Lisa Meeks:

Doctors with disabilities exist in small, but impactful numbers. How do they navigate their journey? What are the challenges? What are the benefits to patients and to their peers? And What can we learn from their experiences?

Peter Poullos:

What are the benefits to patients and to their peers? And what can we learn from their experiences?

Lisa Meeks:

My name is Lisa Meeks.

Peter Poullos:

And I am Peter Poullos.

Lisa Meeks:

And we are thrilled to bring you the Docs with Disabilities podcast.

Peter Poullos:

Join us as we explore the stories of Doctors, PA's, Nurses, OT's, PT's, Pharmacists, Dentists, and other health professionals with disabilities.

Lisa Meeks:

We'll also be interviewing the researchers and policy makers that drive medicine forward towards real equity and inclusion.

Sofia Schlozman:

Hello and welcome back to the Docs with Disabilities podcast. In this episode, we are joined by Dr. Payam Massaband for the final installment in our BIPOC voices series. As

he will soon describe, Dr. Massaband is a radiologist at the VA Palo Alto and director of the Stanford Radiology Residency Program. In this episode, Dr. Massaband, Dr. Meeks, and Dr. Poullos discuss accomodations in UME and GME, strategies to find balance in a medical career, and Dr. Massaband's advice for trainees with disabilities and for program directors seeking to better support disabled students. We begin with an introduction from Dr. Massaband.

Payam Massaband:

I'm Payam Massaband. I am currently a radiologist by trade. I work at the VA Palo Alto and I have the privilege of being the division chief of radiology here at VA Palo Alto. And also affiliated with Stanford where I am the radiology residency program director.

My path into medicine has been a windy one where it is, you know, and completely unpredictable. I think, you know, when I started in med school, I felt that, this old fashioned sense of this doctor that would sort of carry the little black leather bag and see patients, you know, in clinic, go to the hospital and see patients at home.

And I quickly realized that just doesn't exist anymore. The closest I found to something like that was general surgery. So as a med student, I thought, you know that,that was me. And, and so much of my identity was wrapped up in being that kind of physician and being a general surgeon.

Which is funny, right, because, because I think if you would have asked me then, you know, what I would've imagined the course of my career to be was so different than how it ended up. But basically started in general surgery at Stanford and did three years. What's funny is that, you know, in retrospect, things are always obvious.

Sofia Schlozman:

Dr. Massaband now reflects on the path to discovering his disability, and how this discovery impacted the decisions he made about his medical career.

I think there was like a nurse when I was a second year resident who said, you know, you're walking a little bit funny and, and I didn't really even think about it then, but I was like, oh, you know, I had a little bit of hip pain and I thought, you know, I maybe tweaked my hip a little bit so I have a little bit of hip pain.

But then fast forward in the third year , I was tripping. And at one point I spilled a cup of coffee on my chief resident. And he's like, you know, "What's going on?" And I thought, well, there's something wrong with these shoes. So I got rid of that pair of shoes, but, you know, things slowly progressed.

I examined myself and found that I have a foot drop. And I was like, well, that can't be normal. Did some research and found that there's a myopathy that afflicts Persian Jews disproportionately. And so I thought, okay, this is likely. I mean, it's still rare. And, and it's of course, very rare if you're not Persian and Jewish. But, it's still not that common.

And, and I put two and two together and had this moment where I realized, well, I probably shouldn't do surgery anymore. And then I started to think about what were the potential options. And I thought, you know, the two that I thought were gonna be most reasonable would be either psychiatry or radiology, and I actually tried to be very thoughtful about this.

And I thought, well, you know, if I end up having issues dealing with a progressive disability how would that affect the therapeutic relationship? I said, probably negatively, or, you know, I just didn't wanna get into that. So I chose radiology and what I tell people is through my hats as program director and division chief, on a day-to-day basis I think I'm maybe slightly more of a psychiatrist these days than a radiologist, so there's a little bit of a twist of fate there. But I think in the spirit of the podcast, given the folks who are at the moment where they're trying to decide you know, I think the reality is you know, what you think at that moment is not how you're gonna feel in a couple of years once you're in residency and life happens and things change.

