

## Siobhan Wescott, MD, shares insight on how to be a better ally

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# AMA MAKING THE ROUNDS

## Making the Rounds

### Dr. Wescott shares insight on how to be a better ally

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## Featured topic and speakers

In this episode of Making the Rounds, Siobhan Wescott, MD, director of the American Indian Health Program, talks about facing prejudice and navigating power differentials during med school and residency.

### Speakers

- Brittany Ikwuagwu, AMA Government Relations Advocacy Fellow (GRAF)
- Siobhan Wescott, MD, MPH, co-director, Indians into Medicine Program, University of North Dakota School of Medicine

### Host

- Todd Unger, chief experience officer, AMA

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## Transcript

**Unger:** Allies are people in positions of power who are willing to unlearn and reevaluate habits that may lead to marginalization of others. They do so with the intention to work in solidarity with that group.

**Dr. Wescott:** I guarantee you that was not the first time that surgeon said something inappropriate. None of you med students should ever feel like you're alone. That you're the only person who's being affected by this. It is systemic and it's definitely an issue.

**Unger:** That's Dr. Siobhan Wescott, co-director of the Indians into Medicine Program at the University of North Dakota School of Medicine & Health Sciences.

In this episode of Making the Rounds, Dr. Wescott talks about facing prejudice and navigating power differentials during med school and residency, as well as the importance of allyship as a crucial defense against inequity. This conversation is facilitated by Brittany Ikwuagwu, AMA Government Relations Advocacy Fellow.

**Ikwuagwu:** Dr. Wescott has extensive, firsthand knowledge of what a difference allies make for students from underrepresented backgrounds. She believes that anyone could be an ally and that medicine will be far improved for it. So that further ado, Dr. Wescott.

**Dr. Wescott:** Thank you. Hello everyone. I'm new to Nebraska and for the first time, the entire state, instead of celebrating Columbus Day, celebrated Indigenous People's Day and this was largely done by non-Native legislators. Further, there was an unveiling of a statue of the very first Native American physician. Her name was Dr. Susan La Flesche. She's from Nebraska. It was a woman. The first Native physician was a woman from Nebraska and there had been a statue commissioned of her to appear outside of health and human services, right near the state capital. And there was a beautiful ceremony with her descendants unveiling the statue. It was just a beautiful event. But that type of thing doesn't happen without the support of allies.

Now, this was all done right, where the community was in the forefront and consulted but still, that type of thing, the Native communities can't do that on their own.

Now, specifically talking about the field of medicine, and I've been reflecting with all of the burnout that we're seeing, even amongst med students, I won't go into details but it's terrifying to me. Med school was hard enough. I went to Harvard Med School for which I'm still trying to get this trademark but I was belittled by the best. Doesn't that sound better? Belittled by the Best, trademark. I'm trying to get there. In any event, when there isn't a toxic environment, we're happily surprised but a lot of us assume that there's going to be some level of toxicity and that's not right. We shouldn't normalize that but that's medicine.

So I was thinking back to my med school days and this was another ... If I wrote this as a story, people would be like, no, that would never happen. I was often on call with the same tall, white classmate. He and I both wore our Harvard Med School white coats with our name tags on them and when we would get a call that there was a patient in the ER, we would go down there together. This happened multiple times, I forgot exactly how many but a nurse would come running up to me as we walked into the door and say, "Are you the translator?"

Now, I mean, there's a white coat, same white coat. We're both wearing it. And the irony of the situation is that Andrew, my classmate, was fluent in Spanish and could translate. But just that

assumption that someone of color ... And I guess, trying to be empathetic, I'm sure those nurses felt like they were overwhelmed and they really needed a translator and good for them for being excited to have a translator but let's not make assumptions that a woman walking into the ER with some color in her skin has to be a translator.

But Andrew was such a great ally and he started to cut them off. I was thinking about this talk a lot because there's a push and pull between when people need help and when they don't, and those aren't necessarily clean lines. So I say proceed with some caution but if you see anyone being belittled or assumptions made, do even just stand near them. And as you work through things ... I would start with your co-interns, for instance. If you're fourth-year and you're heading into a residency but any rotation, I might even have that conversation with people and say how can we be supportive of each other if we face situations where our role in medicine is questioned or undermined. I really think we need to normalize that and that's part of being an ally. Because even though I think of ally, as a person of color, mainly helping people of color, anyone might need that allyship and we've got to have each other's backs.

