

## **DocsWithDisabilities Podcast #5**

### **Dr. Nichole Taylor (Part 2)**

#### **Participants:**

Lisa Meeks, PhD, host

Nichole Taylor, DO, interviewee

Joseph Murray, MD, narrator

#### **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 *Docs with Disabilities* 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 researchers and policy makers that ensure medicine remains an equal opportunity profession.

#### **Joe Murray:**

Welcome to the DocsWithDisabilities podcast. I am Dr. Joe Murray, a practicing psychiatrist and an Associate Professor of Clinical Psychiatry at Weill Cornell Medical College. This podcast is part two of a two-part series with Dr. Nichole Taylor, the assistant dean of students and an Associate Program Director for the Anesthesia residency at Wake Forest. In this podcast, Drs. Meeks and Taylor discuss advancements in assistive technology, how programs can access the assistance of an informed disability specialist, and how programs can “crowdsource” disability information within a geographic region using local resources.

#### **Nichole Taylor:**

It's very important that we don't look at and make hard and fast rules about what today can be accommodated for. One of the biggest things is that there are technological advances that did not exist when I was in medical school. And that was one thing that was really eye opening for me as I went through the rehab process, is that there are a lot of adaptive equipment out there. And that field is absolutely booming. I'm thinking about neuroprosthesis technology where they can basically override issues with the central nervous system, and generate electrical impulses directly to a nerve to allow someone to function.

I only know what I know, but I know that there are other adaptive speech software, and other amazing things out there. I think we have to realize that things are changing, and they will continue to change and evolve. It's important that we don't get so rigid in trying to write this down as, this is accommodatable and this is not, because it's going to change daily.

**Lisa Meeks:**

I love how you said, "This is just what I know, but I know there's more." I think one of the things I encourage program directors and administrators within UME to do is to stop and think, "You don't know what you don't know." There are a lot of assumptions. I think when you work with disability. There are lots of assumptions around what's possible. Engaging. I heard you talk earlier about engaging with a disability provider, a disability specialist, somebody that's in that space that is maybe more equipped, or more knowledgeable about what is available. Can you tell us a little bit about your experience working with a disability specialist, and how that has helped the process, or facilitated access for students or learners?

**Nichole Taylor:**

I think, definitely, all faculty will say that we have a limited bandwidth. We're trying to be compliant. We can't do everything for everyone, and I definitely think that this is where you phone a friend. Having a disability liaison that's in the trenches, who has seen many more cases than maybe the two you've seen in your career, who sees this as a daily thing that she hears about adaptive equipment, is going to conferences, continuously being educated, knows what works for certain people, and is willing to try and also get those resources I think is really important, because it's definitely a piece where the student would have some confidentiality and be able to speak to things.

They could also identify maybe some other resources within the institution that could help, if it would be counseling services, or other things that they may be able to facilitate for the student as well. I know that all of us can be limited on resources and funding. But you have to remember too that a lot of these services are in local colleges, are also in local universities. So maybe having somebody contractually, instead of a full-time employee, may be a good way to do this without having to pay someone's entire salary. But having somebody that a program could, or an institution could collaborate with to help navigate the individual needs of a person with disability.

**Lisa Meeks:**

That's a great idea. I know a lot of consultants who will do complicated case review, but I've never thought about consultancy as a function of being a sole provider. I think that's a wonderful idea, and a great workaround for programs who maybe don't have a specialist on staff.

I really also appreciate and love the idea of the local, tapping into your local system, because it's really nice for a student to be able to meet face to face with someone, and have that personal connection. I know that a lot of disability specialists that work in smaller schools or one-person offices will build a collaborative within their geographic area where they just come together, even if it's informally for coffee once a month. They'll share ideas, so that you're getting knowledge base from six universities when you're a single provider situated in a school. It's a great way to do some crowdsourcing of knowledge and skills, if you will.

**Joe Murray:**

Dr. Taylor reflects on how her experiences as a person with a disability informs her work as a physician and as an administrator. She challenges the idea that life is linear, for anyone, but specifically for a student with a disability. In residency especially, learners will move back and forth in their development until they reach their milestones. When life happens, it's ok to take a step back and re-evaluate the path.

**Nicole Taylor:**

I think that one of the best privileges of being a physician is really being with patients in times that are very difficult, and unfair, and don't make sense, and seeing just the angst that they're going through, or the pain that they're going through.

