



# WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: You are listening to the Weight Loss For Busy Physicians podcast with Katrina Ubell, MD, Conversations About Racism in Medicine Part Two.

Welcome to Weight Loss For Busy Physicians, the podcast where busy doctors like you get the practical solutions and support you need to permanently lose the weight so you can feel better and have the life you want. If you're looking to overcome your stress eating and exhaustion and move into freedom around food you're in the right place.

Oh, hey there, my friend. Welcome back to the series that I have called Conversations About Racism in Medicine. Today I have another conversation with you. This is with my client, Nicole. She is awesome, as all my clients are but I just adore her. She's so great.

She just so lovingly agreed to come on and have a conversation about racism and race and her experience just growing up and what she thinks can be helpful. She had some really, really great things to add, what I would say, to this conversation. Definitely some, "Hey, listen. Just FYI when you do this, it's not cool."

If you've ever been wondering, "There's plenty of things I do and if I just knew I wouldn't do them. I just don't know", she's going to clue you in on some of that today. She

also talks about how she became supported into becoming a full woman physician, African American, and I think it sounds like she had a relatively unique experience with tons and tons of support, which I think is amazing but then also talking about how we can support more African American men and women to come into the field of medicine to try to increase the percentage because right now it's dismal.

Please enjoy this conversation. I think it is super meaningful. She is just an absolute delight. I can't wait for you to listen to my conversation with Nicole so please enjoy and I'll be back tomorrow with another conversation.

Hey, Nicole. Thank you for joining me.

Nicole: Hey, Katrina. How are you?

Katrina Ubell: I am good because I'm so glad to be talking to you today. Like, seriously. Seriously excited about this. Super excited. Something that I have just recently learned that I want to do with you first is to just ask how you like to be referred to? Do you like black? African American? Person of color? What do you prefer?

Nicole: African American is good.

Katrina Ubell: African American?

Nicole: Mm-hmm (affirmative).

Katrina Ubell: Okay. See, this is why we ask. I'm learning this. This is all good stuff.

Nicole: Yeah.

Katrina Ubell: Okay. Now we know. It doesn't hurt to ask, right? I think white folks like me are worried that it's offensive to ask and it's ... I mean, correct me if I'm wrong, it's more offensive to assume.

Nicole: Yes.

Katrina Ubell: Yeah.

Nicole: Absolutely, because we're each different. Right? We have a tendency to put everybody in one bucket and one kind of monolith but everybody is a little bit different and so different names, different identifiers, they land differently for people.

Katrina Ubell: Totally.

Nicole: It's always just better to ask. Yeah. Yeah. I appreciate it when people ask because it tells me there's a level of them having awareness and that's always ... I have to respect that.

Katrina Ubell: The fact that they even know that it would be something to consider is already a step in the right direction.

Nicole: Yeah. Exactly. That is so much appreciated.

Katrina Ubell: Yeah. Okay. I love that. See, this is good because we're giving people information on, yes, this is an okay thing to do.

Nicole: Absolutely an okay thing to do.

Katrina Ubell: Super got it. Okay. Always when I bring people on I usually like to just ask people to introduce themselves, just tell us a little bit about you, so within the framework of what you're comfortable sharing, how about you tell us something about yourself?

Nicole: Yeah. I'm Nicole. I grew up in a big city and very close knit family of mine, faith-oriented family, grew up in a preacher's home for most of my life. That's kind of my background. Really becoming a physician has obviously been like for most of us a pretty ... A decision that we made fairly early on. I kind of made it in high school.

Some people were like, "Oh, I made it since I was three years old."

Katrina Ubell: Right. Right. Not me.

Nicole: Yeah. That wasn't me but once I got to high school and really found a great support system there and really just women there who are really focused on building each other up and not being afraid of being smart women.

Katrina Ubell: Meaning your fellow students in high school?

Nicole: Yeah. Fellow students and faculty and everything. They were really supportive about what our goals were, where our strengths were, and so I found that that was kind of like my strength and kind of leading me in that direction and math and science and, ultimately, led me down a track of medicine.

Yeah. That became my dream, my path, my journey and just kept going from there, finding mentors along the way to get me along the path because I didn't come from a family of physicians and so I had to find a lot of mentors and a lot of support along the way. Like what's an MCAT? I don't know what that is but I hear I'm supposed to take it. Okay.

Katrina Ubell: Right. Yeah.

Nicole: Check on the list of things to do. Okay. What courses am I supposed to take in college? Oh, all right. This is a sheet for pre-med. Oh, that looks horrible. Okay. How can we work with that? Do things I enjoy but also get check marks of what I need to get done? Yeah. Just kind of did that throughout my training and, ultimately, ended up in family medicine. I'm a DO. I do osteopathic manipulation as well. It's a huge part of what I do and my passion is. Yeah. Family is super important to me, being a physician is, obviously, super important to me. All of that.

Katrina Ubell: Yeah. Awesome. Thank you. Thank you for that. I think it's interesting to hear the story, if you're comfortable sharing, of maybe a time or the first time you can think of as a child where you became aware of race, racism, differences. Did your family talk to you about that? Did it first happen because of an experience that you had? How is a young African American girl introduced into that? What is one way that that happens?

Nicole: Yeah. I think maybe one of the first times that I can think back on was once you started school kind of in maybe kindergarten you would get invited to birthday parties for fellow classmates. I remember going to one particular classmate's home that was very different than mine. I remember thinking, "This is a mansion. There is rolling hills in the backyard that you can actually run down and trip over and do a roll" and just seeing this different way of life that was very different than what I grew up in.

