

WEBVTT

1

00:00:02.090 --> 00:00:20.289

Jessica Restaino: All right, so welcome it's good to be here. I'm. Just for staying out from Montclair State University with Dr. Damali Campbell Oparaji, and we are here to do a short conversation about doctors language and storytelling, so first

2

00:00:20.870 --> 00:00:22.910

Jessica Restaino: can I invite you to please introduce yourself?

3

00:00:23.320 --> 00:00:34.710

Damali Campbell (she/ Her): Sure, Sure, thanks, Jessica. So My name is Damali Campbell Oparaji. I am an obstetrician gynecologist for a little over 2 decades

4

00:00:36.320 --> 00:00:45.920

Damali Campbell (she/ Her): born and raised in Brooklyn, New York, and I am currently an associate professor at Rutgers, New Jersey Medical School.

5

00:00:48.260 --> 00:00:56.040

Damali Campbell (she/ Her): I am board certified in obstetrics and gynecology, as well as addiction medicine.

6

00:00:56.160 --> 00:00:58.650

Damali Campbell (she/ Her): and I have interest in

7

00:00:59.110 --> 00:01:06.400

Damali Campbell (she/ Her): a few things, but primarily really working with underserved populations

8

00:01:06.540 --> 00:01:08.110

in

9

00:01:08.930 --> 00:01:13.229

Damali Campbell (she/ Her): reducing health disparities. And I do that in my field

10

00:01:13.440 --> 00:01:14.949

Damali Campbell (she/ Her): by

11

00:01:15.540 --> 00:01:17.559

Damali Campbell (she/ Her): working on a few projects.

12

00:01:17.590 --> 00:01:28.500

Damali Campbell (she/ Her): cancer screening projects. But really some of the projects that are really near and dear to my heart have to do with

13

00:01:28.660 --> 00:01:30.229

Damali Campbell (she/ Her): health, literacy.

14

00:01:31.310 --> 00:01:34.920

Damali Campbell (she/ Her): and improving access to care.

15

00:01:34.940 --> 00:01:44.019

Damali Campbell (she/ Her): Group prenatal care as well as improving breastfeeding rates in underserved communities.

16

00:01:44.290 --> 00:01:46.619

Jessica Restaino: Thank you. Amazing. Thank you so much.

17

00:01:46.860 --> 00:01:53.459

Jessica Restaino: So there is emerging evidence that there is value in storytelling for medical practitioners.

18

00:01:53.480 --> 00:01:57.509

Jessica Restaino: In what ways were stories incorporated into your education?

19

00:02:01.400 --> 00:02:08.160

Damali Campbell (she/ Her): In my early education. Story telling was a big part of

20

00:02:08.389 --> 00:02:10.250

Damali Campbell (she/ Her): something that I enjoyed

21

00:02:10.430 --> 00:02:19.890

Damali Campbell (she/ Her): in my elementary education. We had storytelling contest, and that was something that I really enjoyed. But

22
00:02:21.160 --> 00:02:23.210
as I

23
00:02:23.490 --> 00:02:26.000
Damali Campbell (she/ Her): advanced in my education,

24
00:02:26.080 --> 00:02:33.690
Damali Campbell (she/ Her): and particularly as I advanced in the field of medicine and science,

25
00:02:33.810 --> 00:02:38.200
Damali Campbell (she/ Her): I really did not find storytelling to be a big part

26
00:02:38.800 --> 00:02:40.470
Damali Campbell (she/ Her): of what

27
00:02:40.990 --> 00:02:43.200
Damali Campbell (she/ Her): was emphasized.

28
00:02:44.400 --> 00:02:53.009
Damali Campbell (she/ Her): But because of that background, and telling a story, I always found it particularly

29
00:02:53.180 --> 00:02:55.850
Damali Campbell (she/ Her): useful, particularly telling

30
00:02:55.990 --> 00:02:58.330
Damali Campbell (she/ Her): to help me to learn.

31
00:02:58.440 --> 00:03:03.190
Damali Campbell (she/ Her): And that's how you know I came to incorporate it

32
00:03:03.340 --> 00:03:06.119

Damali Campbell (she/ Her): in my own practice.