And I think that that's important because sometimes you are surrounded by people who are so sure they know, and, and I think folks who aren't sure, or for other reasons, things don't work out, you know. It's good to know that in the end things can work out despite the fact that they take these crazy turns.

Peter Poullos:

And how do you feel about your decision now?

Payam Massaband:

When I switched into radiology, I thought, okay, well, this is gonna pay the bills, but I'm just gonna be a sad person because, I'm not gonna be that sort of that general surgeon or the pediatric surgeon.

And I thought the thing to do would be to just get into private practice, work hard and just, and just get out as soon as possible 'cause I'm not gonna like it, or I wasn't sure if I was gonna like it. You know, I ended up really liking it, I ended up choosing possibly the lowest paying job that I could get out of residency and, and I loved it.

And I've gotten so many incredible opportunities to learn, to teach, to lead, to follow. It's just been remarkable. And, and career was such a big thing starting out and now, you know, it's just a career and I have my family and I have other things going on and like where this was just front and center in med school.

And you know, family was just something that I thought, well, maybe I would do that. you know, it's ended up being so much more important to me than this part. So even from that perspective, I think I look at it much differently. So I'm very happy. I get a quizzical look sometimes, but I feel very blessed actually.

And, and I think that for some it seems discordant to say that, but I do feel, I feel blessed.

Lisa Meeks:

Thank you for sharing your story and thank you for contextualizing it for the listener, especially the, the learner, trainee listener about how things sometimes don't seem like they're working out, but in the end you can be really blessed in, in whatever area you enter.

But you also, I think, are kind of modeling this idea of this work life balance everybody seems to strive for, but you have found and been really happy and peaceful and balanced in this space. And I don't think that there are a lot of physicians that feel that way, especially after the last three years.

But I think in general, so many of the trainees put everything into medicine. They give it everything for so many years. And then, you're out the other side and it's like, where's my life? How do I find balance?

Peter Poullos:

Yeah. Yeah. Although I would push back a little bit on this balance idea because you're also incredibly hardworking. I mean, I get emails from you late at night.

I mean, there aren't very many people that I know that have two big leadership positions at the same time, chief of radiology at the VA and radiology program director, both of those are full time jobs and you have two of them.

Payam Massaband:

Well, so many things here, right, this, this question of balance. I would say that is definitely, a real reckoning in medicine right now.

And I think that, one way of approaching that that you've seen is this idea of, well, we need to be taught to be resilient. I think that's garbage. I think we are the most resilient people I know of in the workforce based on what we go through to get to where we are.

So this idea that we lack resiliency I think is nutty. Now I'm not against yoga, meditation. I do try to have moments of mindfulness. and I think that that's important, but I don't think that we lack resiliency.

I think that where I benefit greatly, is when you get to do things that you feel passionate about and that you find meaning in, I think that even just spending a small amount of your time doing that really makes up for a lot of the other drudgery that we have to deal with.

And in medicine let's face it, there's a lot of drudgery. I mean, so much of what we're doing is tailored to feed the machine the notes, the communication, the billing and less really just devoted to patient care.

So, I feel like there are challenges. I don't wanna dismiss them. And I think that I probably overwork.

And I, I don't think that I would pitch myself as the model of balance. And, so I understand that, but why I don't feel burned out from that perspective is that I get to do things that are very meaningful and both those hats that you mentioned, Peter just bring you know, of course headaches.

But being able to mentor that many just brilliant, hardworking folks and to be able to touch them in different ways. You know, a lot of times when they're in crisis mode and they come to you with things broken and you help them to try to learn how to piece those things together, that's precious.

And being able to do that I think energizes me. On the VA side, you know, we're dealing with an underserved group of patients who I always say, you know, they're the most deserving patients ever, and being able to improve their care, that's energizing.

Sofia Schlozman:

In the next section, the conversation shifts to a discussion about accommodations for medical trainees. Listen or read along as Dr. Massaband describes how he approaches decision-making about appropriate accommodations for residents and employees.

Peter Poullos:

Have you ever had to deal with making accommodations for any residents or employees? And how did that go? How did your disability affect how you navigated these situations?

