

DocsWithDisabilities Podcast #25

Dr. Peter Poulos

2-parts

Title:

Clinical Associate Professor, Radiology and Gastroenterology & Hepatology and Founder and Executive Director of the Stanford Medicine Abilities Coalition

Description:

In this 2-part episode, Dr. Meeks visits Stanford to get a glimpse of a “day in the life” of Dr. Peter Poulos, a clinical associate professor of radiology and gastroenterology & hepatology, and a person with a physical disability. During this visit, Dr. Meeks observes Pete in action, interviews his interns, and chats with Pete about his experience retraining after disability, his ascent to leadership, and his hope for the future of disability in medicine.

Part 1

Narration-Lisa Meeks:

Today's podcast is incredibly special because today I get to introduce not only a colleague, but somebody who's become a very dear friend. Dr. Pete Polis is an associate professor of radiology at the Stanford University school of medicine. He is an individual with a disability and he is on a mission to change how we view disability in medicine.

Lisa Meeks:

So, you don't have to adapt your car at all. We'll just see these little knobs, that's it? Yeah. 200 bucks. You put it on yourself and that's it

Pete Poulos:

I was driving a hand-controlled van for like 10 years. Not realizing that I could just drive a regular car.

Narration: Lisa Meeks:

I'm Lisa Meeks and this is the docs with disabilities podcast.

Pete Poulos:

I got adapted when I was like, you know, pretty early on my injury. And so, um, at the time my evaluators thought that the, uh, the hand controls would be the best thing.

Lisa Meeks:

So your bad driving has nothing to do with your disability.

Pete Poulos:

Yeah, it does. Cause I, well.... [laughing with both individuals] yeah.

Lisa Meeks:

So you're not just a bad driver. [laughing with both individuals]

Pete Poulos:

No, I'm a great driver. I'm an awesome driver. I told you I won't kill you.

Pete Poulos: Where am I going, I'm lost. Oh my God, I never come down here, I have no sense of direction.

Narration-Lisa Meeks:

On a beautiful October day, last year, I had the opportunity to hang out with Pete, the conversation wasn't planned, but highly valuable.

As we drove around Palo Alto, we stumbled into a conversation about language. In the first 5-minutes Pete called out a term I use that is essentially clinically based, despite the fact that it is not necessary to use the clinical term....

Lisa Meeks:

So, you do use a Segway all the time?

Pete Poulos: Mmmhmmm

Lisa Meeks: So you never used a motorized wheelchair?

Pete Poulos: No

Lisa Meeks: And you just transfer to sitting in chairs.

Pete Poulos: I don't really call it transferring, I call it sitting. [Laughing]

Lisa Meeks: Good point.

Pete Poulos: Like as if, when you walk into a room, there's like a seat, you sit in it.

Lisa Meeks: Yeah.

Pete Poulos: Yeah, that's what I do.

Lisa Meeks: Fair You just schooled me.

Pete Poulos: Transferring

Lisa Meeks: But serious. But you know what? That brings up such a good point. Everybody calls it transferring, but why?

Pete Poulos: I don't know.

Lisa Meeks: That is a really good point

Pete Poulos: Like when I transfer out of bed, you know what I do, I sit up and then I like to stand, well, it's not fair because you know, we have limited terminology. Right. Is, um, people dealing with disabilities and everybody's so different. And what's the difference between like, I don't know, transferring from, well, I guess the word transfer to me means from like one seat to another.

Lisa Meeks: But it also carries a super clinical connotation.

Pete Poulos: Right.

Lisa Meeks: Right. That you're unable to do something yourself.

Pete Poulos: That's right. That's probably why I don't like it.

Lisa Meeks: I don't blame you.

MUSIC

Lisa Meeks: So the whole inspiration thing I saw, I saw something, I don't know if it was a tweet. It was like, you know, Pete Polis is so inspiring. And I was like, I wonder what Pete thinks of this.

Pete Poulos: Yeah. Well I have mixed feelings, you know, and I haven't really thought about it in depth. My first reaction is like, I hate it.

