

## **D&I Diaries Episode 10: An Interview with Dr. Dayle Davenport**

**Speaker 1** [00:00:15] Hello and welcome to this episode of D&I Diaries, a podcast produced by the Office of Diversity and Inclusion in the Biological Sciences Division at the University of Chicago. My name is Camilla Frost Brewer, and I am one of the program managers for diversity and inclusion in the division, and I will be one of your hosts for the show.

**Speaker 2** [00:00:32] And my name is Tobias Spears, and I will be your other host. And I serve as assistant dean of Diversity and inclusion in the division. Through this podcast, Camila and I hope to highlight and showcase diverse voices of everyday best years. We want to create a space to authentically and candidly share our Dei stories, where we get to know one another outside of our professional roles. And finally, we hope to engage a coalition of listeners who value Dei and increase interest in Dei work and conversations across the board. So, without further ado, let's begin the show.

**Speaker 1** [00:01:12] Hello, listeners, and welcome to this episode of DNI diaries, the show that uncovers diverse stories in the body. We are your host, Camilla Frost Brewer.

**Speaker 2** [00:01:21] And Tobias Mears.

**Speaker 1** [00:01:22] And today we are joined by doctor Dale Davenport, who is an associate professor of medicine specializing in emergency medicine and the associate dean for health equity, diversity and inclusion for the Pritzker School of Medicine. Doctor Davenport has a breadth of experience in diversifying the medical field, publishing on best practices and the Dei space, and working with colleagues to improve recruitment and retention efforts. She has been an impactful educator and researcher in diversity, equity, and inclusion, and we are thrilled to have her back at you Chicago in this capacity. So thank you so much for joining us today, and we're excited to chat with you. Thank you both for having me.

**Speaker 3** [00:01:57] I'm really excited.

**Speaker 2** [00:01:58] Yes, this is our first interview of season two.

**Speaker 1** [00:02:02] It really is.

**Speaker 3** [00:02:03] And it's my anniversary today. I came to University of Chicago on February 13th.

**Speaker 2** [00:02:08] Cool.

**Speaker 1** [00:02:09] Okay, so jumping into our first question with Doctor Davenport, can you tell us about how you came to do work in diversity and equity?

**Speaker 3** [00:02:17] So I'm going to bring this all the way back to when I was in medical school. I attended Harvard Medical School, and during my first two years there, I can count because there were only two, black faculty that I met. So Doctor Nancy Oral and Doctor Alvin Poussaint, who both had administrative roles and weren't teaching in the preclinical curriculum, were the only two that I met during that time. So when I came to the University of Chicago as a fourth year medical student to interview in emergency medicine, I was just so overjoyed to see all of these black residents and black faculty, and to see how much

diversity, equity and inclusion was woven in the fabric of this institution. So I came here, I finished my residency, and when I was an attending, I was disheartened, to say the least, that I was the only black faculty member who was full time in the emergency medicine department. Granted, that has changed since, since that time, but. Looking at the diversity in my department as well as the other departments. That's really what got me started in this work, because I wanted to advocate on behalf of the students and house staff so that we could implement diversity, equity and inclusion initiatives within the institution to serve them. So I became the faculty advisor for the House staff Dei Committee, and I worked primarily on the GMI side, with the goal of increasing the diversity of the House staff so that we would mirror the patient population that we served. And in doing that, we also wanted to support the medical students that came behind the residence, because the goal, obviously, would be to have the students become residents, become faculty and stay.

**Speaker 4** [00:04:22] Yes.

**Speaker 3** [00:04:22] And so knowing that that trajectory was a long ten year process for it to come to fruition. I also then started thinking about finding people earlier on. And so then I joined the admissions committee and then the executive admissions committee and being. Behind those closed doors and hearing the conversations that would come up surrounding our students who are underrepresented in medicine and the focus on metrics and AOA status and all these things that we now know have so much bias that's baked into them. I just felt like I needed to educate myself so that I could educate those people. And so I became. Just completely enthralled in that mission, as well as just threw myself into that work. And as a result of that, I became a very loud wicket in the admissions committee meetings and ultimately became the assistant dean of diversity and inclusion.

