

Episode 3: Mentorship and Recruitment of URiMs

TRANSCRIPT

[0:00] Intro

DJ: Welcome to The DEI Shift, a podcast focusing on shifting the way we think and talk about diversity, equity, and inclusion in the medical field. I'm Dr. DJ Gaines.

Brittane: And I'm Dr. Brittane Parker.

DJ: And we will be your hosts for today's episode.

Brittane: Today we are excited to bring to you an episode featuring our guest Dr. Quentin Youmans. In this episode we will be highlighting diversity within medical education, and we'll be talking to Dr. Youmans about his work on this initiative.

DJ: It's my pleasure to introduce Dr. Youmans. He is a former Internal Medicine chief resident at Northwestern. In fact, he was the second black male to become a chief resident in that department currently pursuing a cardiology fellowship in the midwest. Welcome to the show!

Q: Hey guys, thank you so much for having me on the show. I'm so excited to be here and chat about this really important topic--diversity and inclusion within medical education--so thanks for having me.

Brittane: Welcome!

Q: Thank you, thank you.

[1:08] Brittane: Well we have an exciting show tonight. Dr. Youmans, first of all, is it okay if we call you by your first name?

Q: Please, yeah, call me Q by all means.

Brittane: Okay, well thank you Quentin. We look forward to discussing your involvement with mentorship and about your powerful piece in the Annals of Internal Medicine entitled "*The N Word*", but more about that later. Before we get started can you give us a brief introduction about yourself?

[1:30] Q: Yeah for sure. So I am originally from South Carolina. I was born and raised there, went to high school there and ultimately went to Brown University for undergrad. I always knew I wanted to do medicine and become a physician. I have a couple first cousins actually who are physicians in my family, and they have been inspirations for me. So when I went to Brown I was a human biology major, and when I finished at Brown I figured I wanted to do some research as well, so I did a research program at Mt. Sinai in New York City before ultimately coming to Chicago, to Northwestern, for medical school, and I've been here ever since. I did medical school here, residency here, did my chief resident year at Northwestern, and then now I'm a current first-year Cardiology fellow here at Northwestern

Brittane: Okay! Really nice pedigree.

Q: Yup, a lot of purple pride, too.

Brittane: Alright, well, let's transition into our next segment, called "A Step in Your Shoes."

Transition

Brittane: So in this segment we ask for guests to share something about their background that they would like our listeners to hear about and learn about. So this could be anything from a type of food or drink, a song, genre of music, a poem, et cetera. The goal is not only to get to know our guests on the show but also to build cultural competency and humility. With that said, Quentin, what would you like to share with us today?

Q: Awesome, I love this. So I wanted to share--you know, I really love music. And when I was growing up, I grew up in a Motown household, and every weekend we were just cranking it. And I actually love to sing as well, so when I was an undergrad, I was in an a cappella group called Shades of Brown. And it was awesome because it was, you know, basically different shades of brown, so brown people, so it was very diverse, multicultural, multi-ethnic and we sang some awesome jams throughout undergrad. So I love singing and I think you know, thinking about my favorite song, take it back to the old school, Donny Hathaway, *A Song For You* just takes me there every time.

Brittane: Oh yeah, that's a good one. Wow, how exciting. And so, how did you guys get started?

[3:45] Q: So, we, you know Shades of Brown had been in process, or existing, since 1986, actually. And when I joined it we had a small group, so like 5-10 people, 5-10 students, and we would go around to all the quads and sing, particularly around the holidays, and it was just a really, really fun time to connect with the student body at Brown.

Brittane: Okay, thanks for sharing.

DJ: Do you ever incorporate some of the singing with your teaching, with the students or the residents at all?

[4:13] Q: You know I have to, you know I have to. So I kind of am that person who is always in the shower singing too, so I feel like I always have, like, a song of life going wherever I go, so I do try to incorporate that when I'm teaching with the residents or with the students, for sure.