Payam Massaband:

You know it, it's funny. I think there's this concept of moral licensing and I, you haven't seen it really discussed in the intersectionality world as much.

Payam Massaband:

But I think we have to be careful, that I think there's some data that suggests those of us who say we have something, in this case, let's say disability, there's a risk that we're actually less empathetic and less supportive of others. And so how I approach these things is to try to just separate myself from it, because the data show that, though it's counterintuitive, I'm just as likely to be less accommodating as somebody with a disability in a leadership role as somebody who isn't.

When I deal with somebody who comes in with a request for reasonable accommodation, I actually just as often don't try to put myself into their shoes because that, that generally won't go well. There's a ton of diversity and disability. so I really just try to separate my own situation from, from the request for reasonable accommodation. And actually, and reasonable accommodation I mean, it's a law (laughs).

And so I think just helping people to understand that in medicine it's okay to accommodate, and we just have to sit down and think, you know, what is reasonable in this perspective. I think that's the challenge. That's where we have to educate folks that it can be reasonable for us to accommodate in ways that we haven't in the past, and in ways that we're not used to.

Lisa Meeks:

Yeah. You, so you bring up a really good point, and this is an area of great concern for me. I'm on the ACGME Equity Matters council. And we created two modules to train program directors.

And trying to decide what information do program directors need to know was an interesting exercise in kind of figuring out what do people already know, or what are the assumptions that are going to be there.

And that kind of coupled with my experience interviewing disabled folks from different categories of disability where I've witnessed a lot of assumption and bias across categories, right. So somebody with a physical disability saying, well, it's easy to figure out how to accommodate me; I can't imagine having a cognitive disability.

You have a really good point there that there are a lot of belief systems, even within the family, the disability family, that have to be, you know, corrected.And, your approach I would endorse is the, is the good approach, right, where you're trying to remove any bias that you might have even as a person with a disability in the decision making.

One of the things that worries me as we start to see more and more trainees moving from UME to GME, is that we don't have people who actually understand what clinical accommodations may be reasonable. So you could have one residency where somebody's saying, absolutely not, this is not reasonable and another residency where they're saying, yeah, this is absolutely reasonable. Let's figure it out. And so how do you go about actually adjudicating the decision and do you have any help in that space? And what do you think we need to be teaching program directors?

Payam Massaband:

We're woefully under-equipped to deal with this in, GME I would say. I think that, in an ideal state, what you would do is make it very clear based on a sort of a milestones basis, what is sort of required and what, you know, you would need for a particular subspecialty.

And, and it might be the case that certain disabilities preclude you from those basic requirements, from some specialties, right. And so I think, I think that we may have to just accept that, right. And I think that's sort of one extreme. But I think on the, on the

other side, to what extent can, can we say be flexible in what we are able to accommodate. And so I know radiology better, and I can say that there's probably radiology program directors who might not know that, you are able to graduate residents without any qualifications in the absence of having done procedures.

Now, the case logs that we have in radiology and these minimum numbers are guidelines. They're not requirements for graduation. And I think that, you know, it's up to a particular program director to be able to use their judgment to say, in fact, you can graduate. So there is an element of education. But I think the thing that is gonna be harder to do is how do you address the fear of somebody saying, well, do I have to change all of the doors in our department? Or, or how are we gonna accommodate these other aspects of our residency?

So I do think we have to be honest that it probably requires work and requires partnership. And I think trying to educate program directors on what is possible, I think is one area. And then I think it's important that HR get involved. The other thing about GME that's, that it's so weird. You have a group of folks who consider me their boss. I'm a university employee, they're hospital employees, and so I don't normally deal with hospital HR. And I think that we do need to get HR involved, and I think they're happy to be involved.

This is part of what is their job.. And I think the thing I would say is we're gonna be dealing with this one way or another, either we do it thoughtfully proactively, or we end up matching and learning, and then fumbling to try to make sure we create a good environment for folks.

Peter Poullos:

When I talk about my accommodations during residency, I put a picture of Terry Desser up there. And I talk about the fact that she understood what you're saying, like what are requirements and what are recommendations, how much latitude she has. And really at the time in radiology, you know, you needed to have read a certain number of mammograms and done a certain number of nuclear medicine therapies. And beyond that, it was pretty much wide open.