Even now, I don't really know but I knew at the time that there was something different. There's something different about the neighborhood that I live in versus the neighborhood that this classmate lives in and that they're not that far away from each other either and from our school and so one way around one corner is one thing, is this mansion that I see and rolling hills and so much space and there's a movie room and there is kids hanging out and playing outside on the rolling hill that I remember in the grass, but me not having that in a block in the other direction from school and just recognizing, "Wow. This is really different. This is a different world that I just showed up into and I'm just going to a birthday party."

I think that was a difference. I think seeing as I progressed through school, the changes of the faces that I would see from elementary school to middle school and high school and just seeing how the faces were different along the way. You get the class pictures and it's just like, "Whoa, my kindergarten class is very different than my fourth grade class."

Katrina Ubell: Do you mean like in terms of diversity?

Nicole: Yeah. Diversity of people.

Katrina Ubell: The neighborhood was changing as you grew up, is that what you're saying?

Nicole: Yeah. Mm-hmm (affirmative).

Katrina Ubell: Okay. Okay.

Nicole: I wasn't quite aware of that but, of course, my brain now has some awareness around that and just seeing those different faces in that class picture and realizing like, "Wait. What happened to those people?"

Katrina Ubell: Right. Where did they go?

Nicole: You know, where did all of those people go? Where did it become where it was just people that look like me versus people that look like a whole different subset of America and all of it. That I think and I think just the media images of as we talk about weight loss and really just bodies and women's bodies, specifically, and just getting signals about what body, what type, what type of woman is ... What should you want to be or look like and even in an exercise video ... I really don't see anybody that looks like me but somehow I'm supposed to look like that person.

Katrina Ubell: Yeah.

Nicole: Somehow feeling like there's some sort of disconnect there or in some way I'm not that so is that wrong? You know? It's different at least, right?

Katrina Ubell: Yeah.

Nicole: There's a difference there. I think growing up and maybe getting some of the media influences that, ultimately, that that wasn't what I looked like and my skin color and my

body were not what I was supposed to be or not what it was supposed to be like to be acceptable for the world.

Katrina Ubell: I'm really glad you brought that up because I think that there's a lot of white people who are really insistent like, "I'm not racist. I'm not" and I think what's interesting is pretty much most of us will all agree that there's all these messages out there about what a woman's body should look like and that that influences body image issues in women and I don't see a lot of pushback on that. That seems to be something that is generally well accepted as how we are socialized as girls and then young women and then even as we're older, we're still getting those messages.

But then we can be so resistant to just being open to the idea that there also could be a socialization and messages about skin color.

Nicole: Absolutely.

Katrina Ubell: Right? But we don't even see it because we're on the right side of that line.

Nicole: Yeah.

Katrina Ubell: In quotes. Right?

Nicole: Mm-hmm (affirmative).

Katrina Ubell: It's not to a white person a message that that's not okay with you, whether you notice it as a message of, "Oh, that's good. Maybe don't get that ..." Right? It's not necessarily like, "I'm so happy I'm noticing that." It's just the omission of that even entering into the thought process. It doesn't mean that it's not existing for other people.

I think that if you can open it up to that idea then it's like, of course, all of us have been socialized to have racist beliefs and thoughts.

Nicole: Absolutely and including me.

Katrina Ubell: Right?

Nicole: Including me. Right? I'm the first person to raise my hand to say that that I have racist ideas in my mind or bias and all of these things. Yup.

Katrina Ubell: I'm just glad you brought that up. I'm really glad you brought that up. Let's talk about you deciding to become a doctor. It sounds like the high school was amazing. They were super supportive.

Nicole: Love it.

Katrina Ubell: Anybody in your life who was a little weird about it or like, "Do you really want to do that?" or, "You can't do that"? Yeah. Everyone uniformly supportive?

Nicole: Yeah. You know, everybody is super supportive. In my immediate family, they were also really honest about, "Look, we have no idea what you should do. We can't give you any advice."

Katrina Ubell: We can't help you.

Nicole: "But you are awesome, we love you, keep going. Let us know what we can do for you." Obviously, monetarily-wise, they tremendously assisted with whatever and made tons of sacrifices that I have no clue of, I'm still figuring out to this day how many sacrifices that my parents made and my family made for me along the way but whenever an opportunity came up to do this, do this summer program came up, "I want to do this. Can I do that?" Sure. Okay. "It costs this much." Oh, okay.

Katrina Ubell: Yeah.

Nicole: Figure it out. They really worked it out but they were super supportive but also really honest about, "Look, we have no idea what this path involves but you go for it. We

support you all the way. Tell me where I need to be, tell me what time to pick you up, tell me what time to drop you off."

Katrina Ubell: Right. Like anything that I can do. Yeah.

Nicole: Really, anything I can do, let's do it. Yeah. Yeah. Super supportive. Physical labor, moving myself in and out of college dorms. They will tell you to this day, "I remember that one time."

Katrina Ubell: Yeah. Right.

Nicole: You made us move in the heat. I'm just like, "Thank you, thank you, thank you."

Katrina Ubell: Yes. Yes.

Nicole: Yeah.

Katrina Ubell: Was your experience in college smooth or was that an opportunity for new experiences that were not necessarily positive? Yeah.

Nicole: Yeah. Definitely new, not being as close, wasn't that far away from my family but as close to my family physically but still getting the support from them. I think just being at a predominantly white institution, larger institution, just kind of making my way around as a college student in that environment, knowing that I wanted to be a physician and seeing how many other people had that same goal and seeing just ... Yeah. Just trying to navigate that world of you want to do this big thing, okay, here is what is required, are you going to step up to the place or are you not?

