

**Lisa Meeks:**

Doctors with disabilities exist in small but impactful numbers. How did they navigate their journey? What were the challenges? What are the benefits to patients and to their peers, and what can we learn from their experiences? My name is Lisa Meeks, and I am thrilled to bring you the Docs With Disabilities podcast.

**Sofia Schlozman:**

Hello and welcome back to the Docs with Disabilities podcast. Before we begin this episode, we would like to provide a content warning, as this episode contains discussion of George Floyd's murder and the subsequent protests in Minneapolis, Minnesota. This discussion takes place from minute 17 to minute 21, so if the discussion of these events may be triggering to you, we advise that you skip that section. This episode was also recorded at the height of the the Omicron variant surge during COVID-19 Pandemic and discusses pandemic related issues.

In this episode, we continue our BIPOC voices series with an interview with Dr. Michael Kim. Dr. Kim is an assistant professor of medicine and pediatrics and the assistant dean of student affairs at the University of Minnesota Medical School. He is closely involved with the University of Minnesota's efforts to make medical school more accessible and supportive for students and has previously worked with Dr. Meeks on the Pathway Project, a research project investigating the performance and trajectory of medical students with disabilities. In this episode, Dr. Meeks and Dr. Kim discuss Dr. Kim's own experience in medical training, the steps that the University of Minnesota Medical School is taking to support its students, and Dr. Kim's advice for disabled and BIPOC students as they continue their medical journey. We begin with an introduction from Dr. Kim.

**Michael Kim:**

I'm Michael Kim. I'm the Assistant Dean for Student Affairs at the University of Minnesota medical school. Been in that role for about six years. I did all my training at the University of Minnesota, including a Med-Peds residency. And I've been faculty at the University of Minnesota since 2006.

**Lisa Meeks:**

Wonderful. So Michael, I think we owe just a huge debt of gratitude to one Barbara Blacklock. And I want to just honor the connection that she made in bringing us together. It has resulted in what I think now is a four-year relationship. And it's been amazing for me to have you as a partner. Recently, we book-ended a major project that was your idea to look at the performance and trajectory of students with disabilities.

**Michael Kim:**

I certainly feel like I stand on Barb's giant shoulders. She has been our access coordinator, I think more than 10 years. And she has the greatest responsibility for the

development of the program that we have for students with disabilities at the medical school. And continues to be the major force behind our service to our students

**Lisa Meeks:**

I think that one of the things in medicine that is underappreciated, and that is a driver of part of the disconnect of having individuals with disabilities included in medicine, certainly thoughtfully included, is the lack of a disability resource professional, a DRP, someone like Barb, who has knowledge of clinical medicine that allows them to develop, design, recommend thoughtful accommodations that truly not only remove the barrier but allow for inclusion of that person. And you have been very lucky to have someone that I feel is one of the best. I mean, there's probably a handful of people who can do this job really well. And she's definitely one of them. She's one of the original co-founders of the coalition. And so can you tell the audience what it means to have this relationship and how important and critical that has been for the medical school to be able to be successful and having such high numbers and having not just high numbers of students with disabilities, but having those students really feel included and having them, you know, have success in your space.

**Michael Kim:**

Yeah, yeah. Barb is amazing. She deserves the majority of the credit for what we have for students currently in the continued push to improve and to challenge me and the faculty to provide the best accommodations that we are able to provide. Barb and I regularly communicate and talk. We talk about students, we talk about our program, we talk about how things can be better. And I've relied so much on her experience and expertise, and she has been the almost exclusive provider for medical students. which means that medical students have seen her through the four years sometimes. You know, the entire four years, she has not only worked with them to get accommodations but she's advised them because of her experience with accommodations in the medical school, especially in our clinical, our clinical coursework. She really knows what works and, and what doesn't work as well, and can really help students navigate that. And the fact that she and I can reach out to each other so, so easily means that when there are gray areas or when we need to really think about an accommodation, or having a conversation about that, um, sometimes making decisions and sometimes going to the faculty and, working together to work with the faculty to make these decisions.