33

00:03:06.830 --> 00:03:07.720

Jessica Restaino: So

34

00:03:07.880 --> 00:03:10.439

Jessica Restaino: that's really helpful to think about.

35

00:03:10.510 --> 00:03:23.809

Jessica Restaino: So what's one story that comes to mind in your medical practice that you feel has taught you among the most about either the kind of physician that you want to be, or the kind of a physician maybe you don't want to be.

36

00:03:25.100 --> 00:03:26.140

Damali Campbell (she/ Her): Yeah.

37

00:03:26.540 --> 00:03:27.580

Damali Campbell (she/ Her): I mean

38

00:03:29.420 --> 00:03:32.279

Damali Campbell (she/ Her): we could be here forever, because

39

00:03:33.620 --> 00:03:37.810

Damali Campbell (she/ Her): I have a 1 million stories. But

40

00:03:38.210 --> 00:03:41.510

Damali Campbell (she/ Her): I think one of the stories

41

00:03:42.910 --> 00:03:46.330

Damali Campbell (she/ Her): that I can talk about,

42

00:03:49.560 --> 00:03:50.320

Okay.

43

00:03:50.460 --> 00:03:52.100

Damali Campbell (she/ Her): that really

44

00:03:52.930 --> 00:03:56.800

Damali Campbell (she/ Her): it brings out on so many levels

45

00:03:57.220 --> 00:03:58.590

Damali Campbell (she/ Her): how I think

46

00:04:00.940 --> 00:04:03.439

Damali Campbell (she/ Her): people who might be well intentioned

47

00:04:03.640 --> 00:04:05.540

can still

48

00:04:06.050 --> 00:04:08.120

exhibit bias

49

00:04:08.420 --> 00:04:10.380

Damali Campbell (she/ Her): can still be victims

50

00:04:10.690 --> 00:04:11.750

Damali Campbell (she/ Her): of

51

00:04:11.900 --> 00:04:16.430

Damali Campbell (she/ Her): the structural racism that exist in the health care system,

52

00:04:16.459 --> 00:04:20.239

Damali Campbell (she/ Her): and can perpetuate that structural racism

53

00:04:20.420 --> 00:04:22.119

Damali Campbell (she/ Her): in the health care system,

54

00:04:23.160 --> 00:04:26.109

Damali Campbell (she/ Her): even when they're well intentioned.

55

00:04:28.640 --> 00:04:29.720

Damali Campbell (she/ Her): And

56

00:04:29.880 --> 00:04:33.620

Damali Campbell (she/ Her): I think for me, it was an important story, because

57

00:04:35.190 --> 00:04:38.299

Damali Campbell (she/ Her): as an attending physician.

58

00:04:40.540 --> 00:04:42.250

Damali Campbell (she/ Her): I felt powerless.

59

00:04:43.150 --> 00:04:46.590

Damali Campbell (she/ Her): and I was supposed to be the person in power.

60

00:04:47.850 --> 00:04:48.860

Damali Campbell (she/ Her): And

61

00:04:51.340 --> 00:04:52.230

Damali Campbell (she/ Her): I think

62

00:04:53.300 --> 00:04:59.629

Damali Campbell (she/ Her):the last part of it is that it reminded me that in telling this story

63

00:04:59.780 --> 00:05:03.340

Damali Campbell (she/ Her): it's exactly why we need to tell stories

64

00:05:03.530 --> 00:05:05.540

Damali Campbell (she/ Her): if we want to change the system.

65

00:05:06.860 --> 00:05:12.760

Damali Campbell (she/ Her): So this story happened as I was an attending, and

66

00:05:13.050 --> 00:05:16.060

Damali Campbell (she/ Her): typically when

67

00:05:16.640 --> 00:05:20.510

Damali Campbell (she/ Her): we call it turnover, when one team

68

00:05:20.760 --> 00:05:24.579

Damali Campbell (she/ Her): that has worked during the day, is turning over to the team

69

00:05:25.410 --> 00:05:27.510

Damali Campbell (she/ Her): that is coming on to work at night.