**Speaker 2** [00:05:30] Nice. And shout out to emergency medicine because you all are doing it. Especially when it comes to your, residency and fellowship. We always highlight that section as a kind of pillar of, you know, the diversity we want to see in terms of the residency class and the fellows. And I just want to say how important it is to have folks, behind the scenes. Right. Who are sitting around the tables, who are having those conversations with the higher ups, with folks in power to make sure that they are thinking about a multiplicity of voices, to make sure they're thinking about, you know, what does it really mean to create a robust medical education, right? And quite often those conversations happen not necessarily in these kind of official meetings, but just like, you know, walking somewhere together, you know, having a conversation about someone's family, right? Someone asking you a question in something, you know, recalling in your memory, and all of a sudden you're having this conversation and helping people really sort of think about diversity, equity and inclusion as something that is necessary and not something that is sort of an add on.

**Speaker 3** [00:06:51] Yeah.

**Speaker 2** [00:06:51] So shout out to you. So the second question that I'd like to ask you is how does diversity, equity and or inclusion connect to your work? And I know you spoke a little bit about that. But tell us about that and also what you do here at University of Chicago.

**Speaker 3** [00:07:09] So I will give you fair warning. This is going to be a longer answer, given that I am the associate dean of Health equity, diversity and inclusion here at Princeton Medical School. So Dei is connected in every thing that I do. Since I'm now in the undergraduate medical education space, my job is about finding those various

touchpoints in a student's journey into medicine from the time that they're in undergrad. Even sometimes the high school students, through the time that they come to Pritzker. So my work is about inspiring that next generation of health care leaders. You know, finding and recruiting a diverse student body and then educating and supporting them while they're here. So we start early. And like I said, we start with pathway programs. We support two summer pathway programs. I'm currently looking at applications today and I think, it goes out next Monday. For the people that will be accepted. The first one is peace Summer, which is the Pritzker School of Medicine experience and research. And then the second one is camp or the Chicago Academic Medicine Program. In summer they spend eight weeks on campus, whereas in camp they have a Chicago address and they commute in. So both of them, and at the end of the summer, with a research symposium where they're able to present their research to the other members of the pathway program, other labs. And I think it gives them a great experience in terms of learning about research, presenting it, and obviously building up their CV so that when they can apply, they have research experience and they now have contacts. And it's wonderful to see students who have done peace, summer or camp. And they're now here at Pritzker to recruit that diverse group of students. I do a lot of interviews. As I'm on the admissions and the executive admissions committee. And then once the students matriculate into Pritzker, I'm one of the first faces that they see as the course director for here or the health equity, advocacy and anti-racism course. So that is a mandatory class for the first year students and goes from August through December. I also work with the curriculum team so that I can ensure that the things that they're learning in here has a longitudinal thread and follows them to the phase two or clinical clerkships, and then they are learning about these same ideals within that second phase of their curriculum. The office also provides support and advice to all of the Pritzker student affinity groups and members of the Identity and Inclusion Committee, and with the addition of another emergency medicine physician, Doctor Abdullah Pratt, to the others. We are now formally integrating community engagement. Efforts within the students medical school experience. And finally, we run the Bowman Society Speaker series, to amplify the voices of people whose scholarship is important to the health care of minority communities. And we also provide professional development to the students. We're now going to start having a section of time that's just for students to speak with these speakers who are nationally renowned in their fields, and so that they can see them as a real person, rather than just the research that they do. And so understanding how did they get to this path? What were their successes? What were their failures? I mean, you see these people that are at the top of their game and it seems so intimidating. And so I want them to see the person behind the resume and really understand what it takes to get to where they are and how they got there. And so I think that's important for students to really understand the whole picture. I've experienced firsthand how important it is to have access to diverse faculty representation and how it can change the trajectory of a student's life. So that's important for me. Yeah, for Pritzker students and aspiring Pritzker students to have access to nice.

