

Episode 7B: At the Intersection of Asian + American + Male + Physician + Leader

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

Guests: Dr. Dobbin Chow, Dr. Steven Chan

TRANSCRIPT

[Intro]

[00:09] 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. My name is Dr. Tammy Lin.

[00:19] Tiffany: And I'm Dr. Tiffany Leung. And we'll be your co-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.

[00:38] Tammy: Today, we're excited to have a robust discussion about the intersectionality of what it's like to be an Asian American male physician, leader, mentor, and some of the joys and challenges involved in getting there, such as the model minority myth, bamboo ceilings, and cultural stereotypes and bias. This episode is the second of a two part series. We wanted to examine these issues from a female and male perspective, as well as with physicians from different specialties and career stages. And with that, let's meet our guests for this episode. It's my pleasure and honor to introduce our distinguished guest and one of our personal mentors and sponsors Dr. Dobbin Chow. He's a graduate of the University of Pennsylvania School of Medicine and holds an MBA from the Johns Hopkins Carey Business School. He's currently an Associate Professor at the University of Maryland School of Medicine and the Internal Medicine Program Director, as well as the Chair of Medicine at the University of Maryland Medical Center, Midtown Campus.

[1:39] Tammy: And since this is an ACP Chapter sponsored podcast in part, we need to mention that he's also a Master of the American College of Physicians, which is an achievement in Internal Medicine bestowed to less than 1% of the nearly 160,000 ACP members. And it's even rarer to achieve that as an Asian American. So we're truly delighted to have you. Welcome to The DEI Shift, Dr. Chow. May I call you, Dobbin?

[02:07] Dobbin: Of course.

[02:08] Tammy: Thanks so much. We're so looking forward to this discussion with you, but first, Tiffany, would you like to introduce our second guest?

[02:14] Tiffany: Absolutely. I'm pleased to introduce our next guest, a physician-innovator, Dr. Steven Chan, who is a Clinical Assistant Professor at Stanford University School of Medicine. Now I had the great pleasure of meeting you, Steven, when you were one of the first ever Clinical Informatics Fellows at the University of California at San Francisco or UCSF. Now, your expertise spans digital mental health and applications for cultural psychiatry and underserved minority health. You have also worked on telemedicine research with UC-Davis and taught nationally with the American psychiatric association or the APA. And you've recently launched a blog, which was really wonderful to read mentalpowerhacks.com on success and productivity for stressed and anxious professionals. Thanks for joining us today.

[03:08] Steven: Thanks for having me.

[03:09] Tiffany: So on behalf of The DEI Shift, we extend to you both a warm welcome. Now, one of the things that we like to do so that our listeners also get to know you better is starting with a "Be the change" segment. That is, this question that I'd like to ask to you both is based off of the famous quote, "be the change you wish to see in the world." So what I'd like to ask for each of you to answer is when did you know that you not only had to excel in everything that you did, but also step forward to become part of the change that you wanted to see.

[03:50] Tiffany: Dobbin, would you like to go first?

[03:52] Dobbin: Certainly. So first I, I should say I'm honored and humbled to be invited to participate in this podcast and be part of this discussion. So I'm gonna take the luxury of reflecting back and reflecting back to when I was a third year medical student, and it was a time that was troubling for me. I was a quiet, reserved, intimidated student. And the environment was one that was very much traditional-based, steeped in hierarchy. The culture was one that was not particularly supportive of medical students. And, and this is during my Internal Medicine clerkship, a specialty that I really was thinking I was going to pursue. And I came out of that experience feeling like, hey, this is not for me. Fortunately, I did finally pursue Internal Medicine, but as I look back on that, I realized that maybe it's my issue, or maybe it was my challenge was to deal with how the culture of the ward experiences for the medical student.

And it seems to be, it seems to invite a, it was not particularly inviting for Asian Americans. We tend to be quiet, reserved, and not very vocal unless being asked to speak. And so that was perceived as being not interested, not participating, and frankly ignorant. So I took that to heart and I've, as I have been working with medical students, uh, I want to be sure we're not ranking them. We're not evaluating them based on personality, on their cultural background, but more on their potential and what they can bring to Internal Medicine as a pursue and mature in their medical careers.