Sort of that competitive atmosphere, like, again, I was super supported, we worked very much together in a high school setting that I was in but to get to college and feel this very kind of extreme competitiveness aspect of what we were doing and so I found that really difficult and really

I pushed hard to kind of figure out what specifically was my path going to be because I'm not really a competitive person at all.

It just does not drive me and so being around people with that sort of mindset and I'm just like, "Look, I'm just trying to get to chem class. I'm just going to do the best that I can. Are we going to do our lab work or are we not?"

During college, I really tried to like create a path for myself, that I knew that like, "Okay, this is what I see, actually all the steps. This is what I can actually do" and try to not put myself with all the other people who were super competitive and just not really hanging around that crowd but I did notice, especially, that in terms of finding role models, again, along my journey, and even though my family was super supportive, there was no real physician role model that I was able to really follow and especially African Americans, somebody who looked like me, to ... I didn't really have access to that. I found other ways, though. In both high school and ... I think going back to middle school too because I did like science and people know I was into science too, "You should come to this thing we do."

Katrina Ubell: Yeah.

Nicole: During the night time, during the week, and so that's when all of the minority programs that exist and people would be like, "Look, there's somebody who does this on a real life basis and is not just in your imagination."

I found that specifically as I was getting really ... I knew once in college, this is it, I'm either going in this direction or I pull back from medicine but I really need to find some role models along the way. Getting into the student minority groups there was ... I think it was essential for me to both grow my own ... Just camaraderie with other students. Again, not to have a competitive atmosphere but more for support, we need support, and so let's

support each other. That's where I got a lot of strength, a lot of guidance, leadership, possibilities, so yeah.

That's kind of when I got to college I realized like, "Wow. This is a completely different atmosphere where you really have to figure out how to support yourself and then you try to create people around you who can support you through this journey" and, for me, that was really depending on our minority community to do that or who I felt was the most welcoming because everybody knew it was a difficult path and a lot of people don't make it and so to stick together, to see the examples, it was really integral to getting me to where I am.

I continued on with those same organizations in medical school too to, again, help me get through. Yeah.

Katrina Ubell: When you started medical school, like when you first were going in there, first of all, how many minorities or how much diversity was in your medical school class? Do you remember?

Nicole: Not very many. I remember it's a fair amount because of just where we were in the country because when you look at other medical schools depending on where you are in the country is different dynamics. It's really hard to say. There was a fair amount.

Katrina Ubell: So you, by no means, felt like you were the only one.

Nicole: No.

Katrina Ubell: Okay.

Nicole: But, obviously, definitely the minority. Right?

Katrina Ubell: Okay. Yes. Yeah.

Nicole: By far, a minority, especially for African American or people who might identify as Black, African American,

African, background and so yeah. We really banded together.

The other thing that I remember just was more from the women perspective or female perspective, I think my class was probably the first class to maybe be about 50/50 or we were just getting to the cusp of the 50%. Like women, men, sort of thing. I remember that being kind of a big issue at the time for that class but in the minority but we were still a force.

Katrina Ubell: I was going to say, do you feel like the school was supportive?

Nicole: I do.

Katrina Ubell: Yeah?

Nicole: Again, my experience but others might have a different opinion but I do. It certainly was, again, integral to my development to have that.

Katrina Ubell: I kind of wonder too, right? Like your attitude, you just went in there, you're like, "I'm going to do this. I'm going to find the people who can help me." You didn't spend a lot of time it doesn't sound like thinking about what you didn't have and who didn't support you. Instead you're like, "I'm going to go find the path", right? I just want to point that out. It's interesting, with your mindset, you're just like, "I'm going to do this. I'm going to make this happen for me."

Nicole: Again, I felt like this was my calling because, again, no one in my family ... Everybody still looks at me like, "Why did you do this?"

Katrina Ubell: Where did you come from?

Nicole: I don't know. It must have been some sort of calling because I was just along the journey, I always said ... Like my phrase that really got me through. It's a journey, not a

destination. Just kind of getting me through each step. There's really no ending to this. It's just a continuum. I love to learn. Let's keep learning, let's keep going, push forward, you can do this. That kind of mind frame kind of going through. Yeah.

Katrina Ubell: Yeah. When you went into residency, similar experience?

Nicole: Residency, I would say I think there is a definite distinction for me between kind of going back, medical school, the first two years versus the last two years.

Katrina Ubell: Okay.

Nicole: Those were very different experiences for me.

Katrina Ubell: Okay.

Nicole: Very different I would say. First two years, in a classroom, definitely I have my support system around me, me finding the support that I need but I did find that going out on rotations and every month switching what you do was really ... It caused a lot of conflict in me for multiple reasons. I think it's just me personally as a person just having to just flip hats, finally getting comfortable and then just to flip hats and then feeling like you have to be almost like a different person, I think that was my own stuff, though.

That was very difficult for me to navigate and kind of work through. Then now getting the opportunity to interact to work with on really intimate I think levels, working with patients in intimate levels, not just standardized patients in medical school but really working with people who have pain and who are suffering and in the hospital and trying to meet people where they are there along with the attendings and the other students, me figuring out my way within those dynamics and in those groups was very difficult for me to navigate.

I think that's where I really started to see the differences in the character of physicians on a more broader sense and really like who did I want to be and who did I not want to be.

Katrina Ubell: Right. Who do you want to emulate and who you don't.

Nicole: Yeah. Who do I want to emulate and who do I not want to emulate? All of those things.

