Sanya Virani:

Hi, I'm Sanya Virani and I welcome you to Finding Our Voice, Fresh Perspectives in Psychiatry, a podcast series hosted by me. This podcast has been developed with the goal to address current issues as they pertain to psychiatry, with a special focus on including the viewpoints and opinions of younger groups, resident fellow members, and early career psychiatrists. Thank you for joining me as we continue our discussions on this segment of the podcast series about structural racism that affects patients and psychiatrists from minority and underrepresented ethnic groups.

March, 2021 has been Women's History Month, and on today's episode, we will talk about diversity among women in training. And as guests, we have two very accomplished program directors from the Cambridge Health Alliance System in Cambridge, Massachusetts. Dr. Shireen Cama who is an early career psychiatrist and her mentor, Dr. Sandra DeJong. I'm going to begin by telling you to remember Mrs. Maisel. Remember the show Marvelous Mrs. Maisel? I have a scene picked out for you to reflect on what it could possibly mean to be a woman in a man's world in the 21st century. Set in 1950s Manhattan, the Marvelous Mrs. Maisel is a 60-minute dramedy that centers on Miriam "Midge" Maisel, a sunny, energetic, sharp Jewish girl who had her life mapped out, go to college, find a husband, have kids, and throw the best [inaudible 00:01:45] breakfast in town. Soon enough, she found herself exactly where she had hoped to be living happily with her husband and two children in the Upper West Side.

A woman of her time, Midge was a cheerleader wife to a man who dreamt of a standup comedy career. But her perfect life was upended when her husband suddenly left her for another woman. Utterly unprepared, Midge was left with no choice but to reevaluate her life. When she accidentally stumbled onto the stage of a nightclub, she discovered her own comedic skills and decided to use this new found talent to help her reinvent her life. The series follows the trajectory of Midge's journey as she pursued a career in a male dominated standup comedy profession and transformed from uptown society matron to East Village club performer.

In one of my favorite scenes, this is what she says, "Ever heard the saying, walk a mile in a man's shoes? I mean Just think about that, the perspective that gives you, I took it to heart and I put on a pair of my husband's shoes, and God, were they comfortable? I get it now, why men rule the world, no high heels. They can walk faster and their backs don't hurt. And I am divorcing my husband, but I am keeping the fucking shoes." And I will leave you to think metaphorically about this, if you will. And by the way, this is not an episode on feminism just saying Dr. DeJong is the senior consultant to the Child & Adolescent Psychiatry training program at Cambridge Health Alliance and assistant professor at Harvard Medical School. She is also the Secretary of the American Psychiatric Association. Hi, Dr. DeJong, welcome to the podcast.

Dr. Sandra DeJong:

Hi Dr. Virani. Thanks so much for inviting me.

Sanya Virani:

And Dr. Cama is Interim Program director of the Child & Adolescent Psychiatry Fellowship at Cambridge Health Alliance and an instructor in psychiatry at the Harvard Medical School. She is also a second generation Indian American. Welcome to the podcast, Dr. Cama.

Dr. Shireen Cama:

Thank you so much for the opportunity to be here.

Sanya Virani:

And having spoken about the Hispanic and black communities on previous episodes, and [inaudible 00:04:02] on the most recent one, we are now focused on the issue of women in psychiatry, more specifically in academic training centers, and want to take up the concept of generational differences and allyship through the example of Myra that Dr. DeJong has to share with us. Over to you, Dr. DeJong, about Myra.

Dr. Sandra DeJong:

Thanks so much, Dr. Virani. And let me just start by saying that each of the vignettes we're going to talk about today is really a synthesis of experiences from our accumulated years as training directors, and none of them is about any single real life individual. So Myra was an excellent resident who became pregnant in her third year of training and was in a planned pregnancy. And just to fill you in a little on her background, she was a first generation Pakistani American who completed medical school in the United States. And her residency program had a policy of using paid time off to cover parental leaves, which were typically up to three months. And in discussing her plans with her program director, who in fact herself had had children during medical school and residency, Myra expected a supportive response when she asked for six months off instead of the usual three, but actually her program director seemed surprised by the request and asked for the details of the paid leave and ultimately agreed that the resident technically could be allowed that much time off, but for educational reasons she would advise against it.

