

DocsWithDisabilities Podcast #23

Dr. Walker Keenan

Introduction: Lisa Meeks

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

Join me as I interview Docs, Nurses, Psychologists, OT's, PT's, Pharmacists, Dentists, and the list goes on. I'll also be interviewing the researchers and policy makers that ensure medicine remains an equal opportunity profession.

Lisa Meeks:

Today's episode is very special. I have the privilege of interviewing a former student of mine from UCSF, Dr. Walker Keenan, a psychiatry resident at Yale University. I've known Walker for many years and had the privilege of working with him upon matriculation to medical school.

Walker is one of the kindest and most authentic people I've ever met. He knows who he is and he proudly brings multiple identities to his role as a physician. Our discussion ran the gamut from barriers to medical education, disclosing disability in medical school and to patients, to understanding ableism and how it impacts medical education and patient care.

As with every interview, we also asked Dr. Keenan for his advice to those in the pathway of medicine. Let's hear more from Dr. Keenan.

Walker Keenan:

My name is Walker Keenan. I am a second-year psychiatry resident at Yale University, I plan on applying for a fellowship in child and adolescent psychiatry, and I have a nonverbal learning disorder.

It affects me in, um, a few domains. In school how I came to know that I had this was because it affects processing speed. And so, um, an example when I was in elementary school, you would have like, uh, the times tables and you go through, you know, a certain number of them and I would get through far fewer than my peers. I would get all the ones correct that I'd answer, but I wasn't able to get through, the same number as everyone else. And so, things like that show that I was capable of understanding the material, but I just needed more time.

That sort of, um, raised bells and people's heads about maybe this is a nonverbal learning disorder, the psychological testing show that my intelligence is average or above average and all of these categories except for when it comes to processing speed, which limits my ability to show what I have known, where I know what I've learned.

That affected my performance in school, especially before my diagnosis. Um, but it also sometimes affects when I am asked a question like in the hospital, like a clinical question, sometimes it takes me a second to think about the answer.

I also struggle with handwriting, with, with very poor handwriting. And there, there are things sort of socially that it affects. Like I'm very bad with directions. Visual, spatial things are more difficult, and organization comes as a challenge. But those I would say are the main difficulties.

I've been very fortunate because despite having a learning disability, you know, my parents are highly educated. They had access to resources that most other people don't have. So, despite sort of the challenges and difficulties of having a learning disorder, I had probably access to some of the best professionals and, and resources to accommodate for my learning disorder so that I can really access education and other things that allowed me to succeed.

Lisa Meeks:

As Walker said, he was in a position of privilege when it came to accessing resources, but that doesn't mean it was an easy path to medicine. Fortunately, he matriculated to UCSF, a school known for disability inclusion, and one with a long history of educating and employing individuals with disabilities.

Getting accommodations was tough prior to medical school, but after this initial barrier-Walker has been able to navigate medical education through the use of accommodations. As he describes, these accommodations ensured that he was able to engage with the curriculum and clinical experiences in a meaningful way.

Walker Keenan

Despite having a decade of, um, history of accommodations, multiple rounds of psychological testing, um, and I was originally denied the accommodations for the entrance exam to medical school the first time I applied. And, uh, called the, you know, the folks making that decision on a day to day basis, uh, to appeal and it wasn't, but for a stroke of luck that I did get the accommodations where I happened to be talking about this challenge in the presence of a disability rights lawyer who heard me talking and was like, Oh, that's unacceptable. And then the very next day after she called these folks, I got an express letter in the mail saying that they were accepted.

And because the bar for that particular exam is so high to get accommodations, everything else was easy cause like, "oh well you got the accommodations on this exam, so therefore we'll just give it to you," and that was my experience after that.

When I was in medical school, the primary things you are assessed on the first half of training are exams. And so, the exams that we had, um, were timed and if allotted the standard amount of time, I would have likely failed all of the exams because although I knew the answers to the questions, there just was not time for me to process and put pen to paper, so to speak. And so, on all the, uh, exams that I had, um, especially including the anatomy practical where you have to spend a lot of time looking at very, you know, small parts of the body, I was allowed extra time to show what I, what I knew. And so, in all those tests, you know, I was able to pass them and eventually graduate because I had time to show on the test and what I knew.