[05:50] Tiffany: That's really fantastic. Thank you so much for sharing that. How about you, Steven, be the change you wish to see the world?

[06:01] Steven: Well, I think back to when I was in college, I mean, similar to what I'd say Dobbin experienced at least for me, myself, I was always sort of quiet, always very shy. And I did what I was told. And I think that very much was consistent with Asian American focuses on these cultural values, which is to be polite, to be obedient, do what you're told. Going through medical school, even going through business school, it was all about getting along, keeping your head down and not making too many waves. At least that's how I perceived it. Once I hit residency, I think that's when I started growing more and stepping forward. I realized that in residency, as in psychiatry, at least in my training, it was all about starting to form your own self-identity for me, and to learn more about how I can get things done. At the time I was deeply unhappy.

[07:09] Steven: I was deeply depressed and I wondered to myself what is going on here...exactly? And I think part of it was having the guard rails come off in residency, but also learning to make my own opportunities. And the second time I felt like I learned how to step forward was when I dealt with a family issue, my brother was going through a kidney failure and I realized, okay, this is one of those pivotal life moments where you realize life is precious. It's time to, time to actually step up and seize these leadership opportunities and to not be afraid anymore. So facing that possibility of death as I was potentially going to donate a kidney, that was something that really changed me.

[07:58] Tiffany: Wow, thank you so much for sharing such a personal experience. And I know this is something that you had shared also in your blog that you wrote for Mental Power Hacks. So really thanks again for, for digging deep for both of you and sharing how these very personal experiences you've each turned around and found ways to pay it forward to others and also to improve your own circumstances as well.

[08:32] Tammy: So I think it's only fitting that we're having this discussion now with two leaders who have contributed so much through their work, and to the further recognition

of Asians and Asian Americans and their support of our communities. So in addition to what you've just shared, which is extremely personal and insightful, tell us about your journeys and pathways to get to where you are in your career. What don't we see represented in your accomplishments? What types of challenges, for example, have you had to overcome and face in your professional life? Dobbin, why don't we start with you?

[09:11] Dobbin: Wow. Well, that's a big question. That's a large question to unpack. As I've matured over the course of my career, as I look back, I realized that many of my values, the ways that I approach things are born from Asian traditions, although I wasn't fully aware of that, I wasn't conscious of that. So, when I first finished residency, I joined a hospital. I was employee of a hospital. I'm a general internist, and I began to develop a practice, but I was an employee of that hospital. And what I found was that hospital, that hospital, that organization, the interest was mostly productivity was the priority, and my job and the job of my colleagues and Division of General Medicine was to be as productive as possible, feed the other specialists and keep them busy, and keep the organization in the black.

And, and so it became, it became apparent to me that the good of the organization was for me to be clinically productive. And so I began to, as general internists do, our practices grow and they get bigger and they get bigger and you get busier and busier with your clinical activities. And I, I put the, the advancement of my own career, sort of, in the backseat. That this took a second priority and I placed the good of the organization as the main priority. And, and I thought that was the way that I should do things. And that's how I should approach my professional life. But it got to the point, I couldn't really spend much time, teaching or mentoring, working with residents or working with students. And it ended up I was doing that on the weekends because the weekdays were so consumed with my clinical practice, but I thought that that was for the good of the organization.

And, you know, I don't look back upon that negatively, because I think I grew my clinical skills and I'm very proud of the practice that I developed over that time. But in terms of maturing my own academic career, it was, there was definitely a hiatus. I was essentially clinical practitioner. And I don't say that in a negative way, but something I'm proud of. And I look back on and the patient relationships, I developed over that time, are still something I still cherish to this day. That was one of the challenges that I had to deal with was trying to, trying to find that balance between the good of the organization and the advancement of my own career, which is to pursue more opportunities for teaching and mentoring and working in the medical education sector.

[12:05] Tammy: Was there a pivotal moment when you knew that you wanted to find a job that would allow you to do much more of that as part of your clinical duties?