I'm just curious if you've had to ask for any accommodations yourself and what those have been?

Payam Massaband:

Yeah. Similarly, you sort of learn your way of getting around, where the doors you can push from one side and not the other, that is one part of accommodation. The others for me have been actually just, just one was to get an automatic door opener that leads to the office space on the Stanford side.

On the VA side, I just leave my door open all the time. You know, I joke that, you know, this is not my office, it's the government's office. and so I leave it open, and that's just for ease of access. So that, so that I've sort of accommodated myself.

I think, I think, you know, it's another reason to just advocate for institutions. It's why I like this idea of disability as diversity as well because I think, when we include everybody we, we sort of , set the stage for improving things for everybody. Even just ergonomics or ease of use of some of the computer equipment, you know, making it more straightforward for us actually in some ways makes it easier for everybody. and I think that, that's kind of the way that I, that I look at it. But, yeah, not much in the way of accommodations.

I mean, I survive on a day to day basis because of the kindness of strangers, I would say, you know. Because you, you know, anywhere you go, people, you know, if you just say, hey, could you do this for me? Or my phone fell, ... they'll see that I'm struggling to pick it up. You know, it's impossible to be there for more than a minute without someone just running over and saying, "Oh, I saw, can I, can I pick that up for you?" So, you know, the kindness of strangers goes a long way as well.

Peter Poullos:

Yeah. You really do see a different side of humanity with a disability And, and I learned a long time ago to not feel bad about asking for help, and that people like to help and it makes them feel good to help.

Sofia Schlozman:

Dr. Meeks, Dr. Poullos, and Dr. Massaband now shift their focus to talk about a medical student's perspective. In the next section, our hosts and guests discuss advice for medical students with disabilities who are preparing to enter the next stage of their medical careers.

Peter Poullos:

What would you say to a disabled med student considering a career in radiology?

Payam Massaband:

It's a great question. And, through both of you, I would say a, I've had the privilege of answering that question to multiple folks who've reached out confused and not sure what to do. And I think one thing I do is try to understand what their disability is.

And we have to decide, you know, do you even declare? And I think that, I put my mentor hat on that one, because as the program director, I would want somebody to declare. But, recognizing that not everyone has had the same experience as we have in our residency and recognizing that that could be a problem for folks so I don't necessarily advocate that. There's a question that, do you think that you would be able to do the duties of this job with or without reasonable accommodation. And its 'there and you answer it. And, and your answer is yes, right, because you're saying that you'd be able to do this job with reasonable accommodation.

So what I do with them is sort of discuss, well, let's, let's think through what is the disability, what would be the required accommodation and what would be the cost of sort of springing this on someone after the fact, versus discussing it ahead of time. And we actually think through that and, discuss and decide, and I leave it up to them. We're not in that ideal world I presented a few minutes ago where everybody's honest about everything. And then we sort of figure out where we can accommodate folks and which specialties. You know, I don't see that happening yet. And so I'm much more careful in my mentorship of med students applying.

Not because I wanna be deceitful, but because I do wanna maximize their chances of matching. And I think you have to balance these things. And like we said, at the time when I transitioned, unless you did a very careful investigation of my gate, you wouldn't necessarily know that there was anything wrong.

Right now it's obvious, right, because I'm in a wheelchair, but I think it's just to say that there is this sort of variable amount of visibility of disabilities where I think it makes it a little bit more tricky. And then the other thing that we've done, both Peter and I, is we've offered to vouch for the fact that this is very much doable. We also are willing to talk to other program directors to talk about how straightforward it can be to accommodate.

Lisa Meeks:

That is such a valuable tool for students trainees and PDs to hear the stories, the success stories, right, the strategies of doing this, that allow them to enter these discussions with more positivity, more of an open mind around accommodations, and not just to shut down.

I think some of my biggest successes in this work have come because I've been able to leverage the stories of what other institutions are doing when engaging with an institution that's really having a hard time wrapping their head around this as an accommodation.