**Lisa Meeks:**

I think that you bring up a really good point there in that continuity of care. The fact that she's been there for so long and, and knows all of the individuals is really helpful. And just the fact that she understands best practice and emerging best practice in this field is... Honestly, you guys are so lucky. There are so many medical schools right now trying to hire DRPs. And you've just been really blessed. And I love that you appreciate her expertise and you invite her expertise to the table to have these discussions, which is so critical. I can imagine just having gotten to know you that you're, you're also an, an

amazing partner for her and that she's had quite a different experience than perhaps some other DRPs, so it's a win, win.

**Sofia Schlozman:**

In the next section, Dr. Kim and Dr. Meeks discuss the research they've worked on together. Listen, or read along, as they share how the Pathway Project came to be, beginning with Dr. Kim's explanation of how he and Dr. Meeks first met.

**Michael Kim:**

As we're thinking about our, our students about 10% of our students get accommodations, so it's a, it's a significant number. and I began to wonder, is there a difference in the outcomes, the academic outcomes and the results of those outcomes in terms of, uh, students' progression into residency.

**Michael Kim:**

And so I proposed that problem to Barb as to say, well, let's do that for our students here in Minnesota. And she said, "I think I have someone who can, who can help you think about this more, uh, more broadly and, and maybe more than just the University of Minnesota." And tha- that initial connection has been so surprising and rewarding for me to be able to work with you, Lisa.

**Michael Kim:**

So thank you so much for answering that call from Barb, and bringing me into your fold and really being a mentor and a partner in this work.

**Lisa Meeks:**

Well, you're welcome. We kept saying we were working on methodology and how would we do this? And what schools would partner with us? And people don't realize how long research takes. That took a year and a half. I would say almost two years of trying, you know, with our busy schedules to, to get together and do this. But then once, once we went to that, that meeting in, I want to say it was Arizona, and everybody got together-

**Michael Kim:**

Yeah.

**Lisa Meeks:**

It, from there, it felt like it flew.

**Michael Kim:**

Right.

**Lisa Meeks:**

And I was just so excited. And then, and then COVID-

**Michael Kim:**

Yeah.

**Lisa Meeks:**

hit.

**Michael Kim:**

(laughs)

**Lisa Meeks:**

And (laughs) I still am just fascinated at how we were able to still collect all of that data during what has been probably one of the worst periods of time for us. And we're not done.

**Sofia Schlozman:**

In the next section, Dr. Kim discusses how his own experiences as a medical student have informed and motivated the work he does today.

**Lisa Meeks:**

Why don't you talk about your personal connection to the disability work and, and the ways in which you feel connected to these students in this population because of your experience in medical school.

**Michael Kim:**

I'm very open about this with my students. I actually went to the University of Minnesota medical school for my undergraduate medical education. And during that time suffered from depression. And did eventually seek help through our mental health clinic at the university, and was treated for depression.

**Michael Kim:**

And I found that a very isolating experience for me at that time. And I didn't really ever hear anyone talk about it. And certainly as I was thinking about taking on the role of dean of student affairs, the main overriding goal was to make it a better experience for

students than I had. That was my (laughs) my number one goal is that I want it to be a better experience. And my initial focus was on mental health, but I was quickly also moved to think about students with disability and how we support them and accommodate them because of my experience of having depression during medical school.

**Michael Kim:**

I don't even think I talked with it about any of my fellow students. I don't think any of them knew that I was on antidepressant medication, um, or suffering from depression at times. So my goal has been to change that conversation and to try to battle the stigma that, having a disability, especially a psychological disability has, and to again, make it a better experience for students going forward.

**Lisa Meeks:**

We've grown so close in the last four years, and, and I just, I appreciate so much who you are as a human. But I have also witnessed the impact of your honesty, um, on the topic on your students and our students in the lab. We work together in, in Meeks Lab. Dr. Kim is one of our researchers and leaders in that lab. And your transparency has been such a beacon for the students that work in our lab and seeing what's possible that you can both, you know, have a psychological disability and at the same time be productive.

**Lisa Meeks:**

But you also allow a lot of space and encourage a lot of space for people to engage in self-care. And one of the things you've done, certainly this pandemic has weighed so heavily on our students. And, and I would say, um, very heavily on many of your students, for some reasons we'll get into shortly. But you've created a really interesting option this year for your learners around mental health and maintaining wellness. Can you talk about that?

