

## **Episode 7A: At the Intersection of Asian + American + Female + Physician + Leader**

**Co-Hosts: Dr. Tammy Lin, Dr. Tiffany Leung**

**Guests: Dr. Antonia Chen, Dr. Elisa Choi**

### **TRANSCRIPT**

#### **[Intro]**

**[00:07] Tammy:** Welcome to The DEI Shift, a podcast focused on shifting the way we think and talk about diversity, equity and inclusion in the medical field. I'm Dr. Tammy Lin.

**[00:17] Tiffany:** And I'm Dr. Tiffany Leung, and we'll be your hosts for this episode, celebrating Asian American and Pacific Islander Heritage Month or Pan-Asian Heritage Month as we like to call it here at The DEI Shift.

**[00:29] Tammy:** Today, we're excited to have a robust discussion about the intersectionality of what it's like to be an Asian American female physician, leader, mentor, and some of the joys and challenges involved in getting there, such as the model minority myth, the glass and bamboo ceilings, and cultural stereotypes and biases. And in honor of that, I just want to take a moment to acknowledge that today's episode will be brought to you by an all Asian American female team from the hosts to the guests, to the Assistant Producers, to the Production Assistants, to the editors. So I feel like we should be having this discussion over ramen.

**[01:12] Tiffany:** What a great idea! I think, you know me too well, because you were really just speaking to my heart right there and probably also my stomach and my appetite. So count me in for continued discussion over ramen and bubble tea.

**[01:25] Tammy:** Okay, now that we are all hungry, we should get this discussion started because the sooner we start, the sooner we can get something to eat again. As one of our distinguished guests says, everyone knows that Asian women love to eat. And on that note, it is a pleasure to introduce Dr. Antonia Chen, an incredibly accomplished orthopedic surgeon who just happens to be an Asian American female. She graduated from Rutgers Medical School, where she graduated with distinction and high honors, and she's an actively practicing orthopaedic surgeon that specializes in hip and knee replacements, who's really been recognized for her practice-changing work. She's the Director of Research for the Division of Adult Reconstruction and Total Joint Arthroplasty at Brigham and Women's Hospital and an Associate Professor of Orthopaedic Surgery at Harvard

Medical School. Dr. Chen, we are so pleased that you're spending some time with us today. So a warm welcome to The DEI Shift. And hopefully we can call you Antonia.

**[02:27] Antonia:** Absolutely. Thank you so much for having me here. I'm excited to be here talking to you wonderful Asian women, who also love food.

**[02:32] Tammy:** Now, one of the things we like to do, so our listeners get a chance to know you better is start with a "Be the change segment."

This question is based off of the famous quote, be the change you wish to see in the world. When did you know that you had to step forward and become part of the change that you wanted to see?

**[02:57] Antonia:** I think all of us women here, understand what it's like to be the model minority, and we've all become successful Asian American women in society. So we've been told to just work hard, put your nose to the grind and do a really good job. And that was something we all did. The hardest part is being change and basically sticking out and not sticking to social norms. So, I love the field of orthopedics and I see myself as an orthopedic surgeon that happens to be a woman. I happen to be Asian American as well too, but those factors don't really come into the fact that I just love my field, which I'm fortunate for. That said there was an opportunity a few years back to start an organization called Women in Arthroplasty. Now the percentage of women in arthroplasty is only 2.6%. And so to start a committee focused on this difference would be highlighting something that I had essentially not really addressed throughout my training, throughout my time of being an orthopedic surgeon. And it became an opportunity to change that, to bring light to it. And this being the change was a tough, scary step, but it was something that was supported by many other women who were also fantastic and all happen to be females who happened to be orthopedic surgeons that did arthroplasty or hip and knee replacements. So being the change, that was my step and I'm proud of it and proud of the women that I work with, part of our group, and have not looked back since.

**[04:21] Tammy:** Wow, thank you. I am even more impressed and inspired and there's so much to unpack, but first over to you, Tiffany, for the introduction of another extremely accomplished guest.

**[04:34] Tiffany:** Thanks, Tammy. So I'm really delighted here to introduce today, Dr. Elisa Choi. Dr. Choi is the Governor of the Massachusetts Chapter of the American College of Physicians through which we've had the pleasure to get acquainted and is the first female Governor in history of this Chapter. She was inducted into the Alpha Omega Alpha medical

honor society during medical school, and also was selected as a Chief Resident of her Internal Medicine residency program at Beth Israel Deaconess Medical Center. She was a member of the 2019-2020 Executive Committee of the ACP Board of Governors. And she is also a member of the ACP delegation for the American Medical Association House of Delegates. Dr. Choi sits on several national ACP committees. She is also board certified in both Internal Medicine and Infectious Diseases and sees patients in general internal medicine, infectious diseases, and HIV medicine. Dr. Choi is a chief of Internal Medicine in her practice, and she is a long standing faculty member of Harvard Medical School, where she serves as a preceptor, mentor, and instructor for medical students and precept residents at Harvard-affiliated residency programs. Dr. Choi has been an invited keynote speaker at the local, regional, and national level where her lecture topics have ranged from infectious diseases and HIV topics, adult immunizations, leadership development, health policy issues, health advocacy, health, and data quality and health care disparities affecting the Asian American, Native Hawaiian, and other Pacific Islander or AANHUPI populations. Dr. Choi has previously been awarded the Massachusetts ACP Chapter Leadership Award, and she recently received the Unsung Hero Award at the fourth annual Asian American Pacific Islander Civil Rights Forum in Massachusetts for her voluntary contributions and commitment to the Asian American Native Hawaiian and Other Pacific Islander populations of the Commonwealth of Massachusetts. As we asked Antonia already, we also want to find out a little bit more about you in our "Be the Change" segment.