[12:15] Dobbin: Well, you know, things for me sort of unfolded in a way that you don't expect and that you don't plan. So I was, I was quite content, in what I was doing. And I got a call from my friend who was the program director at another, at a nearby hospital, four miles down the road. And he said, Dobbin, come over here and take a look at this job because I want to retire. I need someone to take over the responsibilities here. So I went, I met with him and I said, John, you know, I don't really, I wasn't actively looking for a job. And he said, Dobbin, this job is made for you. You've got to come take it. My wife is begging for me to retire. And they made a nice offer to me.

And I went back to my hospital and where I was, and I wanted to be transparent about things. And I said, gee, you know, I was, I met with this other hospital and they're interested in me going over there and assuming the position of program director, and what I found was that my original hospital, they said to me, well, why would you want to do that? Why? You have a good practice here. And I realized they really didn't have my best interests in mind. Their interest was not to help me grow my career. It was more for me to continue to be the engine that pulls the train so that all these specialists can get fed and the hospital can be busy. And that my role 20 years down the road would be continue to do what I'm doing now.

And I wouldn't see a professional, an opportunity for professional growth and that there wasn't a sense of being able to, to advance within that organization. And when I went to the new hospital, one of the things they said was: "Dobbin, we want you to develop leadership and managerial skills. We're going to pay for you to get a MBA. And I thought, gee, I guess I need to do that. So I, it was an opportunity to grow and develop, also help that new organization.

[14:25] Tammy: I think that just speaks to the power of serendipity, connection, and networking. Steven, how about you? Same questions, what don't we see represented in your accomplishments and the types of challenges that you may have had to face?

[14:40] Steven: Similar to Dobbin, I would say that, you know, I'm, I'm hearing from Dobbin how he's had to sort of break free from the status quo and take opportunities when they're presented. And I would say one of the biggest things I've learned was how to beat the fear of missing out (FOMO), F-O-M-O. And I think that for myself, I used to feel like I was a doormat, I would just say yes to everything that was presented to me. And I would, you know, go with the flow, try to make everyone happy, bend over backwards. And if someone needed help, if someone needed help with say their organization, their class,, business too, I would be tempted to say yes, just to appease them and to keep the peace. So what I think

we don't really see in our accomplishments are what we haven't accomplished and what we've said no to. And how we are, how we are weeding these sorts of things out.

And so I felt like I faced the fear of saying no and making the other person feel angry, and I'm still working on it. I'm still trying to learn how to, how to not be a people pleaser, how to not be a workaholic, because there's only so much I can do. And I think one of the beauty that, one of the things that I've learned in - at least in behavioral health - is learning how to set such boundaries so that I can still have enough to be sustainable, to, you know, to contribute and to work at the best possible at the best possible sort of level I can offer, but not wear myself out. And try to do everything and overwhelm myself. So that's definitely one thing I've learned and I'm still learning how to do.

[16:48] Tiffany: Yeah. So this is really interesting, sort of seeing how there's this, as you said, you used the term Tammy - serendipity of opportunity and circumstance. And then I think the part that Steven you've mentioned about the sort of self identification that, you go through process of coming to terms with certain ways of handling certain situations like trying not to always be a people pleaser. This perhaps is a nice segue into how we get to leadership roles as an Asian and Asian American population. Certainly I'd imagine there are some cultural factors, internally and perhaps externally as well that might contribute. And that interestingly there's this perception that Asians and Asian Americans are despite all of that overrepresented in higher education or in higher management roles, and in particular in medicine as well in general, that there's overrepresentation. I think Tammy, you found this study that Asian Americans are the least likely group in the United States to be promoted to management leadership roles. And so what ends up happening is that, our population tends to get stuck in the middle somewhere and still remain underrepresented in the so-called upper echelons of leadership. Now, then this gets to this concept of the sort of bamboo or glass ceiling that is experienced by Asians and Asian Americans. So the next question then is 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, what kinds of factors do you each think are at play?

[18:35] Tiffany: Steven, do you want to give that a go first?