DJ: That's great, that's good to hear. That is great to hear people kind of doing--keeping some of the hobbies that they used to do back in the day, I guess, and then trying to incorporate it into their personal life now, in their teaching, in residency, in medicine. I commend that, that's awesome.

Q: For sure, it's so important. We got to keep our humanity outside of medicine--outside of the hospital--and for me that's definitely music.

DJ: Great, I really enjoy that. So I guess we can go on to the next topic. So let's just jump into our discussion. So I know personally for me as a person of color, when I was thinking about becoming a physician, having a mentor-- especially one of color--was crucial to me for pursuing my dreams. I just want to know from your perspective, what important qualities should future physicians be looking for in a mentor?

[5:14] Q: I think that's such an important question, 'cause as we think about what our futures will look like it's often really nice to have someone who you can emulate, whose career you want your career to look like. I think the first thing is important for particularly for trainees to think about are the different types of, you know, "mentorship" that can exist.

Q: So there can be coaching, there can be mentors, and there can be sponsors. I think it's important to kind of think about those three different types. So a coach is someone who's more kind of skill focused, and who can help you with, for example, public speaking. A mentor is someone who's going to be kind of having that more personal connection with you, and can be not only a mentor within your professional life but also can be a mentor in your personal life. And then third, I think, that's important is a sponsor. And a sponsor can

be someone who is going to put you in the right position to succeed, and that includes giving you opportunities that you might not otherwise have had without their sponsorship. Now, obviously those don't exist in separate silos, there can be a lot of overlap, but first in thinking about who's going to be your support system, I think thinking about coaching, mentorship, and sponsorship is really important. And then the attributes of a strong mentor I think the first thing is that a strong mentor has to be open and honest with you. You don't want someone who's going to be just a yes person and say "yes, for sure, do this," but you want them to be honest with you about what the opportunities are for you. And then I think another big thing is, everyone in medicine is very busy, so availability I think is a really huge and important component in strong mentorship. And then, this question of, you know, underrepresented minority mentorship, I think is really important for me. I think it's so important and I've been so fortunate to have mentors who look like me, and who have gone through similar challenges as me, and who I can really look up to and say "this is someone I'd like to be like" and they've overcome some of the challenges that I might expect to see in my career.

DJ: That's great, I totally agree. Kind of looking back, though, I wonder how you--I know for me, when I was looking for a mentor, that I was a little timid. What do you think are some good ways for future physicians to kind of ask a mentor, or what are some tips you have for them?

[7:29] Q: Yeah, I think one of the important things to remember is that people who are in academic medicine generally love mentorship, and unless they're busy with a project or something that's going on at a specific time, generally people are very approachable and they want to be mentors for you. So I think, you know, I was also that same way, I had some trepidation about approaching people, but I think it's important to be confident. And also, to think about what are your personal passions, and identifying mentors who align with that passion, and so when you reach out you have a specific question that you'd like to ask or a specific ask of that mentor, and whether it's via email or in person I also like to have kind of like short elevator speeches, because particularly if your mentor's going to be kind of higher up, whether they be a dean or a very busy attending, it's important to, when you have their attention, to succinctly express what you'd like to get from them. But in general, I think, that trepidation is not necessarily worn out, in the sense that a lot of mentors really are excited about being mentors, and they welcome people to come kind of within their range, and to be able to help them as much as they can.

Brittane: I think it's so important what you said. I like how you describe the different kinds of people that can help a young learner: coaches, sponsors, and mentors. And Quentin, I know that you helped develop a program in response to the need that you saw to increase

mentorship and networking opportunities for underrepresented minorities called STRIVE, which we'll tell the audience what it stands for: Student Resident Institutional Vehicle for Excellence. So I want you to tell us a little bit more about that experience, what the program is, and what led you to see the need for the creation of the program.