I think when people are not talking to one another and they're making decisions in these siloed situations without reaching out to schools and not even the most progressive schools, but just reaching out to survey schools in general, or doing their due diligence to look at best practice or the literature, I think they're doing themselves and their students a huge disservice.

And so I would say that, you know, GME doesn't have as many resources, but for UME, it's problematic when people aren't, aren't doing some research or having these discussions because it is helpful to know that somebody else is doing it and how did they do it and why, then you don't have to go through so much work.

Payam Massaband:

Yeah. Yeah. And you know, I think it, it's where the reckoning is, is gonna be interesting to witness. But let's give folks the benefit of the doubt. Let's say those medical schools feel like, yes, we could do this, but you know, we've spoken with all of our residency programs and they've said that that's not something that they could accommodate reasonably.

Like in other words, let's say you're a residency or a fellowship of one or two people, and there's, there's a, a call component. You know, how, how do we manage through that? And I think that those are very difficult questions that we're gonna have to think through.

Lisa Meeks:

I'm so glad you brought this up because I do think that's what drives the fear in UME. And UME, let's face it, is already getting a lot of pushback from GME saying, you know, the residents are arriving. They're not prepared to do the basic things. They're not prepared to manage things autonomously.

And I absolutely agree with you. I think this is driving a lot of the fear of doing this and setting up expectations I hear so many times, you know, are we setting them up for

failure? And this is where having a disability resource professional at the UME level that knows what they're doing is absolutely essential.

Because that person is then engaging each student about residency, right. They're setting the stage for these are the expectations for medical school, hard stop, these are the expectations for residency, hard stop, within residency, even across different specialties you hit the nail on the head.

The size of the residency program is going to dictate so much of that flexibility, whether something is flexible or not flexible. So some subspecialties that you get into that are going to have four or five residents, you're not going to be able to do this release from, you know, call or, or removal from other types of duties or flexibility.

But if you go into a general internal medicine program that has 200 residents every year, it's pretty likely that this is a reasonable request, right? So when we look at the legal evaluation, reasonableness is often so contextual. It's contextual to the specialty requirements, the licensing requirements and it's contextual to the size of the residency.

So I think, you're right, it gets a lot more complex and nuanced in GME. And that is why we really need to educate, not only educate the leadership of GME, but also to educate the people that are there supporting the decision making, because so often it just gets shut down if there's not a qualified disability professional to kind of navigate this with both sides.

Payam Massaband:

The other reason why I think this idea of disability, thinking of it from a diversity lens I think, is helpful. You just imagine some of these same arguments and I'm not a medical historian, but I'm pretty sure that some program directors were saying these same things about allowing women into their residencies back when it was mostly white men.

And if we do come up with a way that, that night call can be accommodated where, where folks don't feel like it becomes an undue burden on others, then does that help others from the burnout crisis and say, you know, if you're not feeling well that night, like we have these redundancies now as a result of folks for whom we've had to accommodate.

So in a sense, we could potentially be helping as a fringe benefit to be able to say, you know, this is possible, these folks are being trained as well. Can we be more flexible with others in training and make this just a better experience for everybody?

I'm not a huge fan of COVID, but one of the benefits of the COVID era, you know as a program director I would say, you know, we gotta allow people to call in sick. And, you know, thank goodness for COVID because people now are like, oh, sniffles, don't come in, just stay at home and feel better and then you come back when you're, when you're feeling better. Yes, is it harder on the folks who happen to be in the room? Probably. But if everybody that then has that, that freedom, then you step up when you're feeling fine and someone else isn't, and then you, you've essentially bought folks the ability to feel like they, they can take a day.

Peter Poullos:

You wrote something, that, disability is a good analogy for what I think can drive personal and professional satisfaction for a broader group of people.

Payam Massaband:

Yeah, yeah.

I think if you have physical disability, it is a very clear line between, what you can't do any- anymore.And the, you know, the question is, you know, to what extent are you going to spend time thinking about those things that you cannot do anymore, versus just accept that I cannot do those things, and then I'm just gonna concentrate on these things that I'm able to do. And I think that as I've surveyed humanity in my small corner of the world here, diversity or disability or anything aside, what I've noticed is that, that there's the way that people approach their daily lives, and they could be hung up on, on a lot of things.