70

00:05:28.790 --> 00:05:30.010

Damali Campbell (she/ Her): And so

71

00:05:30.310 --> 00:05:33.339

Damali Campbell (she/ Her): there is a large group of people.

72

00:05:33.470 --> 00:05:35.309

Damali Campbell (she/ Her): And that group is

73

00:05:36.340 --> 00:05:40.750

Damali Campbell (she/ Her): the attending physician, who is the person who's in charge.

74

00:05:40.900 --> 00:05:49.710

Damali Campbell (she/ Her): Because I work in the Academic Teaching Center, there are our residents who have finished medical school. They've graduated. They are physicians.

75

00:05:49.870 --> 00:05:50.590

Damali Campbell (she/ Her):But

76

00:05:51.330 --> 00:05:54.029

Damali Campbell (she/ Her): they're in training for the specialty

77

00:05:54.050 --> 00:05:56.250

Damali Campbell (she/ Her): in this case for obgyn, my end.

78

00:05:56.510 --> 00:05:59.610

Damali Campbell (she/ Her): And then there are also medical students

79

00:05:59.790 --> 00:06:00.750

Damali Campbell (she/ Her): who

80

00:06:00.790 --> 00:06:02.770

Damali Campbell (she/ Her): are

81

00:06:03.440 --> 00:06:04.989

Damali Campbell (she/ Her): in medical school

82

00:06:05.090 --> 00:06:12.699

Damali Campbell (she/ Her): generally in the third year, but some are in the fourth year, and they are rotating through this particular specialty.

83

00:06:12.860 --> 00:06:16.159

Damali Campbell (she/ Her): Sometimes there are also the nurses who

84

00:06:16.200 --> 00:06:21.930

Damali Campbell (she/ Her): are also at this what we term as turnover or rounds.

85

00:06:22.610 --> 00:06:29.810

Damali Campbell (she/ Her): And the purpose of the turnover is so that everybody is kind of on the same page about the patients

86

00:06:29.940 --> 00:06:32.210

Damali Campbell (she/ Her): that we're caring for.

87

00:06:32.730 --> 00:06:43.650

Damali Campbell (she/ Her): And so on this particular evening I was coming in as the attending to work overnight, and so the daytime team was turning over to the nighttime team.

88

00:06:44.560 --> 00:06:45.540

Damali Campbell (she/ Her): And

89

00:06:45.940 --> 00:06:53.080

Damali Campbell (she/ Her): typically we stand in front of the board, which is like a board that lists

90

00:06:53.370 --> 00:06:56.910

Damali Campbell (she/ Her): the patients who are on the labor floor.

91

00:06:57.410 --> 00:07:01.229

Damali Campbell (she/ Her): And so the senior resident,

92

00:07:01.300 --> 00:07:04.349

Damali Campbell (she/ Her): who was in the day, was going through the board

93

00:07:04.380 --> 00:07:07.690

Damali Campbell (she/ Her): and going through each one of the patients.

94

00:07:07.870 --> 00:07:08.880

Damali Campbell (she/ Her): And

95

00:07:10.740 --> 00:07:14.639

Damali Campbell (she/ Her): she talked about, you know, labor room 2,

96

00:07:14.690 --> 00:07:21.190

Damali Campbell (she/ Her): and the patient's age and the patient's medical problems, and why the patient was admitted.

97

00:07:22.250 --> 00:07:23.840

Damali Campbell (she/ Her): And

98

00:07:25.180 --> 00:07:27.469

then she went on to

99

00:07:28.300 --> 00:07:30.940

Damali Campbell (she/ Her): some of the other rooms.

100

00:07:31.260 --> 00:07:36.600

Damali Campbell (she/ Her): And there were several patients, but in the end there were 2 patients that

101

00:07:37.460 --> 00:07:39.780

Damali Campbell (she/ Her): had some similarities.

102

00:07:41.120 --> 00:07:43.959

Damali Campbell (she/ Her): And the similarities had to do with

103

00:07:46.050 --> 00:07:48.030

Damali Campbell (she/ Her): a similar diagnosis.