**Michael Kim:**

Yeah, thank you. And this has been a goal of mine for years is for a student to be able to say, I need to address my mental health, and that we are 100% flexible in accommodating that in any, in any form. So we have gone through our excused absence policies, our grading expectations and things, and have said, students need to be able to take time off when they need it for their health, including their mental health.

**Michael Kim:**

And certainly we know that, um, those concerns are only increased with the onset and ongoing, and at (laughing) times endless feeling, um, response to this pandemic. Last year, all first and second-year students in their preclinical foundation courses were mostly virtual. They came in once or twice a week, at most for lab experiences where they were gowned and, and masked and face shielded.

**Michael Kim:**

So we were really excited about our return to the in-person learning environments for our first- and second-year students this year. But the second-year students are coming in really not having had major interactions with most of the students in their class facing ongoing and now upsurging pandemic with the delta variant and overall just feeling uncomfortable about their safety, their family's safety, um, and what that all means. I think all very understandable.

**Michael Kim:**

We went through and actually said, let's take everything that doesn't have a benefit from being in-person and let's take it offline. And so this class, the second-year class, which is the one that is particularly challenged by this. They're getting maybe five, four, five, six lectures per week in-person, which is the lowest, outside of last year's virtual, is the lowest amount of in-person that, we've had in the school as far as back as we can remember. But we've also appreciated that for students, this has been a continued toll on their health.

**Michael Kim:**

And reviewing our policies and looking at that we have said that if you feel like being in-person is taking a toll on your mental health, then that can be an excused absence. And it's interesting that certainly there have been students who have used that, which is great. But it wasn't as many as I actually thought would use it. And certainly as, as, as things have gone on and students have, um, sort of gotten more comfortable with being in our learning environments, which are... we also know that we have 98% plus immunization amongst our students and everyone's wearing masks. And we encourage N-95s for those who want to, and we've done other protections, like no eating in the classroom.

**Michael Kim:**

But it was important for us to say that we take mental health seriously. And if there's an erosion of your mental health, that we know can affect how you learn, then we need to make space for that so people can address that.

**Lisa Meeks:**

I love this. I love this policy. I love the flexibility that you've provided to learners. And I'm sure that for this, learners are very grateful, but also feel like they can come back as they're ready to fully engage. Your learners, I had alluded to earlier, your learners are probably poised to be a little bit, if not a lot more impacted by some of the events in recent years. We know, in the death of George Floyd, that occurred, I wanna say it was in your backyard.

**Lisa Meeks:**

And so, you know, Minnesota and, Minneapolis, in particular, was turned into just a major hotspot of activity that above and beyond kind of the ongoing pandemic, which would have been enough for anyone, had to have impacted your students and your campus in a way that I don't even know that we could fully capture.

**Michael Kim:**

Yeah. Yeah. So George Floyd was murdered about four miles from our medical school. And is so impactful in the aftermath of all that for every single student in our medical school. We had just two months beforehand suspended our in-person coursework, across all four years of our medical school. And dealing with that and the chaos cancellations of step one, step two, students wondering about how can they go to medical school without seeing patients? I was wondering how we can have a medical school (laughs) without people seeing patients. And to have that happen, uh, was, was, uh, very traumatic. I am so happy though, with our students, how they responded. Um, it just shows the resilience of our, of our student body. And certainly there were those that were affected that so much that they needed a lot of support.

**Michael Kim:**

But they rose up to the challenge. They demanded an anti-racist curriculum and, you they became activated and energized by this to help us make a better medical school. And so we were all going through this together when we're all dealing with the ongoing trauma of this together, but it was their wanting to make a difference that really, um, made me proud to be part of this medical school. And these are the same students who in response to COVID because they were no longern-person, they started a babysitting group for providers who had to work and had kids at home. So they've always been a fairly activated group. But, you know, this was amazing that they really took this on. And again shows their resilience.

**Lisa Meeks:**

Yeah. I can't even imagine, there were days that it just felt so heavy. And that's from kind of over here in Cleveland, Ohio, and not even being right next to the events, or in this case, it's, you know, it's kind of ongoing the court case and just everything that's happened.

**Sofia Schlozman:**

The conversation now shifts to a discussion of the challenges of pursuing medical education as a student who identifies as being part of an underrepresented group. Listen or read along as Dr. Kim discusses his own experiences as a Korean American individual with depression, the impact of having an underrepresented identity during medical training, and the steps that the University of Minnesota Medical School is taking to better support BIPOC and disabled students.

