

TDS S3E1 Transcript

[00:00] Intro

Kozman: 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. Maggie Kozman, a medicine-pediatrics hospitalist and a senior producer of The DEI Shift.

Jael: And I'm Dr. Pooja Jael, a fourth year med-peds resident and one of the co-executive producers of The DEI Shift, and we'll be your co-hosts for this first episode, kicking off Season 3.

Kozman: Woohoo!

Jael: Yay! I can't believe we are already at Season 3!

Kozman: Yeah!

Jael: It's been quite a journey.

Kozman: It's been just over a year, and we're launching Season 3 already!

Jael: Yeah! What are you looking forward to, Maggie, for Season 3?

Kozman: You know, I am really excited about some of the amazing new team members we've added to our already exceptional team, for all aspects of producing and creating the content for the podcast. I'm looking forward to a lot of the topics we're going to discuss this season—a couple of new developments—do you want to share about those things?

Jael: Yeah, I'm so excited to announce that we are now an award-winning podcast. We are so thankful to the ACP for awarding us the Evergreen Award for our first couple of seasons, and we're just hoping to kind of live up to that award for the next couple coming up, and we also have some really exciting collaboration opportunities with the ACP in the upcoming next months and hopefully in the next couple of seasons.

Kozman: Yeah, we've come a long way from recording under a blanket for our early Season 1 trailer. I think I was trying to block out all the background noise.

Jael: Exactly, yeah, so for the folks who weren't there, which thankfully, people, other people weren't there. Maggie and I were trying to record our first trailer and, being very new to the podcasting world, didn't really know how to do it in a quiet environment. And of course we had dinner, I started the dishwasher, and we sat down and then realized that the dishwasher couldn't be running in the

background. So, somehow we ended up under a blanket in one tiny corner of my apartment trying to record.

Kozman: Like a tent!

Jaeeel: Yeah, exactly! But yeah, now look at us. We have formal, you know, formal headphones, mic, recording platforms...

Kozman: We're doing podcast things!

Jaeeel: Yeah!

Kozman: This was all pre-pandemic, by the way. We were not breaking pandemic rules by using a blanket as our soundproofing device together. It feels like a whole lifetime ago!

Jaeeel: It is.

Kozman: So, now that we've come quite a ways here now, April, 2021, we're looking forward to launching Season 3 and so excited to welcome all of our new listeners and the growing body of a steady listenership that we've been developing over the past year. Thank you to everyone who's become a part of this exciting adventure for us.

Jaeeel: Yes, thank you so much. And we are so excited to hear your stories, hear your feedback, on all of our episodes, and looking forward to have a little bit more audience engagement as time goes on.

Kozman: Absolutely. So, to launch us into Season 3, with our first episode, we wanted to do something a little different and hand off the microphone to the next generation of physicians. We recruited three underrepresented in medicine, or URiM, pre-med students from across the country to share with us their journey into medicine.

Jaeeel: And we really wanted to understand their motivations, challenges, and successes as these really brilliant, inspired students who're journeying into medicine. Particularly as individuals standing, just outside of, but on the precipice, of joining this medical field, we wanted to know how they perceive the diversity and inclusivity of this field that they're just about to join.

Kozman: And our three students generously answered these questions we posed to them and gave us a lot to think about, and we'd like to share their stories, uninterrupted for you, and then reconvene to chat about the common threads and themes across the three narratives. So let's dive in!

[04:28] Elizza's URiM story

Elizza: Hi, my name is Elizza, and I'm a current medical school applicant for the 2020-21 medical school cycle. And after a very long and daunting and crazy COVID year, I'm happy to announce that I will be attending medical school this upcoming fall. And my decision to pursue a career in medicine does begin with my family, my loved ones, and the negative experiences that we had with providers as well as within our healthcare system. Whenever a loved one had to go to the hospital or even to a doctor's visit, we often felt as if we were second-class citizens. And what I mean by this is that whenever we had to see a provider, we were often neglected, ill-accounted for, and just not actively cared for.