104

00:07:50.230 --> 00:07:51.130

Damali Campbell (she/ Her): And

105

00:07:52.010 --> 00:07:55.890

Damali Campbell (she/ Her): at the end of the round the patient the

106

00:07:56.530 --> 00:07:59.609

Damali Campbell (she/ Her): chief residents said, yeah, we have twins.

107

00:08:00.030 --> 00:08:03.640

Damali Campbell (she/ Her): You know. These 2 patients are twins. They

108

00:08:03.930 --> 00:08:05.929

Damali Campbell (she/ Her): have the same hair style.

109

00:08:06.330 --> 00:08:09.759

Damali Campbell (she/ Her): And you know they have the same medical problem

110

00:08:11.350 --> 00:08:12.350

Damali Campbell (she/ Her): and

111

00:08:13.500 --> 00:08:15.150

Damali Campbell (she/ Her): the whole,

112

00:08:15.790 --> 00:08:16.620

Damali Campbell (she/ Her): you know,

113

00:08:16.770 --> 00:08:19.709

Damali Campbell (she/ Her): we, it's a whole team of people. So

114

00:08:19.760 --> 00:08:25.150

Damali Campbell (she/ Her): you know we're all kind of in this semicircle in front of the board.

115

00:08:25.640 --> 00:08:32.669

Damali Campbell (she/ Her): probably about 10-15 people, and that whole team of people erupts into laughter

116

00:08:33.950 --> 00:08:37.989

Damali Campbell (she/ Her): behind this idea that these 2 patients are twins.

117

00:08:38.429 --> 00:08:40.739

Damali Campbell (she/ Her): So in that moment I really

118

00:08:40.789 --> 00:08:42.399

Damali Campbell (she/ Her): like didn't get it.

119

00:08:43.059 --> 00:08:47.940

Damali Campbell (she/ Her): And I was like, what do you mean? They're twins like, are they related?

120

00:08:49.090 --> 00:08:50.120

Damali Campbell (she/ Her): And

121

00:08:50.490 --> 00:08:51.440

Damali Campbell (she/ Her): you know.

122

00:08:52.580 --> 00:08:57.320

Damali Campbell (she/ Her): I guess she then kind of caught herself and said, you know

123

00:08:57.730 --> 00:09:00.629

Damali Campbell (she/ Her): No, I was just, you know, kind of

124

00:09:01.330 --> 00:09:03.140

Damali Campbell (she/ Her): saying that they are similar.

125

00:09:04.610 --> 00:09:10.020

Damali Campbell (she/ Her): But that was really draining for me, because I was like kind of shocked

126

00:09:10.310 --> 00:09:13.270

Damali Campbell (she/ Her): that we had become so numb

127

00:09:13.710 --> 00:09:14.810

Damali Campbell (she/ Her): to

128

00:09:15.140 --> 00:09:17.790

Damali Campbell (she/ Her): each of these patients, individual

129

00:09:18.320 --> 00:09:20.130

Damali Campbell (she/ Her): problems and issues.

130

00:09:23.850 --> 00:09:25.460

Damali Campbell (she/ Her): We

131

00:09:25.880 --> 00:09:29.130

Damali Campbell (she/ Her): They were no longer an individual person

132

00:09:29.480 --> 00:09:30.710

Damali Campbell (she/ Her): with their

133

00:09:31.680 --> 00:09:34.009

Damali Campbell (she/ Her): I individual identities.

134

00:09:34.850 --> 00:09:37.289

Damali Campbell (she/ Her): But we were just grouping them.

135

00:09:37.900 --> 00:09:38.840

Damali Campbell (she/ Her): And

136

00:09:41.940 --> 00:09:45.499

Damali Campbell (she/ Her): and you know. So this is exactly how

137

00:09:45.820 --> 00:09:49.699

Damali Campbell (she/ Her): implicit bias works right? We're grouping things

150

00:11:20.790 --> 00:11:22.950

Damali Campbell (she/ Her): Yeah. So

151

00:11:26.190 --> 00:11:34.050

Damali Campbell (she/ Her): at at those rounds, you know, as the resident was going through the patients.

