

## *Representation in Medicine*



### Transcript of webinar:

ED

Welcome everyone, my name is Ed Whittaker I'm the Co-chair of JASME and really delighted to have Hazal and Lydie here today who are delivering a session on Representation in Medicine. I've just got a few housekeeping notes to start us off with and then I'll introduce the pair of them properly. So, this session will last about 45 minutes. If you wish to ask a question please do use the chat field as you've started to do already. For those who don't know this is just at the bottom of the screen there's a chat icon there that you can click on. Just please do make sure that you select the option to post on the chat to panellists and attendees if you want everyone to be able to see your comments or questions and not just the panellists. If we don't get time to answer all the questions, we'll provide a document after this webinar with any questions that we've not had time to address. If you'd like to kind of expand on any comments you're making in the chat then we will be able to temporarily make you a panellist, bring up your mic and video, if you're able to give us permission to do that on the chat if we invite you please just say that's ok on the chat. And just to note that this session is being recorded and a video will be available afterwards on the ASME website along with any support materials. If you're having any technical problems, we ask that you just make ASME aware by emailing [events@asme.org.uk](mailto:events@asme.org.uk) rather than adding it to the comments field just so we can keep that focussed on the session so I'll just pop that email in the chat now. So, that's the email to send any tech problems to, [events@asme.org.uk](mailto:events@asme.org.uk). Great so as I said it's my real pleasure to introduce Hazal and Lydie so these are two fantastic second year med students at Queen Mary's University in London and they together founded Journey2Med which aims to widen participation into medicine by encouraging diversification and encouraging all different socio-economic backgrounds to apply. And we're really delighted that they offered to deliver this session on Representation in Medicine. So, would you like to take it away.

HAZAL

Yeah, let me just start by sharing my screen. Can you guys see that? If you could just let me know in the chat. Yeah.

LYDIE

Ok so hello everyone and welcome to today's presentation.

HAZAL

We are so grateful to have this opportunity to present to you guys about representation in medicine.

LYDIE

But before we get started, we wanted to, I know Ed's already introduced us but we wanted to introduce ourselves a bit more before we actually get started. So, my name is Lydie.

HAZAL And my name is Hazal and as Ed said we are medical students. So, we are two second year medical students studying at Barts and the London and on the side of that we also like to indulge in many different activities.
LYDIE So, one of the things that we do is that we are education content creators, we've run a YouTube channel and Instagram page called Journey2Med that we actually started 18 months ago and we use it as a basis to make academic and lifestyle content which you can see on screen.
HAZAL Yeah, and in addition to that we are also student ambassadors so I am a Student Ambassador for QMUL, Queen Mary University of London, and as well as being a course representative for my cohort.
LYDIE And I am a British Holistic Medical Association Student Ambassador as well as being a BAME Representative for the African Caribbean Society at Queen Mary's.
HAZAL And as Ed touched on briefly, we are passionate about widening participation so we have participated in lots of different events and conferences that have kind of allowed us to help lots of different types of students. So, some of the events that we have partaken in include the International Virtual Medical conference as well as the Healthcare Leadership Academy conference and we've also participated in events such as Empowered by Vee where we were joined by other creatives such as Unjaded Jade and Jack Edwards.
LYDIE And so, to support students who are struggling academically and to also encourage them to apply to medicine during the Covid pandemic we started up a unique initiative called the Virtual Science Fair and this allowed around a hundred students to present a science related topic to a panel of medical students, allow them to gain essential skills like organisation, time management and other essential skills during a time where work experience wasn't really available. So enough about us let's get into the presentation. To start off we wanted to ask what do you think representation is?
HAZAL Yeah, so you guys can use the chat function and let us know. Lydie I can't actually see the chat because I'm sharing my screen.
LYDIE That's fine yeah, I'll read them out for you. So, if you guys have any ideas about what representation means in medicine or any adjectives you think connect with that then feel free to message it onto the chat. So, Justine said students seeing teaching and clinical staff who share under-represented identities of them, I really like that. Ogechi said inclusiveness which I definitely agree with. Grace said diversity which I definitely, definitely agree with. I think that's it for now.
HAZAL Ok so, as you can see, they can ...
LYDIE Oh, we have a few more, sorry. Being part of the story which I've never heard that one before, I really like it. And also having a sense of belonging which I think is so important and we're actually going to touch on it in an upcoming slide.
HAZAL

Yeah, those are some really good answers but as you guys can see, representation can mean different things for different people but for the purpose of today's presentation we are going to be using the following definition which is; 'representation in medicine is having a medical community that mirrors the diverse population it is serving.' Whether that be the same socio-economic class, ethnicity, race, gender, age, it's important that patients see a reflection of themselves in the doctors that are serving them and that the cohort or the population of doctors we have is a reflection of the population it is serving.