I think people don't realize that they have a choice. And, and with a disability, I guess you, you sort of don't feel like you have that choice and it sort of forces you to say, you can't do this, right, so don't think about it, move on. And I think that if I could spread this word to others, they could get beyond some of these hangups and some of these areas that they focus on that drives negativity in their day.

Peter Poullos:

I agree. I think the ability to move on is key in life to, to adapt, to, to not react so negatively to change. And the people who get stuck, I think, are those who are fixated on the past and fixated on their inability to do certain things instead of concentrating on what they can do and moving forward.

Sofia Schlozman:

In the next section, Dr. Meeks brings up the topic of intersectionality. Listen or read along as Dr. Massaband discusses how his identity as a person with a disability and as a person of color impacts his career and his daily life.

Lisa Meeks:

So, part of the beauty of the grant that we received was to discuss being a member of the BIPOC population in medicine and being disabled at the same time. And what do we need the listeners to know about the intersection of these two identities?

Has your identity, your ethnic identity or any other part of your identity had any sort of impact on your training? Did you ever feel marginalized, because of that, or have you ever been in a situation where you feel like you're being discriminated against or there's some bias that's entering the situation and you're having a difficult time figuring out if it's coming from a place of concern about ethnicity or concern about disability?

Payam Massaband:

Because there's relative over representation of Persians and , Jews in medicine or Middle Easterners in general. I've not thought of myself as underrepresented in that way.

I will say that of course, just growing up, even in California, it was not rare to experience, racial bias because, you know, variably what was happening in Iran. And, antisemitism has been much discussed. I think it's one of those age-old hatreds. So I, I can’t say that it's never happened but I, but I have to be honest and say that I don't think it, it has systematically been a challenge for me.

So, I wouldn't necessarily feel that, that sense of intersectionality. But, I would say, the disability has opened my eyes in some ways that I hadn't experienced through ethnic or religious grounds in the past. And it's, it's not even, I wouldn't even necessarily say from a discriminatory standpoint.

But it's more even just how, how one perceives folks with disabilities. And if anyone were to tell me these things, I wouldn't believe them because it would be ridiculous to me that people in wheelchairs just aren't seen. I would've said that's impossible. The wheelchair makes noise. It's huge. You see my big head bobbing around, like how is

that even possible? And it is, it's unreal, or even sort of this idea of being sort of in-infantilized so, so this idea that, people know what's best for you.

And I would've thought that people who feel that way were just overreacting. But I see it every day and, you sort of come to grips with it in a way that I think helps you to understand so many of those, those other aspects for other folks.It's why I do think that, that we need to help to advocate for each other because, because I think it's very, very clear, that what we experience, is true and is, something that we can accept is happening across the board, and we just need to be advocates for each other and, and be upstanders and be allies.

And those of us who've been privileged to have these leadership positions to be mindful of that and to, to always be on the lookout and , and to advocate for those, less represented, less fortunate, and those with less.

Sofia Schlozman:

In the next section, the conversation shifts to discuss what it's like to be a parent with a disability. Listen or read along as Dr. Massaband and Dr. Poullos share their experiences as disabled dads.

Peter Poullos:

One thing I wanted to ask you about, I became a dad in July of 2020. I know that you have two kids, yours are more age appropriate than mine (laughs). You had them at sort of a more normal time in your life, not at age 48.

Peter Poullos:

But, I just wanted to talk to you about your experience of being a disabled dad, and what advice can you give me that you wish you would've known starting out with your children?

Payam Massaband:

Well my, my wife always gives me a hard time because I'll frequently go into this sort of unsolicited advice mode , from a parenting perspective. And she always later will say, you know "First of all, nobody cares. And second of all, you're wrong about everything you said." But, the one thing I would say is, we talked about resilience earlier.

Payam Massaband:

I think kids have a lot more resilience than we give them credit for. And then the other thing I would say is that kids are so different. And so whenever anybody comes forward to say, this is how you, you raise kids like that's garbage advice because kids are different, parenting temperament is different.