**Speaker 2** [00:11:26] And can I just say how important it is to have someone like you here who is making sure that. You know, this focus on health equity, diversity and inclusion is not sort of, you know, this sort of far away thing, but this thing that is sort of pivotal to what it means to practice what it means to work in a space where you're trying to make people's lives better. Right. Because I often say to people that when we focus on those who are most minoritized, everybody benefits, right? Because we ask the questions, we do the practices that ultimately benefit everyone. Right. It's almost like when we went into the pandemic and everybody all of a sudden started to ask student disability services, well, what do we do when a student doesn't learn this way? What do we do when a student, you know, blah, blah, blah? And Student Disability Services had been doing all of that for

years, working with the most minoritized right. And when the pandemic hit, all of a sudden, right. They have these practices that benefit everyone. And so it's just I think great to have a focus on things like anti-racism, right, which, you know, has a long history with black folks, but also Asian-American folks. Right. Thinking about, you know, some of the kind of ailments that particularly affect black folks on the South side. Right? And, you know, all we need to know about those things, and we need to know about those things in ways where, it becomes like a regular part of medical education. Right. And so you being here today, when these students go on to be attendings and, and, you know, open up their practices or work in an academic medical center, they will have had the experience where, you know, thinking about diversity, equity and inclusion is part of what it means to learn what it means to practice. And so thank you.

**Speaker 1** [00:13:31] So, Doctor Davenport, thank you for sharing all of that with us and being so wonderful. And I'm just curious about how working on the South Side of Chicago, you know, community comprised of many black and brown folks. How does this influence your work and what does it mean for you in your position to be situated in this community?

**Speaker 3** [00:13:51] As a black woman? It means everything to work here. I can't tell you how many times a patient is in the middle of their story, telling me about why they came into the emergency room, and they'll just pause and stare at me and smile at me and tell me how proud they are of the Or stop and pull up their phone and FaceTime their niece or granddaughter or whoever, it is. Wonderful to be in a position where I can show people that I am here and I am here to represent you. And, you know, obviously we all know the statistics in terms of racial concordance, especially with respect to black patients and black physicians and how much it helps communication compliance, and decreases health care disparities. And so to be part of that solution here on the South side, it really does mean everything. And then on the other side, for me, you know, my dad has 13 brothers and sisters, so there is not a patient that I see that I don't look at and think, wow, you remind me of my uncle or my aunt or my cousin. Yeah. And so for me, I treat them like family, and I can ask the questions that perhaps other people wouldn't necessarily ask in an emergency medicine space, like, you know, have you had your mammogram, have you had your prostate checked? When was the last time you had a colonoscopy? You know, that's not necessarily something you really discuss in emergency medicine. That's more for primary care. But because these patients represent me and look like me, and they know that the questions I'm asking aren't coming from a place of judgment, but of care and concern. Yeah, there are a lot more willing to answer those and answer them truthfully. And so I think that we're able to have conversations that might not necessarily happen in other spaces, you know.

**Speaker 2** [00:15:46] And I could also imagine that that puts although that feels good. Right. It's nice to be culturally responsive. Right. But it also could take a lot of time. Right. Because I remember when we had a session with our prior dean where we invited black and brown women faculty to come and talk, and a lot of them talked about, sort of having to spend a lot of time with patients talking about like the, you know, Covid 19 vaccine. Right? Sort of, dispelling myths about it. Right? Because when you are a person who is underrepresented and you come in and you see a clinician who's also underrepresented, you might be like, okay, you are the perfect person. I could talk to you about that. I could ask you. So I could imagine that that also takes a lot of time, right? If if you are one of a few and you're seeing patients who come in, they're like, oh my God, I've never seen a black emergency medicine physician. All of a sudden they have all these questions that go well beyond even your scope. Right?

**Speaker 3** [00:16:48] And it does. And sometimes I have to say that that is more primary care than me. That's not within my scope, but I do think I can then say, if you let me help you, I will find someone that will answer those questions. You know, I am happy to find someone that will see you. You know, emergency medicine is a weird specialty because. My hope is that I don't ever see you again.