[18:38] Steven: Sure. I think that this is a very, very interesting topic. Why are there not enough Asian Americans who are in visible positions of leadership? And there was an article from the Harvard business review just a few years ago that showed that in a 2017 report, they looked at data and Silicon Valley management. They just found that such professionals, Asian American, white collar, least likely group to be promoted from individual contributor roles into management. That's the quote. So there are a couple of

things I think, maybe at play. Asian Americans are often thought of as sort of this model minority. that they're successful, that they have a high level of income that they're well-educated. But I think what we don't see is that, because of that, they tend to be not studied as much. That's one, certainly one factor, that they are thought of as already quite numerous in such organizations, especially in engineering. A lot of software engineers who are Asian American, but not necessarily in leadership.

And that goes to the same for technical fields, such as medicine. And what we also don't see, too much of is the heterogeneity of Asian Americans. There are so many different types of Asians, Chinese, Korean, and Hmong, Laotian, Cambodian, and all of these subgroups have their own, levels of, income slash education slash sort of ability to move ahead in society. And one of the presentations I've done in the past, was well, was questioning this idea of the model minority. Some statistics I found were that, among the Hmong, Laotian, Cambodian populations, a good portion, 35 to 40% don't get to finish high school. And, they even from the last great recession, America, Asian American Pacific Islanders had the highest share of long term unemployment of any racial group.

So I see that with the under representation, um, there there's not enough study or say mentorship or, attention being paid to helping, Asian-Americans, have giving them opportunity to take such leadership positions. And the final thought I had was, this question of whether Asian Americans are fit for such leadership. And there is a very, if we look at a parallel question about, say dating, um, dating, and there was a very interesting article, by Grace Kao and her colleagues about how in Hollywood and popular culture, Asian American men in particular are viewed as not masculine. The quote was, when they do appear in such films, they are usually geeky and undesirable men unable to attract women, end quote, and they list a whole series of movies, where, Asian American men are viewed as not leaders and very subservient.

So I think that popular culture and the lack of study, these are some of the factors that are at play.

[22:27] Tiffany: Absolutely. And that's so well said that these, you know, it's not just the perceptions within the medical field or any sort of space where leadership is an issue, but I think what you get at is larger societal perceptions, the role of pop culture in shaping some of these stereotypes and views. So that's really fantastic. And thank you for bringing that up there. Dobbin, did you also have any thoughts at this point with regards to this issue of progression for Asian and Asian American populations towards the leadership roles?

[23:02] Dobbin: Yes, that was Steven that's, that was very insightful. So I'm from the East coast where the Asian population is certainly less than on the West coast. And, so I, in the organizations to which I belong, there were not very many, Asian physicians. And I was just noticing that people were being promoted around me and I, and I hearkened back to the days when I was a medical student and that the people who would get the attention were what I thought in my mind were like the fraternity guys, the guys who belong to the fraternity, they were very, they're able to make conversation. They were glib. They were articulate, they had a social way about them that allowed them to move in social circles, make friends easily and quickly, and develop a network of friends.

And so that is, isn't really my way, wasn't really consistent with my values. And, but then I saw people, those kinds of people getting promoted. And, and so, and they, and, and some of them I respect and some of them had great skills and should've been promoted and were natural leaders. But I, my sense was that indeed, I guess I got the impression that folks viewed me and probably other Asians as being a company people. People who work hard and had no complaints, did not challenge the status quo and, kept the engine running. And, goodness knows that any organization, they need folks like that. They need, people to, keep the organization, the train running down the tracks and they make leaders look good, but conversely, are they good leaders? And I guess that was the question.

[25:05] Tammy: Thank you so much to you, both for such thought-provoking answers. And I think you've mentioned several concepts which are relevant, one being the model minority myth and also perception. There was a study done in 2011. The people that they surveyed, they saw that Asians were viewed as more technically competent, but they weren't viewed as leaders, by their peers as compared with Caucasian-Americans. And so I think this speaks a little bit to some of the cultural stereotype threats, Steven, when you were referring to, the portrayal in movie after movie or show after show of Asian American males. So I'm intrigued in terms of tying this to lack of representation. Dobbin, do you feel like you were held back by cultural stereotypes?