**[06:55] Tiffany:** When did you know that you had to step forward to become part of the change you wanted to see?

**[07:00] Elisa:** Thank you, Tiffany. And I hope I can have the familiarity to call both of you Tiffany and Tammy by first name. And please do the same. Thank you for that overly generous introduction. And let me acknowledge, I am so thrilled to be on this podcast, knowing both of you, having the fortunate privilege to work together within the context of the work we do together within American College of Physicians. One comment before I answer that question, can I also just say it is such an amazing, but rare occurrence to have so many Asian women as guests, as co-moderators as, behind the scenes team. It almost feels these days, that's rare than seeing a shooting star, but hopefully after this podcast and others from The DEI Shift, make it out, that will no longer be a rare occurrence. So to your question, I have a little bit of a different perspective. I'm exceedingly in awe of the focus and attention that Dr. Chen had in being very directed about "being the change." As I think about answering your question, Tiffany, my realization of needing to be the change I think was in some ways, much less conscious and much more gradual, but was all driven and anchored by the fact that I didn't see people who looked like me in positions, where there could be impactful decision-making. Going as far back as in medical school. When I would

see the people who were a student body or medical student council-elected reps, I never saw an Asian woman. And finally, one year during medical school, I put my hat in the ring because it felt wrong to me that people who looked like me weren't being represented. And to my surprise, I was elected. And that then further snowballed into being re-elected and then being appointed to various other positions during my medical school tenure, and ultimately being elected as the Vice-Chair of the student body during medical school. More recently, we're very generous and alluding to my governorship position. That was similarly relatively an unconscious thing. In that, I was grateful to be nominated, to run as Governor of the Massachusetts ACP Chapter. It's a real privilege to even be nominated. And so when I was nominated, I gratefully accepted and felt that it would be an opportunity. Should I be elected to make sure that issues of concern to me and other members of our community are well-represented however, it didn't even cross my mind, frankly, that I would have been the only woman and the first Asian American woman to be in that position. So in terms of being the change, that consciousness is definitely becoming more front and center for me recently, but initially the process started when I noticed that there wasn't someone who looked like me in positions of leadership, and that became a driving force in me thinking that I should try to step up to make sure that voices like mine are heard. More recently, the consciousness has been more at the surface.

And in addition to us meeting, Tiffany, face-to-face last year, during an ACP meeting, where I had a really great conversation with you in between a break of some of our meeting sessions, I similarly had a really great informal face-to-face meeting with Tammy. And that's when I think more of the very overtly conscious efforts of trying to "be the change" emerged for me having the conversations and the opportunity to meet with both of you started to get me thinking about how we have an emergence of Asian Americans and Asian American women, particularly in the American College of Physicians. And how could we capitalize on that to be very directed at some of our efforts to, to change things and be the change? So proud and honored to be able to work with both of you in some of our emerging efforts, which are continuing and are still developing, to perhaps be a source of support for ACP members of Asian background, both men and women, and that has been most recent and most directly conscious efforts that I've been involved with, with thanks to both of you. So it's been overall a much more of a gradual and initially unconscious effort to try to be the change, but that has morphed into something that's much more of an awareness that this has to be done in a directed fashion. And I'm hopeful that this gradual progression will lead to continued efforts. That can be the change that I'd like to see happen.

**[12:19] Tiffany:** Thank you so much for that, Elisa. And all I can say is I just have a few words I can completely relate. I think I've definitely had that more unconscious approach to date. Um, but this is really the power of seeing doctors and leaders like me, as you've said.

And to me in this case, that would be you Elisa and Antonia. And even Tammy, I think the need for being deliberate and intentional here is so important. And I feel like I have just so much to learn from all of you. So I'll pass it back to Tammy now.

**[12:52] Tammy:** Thank you so much, Tiffany. And I have the same reaction as well. I'm just in awe and so honored to be on this episode with you. So let's get into it. To start, I would like to congratulate you, Tiffany, on ascending to one of your many leadership positions recently becoming Chair of the Council of Early Career Physicians at ACP. And I think it's only fitting that you should be co-hosting this episode today, since it never would have happened. If you hadn't sent me the video a few months ago from the American Association of Hip and Knee Surgeons on Inclusion and Mutual Respect of Women in the Orthopedic Workplace. That video wasn't easy to watch and it spurred a lot of discussion within our ACP Women in Medicine circles. So we'll post a link to that in the website, but I know I sat up and I paid attention, special attention because I saw not one but two Asian American female orthopedic surgeons in a specialty with single digit female representation. So it was really amazing to see them. And that's how we tracked Antonia down. She's the only female member of their Board of Directors. And so if anyone knows about under-representation and what it takes to break barriers, it's Antonia. So Antonia, it's clear, you're an internationally recognized leader in your field. Your credentials are beyond question, but tell us about your journey and your pathway, what it's been like to get there. What don't we see represented in your accomplishments?