And after having an accumulation of these encounters, I began to realize that this behavior is completely unacceptable. And I began to believe that it is my purpose to be the one that rebuilds this lost trust between my community and providers as well as to be the one that provides equitable healthcare treatment to my community as well as other lower income communities of color. Now, although this is a very ambitious goal that I had, my journey came with many challenges. When I was in college, I had many feelings of culture shock, imposter syndrome. I was a victim of many occasions of microaggressions, and just the lack of diversity and inclusion within my campus allowed me to constantly question my capabilities and question whether or not I wanted to pursue a career [in which] I will be the minority and potentially continue to face these feelings and these experiences of discrimination and forms of microaggressions as well. And so, I began to realize that my experiences that I was having at these times and at these points in my life is because medicine is not as diverse and as inclusive as it should be.

I am 22 years old right now, and it was just a few months ago where I met my first physician who was a Latina. And this was absolutely crazy for me because, in California, over 40% of the population are Hispanic or Latinx, but only 5% are Hispanic or Latinx physicians. And the question that I always have is: Why, why is this the case?! I believe that a part of this issue really does begin with the lack of support that is offered for disadvantaged and minority applicants. And by having a lack of support as well as a lack of representation, there is a belief that we cannot make it, that we cannot be in these positions of power and positions of authority.

And this is why as a medical school student, I believe that it is my responsibility to continue to partake in these programs and initiatives that try to increase diversity, increase inclusion, but also to bridge this gap that's missing and this disparity that is present in our healthcare system. Now, I've mentioned a few challenges that I had to endure while in college. And although these challenges were a setback, I do believe that they were also a source of my strength because it has allowed me to realize that, although I know why I want to become a doctor, it becomes more clear what my obligation is to my community and to other communities who are underrepresented within this healthcare system.

So, my last piece of advice that I would offer anybody who is a pre-medical student is the act of being resilient and to never be afraid of sharing your story. One of the issues that I had was that when applying to medical school, or preparing to apply, that I did not see applications or personal statements that were similar to my own journey or to my own path. And I felt that, well, my story did not matter to the admissions committee, but by being able to move past that mindset, the ability to continue to endure in

the face of hardship, I was able to make myself and present myself in the most unique form. And I believe that is what has carried me to the position where I'm at today.

[09:19] Myles's URiM story

Myles: Hi everyone, my name is Myles. I'm here to tell you about my story as a URiM student. And a lot of this starts from my experiences growing up with my mom. She's been a nurse for over 25 years, almost, and having her not only as my mom, but as a nurse and being someone who has taken care of me and, whenever I get hurt or if I'm sick, knowing that I have someone who understands health and medicine and diet and treatment has been such an amazing experience and something I'm really grateful for [that] I know not everyone has. But having her, and growing up with her, and seeing her work, and seeing how she interacts with patients and other nurses has always interested me and made me realize that it's something that I maybe want to do one day.

And then as I grew up, I've always loved biology, I've always loved science, everything about biology and science always interested me. Science was my favorite subject [that] I looked forward to. And then as I got into college, I've done research. I have taken even more classes. So, it's something that interests me, even though it's gotten a lot harder, obviously, but it's something that I can see myself doing and something that I really can't see myself working as a career, without it being there for me to continue to learn off of. And in conjunction with those, I learned I really like working with people, just kind of my distinction between research and being a doctor in the medical field.

I was an RA [Resident Assistant], I still am, in UCSD, and being an RA—if you don't know what that is, it's the resident assistant who basically helps second-years and first-years adjust to campus life and helps them with classes, helps them with getting resources, and living on campus, things like that, just helping them adjust to being a college student, and being that person that people look up to, and working with other students, and being their friend, and being that person that they can look up to as a leader of the community. I was doing it for three years, and I love every second of it. I love working with people, I love being there for people. And having that passion of working with people and also being interested in biology, I knew I could combine my two interests, and I want to be a doctor because I want to help people. And I want to use medicine as my avenue of helping people. 'Cause that's just something that we all need. We all care about our bodies and our health, and it doesn't get much more applicable than that in my eyes.