LYDIE

So, another question, do you think that medical school is representative in the UK?

HAZAL

Again, there's no right or wrong answer.

LYDIE

Give people some time to type it, have a think. So, Roshni, I really hope I pronounced that right, said no. Carol said probably not all schools. Donna said I think they are trying but improvement is still needed. Grace said not enough representation from across the full range. So, socio-economic backgrounds or ethnicities. Yeah, I agree with that one. Ogechi said not sure I did my med school in Nigeria. Fair enough. We're getting quite a few answers. Hadis said some schools are more than others. Katie said no, due to a lack of socio-economic background and certain ethnicities. Sudipta said I'm from Barts and it has a more diverse student population. Susie said it's difficult because for UK schools should it be representative of the UK population or the locality of the school? So, that's a good question. And I think when we ask do you think your school is representative, we're referring back to our previous definition of the fact that the cohort should ultimately represent the demographic and diversity of people it is serving. So, it's not about a large majority of people being from one race or another it's more so our diverse population includes people of different social class, different races, different ethnicities and with the definition we're using we believe that a cohort should represent that as well. So, I see someone says students with disabilities, ethnicities or socio-economic classes probably referring that should be more and someone said probably not at least here in Scotland. Amazing. Well not quite so those of you that said no it's not as representative. So, 20% of secondary schools in the UK provide 80% of all applicants to medicine. And 7% of the UK population educated at private schools make up 22% of medicine and dentistry undergraduates and 51% of the most influential doctors in the profession.

HAZAL

Alongside that more than 48% of medical students come from the top income quintile so, the top 20% whilst less than 6% come from the bottom 20% and this is quite a shocking statistic in my opinion but just 4% of the UK doctors come from a working-class background. And I think you guys could also think that that's quite a shocking statistic. But basically, what we can see from this is in a situation where we want medical applications and medical admissions to be based on simply competence and intelligence, we can see that other factors such as social class and ethnicity do unfortunately play a role in some situations.

LYDIE

Yeah, plays a large factor in the demographics of medical school and doctors. But the real question is why does it actually matter? Why are we all seated here today having a presentation about this? Well the first point we want to touch on is imposter syndrome and alienation. So, I think someone in the chat said that I attend Barts and

it's quite diverse and I think it's important to understand especially when we're discussing ethnicities, we should be careful when touching on the term BAME. So, in terms of ethnicities for example my medical school Barts yes, it's very diverse because there is quite a large Asian population there however in other terms for example people of African Caribbean background it is not diverse at all. So, if we use the umbrella term BAME yes it might be seen as diverse but there is danger with referring to that just because it allows us to overlook areas where representation could be included. So, imposter syndrome can lead, according to the research we did, imposter syndrome can lead to a decline in the mental health of some students who already perceive prejudices against them. We know that medical school is already a competitive environment, everyone wants to appear intelligent, everyone wants appear competent and feel as though they are capable. So, on top of that if perhaps you are singular in your background whether it be social class, whether it be related to ethnicity or even gender, these things can play into imposter syndrome and a feeling of not belonging, and a feeling of alienation, not having a place there as if you don't deserve to be there. It can feed into these things which can contribute to a decline in the mental health of certain students.

HAZAL

Yeah, so that was point one and now we're going to go to point two which is about producing better clinicians. So, research has showed that patients are more comfortable around doctors they can relate to and are more likely to seek out their services. So, those that can relate in appearance, culture and language. Studies have also shown that people are more accurately diagnosed and treated from conditions by healthcare professionals who are from a similar background. Obviously in an ideal world we would want it to be a situation where factors such as race and ethnicity do not play a factor at all in the healthcare you receiving however from the research, we have done the statistics do show that in some cases it does unfortunately play a role. However, we can say that I guess this is improving because of the resources that are being produced. So, for example there was a handbook produced by a student called Malone who attends St George's University of London, who's also a third-year medical student, called Mind the Gap. And this is an amazing booklet that shows you how skin conditions can manifest in black and brown skin. And this booklet did make like headline news because you would think it's almost an obvious resource that everyone should have but unfortunately it wasn't a resource that was available and a lot of students including myself in medical school we will be taught about, you know, differences in terms of different signs but we would say for example the skin goes red in so and so condition but not all types of skin colours will go red. And that's why this handbook was made and it's been found useful across the country and has been actually added into the GMC as a resource that all medical students should use.