**[14:23] Antonia:** It's been an interesting journey to put it mildly. I will have to say that when I was six years old, I actually lived in Delaware, which was not very diverse. And when I was growing up, we, the human body play, which I think a lot of kids did. And as part of the play assignments, I was assigned to play the doctor role. And I came home and I excitedly told my Asian mother that I wanted to be a doctor when I grow up and needless to say, she said, "Sure honey, that sounds great!" Fast forward and many, many years later, and I still liked medicine. I still liked science and I still liked people. So medicine seemed like the right field for me. So I went to medical school and once I got to medical school, they asked me what I wanted to be when I grew up. And I said a doctor. And I said, what type of doctor? And I go, I don't know. I just want to be a doctor. So that was a point of branching for me, where my mom said to me, actually, she goes, well, if you're a doctor, that's fine. She goes, whatever you do, don't be a surgeon because it's much more tiring, it's much more involved. And especially as a female, that can be a lot more difficult if I wanted to have family planning and other life adventures.

But I really loved the anatomy of the extremities. And I found that in my first year of medical school. So I became hooked on to orthopedics. So I went into orthopedics because I

loved it. I love the field. I love the extremities. Ironically I learned about the hand first, but really what I ended up going into was hip and knee replacements because I liked the openness of the surgery, I didn't need to use loops, and I could take a person who couldn't walk well and make them walk well again. And that's what really attracted me to the field to begin with. And I didn't think about the diversity of it. I didn't think about the lack of women, but there's only about 7% women in the field who are attending surgeons about 15% who are residents. And that's really encouraging to see that there's more within the resident ranks and in arthroplasty again, there's only 2.6% of us. So when I made all these decisions about what I wanted to do for the rest of my life, I did it because I loved it. I had passion for it, and I really enjoyed it, and I was thankful for it.

And so the pathway has been nice because I've been surrounded by mentors who have helped me have encouraged me and, you know, not everyone does encourage you along the way. And I think that's true, unfortunately for men and women. And what is difficult is you have to be secure in your own skin. And I think in a lot of times of development, we don't necessarily feel that, there's a lot of challenges and there's always two ways to respond to a challenge. Either let it beat us down or we rise above it. And so there's been a lot of rising above, and obviously, it's not unique to myself that people who are before me really raised the glass ceilings.

I mean the pioneers and women who are orthopedic surgeons prior to me as like Ruth Jackson, for example, there's a Society named after her because when she wanted to sit for the orthopedic board, they wouldn't let her. And it was simply because she was a woman. So they have broken many glass ceilings before I have gotten there. And you bring up the good points of the glass and the bamboo ceiling. And my Chairman happens to be an Asian male. He is a spine surgeon. His name is Jim Kang. And he does talk about the bamboo ceiling, in that there's sometimes a cap by what you could have a certain number of Asian Americans within society itself in terms of representation in orthopedics, there tends to be preponderance of higher orthopedic surgeons who are Asian American in the spine community and maybe it attracts other people, it brings more people into it. There seems to be less in the Hip and Knee Society. And the idea is that I think we try to find people who understand us, who emulate us and support us again, whether it be another female, will it be another Asian or will it be none of the above and just still support us for who we are? And so it's been an interesting journey, I would say. The one benefit though, of being a woman is that whenever I go to these meetings and there's only 2.6% of us who are women, there's never a line for a female's bathroom. So I'll take the good with the bad.

**[18:19] Tiffany:** So that's a great observation and thank you so much. That's such an interesting pathway to hear, and I just love this message of finding support for who you are.

And I think that really just applies to everyone, you know, not just being Asian or Asian American, but these are really important messages. And so thank you so much for sharing your pathway and your perspective. It's a really nearby topic to me actually talking about representation in orthopedic surgery actually, because my father is a retired Chinese American orthopedic surgeon who immigrated here from Hong Kong when he was young. And to hear that, you know, the proportion is what it is, as you've mentioned Antonia, it's, it's just such an interesting thing for me to learn and hear, because again, as Elisa mentioned before, there's this unconscious aspect, and I don't think it really rose to my attention until more recently to really think about diversity and measuring it and looking at it so that we can really intentionally make a difference on that note, even just defining the Asian sub-group is really broad. And according to just looking at some of the available U S government sites, how they celebrate and define Asian Pacific American Heritage Month. They define the group as encompassing all of the Asian continent, including South Asians, West Asians, East Asians, and Southeast Asians. But in addition to the entire Asian continent, also the Pacific islands of Melanesia, Micronesia and Polynesia, and that also includes even New Zealand, the Hawaiian islands, and so much more. So this makes me sort of think about a more foundational problem, just taking a, a step a little bit back. And so while awareness of, and institutional adoption of principles towards promoting diversity, equity and inclusion are needed as we advance in medicine, how can we possibly know whether we're achieving that goal? If we don't know where we're starting from? And I think maybe this starts to get to something Alyssa also that you have explored too, is in terms of the granularity of the information and sort of what we know about the population I'm interested to see what might be your thoughts, Elisa or Antonia on that topic.