I'll leave it right there for the moment. If anyone hates that idea or if they think it's the best thing ever because I think there's going to be a range of reactions. I think we've got to find ways to be more systematic.

**Ikwuagwu:** Thank you so much, Dr. Wescott. So you talked much about what it means to be a really good ally, to sticking together. And when it comes to us as medical students, how do we navigate that when it may be a resident or attending or someone who is further along in their medical career, who we would need to speak out against? How do we navigate those different power differentials?

**Dr. Wescott:** That's the rub because it's a minefield. And I hate to say these things because it really should not be this way. Nevertheless, I'm a pragmatist and that's the way it is, so let's figure out how we work with it. And I will say, fortunately, this didn't happen to me but one of my classmates was in surgery rotation and in front of the entire OR team, the attending surgeon said to the med student who was holding one of the hooks, "It's too bad you're into this medicine path. You would make a great hooker."

No one said a thing and we all just pretended like that hadn't happened but spread the name around. And I feel like it's a lot similar to the Me Too movement in Hollywood, where everybody knew who was trouble and would try and gently warn people but didn't want to come forward. I guess it depends on which side of the Me Too line we're on. Is this so bad? I mean, if there's actual ... Even saying this out loud doesn't sound right. If it's verbal harassment versus something more, it should move forward. Anything else, I don't want to say always speak out because there can be repercussions. There shouldn't be but I want you guys to be safe.

I would love to see ... If I had been in that OR, I think about it now ... I think, again, just standing near the person who's being attacked, that physical presence, that has a visceral reaction for everyone involved. That would be level one. Level two would be saying something, "I appreciate your thoughts, however, that's not helpful to our education." Now again, that can give you blowback so be wary. And level three would be reporting it to someone. It's always good to know your dean of students really well. It's always good to know, if you're in rotations, who's in charge of that because who's in charge of that makes a huge difference on whether you feel comfortable going to them even to say, "I'm not sure what to do with information, I wanted to share this with you."

But I guarantee you that was not the first time that surgeon said something inappropriate. He worked his way up to that in a lot of different ways and obviously he did not fear any repercussions. So I think once you are thinking about saying something, even if, again, you start with, "I don't know to do this information, I don't know if I want to do any formal reporting," that person has been reported before at some level in similar ways. So I don't want you to feel like ... None of you med students should ever feel like you're alone. That you're the only person who's being affected by this. It is systemic and it's definitely an issue.

**Ikwuagwu:** Another question that I have is that sometimes for others, that allyship can be uncomfortable, I think is a good word to settle on. What would be your advice for those to unpack where that discomfort come can from and how to move past that?

**Dr. Wescott:** You mean discomfort in being an ally or discomfort in needing an ally?

**Ikwuagwu:** We can go with both. What that feels like to needing an ally and actually being one as well.

**Dr. Wescott:** Okay. I'll tell another little story. I was at Harvard right when they were starting integrated clerkships. And for those who aren't familiar, it used to be universally med students did six weeks of surgeries, six weeks of internal medicine, et cetera. You did blocks and you saw whatever patients came through. Integrated third-year clerkships is where you do all of them together for the whole year. You have a panel of patients in different specialties and you have weekly clinics with them and if your patients are admitted to the hospital, then you take care of them there, which was really great for OB because you weren't just on the floor and whoever came in, you were helping them in one of the most difficult moments of their lives versus knowing them for months before they go to deliver.

It was the year ahead of me that went first and I had two really good friends in the eight people who tried this first. That's a lot of pressure on them and they had some not-so-good group dynamics, and these two good friends knew me really well. I know it's a long story but stick with me, it'll make sense in a second.

They both separately sat me down and said, "You need to not work on the group dynamics." Because I did get into the second year and there was another eight of us. They said you need to be learning, you need to not worry about what the group's doing. Just do your thing. And I was like, okay. Yeah. And I ignored them. I worked on the group dynamics and that is the most functional group I have ever been in. We only disagreed once in the entire year. And we, except for this one exception, which I'll tell you about in a second, we always decided on a plan and went to leadership as a group.