[26:03] Dobbin: Well, so I didn't look at it that way. I looked at it as, gee, I have a weakness, I have a deficiency. There's a lesion, that I have in my repertoire that I need to shore up. I need to improve. So there's something that I, that they have that I don't have, and I need to work on that. So, so I was glad to have the opportunity to, to do the, MBA training. And I was hoping that through that experience, I would gain those skills, those, those tools, and, and throughout the time that I was taking those courses, that's not what you learn. You learn accounting, you learn economics, there's strategic planning there's, those courses were fine. And I enjoyed learning about that stuff, that business stuff, but it wasn't learning about leadership.

And then, so finally it was the last semester. And I said to the Dean of the school, I said, you know, I enjoy this curriculum. I've really enjoyed my colleagues. And I've learned a lot, but hey, how do I, where is it that I'm suddenly imbued with leadership abilities? And so the Dean sort of looked at me and he said, well, this curriculum is not about leadership. And it's about making you, giving you the potential and the tools to potentially be a leader. And so actually I did a term paper, a term project on leadership. And I, and that was very insightful for me. I, what I found was leadership is not something you're born with. It's something you can develop, something that's a skill that you can mature. And, and that was important for me because I see, I got the impression that some people are just born natural leaders, and those are the people who get these positions. And I guess I wasn't born with that gene set, and that will never be for me.

[28:09] Dobbin: Well, Dobbin, I would say to you that it just shows the power of how we perceive ourselves, because the first time, the very first time I ever met you or heard you speak, you emerged as a leader, to me, and a natural leader. And I think there are different leadership styles. And though yours may be a quieter style of leadership, it is no less powerful than some of the most powerful leaders that I've seen. And so that's something that I've admired and try to learn from. Steven, how about you, you mentioned the model minority myth earlier. How do you think that that plays into, I mean, if, if we are model minorities, shouldn't it follow that we would advance into leadership naturally?

[29:02] Steven: So, yeah, it, you know, it, it seems like the model minority myth would give, Asian-Americans a certain advantage. I actually think it helps reinforce particular stereotypes, with, I wouldn't say negative reinforcement, but positive reinforcement being told that you are a good worker bee, being told that you are great at clinical revenue and increasing clinical revenue, which is probably something that it sounds like what Dobbin had experienced at his, at the older hospital. And being told that, you're valued in your current position, you know, that kind of helps reinforce and makes it harder for people to want to go, because they're told that they're so good at what they're doing. You know, why grow beyond that? I think that, that positive reinforcement can be, you know too, can be damaging in some way, because you're not, maybe not being given other opportunities to go grow beyond your current position.

[30:14] Tammy: And I think that this also could potentially tie into some issues regarding well-being. And I know Tiffany, you have done work, very good work in well-being and taking a look at some of those issues. What are your thoughts on this?

[30:32] Tiffany: Yeah, I think that's a really interesting take that you described Steven in terms of that positive reinforcement as actually reinforcement of the current role versus growth. And on the one hand, I think it's, it's interesting because I think that validation, that external validation is always nice to hear. And maybe even some of that is colored by a generational perspective, since I am admittedly on the older millennial side. But that being said, you know, whether that interferes with the potential for advancement, I think I would have to think about that a little bit more because I think certainly for my own personal view, you know, a certain level of confidence or self-esteem, I think also plays a role in interpreting that and seeing whether does that positive external validation does that mean that I can't go forward? I can't advance further? And so what Tammy mentioned with regards to the well-being aspect, I mean, the experience experience of well-being and feeling like we're able to properly integrate our career aspirations with our own personal lives.

[31:45] Tiffany: I think that ties really well to this topic because of this drive and need for balancing sort of personal achievement and ambition with what we just simply need. I think even Steven, you mentioned that earlier on with regards to your experiences in residency, which sounded pretty challenging in terms of dealing with depressive symptoms. Um, but also it being just such a high, highly, potentially stressful experience, uh, in that period of time of our careers. So I'm curious whether either of you have some thoughts with regards to how these perceptions, these stereotypes, the model minority myth, the bamboo ceiling, any of these sorts of concepts and the ideas that we've talked about so far, how do they play a role in the well-being of Asian and Asian American physicians? I suppose Steven, maybe I'll start with you if that's okay. How did these experiences, I mean, all these various internal and external contextual factors that we've discussed so far, I mean, do you think that they have some sort of effect uniquely on the well-being of Asian, Asian American physicians?