**Speaker 4** [00:17:12] You know, no more emergency. Exactly.

**Speaker 3** [00:17:16] I'd be out of a job, but that would be wonderful if no one needed me. But working in this space, you know, people will say, well, can I come to your office? I'm like, this is my office. This emergency room.

**Speaker 2** [00:17:27] This is right.

**Speaker 3** [00:17:28] Here. So I do take that seriously. And yes, it does take more time. But if you only have a short amount of time with people, and if you can do something that will make an impact over years versus just this one interaction, it is worth that time. And so I'm happy to put it. And I will, you know, go into the hallway and drag a seat and bring it back in to talk to them if they have questions, because I think that's important. Yeah.

**Speaker 1** [00:17:56] Yeah. I think that's so important that you see kind of all of your patients as family, and you serve almost as this ambassador and navigator for the larger health care system and for overall health and wellness. And I work in the cancer center. So a lot of our conversations are around like how do we increase folks getting colonoscopies, checking their prostate, being comfortable talking to their primary care doctor or some doctor they are seeing about having those conversations, especially when they reach a certain age, knowing that there is somebody in the emergency department who is also having those conversations. It's just kind of like this wrap around, community health.

**Speaker 3** [00:18:40] Yeah. Yeah.

**Speaker 2** [00:18:41] Yeah. So I'll go on to the next question, which is what is a moment or experience when you started to think differently about diversity, equity and inclusion, either personally or professionally?

**Speaker 3** [00:18:55] So like I said earlier, I was the faculty advisor for the House staff Dei Committee, and as part of it, we created this initiative where we had mentorship families, and we paired faculty with residents and students who were all underrepresented in medicine. And so I took the Davenport mentorship family out to lunch. At that time, I think it was a couple residents and two students, two of whom were first year students. And one of them said that out of 25 clinician educators, who are the people that teach in the preclinical curriculum, there was only one black and one Latino faculty member that they saw. And so, bringing it back full circle to my experiences at Harvard and then now being in a position where I'm now faculty and it's, you know, a decade later and we're still having these conversations, I was just like, this is ridiculous. And so I went to the associate dean of curriculum and the dean for medical education. And I said, what is your plan?

**Speaker 2** [00:20:05] Yeah.

**Speaker 3** [00:20:05] Tell me what you're going to do about this. And they said, you know, as luck would have it, there was a person who had just stepped down who was leaving the institution, and so his role was vacant. And did I now want to be.

**Speaker 4** [00:20:23] The clinician.

**Speaker 3** [00:20:24] Educator from January to June of that year? And I said, no.

**Speaker 2** [00:20:31] I want to know what you're going to want to know.

**Speaker 4** [00:20:33] Sounds like a huge problem.

**Speaker 3** [00:20:36] But what I was not trying to do was take this job, and the thought of sitting there and relearning the Krebs cycle and glycogen storage diseases to have enough, you know, knowledge of that to be able to teach it. Know what you know. But I realized that I can't present a problem to someone and not want to be a part of that solution. And so I took the job, and on my first day, I remember it vividly. I had my back to the end of the class. I had my back to the classroom, and I was packing up my bag, and I turned around and there was a group of students who are underrepresented in medicine, and they had all gathered there, and they walked down the aisle towards me and gave a group hug. And I later found out that they had had a group, me, and told everyone where I was teaching. I'm getting choked up even talking about this. And they told them to come and meet their. Yeah. And so they all came in and we had a group hug. And it's not that it made me think about die differently. But it was one of those moments that really cemented to me just how important faculty representation matters and just how much it matters to these students to see people in the front of the classroom that look like them. And so now that I'm in a space where I can do that for. Other students. I am very intentional about the people that are standing in the front of my classroom. I am very intentional when I speak to the curriculum team about their courses and clerkships, and who is presenting to these students and what topics they're talking about and how they're framing things. And so I just want everyone else to have that same intentionality, knowing that you are building the foundation of how these people will practice for the rest of their lives. And so you have to really make sure that you are centering their experiences and centering the patients that they're going to serve.