Uh, it also, you know, allowed me to have accommodations these were, were a little bit more informal, but once I got to the wards, um, because it, it's rather unfortunately named, but the term pimping, when you're asked questions to sort of demonstrate your knowledge and the words is, is very stressful and, and that, that stress I think exacerbates the issues I have with processing speed.

And so, I sort of arrange for accommodations to have other ways to show my knowledge other than being asked sort of on the spot because although I knew the information, the process, the processing speed and the anxieties that were associated with that prevented me from demonstrating my knowledge. And so, there are other ways like informal presentations or things like that where I was able to show my knowledge.

To get accommodations on the USMLE step exams was relatively pain free. I think that was a result of previous standardized testing and sort of the Herculean challenge it was to get accommodations on that exam.

Lisa Meeks:

Dr. Keenan chose to disclose in medical school, and had a positive experience. However, some of our listeners will really struggle with this decision. So, I asked him, “How can we empower people to bring their authentic selves to the interview process?”

For that matter, “how can GME encourage authenticity in the interview processes?” What would that even look like if everyone showed up and said, this is who I am, I’m proud of who I am, and I know my worth. Am I a good match for you or not?

Listen or read along as Dr. Keenan describes how he came to this decision.

Keenan Walker:

That was something I wrestled with for a while. This idea of disclosure, not just my learning disorder but of my other identities. And I decided that in my personal statement I was going to write about all of them and how they affected me and how that has developed my motivation to become a psychiatrist because I decided that it was impossible to talk about my desire to become a psychiatrist without talking about these identities because they uniquely formed my motivation for this career. So, I decided to disclose. And I think the other piece too is, um, I really wanted to be somewhere that supported me as an individual and if they read my personal statement and they were like, you know, this person has a nonverbal learning disorder, we are not interested in working with this person. I’m not particularly interested in working with them.

If I hadn't disclosed, maybe I could have scored some more interviews. Um, but I, I think they would have been from institutions that ultimately would have been unsupportive. And I think this is important because, um, having a nonverbal learning disorder, I know there are other doctors that have this, but I don't honestly know that many of them. And, and so that, that the path to succeeding in residency as someone with a nonverbal learning disorder, specifically someone with these processing difficulties was uncharted territory for me, and also, I think for my program, but because I was disclosing in my application, they were willing to work with me when difficulties came up to devise accommodations that would allow me equal access to the same training as other residents would have. And so, because I knew they would support me and they did because they knew they knew me, and they understand my worth, I was able to, when difficulties came up around processing speed in the residency, my program was in my corner. I worked with the disability office, which was very helpful. And I've successfully made it at this point, almost halfway through residency.

Lisa Meeks:

Although Walker had a positive experience, and has completed (and is) completing his training in two institutions who are known for their commitment to equal access for learners with disabilities, he understands that not every learner has this opportunity. He is also aware that many institutions are just beginning to change their practices. I asked Dr. Keenan why he thinks it’s important for schools to attend to learners with disabilities and build their awareness of this group.

Walker Keenan:

I think it's all about, uh, equity there are sort of structural elements in our society that purposely disadvantage people with disabilities. We have to level the playing field in terms of making sure everyone has access to the same opportunities and that needs to be done I think through a perspective of diversity and inclusion and, just like, women are deprived opportunities due to sexism and, people of color are denied opportunities because of racism. Um, people with disabilities are denied opportunities because of ableism, as in I think viewing it through the lens of diversity and inclusion, allows us to see this as an issue we fix through equity and through making sure everyone has access to the same opportunity. And so, I think highlighting this as creating equal access is how we improve this.

We don't necessarily take the time to understand how the world is different depending on, you know, if you have a disability or not. And I think that part of being, um, ableist is not sort of taking the time to educate yourself about the struggles of folks who have disabilities and sort of understanding that sort of doing your best to sort of cleanse yourself of those thoughts and behaviors that lead to ableist actions.

I think it's similar to, in some ways they're very different, but like racism, um, is not just, being a part of like a, a hate group, but it's also creating zoning laws and other sort of, um, forms of oppression against people of color that disadvantage them and sometimes are done purposely and sometimes not, but they were racist nonetheless.