And I wouldn't have been able to get this position and get into a medical school currently, obviously, without my mom. My dad has also been a very big impact on my journey so far. He's been the hands-on person. He's basically helped me with applications and money and re-writing and drafting emails and finding resources. Everything that goes into it, studying for MCAT, getting books, applying for classes, figuring out what class I need to take, prerequisites, he's been there. And he has made sure that he's like, kind of like, my fail-safe in case I miss something. He's been just so hands-on, I'm so appreciative for him because I would not be here without him. And then another group that helped me was called PUMA (Program for Underrepresented Medical Applicants). I learned about that through a friend. They're UC

students and med students and residency students that have gone through the medical school process and now have passed through it. And they have been so helpful with primaries and secondaries and MCAT. They help with everything and financial aid and not only all those stuff, but just being a support group of people who have gone through the process. Especially 'cause it's just such a grueling application, having people who have gone through it and understand it, it's just so amazing. So, having them as a support group has been just priceless, honestly. I can't be more grateful for those people. And then challenges, obviously applying through COVID has been ridiculous. It's tough on everyone, but applying already is difficult, but with COVID it's so just, it's so disheartening sometimes. But having that support group, like I said, a family and friends, has made it worthwhile, made me fight everyday. And my advice, honestly, for people who are also trying to apply to the medical field: Understand that it's okay to be patient with yourself. And I know everyone wants to, everyone is very, very high-achieving if you want to go into the medical field, but understand that some days you are not, if some days are going to be harder than others, then that's okay. Some days you're going to fail, and that's okay. It really is. You're going to get to your goal because it's your passion, and it may not take one try, it may take more. Understand that that is okay. And keep that in mind, try to keep people around you who understand that also.

And for my last thought of why I want to be a medical, why I want to be in the medical field as a Black man being in, not only in America, but just in the society, I want to be a person who can advocate for my people and advocate for my community across America and across the world. 'Cause sometimes I see that, well, all the time, frankly, that people don't really consider our opinions or consider our health and our wellbeing. So, I want to be that person to make sure that our wellbeing and health is taken care of and is advocated for, and people recognize that we are just as worthy as other people. To expand on my point, I think that in a lot of different levels of healthcare, starting with institution and maybe personal or administration, there's a lot of different implicit and explicit biases that go into the outcome of healthcare and how that affects the health of minorities and people of color compared to other groups in America, and I think a lot of it has to do with the history of background in America, but I think there is a lot, still, of implicit bias in how people receive healthcare, either on a personal level where if their doctor has an implicit bias they're not aware of, or the institution, if there's just policies in place that don't really reflect the population and don't really consider what's best for them. Or maybe sometimes they're explicit, or people are just going about their way, trying to make things more difficult for people of color to reach and get the help that they need. I think a lot of those play into it. And I think for me, honestly, I can't change the whole institution. I can't change everything at once, but I think having another person in the field who is passionate about making sure these things are corrected and hopefully improved, and if they're not, that there'll be actual change and actual consequences that can lead to a better outcome in the future. I think that's something I'm passionate about, and that's something I could be an advocate for, and I know for other people that it may not necessarily be there on the forefront of their mind. So, that's something I hope that I can bring to the table, joining the healthcare field, and something that I hope that other doctors will also think is important and will try to improve as well.

So, thank you for listening to my story. I hope you're able to get something out of it, and I hope that you are able to get into the goals that you want to do in the medical field.

[16:25] Jana's URiM story

Jana: Hello, my name is Jana Crum. I am a graduate student at Arizona State University. I will be applying to medical school in this upcoming application cycle. But first, I want to take you back to where it all began: my freshman year, college at ASU, during a lunch meeting with a mentor. And he told me that I was 'smart' enough to become a doctor. This was the first time that thought had ever crossed my mind. As I did more research and soul-searching, I realized that I would rather pursue a scientific career with patient interactions over pipetting and doing lab activities all day.

So, the rest of my collegiate career was dedicated to checking off all the necessary boxes to become a medical student. However, even though I had rebounded my GPA, become a president of the Black Medical Student Association on campus, founded a minority pre-med scholarship, and published a scientific research article as the first author, there was still something missing: my 'why,' that thing that drove me. So, after graduation, I was faced with a burning question of: What now? I had to pivot and prepare to reapply to medical school. Like what the majority of reapplicants do, I enrolled in a Master's Program. In the fall of 2019, I began ASU's Master's of Science of Health Care Delivery program.