152

00:11:34.180 --> 00:11:36.100

Damali Campbell (she/ Her): and

153

00:11:36.470 --> 00:11:39.010

Damali Campbell (she/ Her): essentially, you know, giving,

154

00:11:39.700 --> 00:11:41.170

Damali Campbell (she/ Her): turning over

155

00:11:41.500 --> 00:11:43.720

Damali Campbell (she/ Her): the patients that she was caring for

156

00:11:43.780 --> 00:11:49.270

Damali Campbell (she/ Her): in the night time in the daytime to those of us who are going to take over in the night.

157

00:11:50.000 --> 00:11:52.479

Damali Campbell (she/ Her): She was going through the clinical information.

158

00:11:52.530 --> 00:11:59.720

Damali Campbell (she/ Her): and so at the end of her going through the patients.

159

00:11:59.810 --> 00:12:04.740

Damali Campbell (she/ Her): you know, she kind of said, 'You know we have a set of twins.'

160

00:12:04.880 --> 00:12:06.509

Damali Campbell (she/ Her): and you know

161

00:12:06.580 --> 00:12:12.580

Damali Campbell (she/ Her): the patient in Labor Room 2 and a patient and labor room 7 are twins.

162

00:12:12.640 --> 00:12:18.589

Damali Campbell (she/ Her): You know, they both have corn rows, and you know they both have a HIV.'

163

00:12:18.610 --> 00:12:20.350

Damali Campbell (she/ Her): And

164

00:12:20.540 --> 00:12:29.659

Damali Campbell (she/ Her): both in both cases they don't want people to know about their illness, and I

165

00:12:31.050 --> 00:12:43.900

Damali Campbell (she/ Her): was kind of taken aback by that statement. And you know, right after she said it, the you know entire team, and there's, you know, like 10-15 people with the residents

166

00:12:43.930 --> 00:12:45.630

Damali Campbell (she/ Her): and the students.

167

00:12:47.380 --> 00:12:51.970

Damali Campbell (she/ Her): And it's a diverse group, but predominantly,

168

00:12:52.690 --> 00:12:54.540

Damali Campbell (she/ Her): you know, Caucasian.

169

00:12:54.610 --> 00:12:58.219

Damali Campbell (she/ Her): But it's a diverse group of students

170

00:12:58.980 --> 00:13:00.770

Damali Campbell (she/ Her): and residents there.

171

00:13:02.680 --> 00:13:08.069

Damali Campbell (she/ Her): [They] you know, just erupt into laughter, and I was really confused because I

172

00:13:08.930 --> 00:13:16.970

Damali Campbell (she/ Her): knew that the likelihood that these women were actually like related and twins. So I was trying to understand, like,

173

00:13:17.800 --> 00:13:18.690

Damali Campbell (she/ Her): you know.

174

00:13:20.140 --> 00:13:26.989

Damali Campbell (she/ Her): She was really joking about this, and I wasn't getting the joke, you know.

175

00:13:27.530 --> 00:13:29.659

Damali Campbell (she/ Her): And so you know

176

00:13:29.810 --> 00:13:31.419

Damali Campbell (she/ Her): I kind of

177

00:13:31.930 --> 00:13:32.910

Damali Campbell (she/ Her): you know

178

00:13:34.850 --> 00:13:41.199

Damali Campbell (she/ Her): didn't. I don't think I pushed back as much. I said, you know I I think I said something like, you know,

179

00:13:41.980 --> 00:13:46.399

Damali Campbell (she/ Her): 'Are they related in any way?' And you know,

180

00:13:46.840 --> 00:13:47.990

Damali Campbell (she/ Her): knowing

181

00:13:48.050 --> 00:13:49.720

Damali Campbell (she/ Her): really that is

182

00:13:50.250 --> 00:13:57.410

Damali Campbell (she/ Her): the likelihood that they could be related is is very small, but you know an issue just like you know, kind of like.

183

00:13:57.840 --> 00:13:59.579

Damali Campbell (she/ Her): you know. No, but I didn't

184

00:13:59.820 --> 00:14:02.720

Damali Campbell (she/ Her): lean in any more into

185

00:14:02.870 --> 00:14:04.830

Damali Campbell (she/ Her): this quote unquote 'full joke'.