Ableism is not just, you know, making fun of folks with disabilities, but it's also not taking them into account and in doing so excluding them from society and, um, and taking part in things as much as other people are able to. And I would just sort of add to this, being some with the building myself and knowing a lot of people with disabilities, we bring so much, so many different perspectives to, uh, fields in which we work. And so ultimately, it's not just a, "oh, you're doing us a favor," but we actually bring a lot of different perspectives into things that are actually helpful to our different fields. And in addition to that, diversity being important to medicine or wherever else we work it's also legally required. And so, both in terms of we are helpful from a perspective point of view and you're legally required to do this, both of those things sort of argue that in fact you are not doing us a favor but you, this is actually to your benefit.

Lisa Meeks:

Entering medicine with multiple marginalized identities is challenging. I asked Dr. Keenan to reflect on how his multiple identities inform his work, if he ever felt bias or stigma, and whether he was able to identify which identity was being targeted in those moments.

Walker Keenan:

Sometimes it's, um, it's obvious like, you know, if someone calls me the "N" word, that's clear which, you know, happens unfortunately. I think other times it's unclear and I think what I would say is like, you know, being, being queer, being black, having a disability, you know, dealing with mental illness, all these things, you interact with the world and in ways in which the world can see your label, and which it can't and I only have this one sort of lived experience. And so, I think sometimes most of the time I would say the forms of discrimination I face, it's, it's unclear what is causing it, but sometimes it's not even helpful to figure out why. It's if and how you address it, really, is the question.

It's helpful across a wide variety of domains within the field. I hope to practice. I think one of them is that, um, a lot of times people come in with symptoms and if you don't share a sort of similar life experience with them, you may misinterpret them.

So, for instance, I was talking with someone about how a black patient came in and they were sort of among the sort of symptoms that they had, it was described that they had, you know, paranoia and the paranoia related to like law enforcement and being followed and that kind of thing. And so, the white clinician I was talking to, this was clinical paranoia, something that should be treated. But you know, as a, as a black person, as a person of color, I know this stuff personally, in America you have to walk around with a healthy amount of paranoia or else your life could be at stake. You can't, you know, if you see a police car and you're a black man like myself and you're running, as we've seen recently, you have to think differently than if then if you're, if you're white. And so that level of paranoia, while for someone who doesn't understand that and might be all this is clinical, I see this as being something that's really necessary. And so like that's just one example.

Also, understanding the barriers that people face. And so, my goal is to work with foster children, and that population faces a lot of barriers. A lot of people in the foster care system, um, are folks of color. And understanding that, that unique challenges and barriers that brings and how that can affect people's presentations. I come from a family that has adopted, um, siblings and so, one of which spent time in, in foster care. And so, understanding that experience and the difficulties that that can, that can inflict and that can bring is I think informed in me understanding the challenges of the patients I seek to treat.

Uh, also being like a queer physician. I'm myself cisgender, but a lot of the folks that came in were transgender, but sort of knowing more about LGBT issues and sort of my own life experience, although different from folks who are transgender, I was able to connect with them and understand really the impact it has to not have your identity acknowledged by your parents and people that you love. And so, like that, those are just like a few specific examples but could go on much longer about how my background is helpful for my profession.

A lot of folks come in who have dyslexia, ADHD, uh, other types of learning disorders are nonverbal learning disorders, there's a sense that they can't do school or they're not cut out for school or that they're somehow not capable. And I, I've been in that position, you know, when I was, um, a child, I had many people in my corner until my parents and grandparents would be Wonderful. There are people who are not that way, who told me that I wouldn't succeed and I wouldn't be able to do what I set out to do, which is to become a physician. Um, and so hearing those negative things can sometimes even outweigh the positive things at that age. So, I think just existing as a person with a learning disorder in this field that is created to exclude people like you is powerful in itself, but also talking to kids and sort of giving them a sense of hope that yes, they can get through this and, and that things are difficult now, but there's, there's reason for hope. Um, and just like knowing how it is that I got through things and, and giving, you know, parents and children, I think anticipatory guidance. Um, I think all those things are ways in which having a learning disability has been helpful. And I think, you know, there are other ways too in which it's been helpful, but if you throw all my sort of marginalized identities into like a bucket, I would say as a group they've been helpful because having learning's ability, all these other things I mentioned, you become ostracized and marginalized and it takes a while to build up your sense of self-esteem. But having been through that pain and that suffering, you would develop a sense of empathy for others that I think you otherwise wouldn't. And I think the sense of empathy that I have for others that is so helpful in psychiatry has been partly contributed to because of these experiences I have, you know, along the margins on which I sit with my identity. And so, I think in that way it's also been helpful.

