don't think you will have a problem with income. In almost all of these countries, you won't have a problem with income. You will have to take a look at your expenditure.

And so, obviously the cost of living, let's say if you decide to live in London, the cost of living is going to be expensive. That's what London is. But if you decide to live in Wales or the Scottish Highlands, your cost of living will likely be less and your salary will definitely be more than sufficient.

And one of the other things you want to think about is malpractice insurance. In most of these countries, malpractice insurance is very, the cost of it is very low. Most of these countries have public healthcare, so you aren't paying a couple thousand dollars a

month out of your salary for health insurance. That's covered by their public health system. And you just have to think for yourself, "What kind of life do you want? What's the quality of life do you want? What do you want to be doing?" Because I think if your main motivation is that you want a really high salary, then maybe moving abroad isn't the right decision, maybe staying in the U.S. is.

HF: Do you have an example, Ashwini, of someone who went abroad and maybe it helped transform them if they were really burned out before and they found their love of medicine again? Or just any story that comes to mind.

AB: Oh my god, Heather, so many. Almost every single physician I talked to. One of the ones that pops up like top of my mind was an EM doctor. She was an EM doctor. She had worked in the U.S. I believe she had worked and done some locums as well, and she moved to New Zealand. And before she moved to New Zealand, she was pretty burnt out. She didn't feel like she was connecting with patients. She felt like she was spending, she's an EM doc, she likes to do things, and she felt like she was stuck behind the computer.

When she went to New Zealand, it was switched. All of a sudden, she was spending time with patients, she was talking to patients, she was talking to their families, and they respected her as a physician in a way that I think a lot of patients in the U.S. don't respect physicians.

And all of a sudden, she was like, I realized it wasn't medicine that I was tired of. I wasn't tired of emergency medicine. It was the way that it was being practiced in the U.S. And so just being in that different environment, she was like, I feel like I'm home now because I feel like I'm connecting with people in the ED. ED is fast-paced, but the way that is practiced in New Zealand is different. And you get that patient interaction, that family interaction that you like.



HF: I think that story is going to speak to a lot of other physicians who feel the same way, and I hear it over and over again about the disrespect and not getting to be the doctor they want to. I can completely see how that could be transformative.

Now, let's switch gears a little bit. And you had mentioned living abroad and doing telemedicine in the U.S., which, like from my experience before, is like, oh my god, needle in a haystack. Probably just psychiatrists can do this. So fill us in on the reality.

AB: Right. That's what I thought too. I am married to a psychiatrist. And so when we were looking at moving abroad, I kept seeing all these telemedicine opportunities pop up for him. And I was like, what about me? The telemedicine, if you were to work virtually from abroad, see patients into the U.S., this tends to work really well for physicians that don't want to do procedures, or are okay not doing procedural things in that moment.

And that tends to work really well in primary care, in urgent care, obesity medicine, women's health, psychiatry, pediatrics, family medicine, IM, DERM obviously works pretty well, radiology, and EM as well, because they can potentially work in primary care or urgent care, things like that.

It tends to work, like I said, for anyone who doesn't want to be doing procedures. If you are a surgeon and you love being in the OR and that's where you feel alive, virtual telemedicine is not going to cut it for you.

HF: I know you've done a lot of research to figure out which companies offer this and which don't. Did you find any common themes between ones that allow you to be abroad and still work for them?

AB: Yes. What you're referring to is a resource we created to literally save doctors time, so you don't have to be applying in Google searching. It's called Telemedicine and Beyond, and we have a curated list of over 50 telemedicine companies that allow you to work



from abroad. And then we also have more than 170 companies that don't, so you do not waste your time applying to them.

The themes that come up in terms of the telemedicine companies that allow you to work from abroad have to do with, I would say, the five rules when it comes to doing telemedicine from abroad. These companies, and this is valid for anyone doing telemedicine from abroad into the U.S., follow these five rules. And they are, you cannot bill Medicare from abroad.

As a physician, you can't hold a DEA registration while living outside the U.S. They just don't allow it. And because of that, you can't prescribe controlled substances from outside the U.S. The fourth thing, you definitely want to make sure your malpractice insurance covers you while living abroad. You want to be super upfront about that. And then, of course, like any telemedicine gig, you want to be licensed in the state where the patient is.