**[20:36] Elisa:** Thank you, Tiffany. This is a topic of great interest, and I know you and I have had many, a conversation in person email and other modes of communication talking about this. I know our topic today really is focused on Asian American women and leadership, but you bring up great point that how can we even quantitate that if we're not certain about how we are characterizing or classifying ourselves. First to take a step back, I want to applaud both you and Tammy, both for re-defining the name of our month of may as pan Asian heritage month. And that's such an inclusive way of identifying it. It is really a heritage month for all of us. However, our subgroup of being of Asian descent is defined. This podcast probably doesn't have enough time to go on in a lot of detail about the characterization, but in the spirit of intersectionality that Tammy alluded to, I think, we, as members of the broader and larger Asian community need to make sure that we are being intersectional amongst ourselves. And often there is a bias of Asian Americans being thought of as mostly East Asian. And I personally have had the privilege to do a lot of work in this space in the greater Boston and Massachusetts community to make sure that the term Asian or Asian American is truly Pan-Asian and as inclusive as possible. And it does

include South Asians, Pacific Islanders, Southeast Asians, FilipinX, and any others that perhaps historically haven't been thought of as being part of the greater Asian community. And that will be absolutely necessary to make sure that as we talk about emergence of Asian Americans in leadership, that we are being granular about how many of those are of other more specified and smaller subgroups within the larger Asian community. So it's a work in progress, but to that point, the census will start to be capturing some of that more granular data. So couldn't be a more timely topic, particularly in the diversity equity and inclusion space, because how we define our terms and how we define and classify ourselves can end up making a big impact in how we are well-represented in leadership.

**[23:15] Tammy:** Antonia, what are you seeing in terms of representation in orthopedics?

**[23:19] Antonia:** And I think the interesting thing about orthopedics has been really fun to watch that it's not just Asians that come together, but in general minorities within orthopedics, because it's been mostly Caucasian individuals can really bond together. So there's multiple different societies that reach across to one another. That's really fun to see again, there's Asian American there's Gladys society, which tends to be underrepresented minorities, such as African Americans or Hispanics. And we come together because we don't, we represent such a small percentage of orthopedic surgeons in the field, and it's very collaborative, which I appreciate and give credit to like Tiffany's dad who came here and was an immigrant and an orthopedic surgeon, and that's a really hard barrier to break. So I will say that it's been encouraging to see people come together. We don't have a denominator for all the individuals who are of an ethnic background and see where we've come from. It's very interesting, actually, a bunch of societies don't ask ethnicity as part of their membership, but they do ask for gender or sex. So it's one of those areas that we can develop in, see where we've grown over time. I've been very encouraged to see the diversity of individuals within our field have increased. And it's actually been a mission of our last president to encourage diversity. And it's not just gender diversity. It's not just ethnic diversity. It's not just sexual orientation, diversity. It's also diversity, geographic diversity, socioeconomic diversity, to try to really elevate our field or our patients want to see someone that they can identify with. And we can represent that by diversifying our field in and of itself. So it's been encouraging to be part of that change. I also personally feel that for people, both who are in the generation above me, they've already diversified. Hopefully our generation is diversifying and the generation below us is also diversifying as well too, because we tend to enter fields. I feel that we can identify with someone, you know, so right now in our program, we have quite a few Asian American females. And so my goal is to hopefully encourage them and give them supports in ways that it can provide. And it's not just Asian American females of course, but there is something that identify with them and



they hopefully identify with me as well, too. So just to be able to see more of ourselves throughout these different fields, really more encouraging.

**[25:36] Tammy:** Thank you so much Antonia and Elisa as well. This is really encouraging to hear. And I agree with you that it should be a much more diverse and collaborative approach going forward. It's interesting what you mentioned, Antonia, that some of the societies, they don't collect any racial or ethnic data, but I'll tell you that one of the organizations that does is the double AAMC (American Association of Medical Colleges) and looking at some of their recent data, it looks like Asian physicians represented about 17.1% of all active physicians in 2018. But if you take a look around, sometimes we tend to get stuck in the middle. We're underrepresented in what we would term, maybe the upper echelons of leadership. As we've referred to before, few of us break the bamboo ceiling as Antonia's boss has referred to. And I think as women, we face the double whammy of the glass ceiling.

And I think this is an important point because coming up in the pipeline in 2018 and 2019, it looks like for Asian physicians, 34 years and younger, 52% of those were Asian women. And for Asian physicians, 35-to-44 years, that was nearly 50% were women. So we have the numbers there. What is it that keeps us from progressing as fast or as far as some of our colleagues at work and even in mainstream society? If accomplishments and hard work could get you there all the way, we'd already be there. What other factors do you think are at play, Elisa?