**Speaker 2** [00:22:47] Yeah.

**Speaker 1** [00:22:48] Yeah. Well, number one, we love accountability. So yes, call them out and call them in. And I also love this piece of being a part of the solution. You're not that the solution. Like TM, you can't do it all. But you are part of the solution. And it takes structural and institutional changes as well as being that personal connection, being that ambassador, if you will.

**Speaker 3** [00:23:13] And I will say for the record that yes, after that, that was part of what I did was recruiting other faculty members. And the numbers from when I started to now have absolutely changed.

**Speaker 2** [00:23:26] Yeah.

**Speaker 1** [00:23:27] That's phenomenal.

**Speaker 2** [00:23:29] Yeah.

**Speaker 1** [00:23:30] And we look forward to your work here.

**Speaker 2** [00:23:34] So I'll go on to the next question, because I think it connects to what you said, especially this, this hug that I felt when you said something like, no. And it's what does it mean for you to belong somewhere? You know. What is that? What does that feel like to you?

**Speaker 3** [00:23:53] So I think belonging is about bringing your whole self into a space. My parents are both from a small island in the West Indies, Grenada. I'm a first generation American. I was born and raised in Brooklyn, New York, and so that is who I am, and that's part of my identity. So there is not going to be a time that you come into the air. And I am not bumping either 90s hip hop and.

**Speaker 4** [00:24:22] R&B.

**Speaker 3** [00:24:23] Or some soca music. It's not going to happen. And I think that that I never would have done that as a first year attending, maybe even a second year attending. I was all about, you know, proving that I belonged and proving that I knew, you know, everything about medicine or really learning how to be a good clinician. I kept my head down, did the work, and as we say in air spaces, it was all about moving the room, like getting people in, getting people out. And so thinking about myself or my belonging was just not something that I really thought about critically. And I don't know if it's just age or comfort or, you know, plus 40, but, I think I got to a place in my career where I just said, I'm done with all of this code switching, I'm done with not being my full and true self. Yeah, I'm just over it. And so it really, I think, made me a better doctor and a better teacher. And I think seeing residents and students who now can kind of let their guard down a little bit, and know that I'm a whole human being in person rather than the associate dean of blah, blah, blah. Yeah, I think that really helped. And my hope is that by showing these parts of myself that then they will show those parts of themselves. And I understand obviously when you're junior, you can't.

**Speaker 2** [00:25:50] Yeah, yeah.

**Speaker 3** [00:25:50] You can't do.

**Speaker 4** [00:25:51] All of the things. Yeah.

**Speaker 3** [00:25:53] We are still in a professional space, but I think it's important for them to, to tell their stories.

**Speaker 2** [00:26:01] Yeah, yeah.

**Speaker 1** [00:26:03] Yeah. And, and I think you bring up something really interesting, that code switching and this performativity into this culture that wasn't built for us. It's exhausting. It's taxing. It feels it is a performance and it takes up part of your mental space. So when that space that you have to do all of that performance cannot be used for medicine cannot be used for the patients that you see.

**Speaker 2** [00:26:30] So yeah.

**Speaker 3** [00:26:32] And it's not anything that anyone talks about, you know, and it's it is exhausting. And you go home and the emergency room is already exhausting. Yeah. So to also have that extra added burden, you know, it does take a toll on you.

**Speaker 1** [00:26:47] Yeah, absolutely.

**Speaker 2** [00:26:48] And you know, that reminds me of something Toni Morrison said. Right. The Toni Morrison probably the best.

**Speaker 1** [00:26:54] Summers back up her name.

**Speaker 2** [00:26:55] Right. The best writer that we have had in what she said is that, you know, the function, the very function of racism is that it keeps you from doing your own work. Right? Because you are on your sort of hyper vigilance, your everything else besides what needs to be done to nourish and, you know, and, and create a sense of community and all those things that are going to make life worth it. Right? You have to stop all those things to be on guard. So, yeah. And did I know you were from Brooklyn?