I say joy, and that may seem a little odd, but you're invited into these moments where a lot of people aren't. You can't always fix it, but you can make their path easier. There's things that you can do to make it as humane and palatable as possible. I feel that because I've seen life differently through this lens of people who have struggled and have had diseases that are far more painful than mine, or far more devastating than mine. I think that, in some ways, I feel I've been given this road, and I need to do something positive from it.

We have these plans, but then something happens, and it's just not quite as linear as we were hoping, but it doesn't mean that you won't still get there. It just means that it's going to be more difficult. There's going to be more obstacles. We're going to help you through that is what I feel our role is. I feel the same way with residency.

**Joe Murray:**

Dr. Taylor reflects on the toughest part for some students, disclosure of their disability at various points in the med ed continuum. She states that the toughest part is "starting the conversation." To aid her students and applicants to residency, she offers questions that can support an open dialogue with students. Drs. Meeks and Taylor also touch upon the fact that learners with disabilities struggle with a skewed internal dialogue that suggests that they must be perfect. To combat this way of thinking, and to reduce the impact of disability related barriers on students experiences, Dr.'s Taylor and Meeks suggest seeking out services, whether mental health oriented, related to disability or general health.

**Nichole Taylor:**

I think the toughest part for people is starting a conversation about it. Maybe it's for the students, back to your previous question about how do I talk about this. I try to make it very easy for the students. When I first meet a student when we're talking about career planning, I ask a bunch of different questions. One of my favorite questions to ask is, "Tell me about an adversity in your life that shaped who you are today."

**Lisa Meeks:**

Wow. Great question.

**Nicole Taylor:**

I love it, because I get the most amazing answers. But what I've also found is a lot of the students then will tell me about something that potentially may need to be accommodated. If it's, "I really struggle with standardized testing," or "I've been diagnosed with ADHD, and my medication doesn't seem to be working," or "I had some history with depression. I was really happy the first few years maybe, but now I'm really struggling now, because as medicine sometimes gets more and more difficult as more demands get on you." I love that question because it opens it up for the med students to tell me what they want to share without me specifically asking.

**Lisa Meeks:**

Right. It's a very nonthreatening approach.

**Nicole Taylor:**

It's so much better because a lot of times people don't realize that they have a disability maybe defined. I think sometimes people don't want to say ... A lot of times I even struggle with that. I work full-time, so therefore I'm not disabled.

**Lisa Meeks:**

If I've never viewed myself as being a person with a disability before, a lot of our students get diagnosed, as you know, in medical school, how do I form an identity parallel to this when the physician identity is so superhero-oriented? How do I form an identity that aligns and can be side by side as a person with a disability?

**Nicole Taylor:**

When I was first diagnosed, I really struggled the first year, thinking that maybe I was being kept on because people felt sorry for me. That was a dialogue that was only occurring in my brain, but it was a very loud voice. It was really hard for me to overcome that. I could see potentially others may relate to that feeling, because when I look back now, I know that I wasn't being kept on because somebody was afraid to get rid of me. I was kept on because I had something to offer. I think that sometimes those voices that we hear that are talking to us aren't valid.

I think it's important to sometimes step back, and analyze that, and even discuss it. I think that the role of having counseling and mental health in some of these things as your life is changing is completely okay, and shouldn't be stigmatized, because I think it's really important that you realize what are you putting on yourself, like I have to be this perfect person. I've never told a student they had to be perfect, but they all feel that way. Some of those things are internal. They're not really fact-checked. I think that it's important that we talk about that. I think that that's where groups getting together in medical school, or seeking out services can really help, because some of the things that we play through our head are not valid. They're feelings, but they're not valid.

**Lisa Meeks:**

Internal dialogue is pretty damaging at times. I'm so glad you brought that up because complementary to that idea is the reason why students don't disclose, right? I don't want special treatment. I don't want people to see me as anything other than a qualified learner. It's not only a barrier to disclosure. If it's a barrier to disclosure, then it's a barrier to receiving the accommodations that allow people to have full access, and engage in a meaningful way.

**Joe Murray:**

Timing, as they say, is everything. This certainly rings true in medical education. Students who fear bias and stigma about disclosing a disability need to balance this fear with the very real consequences that occur in the absence of accommodations to remove barriers to full access. Dr. Taylor discusses the need to be proactive in requesting accommodations and the need for students to realize that down the road, as physicians, they will not only need to ask for help, but will be expected to ask for help as medicine is very much a team sport. Dr. Meeks agrees and reminds the listener that asking for help is a sign of strength.