**[27:33] Elisa:** Thank you, Tammy - for some really powerful statistics. There's so much going on...where to start? Well, first off, this is an area that I've been thinking a lot about. And so I'm really grateful for the opportunity to expound on that a little bit on this podcast. We've already talked a bit earlier in our conversation about both glass ceiling and bamboo ceiling, and you put it very nicely that it's a double whammy for us as Asian American women, where we have to really push up against both of those potential barriers. I think our lack of representation as Asian American women in aspects of leadership and in positions of leadership come from both a combination of external factors and also unfortunately some internalized preconceptions about the kind of roles that we should be playing. Let me start off with our internalized and perhaps cultural factors. We've talked a bit about the model minority myth, and as you know, Tammy, it's something I feel very strongly about, but as Asians we often are viewed in this concept of being a model minority, my personal and very strong feeling about that is that is actually a myth.

**[29:02] Elisa:** And it's actually a hindrance to us, being able to achieve many in our community may feel differently. But from my perspective, being viewed as a model

minority can set us up to feel complacent. And it also reinforces the current hierarchical structure where those who are not of the most quote unquote dominant ethnicity, are really then trying to vie for the approval and acknowledgement that we're doing what we're supposed to be doing. But to be able to ascend into leadership, requires risk-taking and requires an element of wanting to be a bit of a disruptor. And none of that is necessarily encouraged, if those of us of Asian descent become too comfortable with being viewed by an externally imposed label of being the model minority. So that's one aspect that I think we need to acknowledge and I can tell you having had the opportunity to work in the Asian American advocacy space within the Commonwealth of Massachusetts at this, that this is an area of internalized controversy.

...There are members of our community who are perfectly happy being designated as a "model minority" and actually question, why is that a problem? So really recognizing that if we accept an externally imposed label and a role that was not of our own design, how that can reinforce current power structures is something we have to come to grips with. So we need to be able to feel comfortable breaking out of this stereotype of how we should behave, which feeds into the model minority. There's a stereotype of Asians as being hardworking nose, to the grindstone, quiet obedient, follows the rules. And that has helped us in a large degree to get to where we have, but to be able to take that next step and to shatter that are glass ceilings and break bamboo ceilings takes that extra step, which really requires each of us as individuals of the Asian community, to then get comfortable with some elements of breaking out of the mold that we've been cast in.

That also leads to then some of the external factors that can impact our ability to achieve and to break some of these barriers, both as women and as Asian Americans. There's definitely factors of implicit bias that can come into play. And what I mean by that is often, leadership positions are things that people are really primed for and sometimes are groomed for. And if we're not being viewed as leadership material, however that's being defined, we may not have access to people who will potentially mentor or even sponsor us to get into leadership positions. And it is a process, a person doesn't start from a very subordinate position and then suddenly becomes a Chief of a Department. There's definitely a grooming process and a network of support that enables a person to achieve to a higher level of leadership and authority. So if we're being viewed as quiet, obedient, that sometimes translates into not having leadership qualities and without getting controversial, I will allude to the fact that in our state, there is a lawsuit that was involving one of our undergraduate universities within Massachusetts that touched upon that.

And there was some allegations of discrimination and in terms of admissions policies that hinged upon the fact that some of the quote unquote soft skills, including leadership skills

were being judged unfairly perhaps, and more harshly against those of Asian descent. So if we are both internalizing a sense of how we're supposed to behave to not be loud, aggressive, vocal, and be willing to disrupt, and we're also then facing some external biases where those who can potentially put us in positions of a pathway to leadership already have an implicit bias that we don't fit that mold, that's pretty hard to overcome. And I think the other thing that we have to recognize as a community and as individuals of the greater Asian community is also how we're viewed as being "successful." There's a deep fear of failure. I think amongst certainly all of us as high achieving individuals in the field of medicine and perhaps a sense of being risk-averse, but often in order to take those bolder steps to become a leader, there has to be some willingness to take risks.

There also has to be a willingness to put oneself out there and potentially face rejection. I will say from a personal perspective, perhaps 9 out of 10 positions that I've had the privilege to take on in leadership. Nobody tapped me on the shoulder and said, you're up. No one pushed me into that position and set me up. I had to either apply or I had to put myself out there. And that means potentially I would be rejected. And as I've gotten older and my skin has gotten thicker, I've become more used to that possibility, but that's sometimes hard to grapple with and hard to accept. So we have to be willing to take those risks, be willing to accept some rejection and not view that as an internalized measure of failure. And our Asian community is very much focused on succeeding and winning. And so we can't move forward. If winning always means you get everything as a yes or an acceptance, there has to be some willingness to accept rejection and not getting the position or not getting the acceptance. And so I think that there's all of those factors that all converge internally driven, externally imposed, a very healthy dose of implicit bias that disfavors us being able to achieve leadership. And then my own personal perspective, the, I say very harmful myth of us being a model minority that serves to keep us "in place" and not advance as much as we can.