As I matriculated through, I connected with my professors, who eventually became my mentors. These former physicians, healthcare administrators, and CEOs of hospital systems opened my eyes to the various possibilities that intersection of leadership and medicine brings. This broadening of my horizons gave me an entirely new perspective on my medical school aspirations.

I completed my Master's of Science of Health Care Delivery in May 2020, and then my entire world changed. On September 23rd of 2020, I lost my mother. My love for science, my desire to serve others, and even my dream of one day becoming a C-suite physician leader—none of that seemed to matter. It was in this place [that] I had to truly answer the dreaded, 'why medicine' question. As my father, my sister, and I process our grief, we often talk about how strong of a woman my mother was: a woman who, through 20 years of dialysis and four years of stress and new seizures, in the midst of her own health challenges, cared for her mother while Alzheimer's took the mother she knew and loved. Reflecting on my mother's life, I've realized why I'm dedicating my life to the service of my community through medicine. As a daughter and a granddaughter, I've experienced many of the aspects of the healthcare system from the consumer and support system vantage point. I know how it feels to have plaques and tangles kill your existence from your grandparent's mind or how it feels to sit in a waiting room all day while your mother goes through yet another kidney transplant.

I want to be a physician to use my experiences to serve my community. The ability to empathize with someone as you serve them is essential to being a servant-leader. I also understand, as a Black woman, I have a unique opportunity, not just to sympathize and empathize with my future patients, but to inspire those who look like me. Having been the president of a Black medical students association at ASU, I

know the opportunities the medical field has in relation to recruiting and retaining future physicians of a minority background. But I'm also excited for the work that is being done to address these opportunities. Many universities and medical schools are beginning programs that target minority students and expose them to the possibility that they, too, can be a future physician.

It is my belief that as more of these programs are instituted and sustained, over time, the medical field will shift to display more diversity and inclusion. As the medical field does its work to improve diversity and inclusion, I would implore future underrepresented in medicine (URiM) pre-med students to do the work to unleash the greatness that is inside of you.

The poem, "Our Deepest Fear," by Marianne Williamson begins with a powerful proclamation. "Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure." I challenge you to reflect within yourself and to ask yourself: Why am I afraid of the greatness that is within me? What is holding me back from realizing the power that lies inside me? And with that, I would like to thank The DEI Shift podcast for the opportunity to be featured on this episode, as well as my mentor Dr. Brittäne Parker for creating this amazing opportunity. I am so grateful to be surrounded with a cloud of mentors that continues to open doors for me and to challenge me to realize the greatness that is inside of me. Thank you.

[21:59] Closing Statements

JaeeL: That was so inspiring! All three of those stories were incredible.

Kozman: Yeah, so good! I mean, it really makes you stop for a second and just reflect on the perspectives that they bring and the wisdom that they already bring as they enter the medical field.

JaeeL: Yeah, and listening to them back-to-back, I think there are so many themes that came across for me, and I think there's a lot of similarities and some really interesting differences in how their journeys were unfolding and how that has really impacted their perspective and career goals.

Kozman: Yeah.

JaeeL: So, starting, kind of, with the first thing that all three of them talked about was the initial introduction into the medical field. All three of them talked about family members either through illness or through their own jobs and employment being a part of the medical field, and our three speakers [talked] about their impression of the medical field at a relatively young age.

Kozman: Yeah, yeah, absolutely. And I think that resonates probably with a lot of us. It definitely resonates with me, myself, as having had family members who were in the medical field and also had, you know, their own personal experiences as patients that I witnessed as a kid and growing up and throughout my training. So, definitely the influence of your family, either towards medicine or against

medicine, will be very impactful in someone's decision about whether to go into healthcare in any way, whether as physicians or any other members of the multidisciplinary healthcare team.

Jaeeel: Yeah, yeah, and I mean, it's interesting you point out positive experiences and negative experiences because a lot of our speakers bring up pretty negative experiences of being ignored, being treated as 'second-class citizens.' And instead of that being so negative that they, you know, never wanted to interact with this field again, it's pretty inspiring that they took that as a mission or a purpose to go back into that field and bring about change.