Myra now felt pretty confused. She had actually planned to have her mother who lived in Pakistan to come and stay with them for the birth and during her leave. And she had really wanted to have time together as a family to promote bonding and attachment. And in fact, in addition, she was also supposed to go to a conference for an award she had received. And that conference was supposed to take place during her maternity leave, but she didn't want to travel with the baby, this young infant. And she also didn't want to leave the infant behind. When she brought this issue up with the program director, the program director noted that she in fact had also won that award when she was in residency and that she had taken her four-month-old infant to the conference to receive the award. So then Myra felt pretty guilty for even having asked, even though in her own mind she was very clear that her infant safety and wellbeing were really paramount for her.

Sanya Virani:

That's a really interesting angle, one that has, in my opinion, a very different take on racism, I think. And the program director here seems to have a very hard time in accepting and appreciating the value of taking six months off, I think. I would even suppose that maybe she was reminiscent of her own days when she might have had to put up a really solid fight even to take two or three months off post childbirth. And then another layer is that of generational differences and maybe even cultural differences in values and practices, especially around pregnancy and post-pregnancy care. Dr. DeJong, what do you think about this dynamic between the program director and Myra?

Dr. Sandra DeJong:

Yeah, I think you're right about all of those things. And I think this vignette really highlights how even well-intentioned supervisors and even women can fail to appreciate the perspective of the current generation of women of color in training. And I think here you can feel that the program director wants to support Myra, but she can't quite get over what, as you said, she herself had to fight to have children during training. And in a kind of white fragility, defensive way, she doesn't seem to really acknowledge

that Myra might have different values and priorities from her. And those values might well be rooted in her cultural identity, ethnic, racial, spiritual identity. And she doesn't really take the time to better understand Myra's thinking underlying this request for a six-month leave and to not attend the conference.

Sanya Virani:

That really seems to be what must have happened there. And the situation just will keep repeating itself because pregnancy is such an often encountered, if you will, situation for women in training given the average age of the groups of people that enter into residency and fellowship. Therefore, it makes me wonder how should things proceed from here on a general policymaking level. Dr. Cama, what do you think should happen from here?

Dr. Shireen Cama:

I think that there needs to be a broad acceptance that women, medical students and trainees, who want to have children may need to do so while they're still young and in the midst of their education. Their training typically finishes at an older age than their non-physician colleagues. And I think it's really well known that women physicians face higher rates of infertility than women in other professions. And I think this needs to be acknowledged. In many parts of the country, we know that infertility treatments may also be prohibitively expensive for a student or a trainee or even someone early on in their career.

And in thinking about how best to support our women physicians, no matter what stage of the career they're in, I think we have to really adjust our policies and expectations to accommodate for an understanding that training and work is just one part of a person's full life. And I think that we have to more readily accept this balance as part of the actual culture of medicine. We need to embrace the plurality of ways in which women may choose to go about having a family and that their choices may be shaped by their racial, ethnic and cultural identity.

Sanya Virani:

Yeah, absolutely. Dr. Cama, I think you bring up some very interesting points certainly. Although as women physicians we put so much emphasis and focus on work and careers and things like that, I think that paying attention to a balanced life is also something that a lot of women aspire to do, but really find themselves up against struggles at many different points in their lives. Dr. DeJong, what do you think the program director should have done differently in Myra's situation specifically?

Dr. Sandra DeJong:

I think if the program director had taken more time to understand better, she might have developed a more empathic position towards Myra. And I think she might have been able to recognize that while things might have been harder in her day, that if we want to create a culture of diversity, equity, and inclusion in the clinical learning environment, we have to have different perspectives heard and valued. And as Shireen was saying, in order for medical training culture to improve moving forward, I think the program director would need to let go of her own experience as a standard and embrace the greater tolerance and flexibility that Myra is asking of her, and which may be necessary to promote a more diverse and supportive training environment. Having said that, I don't think this situation is beyond repair. I think that if the program director takes the time to reflect on our own feelings and actions, she may be able to come back to Myra and be honest and apologize for and explain her behavior, hopefully, and invite her into a continuation of the discussion in a more intentionally empathic and supportive way.

Because I think we all know that promoting gender equity, diversity and anti-racism doesn't mean that we'll never make mistakes. I think it means that we need to own those mistakes and reflect on how to do better and engage with those we've offended or transgressed against by apologizing and considering together how to proceed.

Sanya Virani:

Those are some real words of wisdom, Dr. DeJong, the importance of moving forward with the changing times, isn't it?

Dr. Sandra DeJong:

Yeah, that's right.