**Speaker 3** [00:27:32] I don't know how you did not know.

**Speaker 2** [00:27:35] Where to because I'm from Brooklyn. Oh.

**Speaker 3** [00:27:36] What part?

**Speaker 2** [00:27:37] Flatbush.

**Speaker 3** [00:27:38] East Flatbush.

**Speaker 4** [00:27:40] Let's see. Yes.

**Speaker 2** [00:27:41] 235 oh, I was I grew up on ocean between Dorchester and Cotillion.

**Speaker 3** [00:27:46] Lenox between 42nd and 43rd.

**Speaker 2** [00:27:48] You.

**Speaker 1** [00:27:49] Let's find out. They were named.

**Speaker 4** [00:27:51] Listen, listen, this is so interesting.

**Speaker 2** [00:27:54] And so. Wow.

**Speaker 4** [00:27:56] Yeah.

**Speaker 2** [00:27:56] I feel like I knew you.

**Speaker 3** [00:27:58] Probably. You sensed the beach. Yeah. Oh. You did.

**Speaker 2** [00:28:02] Wow. Wow. Okay, so, see, we making connections on the on DNA diaries.

**Speaker 1** [00:28:09] It's so true. And, like, I'm not from Brooklyn, sadly.



**Speaker 3** [00:28:12] I'm so sad for you.

**Speaker 4** [00:28:13] Yeah, I am sad.

**Speaker 1** [00:28:16] But, you know, I'm from Chicago, so I got to. Yeah. But I think that little interaction is just so key to what residents and undergraduate medical students, and honestly, junior faculty. See, they see you being your full self and really leaning into that. So they start to feel that there is space for them in this professional setting to be them, their full selves. And I think that's really special. And I also think it just hits different when it's someone who looks like you. Because. As you know, we love our allies. We love our accomplices, our comrades. It just hits different when it's someone who looks like you, has had similar life experiences as you, who the world sees the same way. Yeah. So.

**Speaker 2** [00:29:02] And who's at the top of their game? Because I'm sitting.

**Speaker 1** [00:29:05] And still climbing.

**Speaker 2** [00:29:06] I'm sitting next to this Harvard degree.

**Speaker 1** [00:29:10] So Harvard.

**Speaker 2** [00:29:11] Harvard. So what you're not going to do, right. Put some respect on Doctor Davenport's name.

**Speaker 1** [00:29:16] Actually, just print that on the back of your mind.

**Speaker 2** [00:29:19] Right. Because I'm sitting next to this Harvard degree. And the only reason why they met at Harvard is because they don't have a degree from Harvard. That's why they mad at Harvard right now. So.

**Speaker 1** [00:29:29] So I think this is kind of our last official question for you, but speaking of allyship and camaraderie, was there ever a time when you had to show that for someone else? And what was that experience like for you? Did you learn or take anything away from that moment?

**Speaker 3** [00:29:46] So I think that happens on a daily basis in the emergency room. Most people are coming in on the worst day of their life. They're in pain. They've been waiting for hours in the waiting room. They're hungry. They're worried about picking up their kids. Do they have someone to take care of their pet? And so I always try to think about that and give grace, because I know that this isn't the person that they normally are. And so I am quick to talk about to the staff and the residents about de-escalating situations instead of making it worse, as well as just really trying to let people be heard. Because I think that's what most people want is just to be listened to. And so I'm there to validate those concerns. In the administrative part of my life, in terms of, working with students, I had a third year medical student who was from Mexico. They immigrated when they were a child, and when they were on their clerkship rotation, their, attending physician asked them to translate for a patient's family and patient, and they said that they didn't feel comfortable with their Spanish to do that. And the physician flippantly, flippantly remarked, well, what kind of Mexican are you? And. Frankly, I was disgusted. Yeah. Yeah, that that had happened and I didn't learn about it until maybe a month after that rotation had ended, because the student said that they didn't want it to affect their grade or affect their