Because of these regulations, the telemedicine companies that tend to allow it, not in general, most of them will not take Medicare. They get paid in different ways, whether it's by the healthcare system directly, by the hospital system directly. Maybe they get paid fee for service. Those companies won't have physicians billing Medicare, for example. And usually they don't prescribe controlled substances or the physicians that are living abroad won't be prescribing controlled substances.

HF: That is super helpful. We're going to have a link for your site, your website and your resources in the show notes. And your resource telemedicine and beyond is incredibly well priced. It is incredibly affordable for the time that this will save you. So please feel free to check that out. And I love this because it's expanding what's really possible.

I'm curious, Ashwini, do the telemedicine companies tend to limit where you can live? Could you work and live in Ethiopia potentially and do telemedicine in the U.S. or do they say you need to be in these certain countries? I don't know if that's a fact.

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AB: That all depends on that unique company's policies. I personally haven't heard anyone living in Ethiopia and doing that, but you could. I always tell people, be very upfront with that company about where you are planning to move to. We actually know a lot of people that live in India and then do telemedicine from India into the U.S. And the amount that they get paid goes really far when you convert from U.S. dollars to rupees in India. That's one way that they can be near family. One of the reasons they want to do that is they want to be near family in India and be able to earn an income that is above and beyond what they would make in India working clinically there.

There are different ways that you can use it. And so it all depends. Each company will have their own criteria around where they'd want you to be living or working. Most of the companies that allow you to work from abroad, the responses we got were like, as long as you're not in like North Korea or something, which could complicate things or sometimes Iran comes up, then you can work from wherever. And as long as you're able to manage the time difference and see patients on American time.

HF: I'm curious, have you seen anyone who works for a telemedicine company in the U.S. and then they maybe want to go spend the summer in Europe and then they can continue working for that company?

AB: Absolutely. This is a little different. We had an emergency medicine doctor who wanted to spend a year, just a year in France. Someone in his family was French. He wanted his kids to experience life in France. And so he spent, he's an emergency medicine doc. He signed up with a telemedicine company, spent that year abroad doing telemedicine from France. His family got the time in France, that experience in France, and then he moved back.

But that's one way that people have used it. Other people will use it to spend, let's say, three months in the summer in Europe, travel, work, but also feel like they're making an income during that time to support themselves financially.

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HF: I think that could be really appealing. I'm sure there are folks who are probably Googling you right now. Look at that list, like, oh my God, I can be in Italy for the summer. I know where we have a lot to cover, not a ton of time left. So we're going to go to the next model, which is where you live abroad, but you come back periodically to work in the U.S. You have an interesting example here, at least one or a couple.

AB: I'm going to start with the most powerful example, which is a trauma surgeon I interviewed for one of her vlogs. She is a trauma surgeon. She lives in Spain and she commutes periodically based on when her shifts are, which are grouped together to the U.S. to do her operating time in the U.S. And then the rest of them, she lives in Spain and enjoys Spain.

She happens to be into global health research. So that's what she does that kind of chunk of time. But all that to say, I use this example because here is a surgeon, a trauma surgeon, super procedural, loves high intensity, and they still find a way to be able to live abroad and work and still do the thing that she likes to do.

HF: That is mind-blowing, really.

AB: All I have to say, if a trauma surgeon can figure it out and still get operating room time, then you can too. That's why I use this example.

HF: Right. And obviously she has coverage for when she's gone. You work all that out because you're not coming back from Spain for a complication. Yeah, that's really interesting. Living abroad, but coming back to the U.S. periodically. It's like locums, but you're abroad. International locums in that sense. And then we have this example, which your husband is doing, where he has his own practice that he started in psychiatry while you're living in Portugal. Tell us about that.



AB: I will say, building your own practice, whether it's a telepsychiatry practice or a telemedicine practice from scratch, it's going to require, just to be honest and upfront, it's going to require a lot more elbow grease, a lot more hard work and commitment. That said, I can't think of a better time to start a telemedicine practice than now because since COVID, a lot of people want telemedicine interactions. It's convenient and they don't necessarily want to go back to in-person visits.

I would say though, before you just decide to start a telemedicine practice, do your research see if you can learn from someone who has already done this, who has built a telemedicine practice, who has taken abroad. We've specifically for psychiatrists, because there was so much demand for psychiatrists looking to build a telepsychiatry private practice and take it abroad, we created a course called Telepsychiatry from Abroad, specifically for psychiatrists to be able to do that.