**[35:40] Antonia:** I think everything Elisa said was fantastic. You know, I think the four of us being on this call right now is indicative of something in our lives, pushed us to propel forward. And I'm sure each one of us has a different story that has pushed us to where we are in a good way, you know? And I think when we grow up, the idea was you work hard, you do well and you achieve your goals. But the real question is what's your goal? So, you know, I remember being young and I was like, I want to be president of United States one day. And again, my Mom said nicely to meet that's nice. And well, I have no interest in becoming President of United States at some point in time. You know, a lot of times I think our achievements in life have to do with our own innate drive and of course our external influences as Elisa pointed out and the external influences depends on where we come from, I would say, and where we grow up. So for those who were born overseas, and a lot of

times we're like, well, just work hard so you can have a good job, make money, put it on the table. And that's great. That's a, that's a great goal to have. And then I think for some other people, the idea is to push forward and to say, you know, you can achieve more, do more. And that sometimes has to do with, again, our innate drive and our upbringing, mostly our familial unit, which drives us and encourage us to do more. And then those around us. And the last aspect of those around us is really the difference I think, in medicine. And it's this point is the idea is we need people to, to mentor us and sponsor us.

And I think as Asian Americans, a lot of times, as our upbringing tells us to, again, stick to ourselves, do a good job and people will notice it. Well, that's not the society that we're here in United States. You know, I think there's ideas of self promotion that we don't grow up doing. There's idea of recognition that you need to draw to yourself that we aren't used to doing. And well, if we don't self-promote, and if we don't get the recognition for what we've done, then how will anyone know to move you ahead? That dovetails into ambition, where if your ambition is to be a really good physician and take care of your patients, which is a worthy, amazing goal, then that's what you'll do. And that's great. If your ambition is to move up into leadership, as you guys have all done it, you know, ACP, which is the biggest physician organizations, which is amazing.

You know, we're a tiny organization in comparison when it comes to American Association of Hip and Knee Surgeons, but some people have that ambition to do it. And I think the other aspect is some people have sponsors, mentors and coaches who tell them that they should or encourage them to do so. So if you're five years into practice and you say again, I just want to do a good job and take good care of my patients, which is obviously, very good to do someone plans a bug in your ear and says, why don't you apply for this committee? Or why don't you go for this group? Or, you know, hey, when I was in your position, I did this. And if you don't have those individuals in your life, you are less likely to want to go ahead with that. And so it's a matter of internal seeking, I would say to some degree to see what you're interested in, because if you're not interested in those, then that's okay to not pursue them. But at the same time to have the opportunity or interest in pursuing them does take people around us to see beyond the model minority myth of being like, well, that person just works hard. That's great. And they're a workhorse. That's a wonderful thing. Well, it's above and beyond being a workhorse, it's taking an individual's passion and bringing that into either a leadership or regulatory roles or industry-interfacing roles that make a difference in outcome. So as Asians, I think we're conditioned to think a certain way. And speaking up, getting involved and taking a stance requires you to potentially make other people upset or make people not like you. And I think another part of the model minority is that we're normally very easily liked, right?

We show up to the table, we do what we're told and we do a good job of it. And then we go home. And to be in leadership, I feel like you might have to take an unpopular stance. You might have to take a stance that people don't agree with. And in Asian culture, we don't like conflict. We don't like to, we have a phrase in Chinese that basically means throw away your face, throw away your facade. And you want to look a certain way. You want to act a certain role. And if you don't follow that role, that can be disappointing or that can lead to failure. And I think we're all programmed to be risk-adverse and failure averse, and if you try to run for an office or do you try for a position, you can fail. You may not get it.

And if you don't, that is seen as something that's not secure. And so I think part of it is breaking through our own biases and then also breaking through other people's implicit bias that the person who's filling that role doesn't look have to look like the previous person who filled that role. But once you're in that role, you can do a very good job at that role. And once you do a good job at that role, people recognize that you can do a good job. And I do echo that we have two ceilings. You know, we have the glass and the bamboo ceiling, and I remember attending my first Board of Directors meeting. And I said something during the meeting. And afterwards, someone came up to me and they're like, "thanks for speaking up." And I was confused because I thought the whole point of meeting together in this gathering was to speak up, to share ideas and everyone was speaking up, especially those in charge.

And I didn't speak up much. I spoke, but they said, thank you for speaking up. And I think concern of being an Asian American female is that with the double whammy, I'm less likely to speak up period, unless asked to speak. You know, this is a voluntary contribution to a thing. I think what we're taught as Asians is, you know, only speak when spoken to or only speak when you have something to contribute. And I do agree with the latter. I don't like people who speak just for the sake of speaking, but that does happen in board meetings, but they did thank me for speaking up on contributing to the topic. So I recognize that being able to contribute meaningfully is something important and it's something that we can do as well. So we have the opportunity to make a difference and I think that by taking the stances that all four of us are taking now: residents, fellows, med students below us can see that and say, "Oh, I can do the same thing too." And it's fun to be able to encourage the next generations that we become the sponsors, the mentors and the coaches for the next group of individuals to have them come join us in leadership roles as well.

**[42:31] Elisa:** One thing about our Asian culture, certainly a lot of the East Asian culture is based in a concept of filial piety Confucianism. And that really is at odds in some ways with the idea of advancing and being proactive and putting yourself out there and being a leader. And for myself, speaking personally, I'm a child of immigrants. So it's also navigating that

bi-cultural chasm, where I was raised in a setting where you really needed to obey and be very deferential to those elders, people who are older than us, but that's quite different in the Western American society where it's not that they foster disrespect, but to be a leader and put yourself out there, you may have to cross with, or come to heads with people who are much older, but that's your job as, as a leader. And so I think there's a lot of that internalized processing and turmoil that many of us, particularly if we are raised in, in a largely immigrant family structure, that can also make it hard to overcome those internalized barriers. And then to embellish on one of the other excellent points that Antonia made: representation matters.