Kozman: Yeah, definitely.

Jaeeel: And what was really particularly evocative for me was they did it on not only their own behalf and their family's behalf, but on behalf of their whole community. Jana was saying that, not only did she want to sympathize and empathize, but to also inspire and help build trust within her community by her being a part of the medical community.

Kozman: And I think that dovetails really nicely into one of the other themes that came out for all of our pre-meds in terms of advocacy for not just for themselves or their family members, but for their community. And in many of their contexts, they were talking about racial/ethnic community, but as women, as people of, you know, of varied backgrounds all across the spectrum in all of the different demographics that we talk about. Even just the mere presence of people who look like them or like us or who have our stories is an act of advocacy, just being present in the medical field. And then, active steps in policy changes, in hospital leadership changes, in steps toward anti-racism, all of these different ways that we within healthcare can advocate for ourselves, for people who have our similar backgrounds, and even be allies for those who have very different backgrounds from ourselves. All of these students really just showed a huge amount of passion and already extensive experience in advocating for themselves and their communities.

Jaeeel: Absolutely. And I think that they, like you said, had a lot of experience and a lot of really great insight into all the different layers and levels of structural racism within medicine, the historical context of race and medicine, the experience of implicit and explicit bias, and even experiencing microaggressions on an individual level.

Kozman: Yeah.

Jaeeel: I think it was Elizza who had said that, you know, she fully expects to go through more, you know, microaggressions and have that kind of experience as she goes through medical school, but, in the end, you know, the benefits of being a physician and advocating for her community are worth going through that. It made me sad, it really did.

Kozman: I know, I know, but I also had to be like: 'Girl, at least you know what you're coming into,' and I can't, I'm not going to lie to you and say that's not the case because we experience them regularly, you

know, and we've talked about our experiences with microaggressions and 'death by a thousand paper cuts,' as it's called. And, you know, I think it takes courage to go into an environment where you're anticipating feeling those feelings not infrequently. And in addition to, you know, the times where there actually are explicit biases and especially in this past year, hearing from colleagues who have been experiencing explicit bias from patients or from colleagues, you know, that's not something that doesn't happen. It's real, in addition to the implicit biases that we're all trying to educate ourselves more about. It's not to the exclusion of actual explicit bias and discrimination. And so to go into a field where you know both of those things are going to be happening and that you are still willing to undergo that in order to represent your community, yourself, and your particular wisdom and expertise from your experience is definitely something to be admired and something that inspires me as we have these young future doctors come in and join us in the field.

Jaeel: Definitely, yeah. My hope is that they're already kind of miles ahead of where we were as folks joining the field years ago, in terms of their insight into the stuff that we can fix in our field as well as having the language to express when negative things are happening around them, when they experience microaggression, that I would hope that they would feel more confident, they would feel more empowered to speak up and try to correct those changes just on their behalf and on behalf of their patients if that does come up. Not to say that the system doesn't have a lot more to change and folks ahead of them in training and as potential future mentors don't have a role to support these young physicians, but I hope that having that awareness benefits them in the end.

Kozman: Yeah, absolutely. I mean, this generation of physicians coming up is the most attuned to a lot of the social justice and racism and discriminatory issues that are being more and more frequently revealed within healthcare as an entity, and, specifically, within providers, and the way it impacts providers' ability to care for a diverse patient population. And so, they have a lot more exposure and focused curricular teaching on these topics than we did, and we were sort of in the generation, even though we're early career physicians now, you know, the things that we're aware of and the things that we learned through medical school were sort of in the early phase of these topics being incorporated into medical education, and our predecessors, for the most part, did not have that incorporated into their medical didactics.

And so, you know, it's really beautiful to see, even before medical school, that these undergrads have become so well attuned to the issues that are going on and have gone on historically—not new issues right now, but things that we're just starting to talk about more, currently. And they bring that more informed perspective that will hopefully bring even more effective change than the change that we're trying to make now.