**Lisa Meeks:**

It's interesting 'cause you're in this very interesting institution where you have a high percentage of students who are underrepresented in one way or another. And then you yourself come from a Korean background. So you have had different experiences as a person who might be considered underrepresented in some contexts. And I'm wondering if you can talk about the impact of having this kind of dual identity for you personally, and then for your students, and I think, especially in how this impacted them over the course of the last few years.

**Michael Kim:**

Yeah. I also want to say that I've had a lot of privilege in my life and certainly appreciated that privilege but as a, uh, Korean American with depression, uh, in medical school it felt very isolating for me. The discussion about mental health when I was in medical school was essentially zero about students for students. I certainly, again appreciated that there was a mental health clinic associated with the university that I went to, but I don't think anyone ever discussed, uh, in my recollection addressing our mental health while I was a medical student.

**Michael Kim:**

And certainly there were not a lot of Korean American role models. And certainly discussion of disability was not part of the conversation as a medical student. And so it was isolating to feel different. And I know all students go through periods of time where they feel isolated and they get imposter syndrome and wonder whether the admissions office made a mistake in (laughs) bringing them in. But I think that, being in that situation, it felt more isolating.

**Michael Kim:**

And then when I was a resident, so it was interesting doing my clinical work in medical school, and then as a resident at the University of Minnesota, we have a very large act of VA that we do a lot of our work in. And at that time, many of the patients that we're working with were Korean war veterans. And that made for interesting conversatio working, working with them, sometimes in a very positive way as they took an interest in how a Korean American came to be a medical student at the University of Minnesota. Sometimes I feel it may have been traumatizing or at least difficult for those patients to see me.

**Michael Kim:**

Most of the time it was neutral, but you know, it was an ever-present thought in my mind that I have to think about how this individual might be seeing me as a Korean American providing care for them after them having been at war in Korea.

**Lisa Meeks:**

And how do you think that coming from a dual underrepresented and disabled background for your students impacts their experience in your learning environment?

**Michael Kim:**

Yeah. Definitely, there is a difference, especially I think those who are underrepresented, BIPOC students, underrepresented students. And we have, uh, I think we have the second largest native American and indigenous population in our schools in any medical school. The cognitive load of dealing with that identity and then also dealing with being an individual with a disability has made it really hard. And those things are interactive.

**Michael Kim:**

Because of the cognitive load and the challenges and barriers our underrepresented and BIPOC students have, not only does it make it harder, on a whole for them to consider their disability, it also, in many times exacerbates their disability as you know, many of them, their disability as a psychological disability, depression or anxiety. And so, you can imagine that if, um, you're dealing with both feeling out of place because of your identity, having it exacerbating your disability and perhaps feeling less likely to reach out for help can really impact one's ability to learn and be successful in medical school.

**Lisa Meeks:**

I completely agree. And, for those that have chronic health disabilities, you know, um, I think there could even be an exacerbation there of the-

**Michael Kim:**

Absolutely.

**Lisa Meeks:**

... physical health

**Michael Kim:**

Yeah.

**Lisa Meeks:**

How do you think medicine kind of broadly could improve the inclusion of individuals that are at this intersection of race and disability in healthcare and the healthcare professions?

**Michael Kim:**

Yeah, there's a lot I think we can do. I think we, we've started that with, with those who identify as being BIPOC or part of an underrepresented group. I think we need to treat disability at the same level and in the same conversation. So when we talk about underrepresented, I think we can talk about race, ethnicity, identity. We, we should be talking about sexual orientation, religious, other identities. Disability needs to be in that same sentence and needs to be worked at the same level to help support students, to help them create their identity as a professional who also has an identity other than white and non-disabled.

**Michael Kim:**

And I think we need to be able to think about how we can provide the supports both through universal design to allow all students to be successful, but also what are the individual needs of those with disabilities, those who have other identities, how groups in those individuals in each of those subgroups need specific support, and then how each individual on their own based on their own experiences needs support, and create a more holistic, flexible, adaptable, uh, support system for those for all students.