Lisa Meeks: Yeah. Right.

Pete Poulos: Because you don't want to be called inspirational for just doing stuff that everyone does, like, driving a car or going to work. But then on the other hand, I know what people mean. And they don't mean any disrespect; they're a group of people that understand what it takes to do what I do. And they think, well, not everybody could do that. so it's inspiring, you know?

Lisa Meeks: Right.

Pete Poulos: I know that they just don't, I know that they don't mean anything bad by it, but it's just like, I'd rather be something else rather than inspiring. but They use the word inspiring for people who aren't disabled also.

Lisa Meeks: That's fair, Right.

Pete Poulos: They'll call somebody like an inspirational leader or a person who's capable of inspiring others to like to act on something or affect change. Or maybe like has a certain effect on people and that they're able to organize and motivate them.

Lisa Meeks:

Well, you've made two really good points this morning.

Pete Poulos: This is my volunteer

Lisa Meeks:

We get to see the volunteer model in action.

Pete Poulos: Hey Thien.

Lisa Meeks: Hey, good morning.

Narration-Lisa Meeks:

As we arrived at Stanford we were met by one of Pete's volunteers. Their job is to Grab the crutches and bags from the back seat, and Lower the Segway to the ground. The Segway is a genius mode of transportation for Pete, but not without some drawbacks. We talked about the Segway, whether people realize it is a mobility device for disability purposes, and how they react.

Pete Poulos: People don't know what to say. People don't, I never get angry about it. I really, unless somebody's actually making fun of the segway, which happens a lot.

Lisa Meeks: Really?

Pete Poulos: Oh my God. Pointing, laughing. Snickering.

Lisa Meeks: Are you serious?

Pete Poulos: Yelling, Yeah.

Lisa Meeks: That's so weird

Pete Poulos: Because you don't realize that it's not a toy.

Lisa Meeks: Oh. So, you think they just think you're some kind of.

Pete Poulos: Rich Palo Alto venture capitalists. That's why I put a handicap sticker on the front.

There's a group of people who still don't understand. Like they can see the crutches and the handicap thing and they don't get it. You know? But most people, when they see that, they're like, Oh, okay. It registers. Right. But it's a real conversation piece. Right Tein? People are always coming up? Cool. Oh, is that yours? Did you rent that?

[Laughter]

Lisa Meeks: Where can I get one?

Pete Poulos: Yeah, they're confused that I'm not with a tour group. They think of a Renegade Renegade person from a Segway tour [Laughter]

Lisa Meeks: So literally he's done nothing, but take the hydraulic thing, it's really just making sure that you have the items.

Pete Poulos: Yeah.

Lisa Meeks: There's no physicality to it.

Pete Poulos: Well the bag can be heavy. [Laughter]

Music

Narration-Lisa Meeks

As we walked from the parking location into the hospital, I had just a few moments to engage with one of Pete's volunteers here's what he had to say about his experience:

Lisa Meeks: How do you like, uh, the volunteer opportunity?

Thien Truong: You know, it's great. It gave me a lot of exposure inside to what being a radiologist is like. Again, he showed me a lot of what medicine related stuff, so for someone like me who wants to peer into what medicine is like it's a great opportunity. I am learning a lot. Basically. I'm seeing his daily life every time I volunteer for him.

Lisa Meeks: Yeah, are you interested in radiology or medical school just in general?

Thien Truong : I am interested in medical school in general, and right now for radiology I'm just having an open mind because I never know.

New Narration

Exploring a day in the life of Dr. Pete Poulos was illuminating, watching him work, speaking with his interns, meeting his wonderful colleagues. But I wanted a chance to speak with Pete one on one and get a deeper sense of his journey. In part one of this podcast, we begin at the beginning, Pete's story.

Lisa Meeks: Welcome to the podcast my friend.

Pete Poulos: Thanks, Lisa. It's a pleasure to be here. Thank you for inviting me.