I always say, if you are going down the telemedicine private practice model, definitely do your research, learn from other people. And I think one of the best pieces of advice I would give is having started two businesses, is before you start your business, before you rent a place, I guess you won't have an office, right? It'll be virtual.

But before you as you're brainstorming ideas, get really clear on who you want to serve, whether it's what type of patient you want to serve, knowing what they need, what they want. Or if you kind of go the coaching route, which I've seen a lot of physicians go, what kind of client you'd want to work with and what services you'd want to offer.

Get super clear on that, because that's really going to dictate what your business is like, that's going to dictate the patients you work with, and that's going to dictate like the website that you create.

So, be really thoughtful before you jump into the telemedicine practice, be really thoughtful about who do you want to serve? Because when I think of, let's say, if you're

a family medicine doctor, and you're planning to do just run of the mill primary care via telemedicine, it's going to be a hard time because you are competing with in-person NPs providing primary care, in-person PAs providing primary care, telemedicine companies that provide primary care. And so, unless you stand out within a particular niche, it's going to be hard. That's why I say like, really think about who you'd want to serve.

HF: Your ideal customer avatars we often hear about in business, who is that ideal client, that patient that you want to serve? And that's fantastic advice, because we can get going gangbusters on a general idea. But then really, we need to niche down and there's that quote, the riches are in the niches. And that's not to say, people are out here to make a ton of money. It's not like a cross statement. It's just a very true marketing is that people need to see you as a go-to person above and beyond a lot of the other options. I'm curious, Ashwini, is it hard to get malpractice coverage when the company says, "Hey, you're a billion miles away? This sounds kind of dicey to me. I'm not sure we want to cover you."

AB: A lot of malpractice insurance companies won't cover you, but we have found a handful that do, because obviously this was a problem we ran into as well in creating a private practice we took abroad. There are a handful of malpractice insurance companies that will cover you when you're abroad. You just have to be, once again, be very clear, be very upfront about where you're practicing from. And of course, what states you're licensed in, in the US, maintain your board certification, renew your licenses on time. Otherwise things just get tricky and harder. So, do your CMEs, like do all that stuff. But absolutely, there are malpractice insurance companies that will cover physicians, even when they're living abroad and seeing patients into the US.

HF: And when people purchase your resources, is that information available to them?

AB: Yes, for the telepsychiatry from abroad course, we have a list of resources where we mentioned the malpractice companies to reach out to, and then with the telemedicine and beyond, most people that use that resource are going to be working for an

organization, so then it's important to just make sure that that's included when they get hired.

HF: Right, perfect. Okay, now, you mentioned coaching, and I also mentioned in the intro that you have a coaching practice based on your palliative background. Do you want to share briefly what that is?

AB: Sure, it's called EpioneMD Caregiver Coaching, and this is all about, I work with a team. So, it's a team with a social worker and a chaplain, we all work as coaches, and it's all to help family caregivers, specifically that sandwich generation, like people like me, whose parents are getting older and who need support in terms of figuring out what they should be doing with their parents now, the conversations they should be having, what financial planning, estate planning should they be thinking about, what kind of future planning should they be thinking about as well in terms of conversations around where do they want to get older. Are they staying at home, are they planning on moving somewhere, are they moving in with them, are they moving in with the kids? And you've just never talked about it. So, that's what that caregiver coaching is for, to really promote and have these conversations.

HF: And how's it going, do you feel like you have the momentum that you want for this? Because coaching practices I know can be hard to build.

AB: Yeah, they're hard, they're tricky. It's actually interesting because I started them, I started at EpioneMD and Hippocratic Adventures around the same time, and I would say Hippocratic Adventures took off a lot quickly and gained a lot more momentum, and the caregiver coaching, it's taken a while in terms of building a referral network and things like that.

And over the last five years I've actually, I used to split my time 50-50 between the two companies, but recently I've started to transition more to spending time with Hippocratic Adventures, partially because I felt more excited about it. And we don't have

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to go into all of this, but like I felt more excited about it, I was jumping out of bed for it, and the days that I would work with Pioneer, I would be like, oh this is fun, let me see if another team member wants to take on this new client.