[32:57] Steven: I certainly think it can. I think that there's a certain level of expectation, that maybe society sets upon you that you internalize, you are told that you should, or you must be a protect, performing in a particular level. You must be the valedictorian, you must get into medical school. And if you're not able to achieve those goals, or maybe you didn't get into the specialty that you wanted, or the institution that that your, your peer group has set out for you. I think that that can be devastating. I remember, even myself, when I, when I, uh, matched into the specialty of psychiatry, that was what I wanted, yet my mom had said, well, what about plastic surgery? So, so, you know, and they, they had their own conceptual, like other people have their own concept of what is success and, and what is failure being able to learn how to get out of that mindset. That is difficult, right?

And you have to first recognize that there's something wrong or that there's something you could grow beyond. And then second, where do you turn to for help? Do you turn to your family? Well, they have that mindset. So they're probably not the best, not always the best people to turn to, when you're trying to grow beyond your comfort. And so that's where I think having good mentors, having, other opportunities to learn and learn leadership skills, or whether it's, I know Dobbin had mentioned business school. I also had similar path. I tried to go through business school, tried to learn that, and it was all technical skills, not, not so much how to manage people, but, that the model minority sort of concepts, um, can, can, stunt people's growth.

[34:55] Tiffany: Yeah, for sure. I can definitely personally relate with this high self expectation, I think of, achievement and what those things look like. I could also come up with my, my own similar, almost identical story with regards to pursuing a particular specialty, why this, and not that other one that is perceived as either a more prestigious than general internal medicine or one that just plain makes more money.

So I can definitely relate Dobbin. Did you have anything to add or other thoughts of your own on this subject?

[35:33] Dobbin: Well, as a general internist, I'm just smiling because I have, I have a hard time trying to encourage my own residents to pursue general internal medicine. And maybe it's part of that reason that none of them have chosen that career path. As I think about this, you know, I don't know that Asian Americans are smarter people. They, as you mentioned, they do well in school. And why is that? It's not, I don't know that it's because they're smarter, but they, there's a work ethic. There's, and where does that come from? It could come from just intrinsic motivation. It could come from family, and whatever it is, after you've finished school, those motivations still exist, but you're looking for, what are the markers, where are the milestones to help, you know, hey, I'm achieving at a high rate. I'm still getting A's, although in clinical practice, there are no grades, but somehow you're looking for that. You would like that because that helps give you some reinforcement of what you're doing. I think that's part of this is that if you work, you worked hard and in your educational experience, then you got to work hard, and, maintain the same level of commitment, same level of passion as you did during school, as you do during practice now, but it's a different mindset and it's a different set of values and different set of goals. And I think that is, that kind of approach works to the detriment, of Asian Americans who suddenly have to change how they approach their professional life. So I don't know the answer to this, but I feel like, that some, some re-calibrating of how folks approach re-setting of priorities and goals would be helpful and so that's going to require some mentoring and retooling.

[37:36] Tiffany: Yeah, for sure. Thank you so much for sharing that. And actually, even as you said, that Dobbin, I was just remembering from my own graduating residency class. I was one of two who decided to go into Primary Care General Internal Medicine from our graduating residency class. I suppose, that's probably not surprising from your own viewpoint, in your medical leadership and education roles as well.

[38:13] Tammy: Thank you so much for this excellent and truly excellent discussion. I would just like to ask each of you, what are some practical points that you want our audience to take away and implement in their lives, and if it's relevant, if you ran into any challenges or barriers implementing them, if you could also share those as well. So I will just start with you...Dobbin?

[38:41] Dobbin: Yeah. Thank you. Getting this concept of networking. I don't know that I have ever tried to network, I think I'm network adverse, but, I, I think it's important to develop and nurture professional friendships. You'll find people that as you go through your professional life that you enjoy working with, you enjoy talking to, meeting, especially at professional meetings. And that was one of the things about the ACP, the opportunity to meet people across the country and the world, to develop relationships with them. And you feel like they're a friend and colleague, and there's so much that I've learned from my ACP colleagues. The practical point that I would like to share with the audience is to be proactive about seeking mentorship relationships. Even an old guy like me, I crave mentorship, and being able to find someone who can help me is something that I would treasure. And to develop an approach that you feel comfortable with in terms of negotiating that relationship.