On January 5th, 2003, I was out for what I thought was going to be a short bike ride, just to get a little exercise for the day. It was a beautiful Sunday in January, shorts and t-shirt weather in San Francisco, I just finished rounding on my patients at the hospital. I was a GI fellow at the time. And, about 30 minutes into my ride. I had an accident and I was instantly paralyzed from the neck down. At that moment I knew my life had changed forever.

I was taken to San Francisco general hospital, which is where I worked as a physician. I was there for about a week in the ICU, then I was transferred to Santa Clara Valley medical center, their spinal cord injury unit, where I stayed for a total of two and a half months doing rehabilitation.

Fortunately, through the course of that hospitalization and in the subsequent months that followed, I was fortunate to regain quite a bit of function actually to the point that, um, I could walk with crutches and I could, um, you know, even use my arms a little bit. Um, but it was a pretty severe spinal cord injury, you know, at the beginning, uh, I can only move my big toe. After all this, uh, rehab, uh, and during it, I went back to work as a GI fellow, saw patients in the clinic. My program was very supportive. They, uh, got me an assistant to help with my job to help me examine patients, to write notes, they set me up with a research project in radiology and overall, I think that I was lucky...

Narration-Lisa Meeks: Pete went on to discuss how this shaped his ideas about practicing medicine, what he could and could not do, and how he finally landed on Radiology as a specialty.

Pete Poulos: For many years, uh, my family, my parents, good friends who actually donated money for me to pay for rehab that I couldn't have afforded on my own with my GI fellows, um, salary. but eventually, I came to the decision that I didn't want to stay in GI anymore. Um, I didn't like the thought of not being able to practice independently. I wasn't really married to the idea of academic medicine at that point. In fact, I thought I was going to go into private practice and I wanted to choose a specialty that I could, uh, work in where I could do the, what we call essential functions, which isn't a term that I knew at the time, but basically I could do the job without any help because radiology, um, all I need is a microphone, uh, keyboard and mouse so essentially a computer and my eyes work just fine. My mouth works just fine and I was able to learn the material I needed to learn to be a radiologist. And so that really appealed to me. And, um, it wasn't a difficult decision, but it certainly wasn't trivial either.

Narration Lisa Meeks: Disclosure wasn't an option, as Dr. Poulos was, at the time, a wheelchair user. Here, he reflects on his approach to discussing his disability and the advice he was given about contextualizing his abilities.

Pete Poulos: I showed up to my interview in a wheelchair. There was no question of whether or not I was going to be disclosing my disability, but there are still questions of what I was going to verbally say about my limitations and abilities. And the advice that I got was not to overshare that they don't need to know every last thing. They said, what you need to do is get ahead of the question. Don't even wait for them to ask about your abilities. You can volunteer and tell them your abilities and not just tell them in a way, like what you can and can't do, but to showcase them in a way that is, uh, that shows that you're willing to work hard, you know, tell them where you started and tell them what you did to get to where you are. You know, the whole arc of the rehab shows a willingness to work hard.

So, I would talk about, um, the rehabilitation expert from the department of rehab who sent me up with voice recognition and alternative input devices for working the computer and, you know, to tell them of the ways in which I had adapted.

Lisa Meeks: I'm interested in knowing more about how this was facilitated and how you felt as you went through the match process for a second time.

Pete Poulos: I was and I am very fortunate to have had, um, mentors and supervisors who believed that disability should not stand in the way of somebody achieving their potential.

The program director at the time, uh, Dr. Terry Desser is a very open-minded and forward-thinking person. She looked at me and my academic record and what I had done as a medicine resident and GI fellow. And she felt like, again, given my level of abilities and my prior training that we could just figure it out and make it work.

Fortunately, in radiology, there aren't exact requirements for, um, the rotations that you have to do. They're like case minimums for, uh, numbers of cases you must read to graduate, but there's no requirement for a certain number of procedures. There's no requirement for me to actually put catheters into people or biopsy tumors, or do any of the number of things that many radiologists do. I mean, there's a whole field of interventional radiology and I was not going to be able to do that. And I was not going to be able to participate in the way typical residents participate in these procedures. Um, I was going to watch them rather than do them.