[9:16] Q: For sure. You know, as I was mentioning, I went to medical school, residency, and now fellowship at the same institution, so it's been really nice to have sort of a longitudinal, long-term view of the institution. And one of the things that I recognized is, you know, there were a lot of efforts within the diversity and inclusion space, but part of the challenge in academic medicine is that oftentimes the medical school is completely siloed from the hospital. And so medical students, while they're going through their activities, they're in classes, they ultimately end up on the wards, a lot of their didactic sessions are at the medical school. There's very limited interaction with the residents. And one of the things that I noticed--I had an awesome internal medicine resident when I was a third-year student, his name was Dr. Ike Okwuosa. He's actually a heart failure attending now at Northwestern, and he used to go through Powerpoint slides with us with EKGs. And I thought that was really cool, to see someone who looks like me in the years ahead, who's doing something that I'm interested in doing. I was always interested in internal medicine and interested in cardiology. And I thought that, you know, it shouldn't be that just one person is taking the time to do this, it should be, we should have a format, and a place where all students can gain this insight from residents. And so that was kind of where the idea was born out. And so we created STRIVE, in which all mentors who were underrepresented minorities, all residents who were underrepresented minorities serve as mentors for students who are underrepresented minorities at Northwestern. And it's really nice, because we have kind of three pillars of programming. So one pillar is curriculum review sessions, and so for the first two years, for M1 and M2, we have underrepresented minority and allied residents cover review sessions for their classes. The second component is panel discussions, so we have students who ask additional questions about the residency process. And the nice thing is that a lot of our residents are in a myriad of specialties, so we have surgeons, we have people in internal medicine, we have neurologists, we have really a good breadth of exposure for the students, and so you know, we hopefully are providing them with a little bit of education obviously, but then some exposure that might prompt them or inspire them to go into one of those specialties. And then, the third--and I think probably one of the most important--component is the social events that we have. It's so important to create an environment that is comfortable for underrepresented minority students. And I think that is, that can be a challenge oftentimes, and it's kind of like, sometimes I think about the FUBU model, you know, For Us By Us. Sometimes we have to create those spaces in order for them to be authentic, and I think the nice thing is that STRIVE is able to create that space.

[12:00] Brittane: That's great. So I know that Dr. Diane Wayne, the Vice Dean for medical education at Northwestern, helped to sponsor the STRIVE program. And we were able to connect with her before the show, and so this is what she had to say:

"The biggest thing I did was stay out of the way. Quentin came to see me about an idea he had for mentorship for our students by peer mentors. Because he was a recent Northwestern graduate and someone I respected, I knew and trusted that he had the pulse of the student body. So that's basically what I did. I helped with the funding, and dedicated a staff member in our Office of Diversity and Inclusion who also played a huge role. As an experienced academic, I think sometimes faculty try too hard to make things perfect. In this case, we did not expect perfect curricular alignment, we did not dictate which topics to hold review sessions on, or try to achieve additional education faculty-driven goals. We gave Quentin and his colleagues the space to plan and imagine and develop, and stayed out of their way. I think autonomy and flexibility are key when involving students and residents."

So I think she had a lot of trust in you, and I think that her comments just highlight how experienced she is in leadership, you know?

Q: Yes, and I think that is, you know, we talked a little bit about sponsorship, and I want to thank Dr. Wayne for being, really, an undying sponsor and mentor for me and for STRIVE. And it takes really that dedication from the leadership, because if you think about when you're starting something new, you're going to need buy-in from the people who are running the education and running the curriculum, and so we were so fortunate that we had that support from the beginning.

DJ: That's wonderful, and I think the program itself can be a source of inspiration for other programs looking to create that mentorship, especially with the underrepresented minorities. Kind of along those lines, you know, what--you know, this is a wonderful thing you guys created. This, I think should be like, as a model that other people should use.

Q: Thank you.

[14:06] DJ: What have you noticed, some ways that other training programs, I guess, have some pitfalls when they're trying to support underrepresented residents? Like what are some ways that they can, what are some ways that you know that they struggle, and what are some ways that they can potentially overcome that?