**Michael Kim:**

And we've really been able to do that through the creation of an academic advisor program. And so now every student that comes in is assigned an academic advisor, a staff member who will work with that student through the four years and really be there to answer their questions about policies, procedures, academic progress, but also be able to work with them on what they want to get out of medical school, what their goals are and help them achieve those goals, and then connect them to the resources they need to be successful. And I can tell you through the COVID-19 pandemic, we really relied on those academic advisors to work with the students to help get them through. And happy to say we had one of the best matches in recent history, um, even though we were going through a pandemic.

**Lisa Meeks:**

Yeah. And like I said, not just the pandemic, but so much-

**Michael Kim:**

Hmm. Yes.

**Lisa Meeks:**

... your students have gone through. Is there any concordance in race or identity from advisor to student or is it, is it kind of a, everybody gets placed with an advisor through like a lottery system?

**Michael Kim:**

So great question. Our academic advisors are actually attached to our faculty advisors. So everyone, everyone in our, our medical school also gets a faculty advisor that's similarly an MD that follows them through four years. And actually in our medical school, that faculty advisor also writes their MSPE, because of how well they know and work with the students. So we have three academic houses which house a third of each of the faculty advisors. And then there's an academic advisor assigned to each house who works with all the students within that faculty advisor group.

**Michael Kim:**

And that is all, that is all random, at the start of medical school. But certainly we've thought a lot about how we support BIPOC students underrepresented students who identify as being underrepresented, what our individual student support needs are. And we've created other avenues by which we could provide resources, mentorship. One really exciting thing is we have an office of learner development, which provides support for study skills, test-taking skills, academic performance skills.

**Michael Kim:**

And we've had the privilege of having them be former clinical psychologist who've taken on these roles for us. So they've also taken on the role of mental health, supporting our students' mental health. Including, we created a confidential bridging counseling knowing that our university mental health clinic that I went to when I was a student, knowing that there were times were six, sometimes six, seven weeks, we provided a bridging service where we provide psychological counseling until they can get into a more longitudinal counseling relationship.

**Michael Kim:**

And we have a fellowship. And we specifically focus that fellowship on addressing diversity equity, inclusion concerns for, uh, underrepresented and BIPOC students. And so we're really excited, you know, we're, we're constantly thinking about how to do that to be more inclusive, be more representative, and to, um, provide the needs across all of our students.

**Lisa Meeks:**

Minnesota sounds like an amazing place to be a learner. So thank you for your leadership in that. I'm wondering if you wanna talk about the available data or lack thereof at the intersection of disability and, you know, being a learner who identifies as BIPOC and what we don't know, what we think is going on and kind of what efforts are moving towards this space.

**Michael Kim:**

Yeah. Thank you. Certainly building on past research, we know that students who identify as being underrepresented or BIPOC score on average, lower on standardized milestone exams like USMLE step 1, step 2. And through the data that the research

projects that we've had with our collaboration of 11 medical schools across the country, we know that students with psychological disabilities, ADHD or learning disorders score significantly lower than their counterparts when matched by MCAT their incoming exam.

**Michael Kim:**

And so, first of all, you know, just thinking about that, that if you identify as being Asian, on average, you score about five points lower on these are very important exams. And if you, if you identify as having anxiety, you score on average much lower. So you can think about an Asian, someone who identifies as being Asian and someone who has an anxiety disorder, we can hypothesize certainly that there are likely to be some negative additive effect being members of those two, two groups.

**Michael Kim:**

And then our research looking at students with disability and their performance, there is some indication that, that, that we're still looking into and need to research further that there truly is an additive, some sort of additive effect of being in those intersections that result in even worse performance. And so this very early stages and, um, something we're definitely interested in looking into, and I think will be something that's really important to address in the future.

**Lisa Meeks:**

Certainly, as you said, we see those signals and we're, we're going into phase two of our pathways project to see what those signals tell us about this, this uniquely situated group. And I'm just excited when we logged on, we both were kind of remarking about how I haven't talked to you, it (laughing) feels like in forever.

**Michael Kim:**

Yeah.

**Lisa Meeks:**

Because when you're on such a big project, you're talking daily, if, you know, every other day, if not daily. And so I miss you, and I'm excited, um, for phase two of this work. And so many of our colleagues. I was, I was so excited when we finished that project and we said, okay, we're gonna go into phase two. I was so excited about how many of our colleagues said, I'm in, immediately. Um, they had such a great experience. And I think the work is just so important to them as leaders across these 11 schools. So I'm excited to get to phase two.