And now I am actually spending about 90% of my time on Hippocratic Adventures, partially because, to be honest, I feel like it's a lot more fun. I don't know, I feel like my personality comes out, my sense of creativity and adventure comes out, and at Pioneer, it's there, we have referrals from the referral network that we created, but I would say that my focus is definitely Hippocratic Adventures. And so, I think it's been like this very natural kind of organic evolution.

HF: I think that's great, you follow the energy, I think that's just a great design that is connecting to your spirit, and I love your emails, I can tell you're enjoying what you're doing.

AB: I love writing them, I have so much fun when I read them.

HF: All right, in the last few minutes that we have, are there any myths or misconceptions or common pitfalls that we haven't really talked about when you're looking in this whole big area of living and working abroad?

AB: Yeah, I think the biggest stumbling block for physicians is actually mindset, and what I mean by that is many physicians assume kind of off the bat that they can't do it for reason X, Y, and Z, or that the obstacles are just too big and too insurmountable. Right before we started recording this podcast, Heather was like, "What about immigration, how does that work if you're an American citizen and you want to live in Europe?" Turns out there are so many possibilities and so many visa options, even as just an American citizen, you still have.

I always say the biggest mindset shift I would love for physicians to make if they are thinking about moving abroad is instead of telling yourself, "This won't work for me, and

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then listing the 2,700 reasons why, start asking yourself, how can this work for me?" Because when you ask yourself that question, you will start brainstorming answers, and you will find resources, and I would say, come to Hippocratic Adventures, see what other physicians are doing, because we are literally showing you how to do it.

HF: That is such an important point, Ashwini, is to go from problem-based thinking, like all the reasons why it won't work, to possibility-based, it's like flipping a switch, red to green, red to green, and that's when you make things happen like you did, like your family is living in Portugal, that's unbelievable. To wrap up here, tell folks how they can find you, and just remind them of the resources that you have, I'd love that.

AB: Absolutely, so we've put together a lot of completely free resources at Hippocratic Adventures to make it easier for physicians to move abroad. I would say the first thing I would do is download our free guide, it's called How to Start Your Adventure, and then the second thing I would do is join our Facebook group, where you're literally going to meet thousands of physicians who are on the same path, who are looking for ways to move abroad. I would say those two things, join us there.

HF: That is so cool. I could hear these stories about physicians living and working abroad forever. When I was in med school, I went to Malawi and did dermatology, and it was one of the most fascinating experiences of my life. It's so expanding, it really expands your perspective to work and live abroad.

Now, we'll make sure to have all these things in the show notes so people can find them. And I just wanted to mention two resources that we have on the Doctors Crossing website that might be helpful.

If you go to doctorscrossing.com, and at the freebie tab, at the top of the page, there are a bunch of freebies, and there's a telemedicine resource guide in there, which has a list of companies for the US. If you haven't done any telemedicine, and you're thinking, well, maybe I want to try it first before I do it from abroad, there's a list there. And there's

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also a freebie, it's the last one, scroll all the way down about using ChatGPT for your life and work.

And so, when you're looking into, "Well, how could I work abroad?" besides the resources on Hippocratic Adventure, using Chat can be incredibly helpful for you. So there's a guide there for you as well. That's the doctorscrossing.com under the freebie tab. Well, this has been so much fun. I've been looking forward to this, I think you're going to have people knocking on your door. And I can't wait to hear their stories too. And they'll say, hey, I figured this out because of Ashwini and Emeric. And so, they're sending postcards from abroad. And then they'll come on the podcast.

AB: I would love that. I love getting emails in my inbox being like, we just moved here. Thank you so much. And I'm like, okay, we're doing good. We're doing our job.

HF: Well, thank you so much again, Ashwini. I'm excited to continue to follow you through your emails. And I'm so happy to have you.

AB: Well, thank you for inviting me. Like I said, you have been a part of my journey and seeing what else is out there for physicians. It's great to kind of feel like come full circle and be able to contribute to your community as well.

HF: Well, thank you. I'm very honored. My dear listeners, as always, it's wonderful to have you here. And it really helps me out if you share the podcast. So if you can think of someone who maybe has a bit of a travel bug, I know you probably have someone and may hopefully it's you to, feel free to share this podcast with them. And that would be incredibly helpful. And as always, don't forget to carpe that diem and I'll see in the next episode. Bye for now.

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[00:39:28]

Podcast details

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