Katrina Ubell: Did you ever find in your training that any patients were weird about you taking care of them or something along those lines?

Nicole: Occasionally, occasionally I would feel that. More often than not, people would assume that I am the nurse or I'm part of the hospitality staff, custodial staff. Yeah, mostly people just making assumptions about who I was. No necessarily overt like, "I don't want you taking care of me. I don't want your hands on me." Never anything overt in that sense but definitely people making assumptions about who I am because ... I don't know. I'm putting words in their mouth, right? Like how dare I be training to be a medical professional or how could I be in that position?

Katrina Ubell: Oh, really? In what way? How would they do that? Help me understand that.

Nicole: I would say probably the most prevailing thing would be just be a sense of utter shock and awe that I'm in that position.

Katrina Ubell: Okay.

Nicole: For me, I would think like, "You don't think at all that I could ever ..." Right? I think now they had no clue who I was. They don't know me, they don't know my history or anything.

Katrina Ubell: Yeah.

Nicole: For people to be so utterly shocked that I walked into the room with a short white coat or a long white coat eventually, and really kind of can't get over that and it's like, "I really want to listen to your heart right now because I think you're in congestive heart failure and so your shock that you are being treated by someone who looks like me, okay, but yeah." Yeah. I want to get back to you, I'm here to meet you, and so that happens continuously.

Katrina Ubell: Yes. Okay. Even in your ... I mean, your practice now probably most people ... Right? You have continuity.

Nicole: Yeah.

Katrina Ubell: They know you, right?

Nicole: They know me already. Yeah. I think sometimes it just takes me aback. I'm like, "Why is this so surprising to you?"

Katrina Ubell: Yeah. Yeah.

Nicole: I don't know what they're thinking but one of my thoughts is they've never seen anybody who looks like me in this position. That can make you shocked or surprised.

Katrina Ubell: If that is the case do you ... What are your thoughts about that? Do you feel any kind of sense of responsibility on a broader scale or are you not taking that into account?

Nicole: Yes. Yes and no. I've always felt kind of self-driven and so I often times want to just remove myself from this responsibility of being this token person that's supposed to go out there but more and more I just realize that I am ... I'm a unicorn in some instances and so it's going to be what it is and people will take it for what it is but with this ... Especially with this work of doing coaching has really taught me how to just ... It comes from me, having my own sense of self-worth and nobody can give that to me so no matter how shocked people are, I still have to have

a sense of myself and all of the things that I have, just showing up and just being, existing, but also knowing that I am going to be unique in our physician world, in this healthcare world, that I am unique in this world.

Katrina Ubell: How do you think ... I was looking up what percentages of black and African American people just in the US and then in medicine and I saw about 13%, 15% in the US and about 5% in medicine so we're talking about like a third, so massively underrepresented.

Nicole: Yup.

Katrina Ubell: I'm just curious if you have any thoughts about how to bring that number up?

Nicole: In medicine, so many. There's so many things. You know, I think if I saw someone maybe like me early on, when I was in elementary school ... Maybe I did. I don't even recall. Again, for me, being a nerd in math and science and people being like, "You should come to this thing we do at night" like that's where I got to see it. I had to kind of remove myself from my formal educational setting to do these kind of separate things amongst other minority students who had a very similar interest to be like, "Look, this is ..." It was kind of clear that, "Look, you will not find it in your school", at least at my time, "So you must find it in a different place."

But I'm sure if that was brought into more of our educational systems early on to have those role models available that that would have really just kind of cemented in my brain like, "Oh, yeah. This is possible. This isn't an impossible task. There's people that you can ask, people who have gone through this. It's not easy but this is a doable thing."

Katrina Ubell: Well, it's like you have those—

Nicole: Right? There's like socioeconomic things. I'm not a racist expert or I can't give you statistics but just the

socioeconomic aspect of all this too and being in a neighborhood that has a certain school with this type of curriculum that can get you prepared for each level and if you don't do well you get kind of labeled in this pot of people who can't succeed and you're told, "You got this level on this test so you can't succeed" because I know other students they got that super duper smart and super duper talented but just the way the material was presented to them and the other things that happen in life makes it difficult to focus on school. They have all the potential in the world to get where I am and so these kind of socioeconomic, housing, where is the school? Where do you live?

Katrina Ubell: Yes.

Nicole: All of these things. Yeah. There's things that are really intertwined as you progress and going through high school, you can probably get through the public school system but then going to college and being able to afford college, being able to afford medical school or understanding what financial responsibility that that involves or a lot of people see that and see that as like, "That's no way I can go in that direction because of all of that financial responsibility" and time and [crosstalk 00:31:40].

Katrina Ubell: Right. A huge part of your life, right?

Nicole: Yeah.

Katrina Ubell: It's like almost a decade of your life?

Nicole: Exactly. You might end up going into another field and succeeding in that field and that's fine but specifically with medicine it is a very long journey with financial and all of these things that are mixed together with it. For most people, that takes ... Or at least for me even though this was my calling, I still took a lot of thought and being really sure about, "Yup. This is my path and I'm going down it. I'm going to do everything possible that I can to make this

work" but for some people it just is ... It might not be with their, again, socioeconomic status.

Katrina Ubell: Or just like how supportive your family was, right?

Nicole: Yeah.

Katrina Ubell: They're like your biggest cheerleaders.

Nicole: They are.

Katrina Ubell: Which not everybody has that scenario at home either.

Nicole: No. Not at all.

Katrina Ubell: So many different factors and being willing to take you at night and even able to take you at night to those programs and all those things.

Nicole: Yeah. It's not like ... They had a full day of work, full day of their own work, and then still able to feed me and drive me.