186

00:14:07.750 --> 00:14:11.460

Damali Campbell (she/ Her): But as it sat with me longer,

187

00:14:12.810 --> 00:14:14.870

Damali Campbell (she/ Her): you know, and I

188

00:14:15.690 --> 00:14:20.919

Damali Campbell (she/ Her): sat there for the rest of the night and reviewed the charts of these 2 women

189

00:14:21.460 --> 00:14:23.789

Damali Campbell (she/ Her): You know. I recognized that

190

00:14:23.910 --> 00:14:37.439

Damali Campbell (she/ Her): they were not twins. They were not similar. They were 2 women, 2 immigrant women from 2 totally different countries. One was from a West African country

191

00:14:37.470 --> 00:14:40.989

Damali Campbell (she/ Her): and one was from a Caribbean country.

192

00:14:41.710 --> 00:14:43.759

Damali Campbell (she/ Her): One woman was..

193

00:14:45.100 --> 00:14:47.050
Damali Campbell (she/ Her): the reason she

194
00:14:47.970 --> 00:14:57.350
Damali Campbell (she/ Her): didn't want her partner to know, it was actually documented, was because she had been a victim of sexual assault

195
00:14:57.690 --> 00:14:58.780
Damali Campbell (she/ Her): and

196
00:14:59.180 --> 00:15:02.740
in her war torn country

197
00:15:03.590 --> 00:15:06.250
Damali Campbell (she/ Her): which is how she believes that she

198
00:15:08.240 --> 00:15:10.040
Damali Campbell (she/ Her): acquired HIV.

199
00:15:10.560 --> 00:15:14.200
She came to the United States, and she

200
00:15:14.470 --> 00:15:17.290
Damali Campbell (she/ Her): developed a relationship with someone.

201
00:15:17.440 --> 00:15:20.360
Damali Campbell (she/ Her): And when they found out about her status,

202
00:15:20.720 --> 00:15:22.760
Damali Campbell (she/ Her): they actually

203
00:15:22.780 --> 00:15:24.240
Damali Campbell (she/ Her): threw her out

204
00:15:24.530 --> 00:15:26.719
Damali Campbell (she/ Her): which is why she

205

00:15:27.120 --> 00:15:30.969
Damali Campbell (she/ Her): was nervous about her current partner

206
00:15:32.220 --> 00:15:34.759
finding out about her status.

207
00:15:38.300 --> 00:15:45.079
Damali Campbell (she/ Her): And so, you know, the other woman's
situation again completely different. And so

208
00:15:45.100 --> 00:15:47.439
Damali Campbell (she/ Her): really, you know,

209
00:15:47.630 --> 00:15:51.860
Damali Campbell (she/ Her): going through the chart, understanding

210
00:15:53.520 --> 00:15:56.160
Damali Campbell (she/ Her): these women's situations,

211
00:15:57.110 --> 00:15:59.699
Damali Campbell (she/ Her): you know, on this surface

212
00:16:01.050 --> 00:16:04.890
Damali Campbell (she/ Her): maybe there's some situation [that] seems
similar, so similar

213
00:16:05.130 --> 00:16:06.070
Damali Campbell (she/ Her): that

214
00:16:06.650 --> 00:16:07.700
Damali Campbell (she/ Her): we could

215
00:16:09.340 --> 00:16:12.350
Damali Campbell (she/ Her): in some sick and cool way, jokingly

216
00:16:13.150 --> 00:16:14.779
Damali Campbell (she/ Her): call them 'twins.'

217

00:16:15.580 --> 00:16:16.460
Damali Campbell (she/ Her): But

218
00:16:16.790 --> 00:16:23.839
Damali Campbell (she/ Her): if we really took the time to really lean in and get to know more about them, we understand

219
00:16:23.940 --> 00:16:26.710
Damali Campbell (she/ Her): that these are individual human beings

220
00:16:26.770 --> 00:16:31.339
Damali Campbell (she/ Her): and they have circumstances surrounding

221
00:16:32.000 --> 00:16:36.559
Damali Campbell (she/ Her): their struggles, their illnesses, their social determinants

222
00:16:37.640 --> 00:16:40.409
Damali Campbell (she/ Her): [that] made them very individual.