Sanya Virani:

And with that, so thank you for sharing your viewpoints on that. With that, I'm going to turn it over to Dr. Cama to tell us about Sarah with a story that further illustrates the double bind that many young women of color find themselves in while pursuing a career in academia.

Dr. Shireen Cama:

Thank you. So Sarah was a young BIPOC woman early in her career in academic medicine. She was one of the first in her extended family to have gone to medical school. And this was a great source of pride for her loved ones. She'd received excellent training, had taken advantage of earned scholarships to obtain further training in things like research methodology. And she was really excited about embarking on a career as a clinician researcher that really inspired her. She had several mentors and she felt very grateful to be working with them, and she was passionate and proactive about seeking out those mentorships for her work. Each of those mentors was really successful in their respective fields and had discussions with her about how to do things like apply for grants and get ahead in her career. And they also emphasized the importance of publishing to establish herself in her field and to secure academic promotion.

So Sarah found herself really grateful for this advice, but she also felt pressures of other sorts in her life, which were more challenging to discuss with her mentors. Given her extensive training she had engaged in during her career, pursuing her career, rather, she had pushed off having children, and now she was in her mid 30s and she really wanted to grow her family. But the thing was that she felt pretty stressed about how a pregnancy would impact her energy levels and her ability to engage in her research and burn the midnight oil, if you will.

Much of the things that she had done to advance her career, she found she was doing outside of her typical workday. She was also worried that anything other than the minimum time away from her research after the baby was born would be viewed poorly in the eyes of her colleagues and would impact the pace of her career advancement. So she felt in a bind. She felt grateful for the opportunities that she'd had and the faith that her mentors had placed in her, but she didn't want to let them down, but there were these competing desires and demands to contend with.

Sanya Virani:

Yeah. Shireen, thank you for sharing that. I feel like Sarah's story is literally the story of almost every well-educated woman, that of a high achiever, and this even goes beyond the realm of academic medicine. But first, let's talk about the inadequate of understanding cultural identity and this

intersectionality that we've seen in Sarah's example on account of her being a woman and a person of color. And it's not always that we pause to absorb the understanding of what it means to be a woman of color. And both words here have equal emphasis in Sarah's case, a woman and color. What do you think, Shireen?

Dr. Shireen Cama:

Yeah, thanks so much. I think that, as you mentioned, for physician women of color, there is that intersectionality as well as the compounding experience of being a woman of color in an academic setting. It's well documented. We know that despite there being more women and more women of color in medicine than ever before, there's still less likely to have tenure or hold leadership positions than white men and women. And as we discussed in the last example, our policies at an institutional as well as a state and national level are often not supportive of women who desire to balance domestic and professional roles. For instance, at many institutions in the US, people are not able to take FMLA leave within one year of starting employment. And several also do not have policies for paid family leave for the birth of a child other than to use short-term disability and vacation or sick time.

I really think that this places women in a bind. It forces them to choose between what may be more financially prudent and spending precious time with their infant, time that is often already stressful for a new parent. And now we're adding on this potentially overshadowing aspect of additional financial worries. Women of color are more likely to be first generation college or professional school graduates than their white counterparts, and they may have less generational wealth or established financial stability to buffer and allow them to comfortably afford an adequate unpaid parental leave. And even if a leave is available, women may feel uncomfortable taking a longer leave because of concerns of negative impact on their career and reputation as a hard worker amongst colleagues. So it's really difficult.

And I think furthermore, for young women trying to establish their career, the scholarly work that is required for academic promotion or the enrichment programming is often done outside of the regular workday due to the rarity of actually having protected time dedicated to those pursuits. They spend time on the weekends and evenings, which is time taken away from responsibilities of home and time away from young children. And I think that the lack of actual policies that fund, protect and promote adequate parental leave and time for scholarly pursuits is especially odd in academic healthcare institutions. We're supposed to be promoting practices that safeguard health and wellbeing.

Sanya Virani:

Yeah, Shireen, thank you for that. You point out an area where obviously there is much room for improvement, especially when you mentioned about the FMLA rules when joining work and within one year of having started a new job. Although I do think that some institutions certainly seem to have come a long way on the issue of parental leave, but not so much for ascension in leadership also, as you pointed out, and certainly not in psychiatry, from what I've seen and known about at least anecdotally. So instances of women being passed up for a higher position in leadership or just a bunch of concerns, hesitations and reluctance are still quite common to see. I see that happen in psychiatry quite often. And so it's something to think about.