So for example, using interventional radiology, they created a bit of a win, win situation whereby I would hold the consult phone and nobody really enjoyed holding the consult phone because it was ringing all day long with people wanting things. But I didn't mind it because it was clinical people calling in with clinical and radiology questions. And so I would take the call, look at the images, talk directly to the attending of the day and plan on consulting and doing the procedure or not doing it. And so I offloaded what was an unpleasant activity for others, and then they actually got to do more of what they like to do, which was the actual cases.

Call was another issue that we had to work around the residence, uh, throughout the course of the training would do, uh, many months of night float where their shift would start at 6:00 PM and end at 8:00 AM. And because of my personal care schedule, my medications, my entire like life infrastructure that just wasn't going to work. And so we looked at the number of hours of call that the residents did during their residency and figured out a way to rearrange it. So instead of doing, let's say for example, six weeks a year, I would go in every Wednesday night and work from 5:00 PM to 10:00 PM and then I would get to leave. And again, this actually also created a bit of a win-win dynamic in that whatever resident or a classmate that was on call doing a night float that night didn't have to really start their shift until 10:00 PM. So effectively, you know, shorten their shift by four hours actually.

It was important to me to take the call because of the learning that went on by being independent and having to make the diagnosis on your own. I wanted to do the same amount of work as everyone else because the repetition and variety and number of cases that you do and see has a direct impact on your fund of knowledge and your experience. And I didn't want to have a less academically rigorous experience than everyone else. I just needed the physical structure of their residency to be a little different.

Music

I actually don't know, went on behind the scenes who may have argued and pushed back.

I never heard of it. So all I knew in meeting with my program director and people on services is that this is what they had worked out for me.

Lisa Meeks: Sounds like an incredibly symbiotic relationship. As you said, you were able to do the work that no one else wanted to do, or you were able to reduce a shift by five hours.

It's really interesting for me to hear about what the program was willing to do. Uh, vis-a-vis changing the call schedule or the schedule of responsibilities and they really moved it into a format that was win-win all the way around. I think it goes without saying that I think many programs could benefit from this creativity.

Pete Poulos: I want to say that my classmates were in my residency, classmates were also incredibly supportive. And in fact, the classmate to whom I am the closest and was the closest, his name is Craig McCormick. And he had had some firsthand experience with people with disabilities. He intuitively understood my situation. I remember the day I will, I had a drink in front of me and he asked me, well, he didn't even ask me. He had a straw in his hand. And he looked at me and said, is it okay? Like you just proactively put a straw into my drink. I was like, wow, who is this guy? He knows what's up. And he made the mistake. I joke, by saying, Pete, you know, if you ever need anything, you can always ask me and I'll try to help if I can.

And so in realizing that the real sticking point about my ability to stay throughout the day without being like a care attendant was this whole issue of bladder management. And so basically he offered to do that for me and ended up doing my bladder management through the entirety of my residency and fellowship with contributions from literally every single one of my other residency, classmates.

So you're talking about a major team effort. Um, I joke that I call them the stream team instead of the dream team, although they were actually the dream team also, because can you imagine what, um, sort of altruism for people who are in their residency to take it upon themselves to....

Lisa Meeks: Yeah, it's really, it's really beautiful actually.

Pete Poulos: Yeah. I get choked up thinking about it actually, because it's such a beautiful, and it's such a beautiful thing, you know, and I talk about this occasionally about the side of humanity that you get to know when you become disabled. If you're lucky enough to have people around you, uh, you see the beauty and humanity and the people who are selflessly willing to help others. And, so that was a huge part in getting me through my residency.