Katrina Ubell: Right.

Nicole: Drive me to where I needed to go. They saw I think the drive in me and was just like, "I don't know. Well, okay."

Katrina Ubell: We're going to see.

Nicole: Yeah. We're just going to see what happens. Yeah. I think there's so many factors of why that number is small. A lot of people get weeded out and I think in college, again, so much involved with the education that you received before. Did your high school prepare you for college? Did your middle school prepare you for high school? Did your elementary school prepare you for medical ... Right? These different kind of landmarks, educational landmarks that somehow you have to jump over and get through and often times you just miss one hurdle or you get pigeonholed into one.

Katrina Ubell: Totally changes the trajectory. Yeah.

Nicole: Yeah. Yeah. Or you're told you can't do that and you might believe that and then you don't. Yeah.

Katrina Ubell: Yeah.

Nicole: That goes along the way. Even through college, you don't do well on that bio one course and then that kind of sets you ...

Katrina Ubell: Now your basic sciences grade is low, GPA is low, and now you can't even get a secondary application.

Nicole: Yeah. Exactly. You know, obviously, people persevere and you can but often times you do have to make a choice like yes or no and some people [crosstalk 00:34:38].

Katrina Ubell: It's easy to be discouraged especially ... I mean, if you have the level of commitment and dedication and calling like you were talking about, people who have that are really just persevering and trying to make it happen for themselves and if you don't have that quite so strongly it's easy.

Nicole: Right. If you don't have the examples around you or ... Yeah. Like you said, that support system but you kind of believe that you can't, like you really deep down believe that you can't and, again, from what you can see out there if you just look at the world it doesn't give you a clue that you can necessarily, right? It doesn't give you a clear indication that you can do it.

Again, having that sort of extra ... I don't know if the word is validation but when you see images that don't really correlate with what you normally see.

Katrina Ubell: It's hard to borrow belief from other people in yourself, right?

Nicole: Yeah.

Katrina Ubell: Like you really have to generate it for yourself.

Nicole: You do.

Katrina Ubell: More so I think than if you are white.

Nicole: Yeah.

Katrina Ubell: It's already hard enough I think when you're white. I mean, this isn't an easy path for anybody, right?

Nicole: This isn't an easy path at all.

Katrina Ubell: It's already hard.

Nicole: I think when you're a minority ...

Katrina Ubell: Extra layers. Yeah.

Nicole: It's extra layers. There's a lot ... Yeah. If you're not getting that kind of external support in combination with your own drive, in combination with just academic support, academic counseling, if you don't meet the grade your academic counselor is going to be like, "Yeah, no. This isn't in the cards for you. Not going to put you in the pre-med pile because you just won't make it" but you're just like, "No, but I will make it" and so you have to make choices about I'm just going to forget what that person said to me right now and focus on how I am going to get there, right?

Katrina Ubell: Yeah. Yeah.

Nicole: For a lot of folks, it's just like, "Oh, well, I don't see the path."

Katrina Ubell: They told me I can't do it. The person who knows about these things said that.

Nicole: Yeah. Yeah. Yeah. Right? I wasn't at the top of my class in college at all but I do think that I tried to as best as I can, surround myself with people who were positive and we supported each other when we were down, supported each other when we were up, and friends who were not in medicine who really supported me along the way too, they were like, "We have no idea how you're doing this but whatever. Keep going."

Katrina Ubell: You appear to be doing it.

Nicole: I know. You appear to be doing it so do it.

Katrina Ubell: Yeah.

Nicole: Yeah. There was ... Even through the ups and the downs and the grades not being perfect it was still like, "This is my path. I don't know. I'm going to figure this out somehow." Just kind of made it work despite all of the things that said that you couldn't or would appear that this was not a possibility for you.

Katrina Ubell: You know what I think is really powerful to think about is there's ... I mean, just in general, physicians are in a bit of an advisory role, I can think of the doctors that I knew as a child, whether I saw them myself personally or I went along and my siblings saw them or whatever, just like doctors that were sort of in my general just awareness, and as kids we're just paying attention. Like my pediatrician growing up, his son was really good friends with my brother and so we would sometimes be invited to their house and they had a pool and we didn't have a pool. In my mind, I'm like, "Being a doctor is not so bad." You know? In my little kid brain or whatever. Like, "Huh. That seems like it's good."

But just the power of anybody who is advising anybody but particularly a minority, about a path into medicine, being really careful with your words because what you are offering them is just beliefs about themselves.

Nicole: Exactly.

Katrina Ubell: Often when we're doing that, we're just offering them the beliefs about what we think about ourselves.

Nicole: Yeah. What we think about ourselves and what we think is possible.

Katrina Ubell: Then we pass that onto somebody else.

Nicole: Yeah. Yeah.

Katrina Ubell: Then that becomes their reality.

Nicole: Absolutely.

Katrina Ubell: No one works with us through this to go, "Hey, they're just offering me that. That's their belief, that's on them, do I want to take that on? What would be the result of me taking that on? Right? We don't do that. We're like, "This person said" and then it's just in there.

Nicole: It's in there.

Katrina Ubell: Continuous loop.

Nicole: Exactly.

Katrina Ubell: Sometimes you are able to push past that and overcome but—

Nicole: Yeah. Sometimes we are, sometimes we're not.

Katrina Ubell: Again, like you said, when there's additional layers that disadvantage you, that much easier then to give up.

Nicole: And to believe that.

Katrina Ubell: And to believe it. Yeah. That it's just like a fact that you can't do it.