223
00:16:41.200 --> 00:16:42.980
Damali Campbell (she/ Her): And so you know

224
00:16:45.490 --> 00:16:46.170
Damali Campbell (she/ Her): it

225
00:16:46.330 --> 00:16:47.700
Damali Campbell (she/ Her): certainly

226
00:16:48.640 --> 00:16:51.079
Damali Campbell (she/ Her): brought to mind to me how

227
00:16:51.410 --> 00:16:56.459
implicit bias plays a role in medicine, and how we can

228
00:16:56.550 --> 00:17:00.010
Damali Campbell (she/ Her): get so caught up in trying to get this work done.

229

00:17:00.030 --> 00:17:10.219

Damali Campbell (she/ Her): We do this grouping, and we just put it, people become a number. They become a room number. They become a disease, and we lose sight of their individuality.

230

00:17:11.270 --> 00:17:12.220

Damali Campbell (she/ Her): And

231

00:17:13.890 --> 00:17:17.490

Damali Campbell (she/ Her): I think that's problematic, and it speaks to

232

00:17:18.280 --> 00:17:19.990

Damali Campbell (she/ Her): why patients

233

00:17:20.960 --> 00:17:23.410

Damali Campbell (she/ Her): don't feel like we're listening to them.

234

00:17:25.109 --> 00:17:29.560

Damali Campbell (she/ Her): Why, we are having some of the poor outcomes in medicine,

235

00:17:30.320 --> 00:17:33.910

Damali Campbell (she/ Her): in maternal mortality and maternal morbidity that we're seeing.

236

00:17:35.210 --> 00:17:36.790

And

237

00:17:38.070 --> 00:17:39.739

Damali Campbell (she/ Her): in terms of...

238

00:17:42.340 --> 00:17:47.250

Damali Campbell (she/ Her): and so you know it definitely, you know, reinforces my

239

00:17:47.350 --> 00:17:52.359

Damali Campbell (she/ Her): desire to continue to be the type of person that I am to really

get to know my patients on a on a deeper level

241

00:17:58.310 --> 00:18:03.370

Jessica Restaino: For sure. Yeah, thank you so much for that powerful story. So much for us to think about.

242

00:18:03.760 --> 00:18:16.459

Jessica Restaino: And so I guess the last question that I have, the follow up question here makes, I I think, good sense, which is: What's one change you'd like to see in the education of the next

243

00:18:16.490 --> 00:18:18.539

Jessica Restaino: generation in your field?

244

00:18:19.610 --> 00:18:20.470

Damali Campbell (she/ Her): Yeah.

245

00:18:21.420 --> 00:18:22.870

Damali Campbell (she/ Her): I really...

246

00:18:22.950 --> 00:18:23.810

Damali Campbell (she/ Her): you know,

247

00:18:23.900 --> 00:18:31.190

Damali Campbell (she/ Her): based on that story, you know, one of the things that was not only disturbing to me was

248

00:18:31.490 --> 00:18:35.000

Damali Campbell (she/ Her): not only the fact that this young

249

00:18:35.020 --> 00:18:38.249

Damali Campbell (she/ Her): clinician, very early on in her career

250

00:18:38.700 --> 00:18:41.169

Jessica Restaino: was so jaded,

251

00:18:41.480 --> 00:18:42.539

Damali Campbell (she/ Her): but that

252

00:18:42.990 --> 00:18:44.190
Damali Campbell (she/ Her): this group

253
00:18:47.660 --> 00:18:48.850
Damali Campbell (she/ Her): felt

254
00:18:49.700 --> 00:18:52.080
Damali Campbell (she/ Her): okay to erupt into laughter.

255
00:18:54.020 --> 00:18:55.890
Damali Campbell (she/ Her): Right? That's a culture.

256
00:18:56.340 --> 00:18:57.040
Jessica Restaino: Right?