performance. And I think it did affect their performance, because that was constantly in the back of their head. And to have been placed in a situation where they were so othered was just brutal. Added to that, they had always had this sense of insecurity around their ability to speak Spanish and always feeling like they were never American enough or never a Mexican enough. And so there was all these other things and insecurities that that brought up. And so, with their permission, I was able to talk to that attending physician and provide some education, as well as some accountability, you know, and then, the student and I, we created something great out of that. We started having these workshops where we invited students, residents and faculty to have discussions surrounding imposter syndrome, the hidden curriculum of the third and fourth year or clerkship year. We did one on, microaggressions and dealing with them. And I think that gave the students some feeling of control and power from a really, really messed up situation. And so I think that. We all know that we can't completely insulate students and learners from everything that happens, but it is our job to try to create that psychological safety because that's, you know, part of their professional identity formation. And. Yeah. Just an awful situation.

**Speaker 2** [00:33:10] Yeah. Thanks for sharing.

**Speaker 1** [00:33:13] Yeah. And I feel like what came out of it though was something that is going to benefit so many other people outside of just that student. And create those conversations within maybe different physician groups, different resident groups of, okay, if something like this happened, how would we respond from people who have more power in the situation and maybe people who have less? So that's awesome.

**Speaker 2** [00:33:37] Thank you. So from our conversation today and reflecting on anything else that may have not come up, what is one piece of advice, actionable item or takeaway you want to leave our listeners with?

**Speaker 3** [00:33:53] I think that students, especially those who are underrepresented in medicine, are constantly looking for mentors and my. One of the main things that I tell them is that mentors do not have to look like you. And while it is comforting and I understand the need to find someone that shares your cultural beliefs and values, there are people out there that want to help you, and so you should seek out those folks. And so for all of your listeners, I want to say that diversity, equity and inclusion is not solely the job of the BSD. It's not solely the office of Hetty. It is work that belongs to everyone. So when a student comes up to you and says that they want to do research with you or shadow you, or, you know, they'd like to go out to lunch with you, please take them up on that, because you just never know what impact you're going to have on them. You know, back to that student that I had taken out to lunch who told me about the lack of faculty of color as clinician educators. She changed the trajectory of my career. I had zero interest in teaching medical students. And then because of that, that's what I've been doing for years now, you know, and the effect that I had on her. Well, she's now a fourth year resident in. That's right. Emergency medicine o.

**Speaker 2** [00:35:23] M.

**Speaker 4** [00:35:24] E e.

**Speaker 2** [00:35:26] M.

**Speaker 4** [00:35:26] E m.

**Speaker 2** [00:35:29] I feel like y'all have a song.

**Speaker 4** [00:35:30] We should though. You should, I should.

**Speaker 2** [00:35:35] Yes. So cool. Well, you know, thank you so much. And, it was just a pleasure and honor to be here having this conversation with you and Camilla and.

**Speaker 1** [00:35:48] Yeah. Yeah, I just wanted to say thank you so much. I'm so thankful we were finally able to sit down with you. And on your first year anniversary. How special? It'll be something that you can play time and time again on every work anniversary.

**Speaker 3** [00:36:03] Thank you. Thank you guys. I really appreciate being asked and spending this morning with you talking about these things.

**Speaker 2** [00:36:11] Yeah. Over and out.

**Speaker 1** [00:36:13] We'll see you next time.

**Speaker 3** [00:36:14] Bye.

**Speaker 2** [00:36:15] We want to thank our guests today and all our listeners for tuning into this episode of DNI diaries. We hope you learned a little bit more about our colleagues and Dei practices at work. Remember to stay in contact with us through our website, our listserv, Instagram, Facebook, and Twitter to receive updates about new episodes and how to engage with our podcast.

**Speaker 1** [00:36:38] You can find us on all platforms where you listen to podcasts, and we drop a new episode the third Tuesday of every month. So join us next time for a conversation with another BSD colleague as they share their DIY journey and truths. Until then, be safe and have a great day!