Narration-Lisa Meeks: *Pete talks about the “straw moment” with a fellow resident and Pete and I have shared a straw moment as well, which seemed so natural for me and I imagine for many, but I’ve also witnessed the awkwardness that can occur when someone is uncomfortable or doesn’t know what to do, or say. . I wondered what advice Pete might have for the people listening who want to be helpful but who are not sure what to do, here’s what he had to say:*

Pete Poulos: Well, it's a spectrum, right? I mean, some people are very intuitive and other people are, um, completely in the dark about what the issues might be and have happily never thought about them before, which is fine. And then there are people in the middle who I think realize the situation that the person is in, but may not know exactly what they need, but are willing to help or what to help.

I would say, yes, there's a happy medium, because you don't want people to be constantly asking you what you need. Do you need this? Do you need that? You don't, you don't want people to feel like constantly on their toes, around you, just waiting for the next thing that you need. And I, when, when people, um, act like that, like overly helpful, I might say, or just super attentive, I tell them, you know, if I need something I'll ask and if I don't need something, then just assume that I don't need anything and relax and just enjoy our interaction as if there was no disability in the mix. That's ultimately, you know, that's, that's how I want to feel.

I want to feel like I'm having a human connection with somebody and that the disability has nothing to do with it. And when that happens, uh, that's a great feeling when I'm doing my radiology work and there's nothing standing in my way. I just get in a groove. Some people call it flow, and I can get there because I'm not always struggling. The struggle is very distracting. I might say, um, you completely are incapable of, um, higher order thinking things that you're listening to your aren't really going to remember because you're devoting so much energy to the physical act of just doing. And so to not have it takes a huge cognitive load off when the physical element of your work is not, um, not a large part of what's going on.

Sofia Schlozman: Thank you, Dr. Poulos, for taking us along for a day in your life and for sharing your powerful story. And thank you to you, our audience, for listening or reading along to part one of our two-part series with Dr. Pete Poulos. We encourage you to join us for part 2, available now, to hear more about Dr. Poulos’ experiences and current work at Stanford.

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Episode 25

Peter Poulos, MD

Part 2

Narration-Lisa Meeks:

It's 2020, understandably considered the worst year for many people, yet in the middle of all the chaos, Dr. Peter Poulos has had one of his 'best years ever' he's tapped into a greater mission--advocating for the inclusion of people with disabilities in health professions and for more cultural humble care for disabled patients. When the pandemic hit, and it was clear his inaugural conference--planned for approximately 150 people -would have to be cancelled, but Pete decided to pivot, and with an incredible group effort and support from his institution, Pete held one of the first online conferences increasing his reach and attracting over 1000 participants, from over 7 countries.

Part of his time is now dedicated to SMAC, the Stanford Medical Abilities Coalition he helped create. In addition he is publishing on the topic, ,secured a grant to investigate Disabilities and Virtual Health Equity , signed on to co-host a series of our #DocsWithDisabilities podcast and he and his beautiful wife Diana just became first time parents to an adorable little boy. As I said, it's been an incredible year for Pete Poulos, and over this year I've had the opportunity to chat with my friend and engage in some deeper conversations about his experiences, his mission to change the way medicine views disability, and about life.

Lisa Meeks: I had the pleasure of actually being at Stanford medical school with you and watching you work. You've set up a pretty incredible model, that you wrote about in a recent publication in Academic Emergency Medicine. Can you tell us what sparked this approach to your work, and how it got started?

Pete Poulos: At the hospital, there were a lot of volunteers who didn't seem to have a lot of work to do, they'd often be congregating and talking to one another reading magazines, et cetera, it seemed like there was more work.

So, I met with the director of volunteer services, Twila Harrison, and told her our idea and luckily, you know, her brother is a wheelchair user and she looked at me and the situation and just got it instantly. And she said, I have so many volunteers asking for shadowing opportunities. We don't offer shadowing opportunities to the hospital. Um, I've got foreign medical graduates who are stocking up items in the supply rooms.