Nicole: Exactly. You won't find evidence for such things.

Katrina Ubell: Yeah. Totally.

Nicole: Even though you want there to be necessarily.

Katrina Ubell: Have you found that ... Just switching gears here a little bit, have you found or observed this throughout your training and even now, have you observed there being ... Like, particularly, white doctors speaking of patients, African American or Black patients, in a way that would be not acceptable? I mean, you know, the person I spoke to before she was saying they're not outwardly saying things typically, like right in front of me ... I think that is one reason why it can be harder to find for those of us who are white because it can be so subtle.

Nicole: Yeah.

Katrina Ubell: I mean, blatant racism is like ... My brain is like, "Wait a minute. That's not good." Right?

Nicole: Exactly.

Katrina Ubell: It's like the other little subtleties. Have you ever picked things up where you're like, "They don't even know what they just did there" or things like that?

Nicole: Yeah. Common thing ... Not a common thing but just common enough, changing what I call using slang that you think black people or African American people kind of converse in or just being like, "Hey, girl" and just doing things that somehow I'm supposed to feel some connection to you because you know some sort of slang and how you address me or how you talk to me, that is something that was super common that I would see.

We'd go in one room for one patient who was not a minority and then I'd go in another patient and they would kind of change how they spoke to them, again, just kind of using slang words and things that you would see on TV being used and thinking that I would want to be addressed in that way and kind of thinking that language.

Katrina Ubell: Do you think that that's in an attempt to try to create some sort of rapport or connection?

Nicole: Yeah. Connection or rapport.

Katrina Ubell: Which doesn't make it right, right? It doesn't make it right but it's good to call it out, right? To say that.

Nicole: It is.

Katrina Ubell: That's actually good to hear and know.

Nicole: Yeah. It's hard to ... I think especially when I started to really see this in third and fourth years as a medical student as they were going in a room with one patient versus another, these things start to happen, or they would talk down to African American or Black patients, be slower in how they talked, make assumptions about their socioeconomic status compared to other folks, yeah, and so just doing things like that that I found.

Katrina Ubell: That you pick up on. Yeah. This is what's so great, though. You might feel like, "I don't have racial slurs going through my brain but you know what? Let me just check myself. Let me just pay attention to how things might be different. Let me just build an awareness around that" [crosstalk 00:43:08] why am I doing that? Why am I even doing that?

Nicole: Are you trying to change your character? Are you trying to change who you are?

Katrina Ubell: Yeah.

Nicole: Just to feel like you have some camaraderie with me?

Katrina Ubell: Yeah.

Nicole: Look, it's like, again, I'm a minority in this country as a patient so I pretty much know like probably I'm going to have a doctor who does not look like me and so I do not

expect at least from my perspective, again, as a patient who is a physician too, I want you ... I just want Katrina to be Katrina and for you to treat me, Nicole, as Nicole and just get to know me for me. Yeah.

When you kind of do that, at least, for me, it just kind of points out, again, my other hood or that you're ...

Katrina Ubell: Yeah. I got to be different around you or something like that.

Nicole: Yeah. You got to be a different person when I just heard you walk through the door and talk to the staff in one way and then you open up the door and you talk to me in a different way. It's like, no, this is not ... Yeah.

Katrina Ubell: Yeah. That's really good.

Nicole: Things like that.

Katrina Ubell: Like good to bring that up is what I mean.

Nicole: I know what you mean. I know what you mean. Yeah. That's something that I would see often.

Katrina Ubell: What else are we blind to? Even just in general. If you're like, "If I could just have white people's ear ..." Just to be like, "I just wish they knew. They just don't know X, Y, Z" or whatever. Is there something ...

Nicole: Don't touch my hair. Please, don't touch my hair. People decide to just like, "Oh my gosh. Your hair is so ..." I don't know. Whatever word. Then they just reach out and just touch it and I'm just like, "That's not appropriate at all."

Katrina Ubell: Yeah. That's actually never occurred to me to do that.

Nicole: Good.

Katrina Ubell: But I'm also not a touchy person. People who touch a pregnant woman's belly, I'm like, "Why would you do that?" I just am like, "Why would you touch somebody?"

Nicole: Exactly. It makes me think of that as well, right? Even with me, with pregnant ladies, I'm just like, "Oh my gosh. This is so fun. How are you doing?" I can feel my hand being drawn in like a magnet and I have to be like, "No. That's not what we do. That is not respectful. We can ask if I can touch your belly or not. We don't just touch people's bellies", right?

Katrina Ubell: We tell our kids, it's like, [crosstalk 00:45:58]. Touch with your eyes, not your hands. Just admire it with your eyeballs. That's really good. Good to know. What else? What else do we need to know?

Nicole: Again, that happens in and out of medicine.

Katrina Ubell: Yeah. That's why I'm saying all of that ... Even in and out. Yeah. That's what I'm looking for. Just even the things even out. What do we do where you're just like, "Listen, people, please"?

Nicole: Yeah. Again, it's more of just meeting people where they are, don't assume things. Yeah. Just meet people where they are and don't ... One thing, again, kind of harks back a little bit to weight loss a little bit when I think about when I was a child as well and being an obese child and going to physicians just ... Even I, even I do, right? I have to recognize it in myself. This morality thing about being obese or about having chronic conditions, you are a bad person because you eat this or you're a bad person because you don't take your medications or ... Yeah. You're a bad person because you are this.