257
00:18:57.410 --> 00:18:59.139
Damali Campbell (she/ Her): It wasn't one person.

258
00:18:59.890 --> 00:19:06.549
Damali Campbell (she/ Her): It wasn't 2 people. It wasn't a couple of people snickering to themselves. This was a group laughter.

259
00:19:07.420 --> 00:19:08.780
Damali Campbell (she/ Her): And so

260
00:19:10.030 --> 00:19:14.859
Damali Campbell (she/ Her): you know, it spoke to me about the work that we have to do

261
00:19:14.960 --> 00:19:18.279
Damali Campbell (she/ Her): in training our medical students.

262
00:19:18.700 --> 00:19:23.169
Damali Campbell (she/ Her): And you know I get it. This is hard work. We are working hard.

263
00:19:26.120 --> 00:19:28.630
Damali Campbell (she/ Her): We need ways to

264

00:19:31.620 --> 00:19:32.979

Damali Campbell (she/ Her): distress.

265

00:19:35.000 --> 00:19:39.400

Damali Campbell (she/ Her): But I don't think they can be at the cost of

266

00:19:39.670 --> 00:19:41.950

Damali Campbell (she/ Her): devaluing our patients.

267

00:19:42.030 --> 00:19:45.739

Damali Campbell (she/ Her): Because if it wasn't for these patients

268

00:19:46.360 --> 00:19:48.690

Damali Campbell (she/ Her): giving us the privilege

269

00:19:49.580 --> 00:19:55.080

Damali Campbell (she/ Her): to be involved in their care, how would we get an education?

270

00:19:55.650 --> 00:19:57.959

Jessica Restaino: That's a privilege, right?

271

00:19:58.010 --> 00:20:02.389

Damali Campbell (she/ Her): And so how dare we? How how do we have the audacity

272

00:20:02.830 --> 00:20:03.939

Damali Campbell (she/ Her): to take

273

00:20:04.220 --> 00:20:06.699

Damali Campbell (she/ Her): that privilege for granted?

274

00:20:06.950 --> 00:20:08.090

Damali Campbell (she/ Her): And so

275

00:20:08.660 --> 00:20:12.619

Damali Campbell (she/ Her): you know one that one of the change I

would like to see is

276

00:20:13.820 --> 00:20:15.910

Damali Campbell (she/ Her): in our training to

277

00:20:16.860 --> 00:20:27.090

Damali Campbell (she/ Her): for us to lean in more to that culture, human humility that we need to. It's not just a one course.

278

00:20:27.480 --> 00:20:29.660

Damali Campbell (she/ Her): It has to be embedded

279

00:20:29.960 --> 00:20:38.470

Damali Campbell (she/ Her): throughout the training, and that includes in the clinical years. And my one regret is that I didn't

280

00:20:40.730 --> 00:20:42.670

Damali Campbell (she/ Her): stop right there

281

00:20:44.280 --> 00:20:45.300

Damali Campbell (she/ Her): and

282

00:20:46.820 --> 00:20:48.310

Damali Campbell (she/ Her): do something

283

00:20:49.520 --> 00:20:53.839

Damali Campbell (she/ Her): to reprimand that behavior

284

00:20:55.750 --> 00:20:57.460

Damali Campbell (she/ Her): at that moment in time.

285

00:20:57.690 --> 00:21:01.979

Damali Campbell (she/ Her): I I was, you know, I don't know, if I was in shock...I don't know.

286

00:21:02.020 --> 00:21:04.740

Damali Campbell (she/ Her): You know, but I I do regret. I regret that.

288

00:21:10.840 --> 00:21:21.049

Jessica Restaino: Well, thank you so much for sharing the story, your experience, and also you know your hopes for training going forward. I really appreciate it.

289

00:21:21.110 --> 00:21:28.780

Jessica Restaino: And I know that what's here will be really meaningful and useful for continued conversation and work.

290

00:21:28.940 --> 00:21:30.909

Jessica Restaino: Thank you so much for the time today.

291

00:21:31.110 --> 00:21:32.130

Damali Campbell (she/ Her): Thank you.