She told us that there were lots of premed students and foreign medical graduates who wanted to just be in the hospital and volunteer in any capacity. And so within a very short period of time, she had recruited a team and I had coverage throughout the day, things like carrying my bags, getting me food, um, you know, helping me to, and from my transportation...

it would have cost me a fortune to have to pay somebody to do that for 12 hours a day. And so, to have this volunteer program was and continues to be key. And again, it's a win, win situation for the students. Also, they get a shadowing opportunity. They get to be behind the scenes in an area where students don't typically get to go in a reading room with physicians and technologists and referring clinicians, all talking about cases and about medicine. It's an incredible learning opportunity. I write them letters of recommendation. I mentor them and I help them with their personal statements. And, you know, in return, they're there for me, um, during my shift and I get the personal assistance that I need.

Narration Lisa Meeks: *Let's hear directly from one of Dr. Poulos' volunteers.*

Shimaila Shirazi: Seeing how much we can do with, you know, with disabilities is really amazing. And I knew he had one coming into this, uh, volunteership, um, and that kind of drew me into, because I thought it would just be a great experience. He will see obstacles that might be thrown at you, that you don't get to see through TV or through experiences learning in the classroom. So, I've definitely learned a lot

I think we're fortunate in this atmosphere that is especially in 2019 that maybe people are more open minded at least outwardly. So, I haven't had any negative experiences. it seems like everybody just really looks at how intelligent he is and that's what they see first. Um, and that's like a really amazing aspect. Um, but overall, I think like just my experiences here will hopefully help me understand what someone else might be going through. If I was working as a physician for someone who has a physical disability or even something that's more inwardly or is something not visible, um, maybe understand and be more patient, and just seeing things and taking a different perspective on life, just being exposed to all, all the different variables in a hospital in general has kind of taught me a lot.

Narration-Lisa Meeks: Pete talked about the residency program director and how pivotal this person was to his opportunity and his success. There was a lot of creativity in that space and it was not only welcoming to him, but that was really beneficial to all. Now Pete is serving as the institutional advocate, creating space and educating others about the benefits of disability inclusion.

Part of this education occurs through shared experiences with his non-disabled student volunteers. These budding medical students, after their time with Pete, will have a much different view of disability and what it means to be disabled physician. Pete took a moment to reflect on the leadership evolution he is experiencing.

Pete Poulos:

So, I've been both the, um, you know, recipient, uh, and have benefited from this sort of progressive leadership. And I have also, uh, helped others who have benefited from my inclusive leadership. I spent the first seven years after my training as the associate residency program director. And after I left that position, um, I decided to turn my attention to diversity work. I realized that disability was not being represented in diversity initiatives around campus.

And so, as a first step, I decided to join my diversity committee in radiology, and they were open to that. Uh, they were happy to have a person representing disability on board. I later became a faculty Senator. And my second year in the Senate, I joined the diversity subcommittee. I wanted to further broaden my work in this arena, because I do believe firmly in helping any other traditionally marginalized group.

During our first meeting, um, Dr. Iris Gibbs, who is the, um, Dean of admissions at Stanford medical school, she has been instrumental, uh, as a mentor and facilitator for me, she asked our group at our first subcommittee meeting, what are some ideas for projects for the year? And I quite sheepishly said, you know, "what about disability?" And, um, she said, Oh, that's an interesting idea. I don't think any work on disability has been done before. And then other people throw out different ideas, but Iris seemed really enthusiastic about the disability idea.

She got everyone else on board very quickly, and we decided, okay, this year we're going to work on disability as diversity and Pete, you're going to be in charge of it, [laughter] which was very stressful at first. Um, because I'm not a disability expert, I'm still not a disability expert or researcher, or scholar. My expertise at that time was only in my own disability and my personal story, which turns out actually matter in the whole conversation, which I didn't necessarily appreciate at the time.

So, I went out and I talked to everybody I could in the Stanford community about disability at Stanford office of accessible education, the diversity and access office, the faculty development and diversity office, et cetera, just trying to get an idea of the landscape. Um, and then when the subcommittee meeting, um, started, I came back and I presented the alphabet soup of disability at Stanford.