I was attending a talk by Dr. [inaudible 00:18:04] a few weeks ago, and one part of it was focused on social determinants of mental health, which I want to draw your attention to. She said something really interesting, which I think is also worthwhile mentioning here as concepts that we ought to know that there is a difference between health disparity and inequity. Health inequities are disparities in health that are a result of systemic, avoidable, and unjust social and economic practices that create barriers to

opportunity. She mentioned that we often spend a lot of time in psychiatry researching predictors of mental health, and much of it is about demographic and biological characteristics too. Have we ever stopped to ponder why it is that the rates of depression are consistently higher in adult women of almost all age groups? Is it a hormonal problem or a societal problem? How is it that we can account for a largely patriarchal society perhaps being associated with a problem like this? What do you think, Dr. DeJong?

Dr. Sandra DeJong:

Yeah. I think it's so important that we distinguish between disparities which are simply differences and inequities, which are, as you said, unjust differences. And frankly, I find it hard to imagine that social determinants are not part of inequities in rates of depression. For example, getting paid less for equal work than men while still being expected to take primary responsibility for the home and child rearing, that to me seems like a setup for depression. And to go back to your example of Mrs. Maisel, imagine what would've happened if her husband had never left and she had never discovered her enormous talent and had enjoyed that resulting financial independence.

Dr. Shireen Cama:

I agree. I think also that women and especially women of color are more susceptible to what we call the imposter syndrome, right? It's well known phenomena where high achieving people doubt their abilities and successes, and they're constantly waiting for the other shoe to drop and waiting for them to be exposed is actually incapable of what others thought them able to do. And there's been some research that's come out about this and noting that this imposter syndrome is especially high in women of color in academic settings given the overlay of gender stereotypes and discrimination. And I think what they've found is that women in these settings are more likely to discount their own successes and abilities can attribute their success to the fact that they worked really hard or they had good luck, rather than recognizing the intrinsic qualities that make them actually deserving of promotions and opportunities.

And frankly, because of implicit biases, I think others are also more likely to discount their work. So there is some reality in that women of color really need and deserve mentors and sponsors who understand and appreciate the pressures that they face and who really help recognize that they should be valued for their contributions and shouldn't be forced to choose between things like family and career. I can share my own personal experience of this. I was pregnant with a very much desired pregnancy when the opportunity for the associate program director position for the child and adolescent psychiatry fellowship became available at my institution. And I was privileged to be in a position to financially be able to take off a four-month parental leave, which meant that I would be missing the entire fellowship recruitment season for the upcoming year. And anyone in training knows that this is hands down the busiest time of year when really you have to have all hands on deck. And that's very much appreciated.

So I didn't even think to apply. It was something that I was interested in, but I thought that would prohibit me from applying. But I was lucky to have mentors, one of who is on this podcast with us today, Dr. DeJong, who encouraged me to apply and frankly even volunteered to support the recruitment efforts while I was away. Had that not happened, I wouldn't have applied and I wouldn't have been selected for a position that has so positively impacted my career. And I feel very fortunate to have had mentors who recognized and appreciated the contributions I could make to the mission of our program and institution, even while keeping my deep commitment to my family at the forefront.

Sanya Virani:

Thanks for sharing that, Shireen. I'm so glad you had that experience and the support that you received from your mentor must have been incredibly valuable at the time. And Dr. DeJong, thank you so much for highlighting what this disparity in power, money, position, and independence actually looks like in the real world. I thought I'd give you guys an idea of the current statistics, and this is what I found. Nationally, the median annual pay for a woman who holds a full-time year-round job is about 47,299, while the median annual pay for a man who holds a full-time year-round job is 57,456. That means overall women in the United States are paid 82 cents for every dollar paid out to men amounting to an annual gender wage gap of $10,157. And these statistics are very recent from a national survey in September, 2020.

The gender wage gap is a measure of just how far our nation still has to go to ensure that women can participate fully and equally in our economy. And it is the widest for many women of color. Our women who hold full-time year-round jobs in the United States, especially among them, black women are typically paid 63 cents, native American women, 60 cents, Latinas, just 55 cents for every dollar paid out to a white non-Hispanic man. White non-Hispanic women on the other hand, are paid 79 cents and Asian-American women, that is, 87 cents for every dollar paid out to a white non-Hispanic man. And Asian Americans and Pacific Islander women of some ethnic and national backgrounds are far worse than this. And with that, I'm going to ask Dr. DeJong to tell us about one of her former fellows in the child and adolescent psychiatry training program. Dr. DeJong.