[14:23] Q: Yeah, that's a great question. You know, I think every program, or at least most programs, are trying to think about what are the best ways to help support their underrepresented minority trainees. There was a recent JAMA Internal Medicine article that I was just reading, that was just looking at the disparate experiences of discrimination for medical students, and it wasn't surprising that underrepresented minority, women, LGBTQ medical students experienced more discrimination than their white counterparts. And I think that the first step is really acknowledging that that gap exists. Because medical education is already hard enough, and, you know, the pressure to do well in classes and then to ultimately go onto the wards where there's a lot more subjectiveness about the evaluation process, that in and of itself is stressful. But then, when you tack on the additional layer of potential discrimination, it can be so burdensome for a lot of, not just medical students, but also residents and fellows, and just general medical trainees. I think the first step is acknowledging that it's a problem. And I think, secondly, what's really important is to include and empower those who are going through it, to help to address it. And I think that this is, there's a challenge though, because there's a fine line between having people address the issue, but then the minority tax that we've all kind of heard about, where people who are underrepresented minorities in a given space might feel that they are charged with fixing everything that's related to diversity. And so I think that that is, that's definitely a challenge, it's something that's kind of a fine line that programs and institutions will have to walk. But at the same time, without input from underrepresented minorities, we can't know or identify what exactly the issues are and ultimately fix them. And I think this comes up in evaluations and it can contribute a lot to Imposter Syndrome, which is something that obviously anyone can be a victim of, but I think it unduly affects underrepresented minority trainees a lot more often. And so I think, being aware of it and being very proactive about either creating opportunities or creating a space similar to STRIVE, where people can open up about it. I think that's one of the powers of STRIVE, is that, you know, if you do go through something, sometimes just the catharsis of sharing it with other people can be helpful, even just saying it out loud. But then, secondly, the nice thing is that residents who've gone through similar things potentially can share, you know, what they went through and how they were able to overcome.

[17:05] Brittane: Quentin, I really appreciate your insight, and your thought on this topic. One thing I don't think I've really thought about very much is empowering those who are underrepresented in medicine, or any other category, to be a part of the change. And I think oftentimes, we can identify it, acknowledge it, and then try and fix it, without really thinking about including those who are involved to help come up with the solutions themselves--because they know their community the best, and what may or may not work.

Q: Exactly. And then I think, it's also really interesting because when people are deciding what specialties they're going to go into, their experiences on these rotations play a huge role. So you know we talk a lot about it, choosing your specialty is kind of like finding your tribe, and sometimes experiences that people might have, whether it's discrimination or microaggressions, might lead people away from certain specialties, you know, even if they might have flourished in that specialty. And so I think it also can play a role in people's individual choices and what they end up doing with their careers. So I think it's such an important thing for us to focus on, and to really drill down, I think, each institution has to think about specifically, what are my students going through, and what are my trainees going through? And really drill down at that, in order to find solutions that will work.

[18:28] D: I really liked that you touched on the minority tax, 'cause I know, I can almost guarantee that all of us have probably experienced that at some point. And, I think it's something that we, as people, as underrepresented residents or even medical students across the board, is that sometimes we feel, like, a sense of responsibility that we must address this issue, and then when we start to feel that burnout, or kind of the taxing of doing all that work, we feel guilty. And I think, you know, just recognizing that it's a thing, and, you know, trying to get help from either other underrepresented people, residents, or students, or allies, or even just letting the staff know, you know, sometimes you need to take a break, I think I really, until recently I always feel like a sense of guilt not, like, giving it my all in a sense. But at the same time, you know, it's important for my mental health, as well. So it's definitely a fine line and I think, you know, it's huge. So I'm really glad you touched on that point: minority tax.