Lisa Meeks:

Disclosure is powerful and may build trust with patients through sharing experiences. While Dr. Keenan's identity as a person of color is apparent, his other identities are not. I asked him when, and if he discloses these other identities when he feels it may be therapeutically helpful. For example, if he's seeing an adolescent with a learning disability and they're really struggling, would he disclose his disability in an effort to build some trust?

Walker Keenan:

The thing I always try and keep in mind is, is this, is this beneficial to the patient? Um, and also will this be overwhelming to them because I think, especially as a psychiatrist, you don't want to burden your patient with anything about you that could weigh on them. So that's one thing to keep in mind and two, is this something that you're doing for yourself? Like, Oh, I really want to connect this person or this going to be therapeutic. So, I think I try and keep those two things in mind. Sometimes it's, you know, I, I have a lot of positive connections to a patient. I want to connect with them, but I'm realizing that this is more of a desire for me to connect with them and not necessarily something that's beneficial in a clinical sense.

You mentioned some identity support and, and how like being a person of color by existing that's disclosed. When I saw, you know, the first black doctor that I ever saw, that was such a sense of hope that I could achieve the goal of becoming a physician. And so, I think not seeing someone's sexual orientation or their disability or if they have a mental illness or that kind of thing, you know, you can see a, see a picture is not know of anyone like you exist within a field. And so, disclosure when it's beneficial to a patient and when it doesn't overly burden them and when maybe it can even provide a sense of hope. I think it is helpful because without that they may think that it's impossible if they want to become a physician or if they want to do something else that requires overcoming a lot of really high barriers. They may not think it's possible because they have not seen it done. The only way they know if it's been done as if someone tells them that they've done it. And so that's part of how I think about disclosure.

Lisa Meeks:

We circled back to this idea of ableism, how it has personally impacted Dr. Keenan, how he sees it impacting medicine, and how we can address and reduce it. Here's what he had to say:

Walker Keenan:

I come to this from my, my own life experience and so I, you know, if we were to talk about all the forms of ableism this would be needing much longer podcasts, um, but you know, I think that if you're talking about specifically invisible disabilities, which mine is, um, even by medical professionals, there is a doubt that they exist, which is in itself an arm of ableism that like, if I don't see this thing, uh, it must not exist. And I think that because of that, you haven't just the medical system and the educational system in which I myself have had to deal with it is deeply ableist and is difficult to go through. And so, for instance, for testing for a learning disability, it usually is not covered by insurance, right?

If you were to get like a test for [myasthenia gravis](#), um, that would be covered by insurance. But, uh, a test for a learning disorder, if that's suspected can be two, \$3,000. It typically is not covered by insurance, but that's, that's one form there.

The second thing is that these tests have a shelf life of like three to five years. So, it's assumed that, you know, if you took this test, you know, in 2014, now it's 2020, somehow you must not have her disability anymore. And you know, if you were to have a physical disability, something is just, you know, someone can see just looking at you, that that same assumption is not made. So, I think that that is one way in which, there's just a disbelief even among medical professionals that the disability even exists and not trusting the experiences of others.

Ableism comes from sort of a self-centered "The way that I see the world must be the way that it exists for everyone". And if you can see someone's in a wheelchair or someone has crutches that fits your understanding of the world, but if you see someone and they have a learning disorder or they have a mental illness, you can't see that, um, in terms of someone's physical appearance. And so, you therefore doubt it because it doesn't fit your perspective. And so, I think that's one form of ableism, and that's always troubled me.

Not to be a broken record, I keep bringing this back to my multiple marginalized identities and to the extent I had to disclose some it may be the other one to disclose easier. And I think that like all of these identities including having disability you know unfortunately carries a sense of stigma and that stigma can carry into how you perceive yourself.

And so, if you have really not done the work to unlearn the stigma that we've all been taught, it leads to a sense of shame and not something you want to broadcast to the world or certainly in an application because you see that as a liability. And so, I think to the extent people do not reveal their disability, it's because they see it as a liability.