Jaeel: Yeah, definitely. Yeah, I can tell these are future leaders. I mean, they're going to be great colleagues to us. Jana was saying 'CEOs of the hospital one day,' so, exciting to see.

Kozman: Yes, yes, I loved that! All three have—I just—it made me feel very proud and motherly although we're not in any way related to that.

Jaeeel: And I think, you know, with that story that Jana was talking about initially when she had a mentor tell her that she was ‘smart enough’ to be a doctor, that was her invitation to consider medicine as a field. And how powerful that moment can be to feel like ‘hey, I can be here, I can get along, and this could be my field, and not just be a part of it, but really own it and lead it.’ And that’s just such a great lesson for us as we mentor younger students coming through, whether they’re medical students or at an undergrad level, to continue to open up these doors to make these possibilities achievable.

Kozman: Yeah, absolutely, and I mean, we can see even from, you know, Elizza’s shared experience, that when that is not the case, when you don’t have someone in your corner telling you ‘You can achieve anything you want,’ and ‘You are capable and competent,’ and ‘Let me open the doors that I can open for you,’ that it impacts your likelihood of going into these fields or even considering them. And so, and then when you don’t see anyone that looks like you who’s already doing the job, it just really highlights the importance of representation within, you know, the physician workforce, the healthcare worker workforce, in all areas of healthcare, in order to best serve our very diverse patient population.

And that harkens really well back to one of our first episodes on the podcast, Season 1 Episode 3 about mentorship and recruitment of underrepresented in medicine (URiM) individuals. And we spoke with Dr. Quentin Youmans who shared a lot of expertise about the ways he has been working over many years to improve the recruitment of underrepresented minority students into healthcare, because this is such an important issue, through pipelines and through 1:1 mentorship and a lot of different ways that we can improve these things so that, you know, more and more students have the experience that Jana had where someone really empowered her, and she was able to take hold of that and run with it.

Jaeeel: Absolutely. Yeah, and it was interesting that both Elizza and Jana mentioned programs that specifically were all about outreaching to underrepresented students to invite them in and how both of them felt very strongly about continuing to work on empowering and strengthening these programs when they’re in the medical field because they’ve been the recipients of some of the benefits of that kind of targeted mentorship. So, for those of our listeners who are working on these programs, initiatives, please keep going, making a difference! As you can hear from our undergrads, you’re really helping to empower the next generation to come into our field and make it better.

Kozman: Absolutely. Well, we both want to thank Elizza, Myles, and Jana so much for sharing their personal stories so vulnerably, and, in doing so, leading the way as we all continue to pursue diversity, equity, and inclusion in the healthcare field. Truly inspiring, and we have so much gratitude for you.

Jaeeel: Yes.

Kozman: And thank you to all of our listeners for tuning in for this episode! If you have any comments or questions about the topics we’ve discussed and the themes that came out of our wonderful students’ stories, please feel free to reach out to us! You can keep the conversation going by following us on Instagram and Twitter at the handle @thedeishift—DEI, spelled D-E-I—or emailing us at thedeishift@gmail.com.

Jaeel: You can also head to our website thedeishift.com to access further resources on this topic as well as our show notes and full transcript of this episode. And don't forget to share our podcast with your friends and family! We hope you join us next time. Thank you!

Kozman: Thank you!

[33:51] Outro

Outro: The DEI Shift podcast and its guests provide general information and entertainment, but not medical advice. Before making any changes to your medical treatment or execution of your treatment plan, please consult with your doctor or personal medical team. Reference to any specific product or entity does not constitute an endorsement or recommendation by The DEI Shift. The views expressed by guests are their own, and their appearance on the podcast does not imply an endorsement of them or any entity they represent. Views and opinions expressed by The DEI Shift team are those of each individual and do not necessarily reflect the views or opinions of The DEI Shift team and its guests, employers, sponsors, or organizations we are affiliated with. The DEI Shift podcast is proudly sponsored by the American Medical Association's Joan F. Giambalvo Fund for the Advancement of Women and the American College of Physicians Southern California Region 3 Chapter. Our theme music is brought to you by Chris Dingman. Learn more at www.ChrisDingman.com.