We can't envision a possibility of us being in a position if we don't see it. And so I think that's one of many reasons why I'm so thrilled and so pleased to be a part of the group of us talking about this on The DEI Shift. And in general, the fact that all four of us in so many different ways have been able to attain a position of some visibility. Representation absolutely matters. It matters in mass media. It matters in entertainment. It certainly matters in the medical community and in particular, physician leadership. We can't think about how we would even be in a position if we don't see it. And it takes opening the door a crack to then have a small trickle of those of us Asian American women holding these positions to then, as Antonia said, show that as even a possible avenue for those that are coming after us.

And I view it as a privilege to have the opportunity to, to really push along and help guide the future generations who will then take our place. And if anything, they hope, hopefully we'll see that there is this possible path where they can achieve positions of prominence and be leaders. And that crack in the glass ceiling or in the bamboo ceiling is something that won't keep them back. And then finally, the last point I wanted to follow up on with all of Antonia's outstanding comments is the idea of advocating for the fact that we need equal representation and the whole process of advocating. It really is giving voice to those who may not have the privilege or opportunity or position to voice for themselves. And that's the other aspect of being a leader. There may be ambition involved and absolutely that shouldn't be a bad word and it shouldn't be viewed negatively.

And I think as women and as members of the Asian community, sometimes again, that can be viewed in a negative connotation. But what I would say is ambition without purpose can sometimes lead to a not so positive outcome, particularly for leaders. So if we have a purpose behind why we want leadership, and that could be to make sure that those of us who don't have that opportunity are represented by leaders and people in leadership positions, then having the ambition and the willingness to put oneself out there and on the line to risk rejection, we need more of that. And so there's, as we've discussed so many

externally imposed factors, but also a lot of internalized barriers, and it's going to take a combination of overcoming both of those to really achieve where we are equally represented in positions of leadership.

**[46:53] Tammy:** Antonia, do you have, it's just a few key practical points that you want our audience to take away and implement into their lives? And if you have any additional advice about any barriers that you hit when implementing these, that would be great. And then hopefully, as you said, all of us can meet back and maybe even include your mentor, Dr. Tsao, and other mentors, in a future conversation. And it doesn't necessarily have to be this venue, but this shouldn't be the end. We should share resources and work together and make the workplace more diverse and inclusive and a place for everybody to do their best work. There's there's no reason not to.

**[47:29] Antonia:** I completely agree. I am so thankful for you, women for standing for where you are leadership positions that you're in and for encouraging other people. I got the email from Tammy and I was just curious. I was like, huh, where's this coming from? And it's just so nice to have a network of individuals. So I say a practical tip is to develop a network. Develop a network of people who you consider friends, mentors, peers, people who you can go to seek advice from and, make sure that you're not crazy, or your interpretation was correct, or how should you respond to certain situations, and people who will support you, who will challenge you, who will be by your side no matter what. And it doesn't have to be in your specialty, doesn't even have to be in medicine, but just creating a network of individuals who will support you and I think that's a key factor for our own mental well-being and social well-being, especially in this era, but just in general, it's great to have that. So that's the first practical tip.

I would say the second practical tip is if you can find a mentor for yourself, find someone who you can build a relationship with and understand the pluses and minuses. And it's a slightly different context than just a friend per se, because they can offer advice and be receptive to that advice. I will say some of the biggest changes in my life have come from that. And I'm thankful for the mentors in my life. And then be a mentor, you know, encourage those around you. I always say, when we're in the operating room, the team has to introduce themselves by name and position, you know, I say I'm Antonia Chen, I'm an orthopaedic surgeon or attending physician.

You know, the scrub tech will introduce themselves a circulator introduce themselves and the resident or fellow that's working with me, they'll, you know, introduce their name and say, you know, resident or fellow. And I'll look at them and I say, surgeon, like, you are a surgeon. And so empowering others who are below us on a variety of different levels, I

think is important. And then be as a mentor, be an example to those around you. You know, people watch you. And I know in the field of surgery specifically in the operating room, you know, I can set the tone of a room very clearly. I can set it so that it's fun, easy, and outgoing or engaging. I can set it so that it's serious. And no one's talking and, you know, I have a certain amount of control in that aspect and, and use that responsibly and use that to encourage others.

So if someone says something that's inappropriate to someone else or derogatory to someone else, regardless of what the comment is, or who says it, speak up and say something about it, because if other people see you doing that, they become empowered to do so. And that's not just in the operating room, but other areas as well. So those would be the practical steps I would say, going forward. And I would say that building all those over time has taken time. And I'm still in the process of building you know, a network, or building people in the circle of friends or circle of trust or mentors. You know, mentors will change over time and that's okay. I switched practices two years, two and a half years ago, and so my mentoring group has changed because it is sometimes needed to find some locally, but then I still stay in touch with others who are not local. So there are barriers to it, but those barriers can take time to overcome and seek advice from others.