[19:32] Q: Yeah, and I think it's so important to think about too, it's not every underrepresented minority trainee's battle to fight, either. And so I think that it's important for people to think about what they're passionate about. And if they are not passionate about doing this type of work, it's 100% okay, right? Because that's part of the burden, is that we, you know, I for example am interested in cardiology and I'm interested in heart failure. And so I want to do heart failure research, but, you know, is my institution dragging me to every SNMA (Student National Medical Association) meeting, or every, you know, meeting where they're printing out every poster, right? You know, for me personally, I love this, and so it's important for me to be there, because I want to be there and show, you know, we have a great institution, and here's what we're doing for diversity, but also here's what we're doing outside of diversity. This is why we're such a great institution, because we have excellent medicine, excellent research, and excellent education going on. But if you don't feel passionate about that, or if it's not something you want to do, that's 100% okay. And I think that that's something that's also important, is for people to recognize it's okay

to not be involved at all in the diversity space if you're underrepresented, and for institutions to also realize that, and that's one way we can mitigate it as well.

[20:50] Brittane: I think that brings up an important topic, too, of wellness- that it's important to be thoughtful about what initiatives and get involved in and not everything that's presented to you, you have to jump at. But like you said Quentin, to really make sure that you are involved in things that you're passionate about so that you don't have that burnout

Q: Exactly as I mentioned, we all know how taxing it is just to be a student or just to be a resident in your given sub-specialty. And so, if you are gonna take that additional time to do something outside of that space, make sure it's something that you love. You know, that's the key takeaway.

DJ: Oh absolutely, this is great, I'm really glad that we're touching on all this. I want to transition, because we want to talk about your article which was featured in Annals internal medicine which was entitled "the N-word" and it was very powerful and it really hit home for me. I really enjoyed reading it and I really encourage all our listeners to read it as well. There will be a link posted in the shown notes at the end of this. But I just wanted to hear from you, can you tell us your experience?

[22:04] Q: Yeah for sure. So this was one of the more challenging experiences in residency. I was a 3rd year resident and I was on the Cardiology service (the inpatient cardiology service). I was actually only covering for half a day for one of my coresidents that was in the clinic and when I arrived, you know we're getting signed out, and I heard this patient had been belligerent with nursing staffing with other members of the team. It appeared that the symptoms he was relaying were not cardiac in nature. So when I got signed out, I found out he was basically ready for discharge. And because of everything that had happened and the way he treated the other staff members, the intern had asked me to go in with her to discharge the patient. I basically being a senior resident, one of the things that came up when I was unpacking this whole experience was just the team dynamics and the hierarchy of the team; how because of my black race even as I think about the future it in terms of leading a team and things like that, how will my race play a role? So we went to see the patient and as we are kind of explaining that he's ready for discharge he became increasingly belligerent. He starts to curse at us saying "get the F out of my room" and he comes to the point where he's almost physically trying to get out of his bed. And so I just turned to the Intern and said let's all security, and as he walks out he screams "I'm not playing your effing Nigger games!" And my heart just dropped. I couldn't believe it. The intern, her mouth was agape, she was as surprised as anything and it took a while to

process everything. I was just so shocked. It's interesting as I go around the hospital. I always wear my white coat because I think it's so important because we're often mistaken for other members of the team. As we all know every member of the team is important, but we've also gone through the process of medical school and residency training so we are physicians so it's important to be seen as such. So we went into the team room and at first I didn't know what to do, you know I said "let's call case management, let's call security." And ultimately I have a really supportive first of all my program director with super supportive from the beginning and actually my chief resident who heard about it through the grapevine, she contacted my program director and said this is what happened to Quentin we need to figure something out and pretty much immediately the response was support, support, support. I hope that the take away from the writing is how important it is to be supportive in these kinds of things. And it's not just racially, it can be gender, it can be sexual orientation and also it can not just come from patients, but also staff members. I think it's important for all of us to realize that part of the job is we're going to have encounters with these people where there's hate embedded in the interaction. And in order for us to be effective at our jobs, we need the leaders and our colleagues to be as supportive as possible. So I think it was a huge learning experience and something that I hope to take with me. And the other thing I think is also really important is to in the moment, to call it out. This is one of the behavior changes that I personally had after this experience. For example, if I'm with my team and a patient is treating my female colleagues in a disrespectful manner, I call it out right there and you just got to say that this behavior is unacceptable. Most of the time when you call it out and you're really honest about it, patients tend to respond and its able to be nipped right there but I think that that's another important point.