Payam Massaband:

And I think that, that, you know, sometimes those things match, sometimes they don't and kids grow up. So their temperament now is gonna evolve in a way that may match with you more or less in the future. So the first thing I would say is good luck, because there's not much you're gonna be able to do actively that's gonna make a difference.

So maybe that, that, that, that helps a little bit. I think my kids are different. I think they've both come to terms with my disability but in different ways.and I think that, and I think that it's been great to talk through it with them. And I've just used it as an opportunity to, to teach them how we talk about difficult things. And, my daughter specifically I think goes into defense mode if she sees that we're being stared at I think that she's maybe a little bit more sensitive from that perspective. And I think that it has just been an opportunity to talk about, well, you know, you know, give people the benefit of the doubt. If they're staring, it may just be curiosity. And, and it may be the answer is to say hi, and to, and to like answer the question rather than to scowl or to say, like they're, they're sort of looking at us in this, in this way. But I would say you are what they know. And, I think that they'll be very understanding. And, we talk about like, y we don't go and throw the football we don't go and do those things. But, we get to do other things that are a lot of fun.

And, and, you know, they see their friends and they see that, you know, there's a diversity in how their friend’s parent. And I think that, that, you know, it, it hasn't gotten in the way but, but maybe in a couple years you could have them on the podcast and ask them the same question and, and see you might get a different answer. It's great. You're gonna have a blast. It's a lot of fun.

Peter Poullos:

It has been a lot of letting go because my instincts are to pick up, to throw, to, to play like that. And it's like in my face every single day that I can't, and for me it has to be an active process of just letting go of those things and concentrating on what I can do, which is to be there.

Payam Massaband:

Yeah. And, as they get older, you, you know, your interactions are much more cognitive anyways. And so right now it's baths and diapers, right. But, once you go beyond that, it ends up being a wholly different game anyways.

Sofia Schlozman:

We end this episode, as usual, with advice for our guest. Listen or read along to hear Dr. Massband's message to medical trainees and to leaders within medical education.

Lisa Meeks:

So we always wanna allow this space for all of our interviewees to have a moment to just reflect and provide advice, you know, how can we make medicine more inclusive and, what would be your advice?

Payam Massaband:

Yeah. That's a great prompt. At least to start would concentrate on the, the trainees and, and what I would say is that, you know, it's not straightforward or easy, but I do frequently remind people to keep the faith and recognize that, that the path is gonna be windy no matter what. And if this is their first experience with, with the path all of a sudden changing, I think that I would say, - this happens and, and it seems at this moment like, you know, things aren't gonna work out but, but they do and they can. And I think that, it's not to say that it's easy. You are gonna need to be persistent. You need to rely on your networks. And you need to be open-minded. But I think that, that I see this time and again, eventually those things work out. And, and it may not even seem to you to be sort of ideal at that moment, but really you can make it to be whatever.

And I think that's such an important component of not just medical training with a disability. I mean, I feel like that's true just across the board. and I think that that's so important. And you know, for leadership, I would say, it may require an investment for you to accommodate. But I would look at it as an investment because you end up opening your group to folks who can really enrich the group and who can really contribute in ways that are not quantifiable, and just keep that in mind and look at it as an investment in your people. And doing that I think has positive ramifications well beyond just doing the right thing for that one individual.

Lisa Meeks:

Well, you know, thank you so much. I've actually, I feel like I'm benefiting just from listening to the two of you talk. I always learn so much from our interviewees and I get excited for the listener. You've certainly shared plenty of your reflections and I think things that will really, be well received by our audience and beneficial for the audience. So I really appreciate your time today.

Payam Massaband:

Well, thank you so much. I'm so grateful to both of you for the work that you're doing. I think that it's God's work and I very much appreciate it. And, and thank you for allowing me to be a part of this.

Sofia Schlozman:

To our guest Dr. Massaband, thank you so much for joining up for this episode. I have no doubt that your experiences and insight about accommodations for medical students and residents will be extremely valuable to many of our listeners. We are so grateful that you took the time to share your thoughts and expertise with us today. To our audience, thank you for joining us for this episode. We strongly encourage you to check out the other episodes in our BIPOC voices series, if you have not done so already, and to subscribe to our podcast so you never miss an episode.

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