To me, that always implied that I'm a bad person, that there's something fundamentally wrong with me and I think, unfortunately, some physicians can think in that way. Like there is something wrong with this population because they get these diseases so something must be

wrong with them. I don't think anybody ever tells us that but that kind of morality of the behaviors that you do and so because you do these bad behaviors, of course, then you have these bad outcomes, that makes you a bad person versus addressing what's your home situation like? Where do you get your food? You know?

Katrina Ubell: Yeah. I think that's what you mean by meeting people where they're at. I think some people are like, "But what does that mean? What do I do?" I think it means, and you tell me what you think, but I think it means getting to know the actual person in front of you and understanding them rather than making those generalizations and assumptions and I think where we sometimes get stuck on this is like when we look at data, like demographic data or data of like, "Well, but the data shows us that people like this X, Y, Z."

Nicole: Yeah.

Katrina Ubell: Then as doctors we can get really judgemental like, "Listen, the data shows if you keep this up you're going to end up dead." We think, "I care about your life more than you do." Something like that.

Nicole: Yeah.

Katrina Ubell: It's like we got to check ourselves and take that all back. This is still a human being in front of you.

Nicole: Yes.

Katrina Ubell: They are not data.

Nicole: They are not.

Katrina Ubell: The data informs but it's not who you're treating.

Nicole: Yeah. Exactly. Yeah. Yeah. Just meet people where they are and, look, I know there are constraints on time and all of these things. People are like, "I don't have enough time

to ask them where every grocery store ..." Of course you don't. I know you don't but opening ... Not coming up with an assumption, maybe asking one specific question that might give you a better understanding about where are they getting their food from? One nugget of information about maybe, "Okay, what option did you have there?"

Just meeting people where they are versus making assumptions about groups of people and then, again, making assumptions about whole groups of people when this is one person and this is another person, this is another person, and so we all have our own things and our own life experiences so really doing that. I definitely remember that or seeing my father go to doctors and my own self going to doctors, especially when I was a little kid and seeing how people approached his illnesses in that type of way like, "You are a bad person because of these things."

That weighs on people, that certainly doesn't make people feel open to come back on a regular basis for routine followup and, again, not saying this is a blanket statement for everyone but—

Katrina Ubell: If you already have even other barriers like transportation barriers or things like that and every time you go, the message is, "You're a terrible person."

Nicole: I am a terrible person.

Katrina Ubell: You are even less motivated to figure it out, figure out a way to get in there.

Nicole: Yeah, but if somebody gets to know me, understand that the bus outside the door ... You know, I can probably be here in an hour, an hour and a half but beyond that, things are running slow in the clinic, bye, Doc. I got to go.

Katrina Ubell: You got to go.

Nicole: Right?

Katrina Ubell: Yeah. Yeah.

Nicole: Not blanketing me as being this noncompliant person but understanding that maybe when you see that person on your list because you know them, if you were running behind to maybe open up a door and be like, "I am running behind right now. How is this bus thing working?" Right?

Katrina Ubell: Yeah.

Nicole: Or asking and be like, "Are you okay time-wise? Do you want to just reschedule this thing?" You know? Just getting to know people.

Katrina Ubell: And thinking, right? It's just like actually having it ... I think what it is too is like when you're thinking about yourself and how behind you are and how this person isn't following what you are recommending and all of that stuff, you don't even have the brain capacity to be thinking about that person who is ahead so when you are managing your mind and just putting one foot in front of the next and who do we have next and how can I best serve these people? I think it's more likely for it to occur to you to go, "Hey, you know what? Okay. What's going on here? Can you check in with them? I know that that's an issue for them sometimes" or something like that.

Nicole: Yeah. Exactly.

Katrina Ubell: You're able to actually go.

Nicole: It matters for really all patients really but I think this particular group they can, again, get—

Katrina Ubell: I feel like as a pediatrician it's always around nap time, right?

Nicole: Yeah.

Katrina Ubell: Or they're missing a meal, do you need a snack? Are you okay?

Nicole: Exactly. Just that awareness about who your patients are and maybe what their needs are and just understanding what it takes for them to get to your office in a way, right? Or realizing your husband or your wife isn't here. Are they okay? Just realizing just stuff like that. Yeah. Yeah.

Katrina Ubell: I think that is a really super duper good point for sure.

Nicole: Yeah. It just helps to be aware, right? You know, maybe I will catch that next bus just because you came in the door and you told me you had enough respect for me to tell me that you were running behind or you had somebody else come in and check on me, it allows me I think ... Again, it shows a level of respect, a level that you trust my time.

Katrina Ubell: You honor it, right?

Nicole: Yeah and that you see me. Right?

Katrina Ubell: Exactly. Exactly. Exactly. Well, as a final note, this has been a great conversation, any parting words, thoughts? Anything you want to share? Anything else you thought, "You know what? I want to make sure I get this out there"?

Nicole: Yeah. I think I wanted to make ... I'm still kind of formulating my thoughts about this but how helpful coaching has been. Right? I know who I'm talking to but just how helpful when I look back on experiences, right? When I see the news now and I watch the news it brings up a lot of different emotions, confusion and anger, rage, just complete fatigue. Yesterday I could have just been like, "I'm done and we're done" and I usually have very great energy. Yesterday I was just like, "We're done."

Katrina Ubell: Shutdown.

Nicole: I can't really sit at my desk anymore right now. A lot of different emotions. Just this work has really helped me to see I think as well of how much I have placed more of a victim role or put myself in a victim role to systemic racism or the racism that occurs, yeah, and so that ... We talk about that victim mentality, everybody else is the villain, and it's really easy for me to go to that place and this work has really allowed me to see about how much power that I already have and so I'm really thankful for this work to help me deal with all of those emotions, like the array of all of those emotions, recognizing what are my thoughts, what really are the circumstances but recognizing that a lot of the stuff that I have is a lot of thoughts and just being able to work through that, sit in the feelings of the rage, of the anger, of feeling exhausted, of being okay with myself just because I don't feel like saying a doggone thing right now and today I'm talking.