And so Iris says, well, the first two things we need to do are one, create a survey and figure out exactly how many people were talking about and what is the state of disability at Stanford? And the second thing we need to do is create an affinity group. And, uh, she said, and I said, wow, infinity group. I hadn't necessarily thought of that. That wasn't something on my radar when I suggested disability as a project.

I started by recruiting people in the radiology department. I just sent an email out to our listserv and, you know, 10 or 15 people replied back that they would like to help in this effort. And, um, very fortunately at the same time, the Stanford disability initiative, once I started SMAC, I had a seat on their board of directors and other organizations also have seats. And these are people who are very active in disability advocacy at Stanford, and very knowledgeable about disability in general. And, um, so I had been invited to this event, I reconnected with Zina Jawadi, who was at that time, the co-chair of SDI. And I told her, uh, in a quite desperate fashion that I had to start this group and I didn't know what to do or what to work on. I was basically, I would just say kind of lost in the whole thing.

She introduced me, boom, boom, boom, to a few people who are also at that event. Um, Cori Poffenberger, Heidi Feldman other, uh, individuals. And I would very shortly have meetings with them to talk more. And the hugest thing that she did, um, was arrange a meeting between me and the medical students with a disability and chronic illness group,

at Stanford medical school, which I didn't even know existed. they came together with Zina and they had emailed me a PDF document explaining disability at Stanford medicine. And not only at Stanford medicine, but nationwide, they had a thing in there about you and about Philip Zazove. I still, to this day, refer to that document to remind myself of things on the list that need to be dealt with at some time at Stanford medicine. Yeah. So, the students were so instrumental to getting SMAC, going full of great ideas

That first trip to Washington DC, where I met you at the coalition, was a huge turning point for me because, uh, you took me under your wing, uh, for no particular reason at all, without having any prior relationship or connection to me. And you have mentored me through this whole process.

It's exceeded my expectations. I actually didn't really anticipate the positive response that I would get from this. I underestimated how much this would resonate with people at Stanford and across the world. I underestimated, um, the impact of my leadership.

I really didn't see myself and still, you know, have problems seeing myself as like this, you know, um, impactful or effective type leader. Um, but it turns out that I have been a pretty good leader, do this thing and, you know, have been able to, um, put in the blood, sweat and tears to move things. Um, I just underestimated everything. I mean, even with the conference, I couldn't believe that a thousand people over a thousand people from seven countries registered, there's a huge need and a thirst out there locally, nationally, internationally people are, I mean, this is filling a huge void. There's a huge need out there. There's a void. I mean, I tell my constituents, I even have a slide in my talks. Like we have filled a void in the community. If there's nothing else that we've accomplished, at least the people who live disability or live allyship with disability are all United in one cause even if we accomplish nothing beyond that, that is a big something

And the people that I've met through the process, I mean, I've never felt at Stanford at least like the sense of connectedness that I do now, like helping to run this organization. And also, all of the people that I have the pleasure of interacting with leaders and, um, students and just everybody in between.

it's been quite a ride. That's an understatement, I guess. Yeah. I just underestimated, um, I underestimated our impact, but, um, I'm past underestimating now. I am just, uh, reaching for the stars. I want Stanford to be a leader in the world in disability. I want us to have a center, a Stanford disability center that, you know, deals with all employee accommodations, um, that does disability research and advocacy that has an assistive technology center taking advantage of all of the resources of Stanford and Silicon Valley.

Lisa Meeks: With people like you in this space, we can't help but move the needle. You know, we've moved it so much in the last five years. I can't imagine what's going to happen in the next five. And as Dr. Singh one of my favorite people in the whole world is he likes to say, "when your intentions are pure, the universe conspires to bring about the change that you want." And I think that that's what we're witnessing with you. Your intentions are pure. You are, you are absolutely the right person to be doing the work.