So my opinion is, strongly, that everybody needs allies. Especially people of color but everybody needs allies. You are not in this alone. It's so much more fulfilling when you are a part of a team, even if it's two of say, six med students in rotation and you are sticking together and helping each other out, that is going to make it a thousand times better. And even more, if it's all six of you, et cetera.

The one exception that we had was that one of the attendings offered the med students to come do vaginal exams for women receiving abortions once they were under. So it wouldn't necessarily be with permission and we split by gender. The four women and were adamantly opposed to this, and the four male med students wanted that opportunity. And at some level, I understand because they weren't getting ... They were asked asking patients if they would allow them to do part of the exam and a lot of women weren't comfortable with that. They weren't able to learn this key skill.

Nevertheless, that's wrong. That was the only time we disagreed. Every other issue .... And I even went against my own self-interest at the times, because I had a great panel of patients in internal medicine who were regularly getting admitted, so I was getting good experience on both ends of the spectrum for care but there were other students who weren't. We went forward together to say, we would also like to have some ER shifts where we might see to patients that we don't know.

And I would say, I understand the uncomfortableness of being an ally or receiving allyship because if you're receiving allyship, it's because someone is not respecting you. And what level of disrespect can vary but it can be very small and it can be egregious, but it's going to happen to every med student, I don't care who you are and that's not right. I'll say that for the umpteenth time. But if we stick together, we can eventually make things better but it will make your medical school experience a lot better.

**Ikwuagwu:** Since last year, we've seen a lot of health equity being involved in the conversation, especially as it relates to medical education. I was wondering what resources or things can us as medical students, should we be listening to or reading to expand our knowledge base in this specific space?

**Dr. Wescott:** I'm going to go to the AMA strategic plan on health equity. It's long but it's very AMA where it's absorbable. There's lots of figures and it's not like first aid where you're slogging through stuff. It's quite approachable. And even though it's 80 some pages, it's spectacular. So I would start there.



There's a lot out there otherwise and I'm hoping that there's probably some med school forums with some good stuff, I'm just not hooked into that lane. But yeah, I would definitely start with the health equity plan.

**Ikwuagwu:** How would you go about having the initial conversation with a peer or even someone with more power than you to be a good ally?

**Dr. Wescott:** This is what I've been trying to figure out the right way to have that conversation and I don't have a good answer because it's also ... Obviously I am very much into having people get along and be appropriate. I'm so demanding. However, I think I would say, definitely to your peers say, "Look, we're probably going to face some times where one or more of us is not respected. Have you had that situation already? What would you like me to do? And then I can tell you my versions because I think that's really..."

I hesitate in some way because I think ... There were so many times in medicine when I went into an absolutely new arena but we had a patient facing a critical situation that we bonded very quickly. So, it might be good even to wait until you've had that type of experience. And it breaks down walls when you can be there for a patient, even if you can't do much. People really do connect at a different level and conversations you might normally not have had until you knew them for months could happen after an hour.

I'm not going to give any hard and fast rules here, I will just say that it needs to happen. And then, you can tell a lot of times your allies pretty quickly who are above you. I would be careful. I would find out who the decision-makers are, try and meet with them if they don't already have that automatically as a group. Size up whether it seems like you could approach them if there was a problem and maybe even ... I think we had a lot of first-day orientation type things where somebody gave a speech, they've given a hundred times to say, if we have issues, who should we approach? And if they say, you shouldn't have any issues, then you know. That's your answer. But if they say, here's my cell phone number, call me if there's any problem, that's a different level. And you usually it's going to be somewhere in between.

I know this is going to sound totally wrong but it's not going to be long before you guys are in charge of others, you're somebody above. I know, I know. I can hear your face Brittany but it's true. So be good to your med students, and as you move forward, be good to those who are under you and let them know that you are there for them because you remember all of the terrible things that you've been through and what it felt like, and then try to be better.

**Ikwuagwu:** That's great. Well, thank you so much Dr. Wescott for your time and coming to speak with us. We are truly, truly appreciative of your time. Thank you.

**Dr. Wescott:** Thank you. Okay. Good luck everyone.





**Unger:** This episode was originally part of the AMA's 2021 Medical Student National Advocacy Week. You can subscribe to Making the Rounds and other AMA podcasts anywhere you listen to yours or visit [ama-assn.org/podcasts](https://ama-assn.org/podcasts). Thanks for listening.

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