Dr. Sandra DeJong:

Sure. So as I said, this is a composite of experiences, but I'm going to call this fellow Carolyn. She was a second year child psychiatry fellow who was doing one of the required year-long rotations in community mental health. And Carolyn was a fellow of color in an otherwise white class who had come from a different part of the country to the northeast for her training. So the Northeast, Boston, Harvard, all of these represented unfamiliar cultures to her. And while the program director was familiar with the different sites where the fellows rotated, he did not know the personnel at each site. And actually the personnel tended to have fairly high turnover. And his main interface was with the rotation supervisor, the faculty member who ran the rotation, not the site staff.

So the program directors who actually were both white and male, were aware that the cultural differences and adjusting to a new part of the country was difficult for Carolyn. And they tried to connect her with various supports and encouraged various scholarly interests that she had in promoting diversity and health equity in psychiatry. And at her mid-year discussion with the program directors, it became clear that Carolyn was struggling with this year-long rotation in the community, but they couldn't quite figure out why. And they thought perhaps it was because there had been some administrative changes at the site and that kind of thing. But they thought surely that's not the only reason, but they really didn't know what to do.

And then about nine months into the year, a different faculty supervisor in the program who was also a person of color was meeting with the program director on a completely separate issue. But he happened to check in about Carolyn because he had supervised her the previous year. He reported to the program director that in a recent conversation with Carolyn, he'd learned that the community director at her site where she was rotating, had made overtly racist comments. And she also cited a number of microaggressions she had experienced, for example, being called the same name as the community site secretary who was also a person of color.

And when the faculty member asked in this conversation with Carolyn, "Have you raised this with the rotation supervisor?" She said she had and had actually asked for a change in site assignment, but

nothing had happened. And then he asked her if she told the program leadership, and she said she didn't want to jeopardize her standing in the program and didn't feel confident that anything would change. So undoubtedly, for a combination of reasons, Carolyn didn't feel safe bringing up her experience to her rotation supervisor or to program leadership and really requiring action on it. And she was probably right, frankly, in that environment not to do so.

I think to create a culture that feels safe, program directors, clinical leaders need to be really explicit that racist and sexist behaviors won't be tolerated and make a commitment in writing to accountability and follow up, and establish some kind of reporting system that protects confidentiality and prevents retribution on the fellow or the resident. So without that sort of culture of safety in place, Carolyn I think did what she had learned to do to keep her head low and keep going. And I think, gosh, the price she paid for that is really indeterminable, but I imagine it included a sense that she wasn't entitled to respect and to feeling valued.

Sanya Virani:

Thank you, Dr. DeJong. That's a really interesting example. It's almost synonymous with women keep your head low and keep going, which is sad. And on this podcast series, we've had a few opportunities to discuss microaggressions on previous episodes and otherwise this time I also wanted to talk about the fear that exists within people about bringing any of this up so that the matter can at least be looked into, investigated. And clearly Carolyn was not only reluctant to bring it up, but she also had the confidence that absolutely nothing would change. And what does this say about our specialty and society in general, even in the 21st century for bright, young, educated women?

Dr. Sandra DeJong:

I think we have to recognize the longstanding impact of how racism and sexism are embedded in our institutions and in our psyches. Women and people of color face these inequities on a daily basis. And yet because of our own implicit biases, we often don't recognize they're occurring. So I think Carolyn really needed to see evidence that experiences like hers would be taken seriously and addressed. As Shireen was saying, in the academic setting, women already fight implicit biases and equities in leadership and academic promotions, salaries, as you were saying, awards, publications. So there's all of that. Plus they are typically more burdened with multiple caretaking roles and BIPOC women face these issues many more times. So I think psychiatry is going to have to come to terms with this reality. Bright, young, educated women are letting us know that and we need to listen.

Sanya Virani:

Yeah, absolutely. And to add to that, Dr. DeJong, I also wanted to mention an article that was recently published online in Academic Psychiatry, which you kindly shared with me, authored by Borlik et al, and entitled Women in Academic Psychiatry, or is it Women in Academic Medicine Inequities, Barriers and Promising Solutions? And it looks at the breakdown of various URM groups of women and provides some very useful numbers on the percentage salary gaps between men and women in various positions as clinical faculty, right from the position of an instructor to a chair. So I would encourage you to give it a read if you have some time. And what you said was obviously super insightful, these are great ideas. And Shireen, what do you think are the take home points that Carolyn's case leaves us with?