[26:30] Brittane: I completely agree, Quentin. In my work as an attending physician and associate program director, that's one of the things I've worked on in the past few years is that when there's a comment that made about a medical student or resident, like you said, it's not just race but it may be an accent they have it may be a comment that's almost a put-down. But I now address it in real time there with the patients with compassion, but also with the goal of letting the learner know that I support them, I am identifying this, we're talking about it and reinforcing that the team is a specifically supposed to be here and part of your care, and we expect all members of the staff to be treated with respect just as you are treated are treated with respect here at our facility.

Q: Yes, and I think that honestly the first time I said it I don't know if you agree with this, but I approached it with a little bit of trepidation because at the same time we're all trained and it's in our heart to do what's best for the patient. Right, you're always obviously looking out for the patient, so as you mentioned it's kind of a fine line as leaders of our team we

also have to protect members that are on our team. I found in the handful of times I've had to kind of say something like this, oftentimes patients respond in an appropriate manner. I think it also changes the tenor of the interaction of the team from then on. It doesn't have to compromise, as I think you mentioned, it doesn't have to compromise their care in any bit which I think that's an important point too.

[28:04] Brittäne: Right. Compromise their care or the relationship. I think that's an important point and I have found that patients that understand a little bit are able to better move past it and continue the healing that we're doing.

Q: Exactly, totally agree.

DJ: 100%. No, that's wonderful, and another thing too that really struck home with me at the end of your article, you stated that, "I know that even if I did achieve the level of a full professor no coat will ever be white enough to overcome my black skin in some patients eyes". I feel like the black skin can be changed to gender or to other races. It kind of all reminded me of I think there was an instance, I can't remember exactly what happened, but I think there was an instance when LeBron James was about to play, that they wrote some racial expletives on his property. So I think this can be expanded to many different positions, but how would you encourage underrepresented minorities to overcome some of the implicit biases they may face from their patients ?

[29:07] Q: I think that's a really important question, and I think that the first thing is to acknowledge that there is a tension in the bias that they're experiencing and their internal wants and need to do right by the patient is normal. That's one of the challenges as a team member, or as a medical student, or as a physician: it's so important for us to do right by the patient, so it's a challenge. It's an internal struggle. I think recognizing that that's normal is the first step. And then secondly, I think this is where the support system comes in and where the support system is very important. That's why associate PD's and program directors and even VIC's of Education Leaders exist, because they are the support system to whom we can go when issues like this arise. So it's really important for the members of the team to call it out in the moment and then I think it's really important to think about debriefing after an event occurs. And that's really powerful because all the members of the team that were there can hear what really happened, and sometimes it's a microaggression that unless you're from that specific group [that was targeted], you might not even recognize that it was an issue. So that's why talking about it afterwards, as a team can be really helpful. Obviously, the attending should be there because they're going to have the most experience dealing with this and they can re-frame it for learners that were there, but then other learners can take something from that experience too. A lot of medical education

isn't about learning the book smarts, or just learning the science, it's about learning how to deal with people. Unfortunately one of the issues that comes up when dealing with people because there's going to be a lot of resentment and hate when dealing with people, but it can be a learning opportunity for everyone involved as long as we do debrief afterwards.

[31:17] DJ: As you may have heard the USMLE has recently changed Step 1 to pass fail, so we just want to get your thoughts on how this might affect the recruitment and application process for medical students from diverse backgrounds?

[31:31] Q: I think it will have a really profound effect in a positive way actually. I think that USMLE Step 1 has been a roadblock, one of many that contribute to a really leaky pipeline for underrepresented minorities in residency training. I think helping to remove an additional barrier that might be in place is going to be really important. My hope is with this change is that there will be a shift towards a more holistic review in which it's not just about the grades that one has gotten or single test score, but it's more about the person as a whole and the applicant has a whole, so that's why I hope with will be the shift. I think there will be challenges, obviously as with any change, and one of the challenges I first see is when programs think about how they are going to go about recruiting residents into different specialties, there's already been application inflation. So they're getting thousands of applicants and interviewing hundreds of interviewees, and so being very specific about defining what we are looking for in our residents is going to become paramount.