You have an incredible team behind you supporting you, supporting the work. Um, you're just lovely. You have a lovely, lovely group at Stanford, and they're so fun too. And in that spirit, I want to give a shout out to two individuals that you work really closely with, um, Richie Sapp and Cori Poffenburger, who just had a, a recent publication in the journal AEM education and training about the prevalence of disability, health training, and residents with disabilities in emergency medicine. And to my knowledge, this is the first prevalence study about residents with disabilities and emergency medicine. And so, I was super excited when Cori shared that they were doing this. And it's exciting to see it in print. I know that you're working really closely with everyone at Stanford.

Okay. So, in every podcast, Pete, I ask the interviewee to provide some mentoring, some sort of guidance or advice, for the listener who may be in the pathway of entering a health professions program. And maybe thinking, I don't know that I can do this, and what should I do? And should I disclose or not disclose, there are a million questions for these young individuals. ask every interviewee to, to give the listeners some little nuggets of information, some advice. And we would love to hear that from you as well.

Pete Poulos: Well, I would say that there are easier ways to make a living than being a doctor.

It's not going to be easy. It's very important to find a mentor to guide you through the process, to be by your side and help you navigate the system. There are a lot of, um, you know, potential for missteps and, um, it's kind of a minefield, um, especially around the issue of disclosure and when or when not to disclose.

My advice is that medicine needs more doctors and other healthcare providers with disabilities. That being on both sides of the divide, being a physician and a patient at the same time, uh, gives you insight into the system that nobody else has. I mean, how many people I was in a meeting the other day and, um, a breakout room actually at one of our, um, uh, diversity events and, um, I talked about my experience at Stanford as a patient. And, um, there was really no one else, nobody else in the room, um, or very few people who probably had had that experience of being a physician at Stanford who was also septic and in the ICU at Stanford. So, um, it gives you, I think, greater empathy and insight and compassion. I think you'd be doing something good for society. Good for your patients and good for the institution of medicine. But, like I said, it's not easy.

Lisa Meeks: Thank you. Thank you for coming on and thank you for sharing your incredible story. And I think most of all, thank you for, for the work that you're doing, kind of in a pay it forward, you know, contribution to, to the population of people with disabilities who are in medicine who want to enter medicine who are doing research. I just think that you are making such a huge impact already, and I'm so excited to see what the future holds for you and for Stanford. You know, I adore you and I, I thank you for your sincerity and I think the authenticity that you bring to the work that's so important to me, and I'm glad that you're a steward of this message. So, thank you and a big shout out to your beautiful wife, Diana and the baby.

Pete Poulos: He's so big and heavy and, and so, he's so cute. Thank you for all your friendship and mentorship. You had no reason to take me under your wing. And you did, and your mentorship and guidance have been invaluable and instrumental to this whole process. And you do this with people. You, you just throw me opportunities left and right, for no other reason than you want to advance this cause, you know, including me on research projects and writing papers and interviewing me and promoting our conference and all of this, I mean, you were a huge part of our success. And so I think you and SMAC thanks you.

Lisa Meeks: You're very sweet. You're going to make me cry. Um, it is my passion and my life's work. and certainly, my honor to work with this population. And I believe in providing people equal opportunities and, and having medicine and healthcare that's informed by the population that it serves. So, it's really important. To me it's everything. I thank you again my friend and I look forward to our future collaborations.

Sofia Schlozman: Thank you Dr. Poulos. Thank you for allowing us to peek into your life, thank you for sharing your story, thank you for the authenticity and openness you bring to everything you work on and thank you most of all for the work you do every day to make medicine a more welcoming place. As Lisa mentioned, the impact you've had already is incredible, and I'm so excited to see what you bring to the Docs with Disabilities podcast, and everything else you're working on, in the upcoming year.

To our audience, thank you for joining us for this very special episode. We hope you'll tune in next time for a very special panel discussion on MedEd Mental Health.

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Music for Parts 1 and 2 of Episode 25:

“Rainbow” by Chad Crouch

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“Heliotrope” by Blue Dot Sessions

“Town Market” by Blue Dot Sessions

“True Blue Sky” by Blue Dot Sessions

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