Katrina Ubell: Yeah.

Nicole: You know, being okay with both of those parts of me, who wants to be completely silent and the parts of me who wants to talk. Yeah. I have found at least doing a lot of thought work over the last few days of how much of that sort of victim mentality that I have had towards these situations and feeling sort of hopeless and putting ownership in other people but it's like me ... I have to do that work on myself and become aware of what my thoughts are.

Katrina Ubell: And taking power back, right?

Nicole: Yeah.

Katrina Ubell: Victim mentality is you give everybody else all the control to determine how you feel.

Nicole: Yeah.

Katrina Ubell: It feels awful.

Nicole: It feels really awful. I've kind of let myself be or realize that I was in that space a lot on and off throughout my training, even though being very driven, being very supported throughout my journey to become a physician but I also realize now that I often place myself also in that victim role and that I'm learning and I'm getting more comfortable with taking that power back and figuring out how to live, what to do with it, and all of that.

Katrina Ubell: She just giggled because my daughter just showed. I had to look. I'm like, "What's happening right now?"

Nicole: Yeah. Yeah. Just kind of admitting that to myself was I think really powerful for me to realize how much I put myself in a victim role, of realizing that doesn't have to be, brings me to results that don't work out for me.

Katrina Ubell: Yeah and that blame feels so awful, right? It feels good kind of a little for a short time until I'm done with this and I don't know how to get out.

Nicole: I know systemic racism exists and it's in our structures, it's in our systems, it's in every crevice of where we are in this world but, again, recognizing it.

Katrina Ubell: Or even then it's like now what? What do I think about that? Exactly.

Nicole: What are my thoughts about that?

Katrina Ubell: Yeah.

Nicole: Yeah. Does my thoughts ultimately give me emotions and actions that I really want and, ultimately, what results do I really want or does that not? I have found definitely over the last couple of days, doing a lot of thought work on it, that it ultimately does not and it doesn't mean that it doesn't exist but it just means I'm doing my own work to figure out and to make sure that I don't have that victim mentality anymore or at least be able to recognize when I am in that space.

Katrina Ubell: Quick aside, I just want everyone listening to understand, you're not doing the work to try to think ... Like feel okay about systemic racism, right? That's not what we're talking about here at all.

Nicole: At all.

Katrina Ubell: I just want to be clear because people get confused and they think that the point of this is to just think that everything is neutral and nothing should bother you and you should just think more positively about things and that's not what we're talking about at all. What we're doing is we're talking about thinking thoughts that create the result that you want, right?

Nicole: Yeah.

Katrina Ubell: If you want a certain result then what is the thought that will create that? You can create whatever result you want.

Nicole: Whatever.

Katrina Ubell: You can be totally furious about it but I'm like you don't also have to give your power away to everybody.

Nicole: Yeah.

Katrina Ubell: You could take ownership.

Nicole: Exactly.

Katrina Ubell: Being furious in emotional adulthood is still better.

Nicole: Still way better.

Katrina Ubell: Than being furious in emotional childhood.

Nicole: Blaming other people.

Katrina Ubell: Yes. Exactly.

Nicole: For where you are.

Katrina Ubell: Exactly.

Nicole: Yeah. It's not negating that at all but it's really just doing my own work, reminding me also ... Like doing the thought work and my faith is super important to me and so just all of that together has helped me see that my worthiness is not in other people and what other people think of me. It comes from within me and only I can do that work. Just really helping me get clear about those things and about things I hold onto that are holding me back from the actions that I want to take and the results that I want to have.

Yeah. Just doing my own work of becoming aware of what my thoughts are throughout this has been really powerful for me and, again, my faith and just putting it altogether. Just, again, meet people where they are. Respect is ... We have a lot of shared things. Most people want to be respected.

Katrina Ubell: Yes. Right.

Nicole: Most people want to be heard. Yeah. Lead with that. Just meeting people where they are and with respect. Yeah.

Katrina Ubell: I think you can get pretty far in life just doing that.

Nicole: Yeah. Yeah. That's what I'm definitely realizing and try to lead ... I think we talked about before, leading from a place of love, right? And moving through the world from a place of love ... I feel like that definitely gets me to where I personally need to be and then I can see how that can extrapolate beyond me whereas staying in a shameful place or staying in a guilty place, staying in a victim mentality sort of place, that doesn't ... I need to be aware of that and acknowledge that that is there but that doesn't get me moving in a direction that I want.

Katrina Ubell: Yeah. All right. Well, on that note, thank you so much.

Nicole: That's all I had.

Katrina Ubell: And scene.

Nicole: Yeah. I'm doing my own work. That's all I'm saying. I feel like when we can all do this work, we will all be the better for it.

Katrina Ubell: We will all be better for it. Exactly.

Nicole: Yeah, right? Because we all make up our institutions.

Katrina Ubell: A whole bunch of people.

Nicole: A whole bunch of people.

Katrina Ubell: Yeah. Exactly. Totally. Makes so much sense.

Nicole: Yeah.

Katrina Ubell: She's doing a lot of gesturing.

Nicole: I'm doing a lot of gesturing.

Katrina Ubell: Yeah. Thank you so much for coming on. Seriously. I appreciate you so much.

Nicole: Oh, you're welcome.

Katrina Ubell: For sharing everything.

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