Brittane: I think that's really good, Quentin. One question I have in my mind is for those students that come from schools that maybe are D.O. or may be perceived as not as great in training institutions if those students may have less opportunity to make themselves seem like they're standing out is that something that could be an issue?

[33:02] Quentin: I think that's one of the additional challenges of this kind of a process, but I think that's where the holistic review is going to become very important. A lot of times you know, programs will use these scoring systems where they put in a lot of data in order to make it easier on them to help weed out applicants. Part of the scoring system obviously will have where the person went to school or potentially can have the type of medical degree they're getting, but I think that when considering holistic review and ensuring that our residency programs have a diverse workforce, it'll be important to weigh things differently. So, if we're weighting things we'll have to consider weighting MD vs DO similarly or consider giving additional weight to people who will add to the diversity of a residency program. So for the holistic review portion, we are going to have find strong candidates who will make great physicians, but also recognized great physicians need to be

in a diverse environment in order to be the best they can be. So I hope that taking into account which of the holistic reviews will help to mitigate some of that.

DJ: I think that's wonderful, one thing that I was thinking is that another positive aspect of this is just the whole anxiety component with Step 1, especially for those that don't get the score they want so they just don't have the confidence going into the clinical rotations, then going to step 2 Etc...That is a potential positive of this change so I guess we'll see how this change goes and hopefully with what you said, they approach with a more holistic view for residency application processes.

[34:46] Q: That's such an important point because a lot of times when we think about being under represented, we are oftentimes not as comfortable in spaces where others are more comfortable and imposter syndrome plays a huge role. Sometimes even when we are confident a single test score because it holds so much weight, it can really crush our confidence. Step One obviously happens at a pivotal time in medical school when you're transitioning from second-year to third-year so you need to go into third year or very confident because so much of the grading system is subjective during your third year And so I think that's an important point for a needing that additional boost or mitigating needing that boost to the changes in STEP 1.

Brittane: My hope is now that it will be pass/fail that those medical students don't feel that doors are closed, so they still feel that they can explore different options and specialties that they felt like they wouldn't be able to have access to.

Q: For sure, 100%

[35:48] DJ: Thanks so much for the discussion, Quentin. We really enjoyed chatting with you! Before you leave, we wanted to ask you if you have any practical points that you wanted our audience to take away and implement in their lives?

Q: Thank you so much for having me. This has been an awesome discussion. It's been really a pleasure to be on this podcast. Thank you so much. I think just practical things to think about, first is really, this is a really broad statement but just remember to follow your passion in whatever you do. I think that's the key to success, really and the key to happiness. Whatever you do in medicine to follow your passion. The second thing is whenever you see something speak out about it, whether that's discrimination or something in basic care or no matter what the case may be. Sometimes, you know, you hear that little voice in your gut that's driving you to speak, just speak out because that's always going to be helpful. I think the third and last thing is really just to be a mentor. You know, I

had a saying when I was in high school, I had always really thought about mentorship and loved mentorship, it went “You're never too old to need a mentor and you're never too young to be one.” I think it's really important that no matter which stage you are in life, it's really important to give to other people and to give freely.

DJ: Thank you so much for all your points Quentin, and for our audience if you want to get some more tips on mentorship feel free to contact Quentin at strive4mentorship@gmail.com.

[37:29] Brittane: Another heartfelt thank you to Quentin, we appreciate you coming on the show and carving out some time for us. We also encourage our audience continue this topic online we'd love to hear your stories in regard to this topic and any additional challenges and barriers you have faced. We have many other resources including a transcript and summary on our website at www.thedeishift.com Please feel free to contact us there and follow us on social media, both on twitter and instagram @thedeishift. You can also email us at thedeishift@gmail.com.

DJ: Thank you much Quentin, it was so great to have you all on today and tune in guys for future episodes!

[38:16] Outro

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