**Nichole Taylor:**

To go one step further, I think a lot of times we may not find out about someone who has a disability, or needs a simple accommodation until they're in trouble. They've already then had a mark on their transcript or their record. I think being proactive can prevent some of these events, and can do that. Plus, it's really insightful as a physician to say,

"Hey, I have a weakness here. Let's talk about it," because that's what you have to do later when you need to get another surgeon in the room, because you're in an area here that really isn't in your set of training. Let me get somebody else in here who can help walk me through this.

We do this all the time as physicians is getting consults, and getting second opinions, and getting advice. I really encourage students that it is important to address the things that can be fixed, or talk about them before there is then something that's going to make it much more difficult going forward, applying to residency or fellowship, or obtaining a faculty position.

**Lisa Meeks:**

I'm so glad you brought that up. It is really important. I had a boss that used to say, when students were hesitant to engage in interactive process, or hesitant to disclose a disability, because they were fearful of the consequences of being labeled or being perceived differently, she would say, "But what are the consequences of not getting the accommodation?"

There are errors that can occur, whether it's a professionalism error or an academic error, that can cost you a year, right? Redoing the curriculum, or can burn bridges early on with faculty or administrators.

There's so much value in addressing something early. That mid-course correction of either a behavior or a skill that then sets the learner up for success moving forward. I've counseled many a student that has said, "I'm not going to disclose because I'm just too afraid." I want to absolutely validate those feelings. But on the flip side, as my supervisor had said, there are consequences to not reaching out and getting help.

**Nicole Taylor:**

There are. I think that one of the things too is as you're interviewing for residencies, if you have concerns, and this is general advice I give, but I think it definitely fits in the space of disability too, is it's okay to ask about resources and needs. You should ask the questions that are going to tell you which places are good fits for you. Outside of maybe accommodations, but research and other career opportunities. I think that it's important that you are empowered to ask so that you can assess a place, and if it's a good fit for you, because maybe had that student been able to ask that during the interview process, or hopefully it had been addressed in their interview day by the institution itself, then they would know that this was a good place where they could disclose.

**Joe Murray:**

Dr. Meeks and Taylor reflect on the next steps for building a more inclusive medical education continuum. Dr. Taylor, specifically, talks about how she, as a dean of students and a program director, approaches this challenge. In the end, the environment that Dr. Taylor creates, matches the environment that Dr. Meeks endorses, one where it's okay for the learner to be human.

**Lisa Meeks:**

Institutions can be great, but we need to dig deeper, and I think wider to ensure that we start to change the mindsets of all individuals in an institution, not just the disability services provider or the dean of students, but that we make a concerted effort to educate the masses about why disability inclusion is really important.

**Nichole Taylor:**

I've been given this ability to make an impact still. I want to make it very strategically with specifically students, because that's what I enjoy. They also go through struggles, and they are given things during medical school and residency that are just unfair. That nurturing comes out maybe in a different way of supporting them. I recruit people from all over the country. They leave their support systems and their homes to come and train at our institution. I think that it is our duty to support them in those needs. If there's a resource that a learner needs, we're going to go find it. We want them to be successful. We're investing in 14 people every year for four years.

**Lisa Meeks:**

Those are a lucky 14 people. As I'm sitting here listening to you, and watching you, and connecting with you on a personal level, I have this overriding thought going through my head. That is I wish every student with a disability could have a student affairs dean like you. I think that your experiences, and the essence of who you are makes it okay to not be perfect. This schema of perfection is, I think, damaging. To come in and to be met with someone who, in orientation, lays out a very different pathway, and it's still highly successful, and well-respected, and setting the world on fire. I think there would be a beauty, and a sigh of just relief in that I'm coming into a program where it's okay to be human.

**Joe Murray:**

I'm Dr. Joe Murray and it's been a pleasure guest narrating this podcast. Be sure to subscribe to the Docs With Disabilities Podcast and look for episode 6, where our host talks with Dr. Micheael Argenyi, a deaf physician, about his experiences across the medical education continuum.

**Kate Panzer:**

This podcast is a production of the University of Michigan Medical School, Department of Family Medicine, MDisability initiative. The opinions expressed in this podcast do not necessarily reflect those of the University of Michigan Medical School. It is released under a creative commons, attribution noncommercial, nonderivative license. This podcast was produced by Lisa Meeks and Kate Panzer.

\*This podcast was created using excerpts from the actual interview and is representative of the entire conversation. Interviewees are given the transcript prior to airing. Some edits may reflect grammatical and syntax adjustments for transcription purposes only.