I actually, you know, have a nonverbal learning disorder. I think that the term like, "learning differences" is a little bit like corny, but I think the spirit of that in which being thankful for having had this unique perspective is something that I really am. I really am thankful and I think it's provided me with a different perspective. And the reason why I'm saying this because I'm, I'm proud of that. And I think if people, um, have done the work to understand how their disability can provide them with something other people don't have, I think it becomes easier. And so sometimes I think, uh, reducing the stigma is one of the ways by which people are more likely to disclose. I also would just say that I think sometimes it's difficult to disclose, because in addition to the stigma there, there are some people who, um, whose disabilities are unmasked by either the residency process or the medical school process. And so I know folks who were diagnosed after they, um, were in either residency or medical school. And there's also the fact that there are people who are functioning very well with a disability and the only way in which the disability holds them back are because of how people perceive them. And so, I think that's the other aspect too where you can be great at your job, but if people see this and they will forever see me differently,

Lisa Meeks:

The goal of our podcast is to create a platform where people can learn and receive mentoring asynchronously. I know this podcast will impact those listening, and may serve as the catalyst to entering the medical or health science fields. As we closed our conversation I asked Dr. Keenan to speak to the listener and offer his advice for individuals with disabilities who hope to enter a health profession.

Walker Keenan:

I would say always be your own advocate and then also this is corny but not to give up. I would say those are my two things because sometimes I've been in a position where, um, I have benefited from advocating for myself and I do believe that if I was not as good of a self-advocate, I would not be here having this conversation with you. I think that

the moment I mentioned earlier about talking about my struggle getting entrance exam accommodations is the cascade that puts me in touch with that advocate and then getting the accommodations without having had that conversation, I wouldn't be a doctor because I wouldn't have had equal access to the entrance exam. And so I think advocating for yourself, even when it feels uncomfortable is really something you have to do because oftentimes people won't advocate for you because the system is designed to keep you out. You really have to be your own advocate and you know, other people, it takes a village so other people will help you and it's helpful to build those networks, but you also have to advocate for yourself.

And I would say not to give up because you know, I have, I have a lot of privilege in some senses, right? Male privilege having been raised in an upper middle-class family. But in other ways I've had a lot of adversity and you know, I had to retake one of the step exams. I've had to retake a rotation. I've failed tests in that school. Right? These things are all challenges and at the time felt overwhelming and you know, it was like, this is going to be the end of my medical career, but I leaned into my support and I figured out what needed to be done and then used that support. And following those steps, I was able to make it through. And so, I think being your own best advocate and not giving up, even when they're seemingly large setbacks are the two pieces of advice I would give.

Lisa Meeks:

So many people in medical school think they're the only one to struggle, yet it's not uncommon to have to remediate a test or clinical skill and it's important to normalize this struggle. Dr. Keenan gave us his perspective on failure and why it's important to be human in medicine.

Walker Keenan:

Disability is defined as a lack of something, right? It's somehow, even though I think it's, it's been a great gift and it's a great gift to many people. That is sort of how we define it in our language. But I think struggles, right? Whether or not they're the struggles of having disability or having to overcome failures, um, they make us human. And I think the reason why in medicine all these things are frowned upon is because as doctors, we're supposed to be more than human. We're supposed to be something greater when in fact our humanity and our having had shared, you know, shared life experience I think in fact makes us better doctors. I think if you want to end up with a perfect quote unquote perfect doctor, you might as well see like, you know, a computer. I think the human aspect of it, patients see that in vulnerability, which I try to express and I think people with disabilities may have an easier time expressing what makes us better doctors. So, I think that's also something to be aware of.

Thank you for taking this time. It's, it's been really an honor and thank you for all the help over the years that you provided me, so I really appreciate it.

Lisa Meeks:

I want to thank Dr. Keenan for his warmth, his honesty and for sharing his story. It is always wonderful to catch up with former students, who are now DocsWithDisabilities, and who are absolutely changing the landscape of medicine and helping redefine what it means to be a physician.

Sofia Schlozman:

Thank you, Dr. Keenan, for sharing your valuable insight and experiences with our audience. Your story is a reminder of the value of diverse perspectives in medicine and the importance of welcoming all identities into the healthcare sphere.

And thank you to you, our audience, for listening or reading along to this episode. We hope you will join us next time for a very special episode with Dr. Ruta Nonacs, a psychiatrist at Massachusetts General Hospital.

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