Dr. Shireen Cama:

Right. I think that Carolyn's case really raises some challenging issues of how training programs can foster a culture of diversity, equity, and inclusion across all aspects of the program. Carolyn was out in a

community that she was not familiar with, without a rotation supervisor who was attuned to what was going on. And without program directors who really recognized or frankly asked about the potential racism that she might face in these settings, she was pretty much left to her own devices. And I think we have to remember that in the power structure of training, it's hard for people to feel safe enough to ask for and to seek out help. And I think being a woman of color in Carolyn's case may have made her feel even less powerful in directly addressing the issues with her white male program directors, given her concern about what their implicit biases may be as well.

I think this points out to the fact that really training directors and supervisors, we all need to be paying attention to the possibility and frankly, the likelihood that trainees of color, particularly women, will have sexist and racist and frankly, other adverse experiences in the course of their work. I think we all need to be proactive and create space for talking about these experiences and take responsibility for asking them rather than burdening the trainee with having to bring them up. And I think it's also important that we are following through on actionable things to address issues and really are proactive and intentional about promoting a more inclusive and welcoming training experience for everyone.

Dr. Sandra DeJong:

Yeah, I really agree with that. And if I could just add, I think promoting a culture of DEI and anti-racism takes a multimodal approach. You have to have faculty and staff trainings, didactics that explicitly address race and psychiatry and the importance of social determinants, metrics in evaluations around DEI for resident staff and faculty so that you send a clear message that DEI is of value that permeates the culture. And I think programs need to actually train residents and how to respond to microaggressions and hate speech directed towards them. And everyone needs to learn how to be an upstander instead of a passive bystander. And very importantly, I think if incidents are reported, the program needs to respond quickly, both with emotional support to the resident, but also concrete action for how the transgression will be managed.

The resident may need to take some time off or they may need some change in their training site, as in Carolyn's case, or a new supervisor. And I think the department and the institution really need to be clear that there are consequences for those who perpetrate harassment and abuse, and even if the perpetrators are those who are in positions of power like faculty or service directors. And that frankly can be a challenge because with implicit biases, someone who carries out a microaggression or insult may not be conscious that they have done this. And so a program director or department chair has to be prepared for a potentially difficult conversation with that person. And of course, it means that program directors need to do the work themselves of confronting their own implicit biases.

But all this work doesn't have to happen in a silo. It can be part of a department or institutional or training program wide initiative. And then I think, as I said, having a clear policy and following it judiciously when incidents occur is going to be critical for residents to feel protected and supported and for the program director to feel confident in how they can adequately support their trainees of color. And as part of that, I think having anonymous reporting lines or protected ombudsman or chief residents for DEI, all of these things can help encourage residents to report instance to program leadership.

Sanya Virani:

Yeah, absolutely. And thank you Dr. DeJong for bringing up those points and especially the idea of an anonymous reporting line. And speaking of that, I wanted to let you know that several institutions have taken initiatives actually to establish their own portals. And I've seen the Mount Sinai system and the University of Pittsburgh to name a few, and now it is the APA's turn. So a couple of APA fellows and I are

actually working to create a centralized reporting system to collect information anonymously and obviously confidentially about instances of structural racism perpetuated towards members, APA members. So please stay tuned and watch the website for details. This should be up and running in the next few months.

And with that, we come to the end of our fourth episode of Finding Our Voice, Fresh Perspectives in Psychiatry. Our deepest gratitude to our guests, Dr. DeJong and Dr. Cama. We are so thankful for your time, the stories you discussed and the insights you provided. We really enjoyed learning from you about your various experiences as women in leadership positions at the Cambridge Health Alliance System.

Dr. Sandra DeJong:

Thank you so much. It's a pleasure to speak with you.

Dr. Shireen Cama:

Thanks so much. Really a great discussion all.

Sanya Virani:

If you take away nothing from this podcast, but the idea that the experiences we share with you are leading you to discovery and individual and collective identity within psychiatry and within society, I will have accomplished a great deal. I'd like to leave you with one final thought. Life is offered to us as a means of self-expression, and the highest form of disexpression is through acts of kindness. I hope that we will always remember this in all our interactions with people going forward. I'll see you again soon with more guests and more stories. Until then, take care and be well.

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Speaker 4:

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