[40:00] Tammy: I think those are all really helpful points. Thank you so much. And I know that you are a mentor yourself to so many people, sponsor as well. Steven, how about you?

[40:12] Steven: Thank you so much. One of the things I would say is that in terms of advice would be to never stop, never stop trying to find the answers if you feel like you're not satisfied. I, myself, feel like I have been, you know, going through, reading different material on success and how to reduce stress, and none of it really fully clicked until I started actually seeking other people's experiences and hearing how other people have dealt with it. And those stories were much more vivid to me and stuck with me, made a larger impression on me. The other thing that may be helpful, especially for this audience too, is looking at other industries for leadership guidance and how to diffuse difficult situations. So when I, when I say looking at other industries, I'm thinking of one specific resource that I've really had an incredible experience with so far called LinkedIn Learning. It used to be

called, used to be from Lynda.com and I just discovered this last year. The reason why I love this so much is because these are short 30 to 60 minute targeted videos that address a problem, like how to deal with anxiety in the workplace, how to deal with depression in the workplace. And lately I've looked at this video called how to deal with procrastination. I've been blown away by the quality of the videos, but these are actually targeted for professionals of all of all industries. So when we look at, learning, we can think about learning beyond just your specialty. Maybe seeing how other specialties get that mentorship and that teaching, but also maybe other industries, in which case I specifically mentioned that video resource.

[42:10] Tammy: That sounds like a fantastic resource, and we'll have that for our listeners to access in the show notes and also on the website. Thank you so much. I just wanted to quickly reach out to both of you...I mean, hopefully this is the spark of a lot of discussions. I mean, we've just scratched the surface on some of these issues, so there should be continuing discussion and collaboration. And do each of you have any calls to action, on your end for our listeners? Dobbin?

[42:43] Dobbin: Well, we're all on a journey in terms of our own self-identity. And there's a spectrum from being a completely assimilated Asian American, to one who is couched in the Asian values and beliefs and behaviors. And most people are in the middle somewhere. But that journey is a difficult one to navigate and it's a dynamic one. As you go through the course of your career, at some point you feel a comfort level with your self-identity and to be proud of it, to live it, to celebrate it, wherever you are, because that's who you are. We all come from different backgrounds, different experiences growing up, and there's not one unique Asian American identity. I think that's something that it took me a fair amount of time to recognize.

[43:43] Tammy: Thank you. I think that was really nicely said. How about you, Steven?

[43:48] Steven: My parting advice would be to never stop learning, but maybe try out different ways of learning. Mentorship, mentorship courses, well, maybe once travel starts again, by traveling to a different regions and seeing how different people operate. Asian Americans are not all the same. Asian Americans from mainland United States is definitely different from Asian Americans in Hawaii, where they are they are the majority culture. And so recognizing that and learning others peoples' stories is helpful. Feel free to reach out to me if there are ideas that you'd like to share or bounce back and forth.

[44:36] Tammy: I hope a lot of that happens in that people get engaged in the conversations. So thank you both for such an impactful and meaningful discussion today. I

think we could all agree that we could talk all day and late into the evening about all of these issues and more, but for now, let's continue the discussion online. We'd love to hear from you. Your stories, your questions, any specific barriers or challenges you've faced, and any helpful tips that you can share with others.

[45:08] Tiffany: We'll also have a summary of this discussion in our Show Notes, on our website with links to resources that we've mentioned and more. Get in touch with us through our website or follow us on social media @thedeishift, The D-E-I Shift, or you can email us at thedeishift@gmail.com. You can also check out our other episodes on thedeishift.com website.

[45:32] Tammy: And just wanted to say thank you to our guests today for a fantastic discussion. And a special shout out to anyone who is a mentor, sponsor, advocate, or ally of Pan-Asian physicians.

Thank you and until next time.

[Outro]

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