**[50:47] Tammy:** Thanks so much Antonia. And same question to you, Elisa, what are some practical points that you want our audience to take away and implement into their own lives? Please feel free to comment on any challenges or barriers that you might've faced yourself when trying to implement these things.

**[51:03] Elisa:** Thank you, Tammy. First off, I cannot agree more with Antonia's suggestions. She took about the top four or five practical tips that I would have said. So, ditto everything. I would add a few more practical tips. One of which is to, I don't want this to come across as promoting narcissism or egocentrism, but be your number one fan. A lot of what we touched on in the podcast addressed the idea of needing to take risks and sometimes going out of your comfort zone and being willing to potentially fail. Develop your own sense of security and self-esteem and recognize your strengths, and be your biggest fan about that. Often in moving forward, particularly as we talk about trying to attain leadership positions, there will be a lot of obstacles.

There will be a lot of rejections, potentially, hopefully fewer than yes-es and acceptances, but one might encounter healthy number of obstacles, much of which one does not have control over, but what we can control is our sense of self worth. Taking a stand, going out on a limb, all of those require a certain level of courage and that can be fostered. If one takes a really close look at what one feels secure about in her or his talents, and really



taking an inventory of what you could contribute and how you can add to value in a particular position that you're aspiring to attain as a leader. So being a really strong fan of oneself. And the flip side there is also recognizing when there may be opportunities to improve and being willing to make changes. Antonia said it really well listening to advice from mentors.

So that takes time and it takes personal growth, but doing all of that will be really important because so much of advancing in one's career can lead to some stumbling blocks. And so having a really good sense of self and recognizing when there is opportunity to improve, but at the same time, not placing value on oneself based on external factors - whether or not one gets a position that you applied for doesn't mean that you're less of a person or you're less talented. And not letting that be a hindrance to trying again, literally picking up and trying it again. So I think that's really, really crucial. Another practical point I would say is being open to listen. Part of leadership that we often think about, and which I think is stereotypically characterized is someone who is commanding or takes charge, but as I've had the opportunity to reflect on leadership and have tried to even educate myself on the literature out there about what makes an effective leader, so much of really authentic and successful leadership comes from being willing to listen, being willing to listen, but also to empathize.

And the idea of being a servant-leader, meaning leading by example and not by design, and being less focused on the fact that one is a LEADER in all caps, but really being a servant of those, that one is holding a leadership position for. And that takes active listening, empathetic listening, and a willingness to really put oneself in the shoes of those for whom you have a leadership role. And that is something that is not always that obvious when we think about the great leaders or who should be a leader. It's often somebody who seems to be a commanding presence and can make orders and directives, but being able to listen and be empathetic about it is really critical as well. And start even when one hasn't developed the leadership positions or have attained the leadership positions start wherever you're starting and really acknowledging that being able to listen with a sense of empathy is just such a crucial life skill, which will only be a critical advantage as one does have the opportunity to advance and be a leader. And being willing to speak up and give voice. Antonia touched upon it as well, but it takes a willingness to call something out or seeing injustice and, and saying it isn't right. And that is a process that one can start even at an early stage in one's professional career. And that's really important and is something that will also help develop one's leadership traits as you have the opportunity to get into those positions. And lastly, I would say, be willing to expand one network, outside of the usual silos. I wanted to underscore Antonia's advice about developing a network, but being able

to empathize with people from all different walks of life, different backgrounds, different socioeconomic origins, different racial and ethnic backgrounds.

All of that is easy to do when one has been open to learning and befriending people of very different backgrounds in oneself. And that's, I think a practical aspect that in my experiences I don't think was really emphasized nearly enough. So I'm really proud and privileged to say that I have a network of people who are not just in medicine - are friends and mentors outside of medicine. And that's really critical because sometimes we can be incredibly silo-ed within the medical field. And we have to recognize our own position of privilege and how that can put blinders on, even in terms of how we may lead when we are in positions of leadership. So being open to learning about other perspectives, and that comes from associating with, and befriending people who have very different experiences than oneself. And that ties into perhaps what had been touched upon at the outset, Tammy, about intersectionality. Recognizing that what we are struggling with and what we're facing is likely something that other people have also experienced of different backgrounds and being open to those experiences and being open to supporting each other across various labels and classifications.

**[58:23] Tammy:** This isn't the end of the discussion. If you're curious about the perspectives of Asian American male physicians and leaders on these issues, stay tuned for a follow up episode exploring just that.

**[58:35] Tiffany:** We'll also have a transcript and summary of this discussion in our show notes on our website with links, the resources that we've mentioned and more get in touch with us through our website, or follow us on social media at the day shift the DEI shift, or you can email us at [thedeishift@gmail.com](mailto:thedeishift@gmail.com). You can also check out our other episodes on the day shift websites.

**[58:57] Tammy:**

So join us. Just wanted to say a special thank you today to our guests for a fantastic discussion and a special shout out to anybody who's a mentor or sponsor advocate or ally of Pan-Asian physicians. Thank you and until next time.

**[Outro]**

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