**Michael Kim:**

Yeah. I mean, all the way through, it's really been... our collaborators have just been champions. It's been awesome.

**Sofia Schlozman:**

In this final section, Dr. Kim shares his advice for learners considering or working towards a career in medicine.

Lisa Meeks:

Well, one of the things that we're trying to do in this BIPOC series is to get advice for the learners. Similarly, to the way that we do with all of our podcasts, you know, um, this is meant to be asynchronous mentoring for a group of people who are marginalized, don't have a lot of mentors, and even if there are people in medicine, which we know there are, that have disabilities, many of them are still fearing the repercussions of being a person with a disability that's out about their disability and how that might be perceived. I think especially for some people that have what we call the non-apparent disabilities that are, you know, psychological ADHD or learning. So, I wanna wrap up our conversation by asking you, what advice you would give to someone who is both disabled and a member of the BIPOC community who's considering a career in healthcare, or who is in the beginning stages of that pathway?

**Michael Kim:**

Yeah, but I think my first thing is, is don't be discouraged. At times it will be harder, likely, and potentially more isolating based on the experience I have. But I will say there are many people out there who are invested in your success and want you to succeed. Hopefully your family and friends, but also those within the medical schools. And when you're reaching out and thinking about your career choices and where you want to be on that journey towards your career, look for those resources like mental health support, wellbeing support, how do they think about identity at the institution that you are considering going to. And I would ask them about the, the support directly in your s- your sort of your discernment process and in your application process, and when you get into an institution, how, how can you support me?

**Michael Kim:**

'Cause I think when I went into medical school, I was thinking about how can I perform to meet the expectations of the medical school. And I want that conversation to be turned around, which is to say, how can the medical school support me being successful? And obviously, it's an interaction. We think about the learning environment and having a supportive learning environment. We think about having relationships and community, and we think about opportunities of self-care in our wellbeing model, and certainly those partnerships. We need feedback about how the learning environment is going in order to improve it.

**Michael Kim:**

We need to work together to build relationships and community within our medical school. And certainly, we need to make sure that you have the ability to do the self-care that we know, you know, how to do. So look for those partnerships, look for that support and use it.

**Michael Kim:**

I think when you're ready, we're there to help you, but I think the earlier that you can access those resources, I think it improves the chance for success, and hopefully makes the stress more manageable in medical school. And know that, in the end you will make an impact on patients, you will make an impact on your colleagues. For me, one of the joys is knowing that working in my communities as a provider, that there is an overall effect that we all bring our strengths. And when we all bring our strengths and our weaknesses together, and by working together as a team, we are all stronger. And we need those with disabilities to be in the learning environment, to be in our working environments, and to address the disparities in our healthcare outcomes. And that's, that's why we want you to pursue a career in medicine.

**Lisa Meeks:**

That is perfect. I, I couldn't agree more

**Lisa Meeks:**

It has been a pleasure having you on the podcast. And I can't underscore enough how impactful you sharing your personal story is to the audience, to the people that you've worked with. And your story as a person that has experienced depression, but also that is a member of the BIPOC population and who, who also oversees and supports several learners that are part of this kind of dual marginalized group, if you will. And you've done it with, you know, humility, and you've done it with just absolute commitment to the next generation. And I know that I can't thank you enough for being a really incredible partner in this space. And, and I learn every day from your leadership and, and watching you. And I, I just want you to know, I appreciate you, and our audience will appreciate and, and benefit for of your story.

**Michael Kim:**

Thank you. And, and thank you for your guidance and mentorship. Um, I really have learned so, so much from you over the last few years, um, especially this past year, as we really dived into the, the research work that we've been doing. And I, I am, in awe of you and what you have done for students with disabilities. So thank you. Thank you. Thank you.

**Sofia Schlozman:**

To our guest, Dr. Kim, thank you so much for joining us for this episode. We are so appreciative of your honesty and openness in sharing your story and of your dedication to making medical education a more inclusive, welcoming, and supportive environment for underrepresented students. We are so grateful for the work and research you do every day, and so honored to have you as part of the Meeks Lab community.

To our audience, thank you so much for listening or reading along to this episode. If you have not done so already, we strongly encourage you to check out the other episodes in our ongoing BIPOC voices series, and to subscribe to our podcast.

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