LYDIE

Yeah definitely. Just to add on top of what Hazal says it does lead into this point so diversity of ideas and experiences. This will allow better clinicians because when you're in a diverse cohort with people of different experiences different backgrounds, you learn more and it actually improves your interaction with patients who may not speak like you, who may not look like you, especially when everyone comes from a different class and a different background perhaps they haven't been raised up with, they haven't grown up within a diverse population where they grew up, it's really important to have that in a medical school cohort, in a medical community so that there are no surprises when they're serving different patients. So that each patient receives care with no implicit biases with no lack of understanding like Hazal said not being able to

differentiate a specific condition on darker skin because in most of our lecture slides, we get taught how to differentiate a condition on fairer skin, even though in the population we have today although people of darker skin might not make up a majority of the UK population, they are still in the population so it is important to take these things into consideration. So, diversity of ideas and experiences. Studying in a more diverse medical school also has positive effects on students' attitudes towards diversity related issues which is the point that I was mentioning previously.

HAZAL

So, we've kind of just spoken to you guys about the fact that there is an issue and why does it matter but now what can be done? So, firstly you know they always say change starts from within. Educate yourself. Take time to read books, watch documentaries, look at stats and figures, understand other people's experiences to understand that you yourself can educate yourself further. And then point two you can educate those around you. Obviously, you don't need to be you know the most educated person, I know everything about the situation to teach others about it but change starts somewhere. And you might spark an interest in someone who might then go and do more research and then inform others so, it's kind of about starting from yourself and then sharing it to those around you.

LYDIE

Yeah, and our third and fourth point is think about how you can improve representation in your community and remember that it's everyone's responsibility. I personally want to stress on the fourth point because, and I think we've all seen what has happened especially in 2020 and just how much racially aware everything has become and I think it's really important to not leave the responsibility of more inclusivity, diversity and representation to a sub-set, to a specific set of people of an ethnic background. It's everyone's responsibility to put a hand forward to think about how we can apply representation in different areas of medical school, in different areas of your medical community in order to improve that overall patient care which is our ideal goal as healthcare professionals at the end of the day.

HAZAL

Exactly. Here are some of our references from the different studies we looked at if you guys are interested in having a look at yourselves. I know you can't really read it right now so if you guys want, we can send you the links. But yeah, thank you guys for listening and have you guys got any questions that you would like us to answer?

ED

Thank you so much Lydie and Hazal so you know as I've said I'd like to open up for, you know, the rest of the session for any comments that anyone has on the issues raised here or any questions to Hazal and Lydie about their experiences or perspectives or anything else. The work they've done through Journey2Med for example.

HAZAL

So Roshni said; totally agree, it's everyone's responsibility, great talk thank you so much. Thank you so much for listening. And yeah, it definitely is everyone's role.

LYDIE

Carol asked what percentage of your fellow students are from different cultures? Well in my medical school there is a predominant amount of people in my cohort are of an Asian population or a white British background. I would say that just maybe under 10 students come from an African Caribbean background.

HAZAL

Out of 350-ish students.

LYDIE

Out of 350 students. So that is the percentage so some people might look at Queen Mary and Barts in London and say yes, it's very diverse because it has an Asian population, it has a good BAME percentage. But BAME will cover that fact that ok but the representation of African Caribbean's is not that much, is quite poor so I think it's very important to acknowledge that.

HAZAL

Yeah definitely. Miriam said what do you think of the teaching and the subjects in your medical school? I feel like this is a topic that hasn't really been touched upon in medical school. I do know that the student council has tried to improve for example stuff like representation within lecture slides, previously in previous years. I'm part of the school council as well but I know that it wasn't really successful but this year that is something that we are definitely trying to improve ourselves. So, I definitely do think the teaching and every aspect of it can be better but I guess we need to help with that also.

LYDIE

Yeah. In regards to imposter syndrome what is your perspective on what can cause imposter syndrome? So, I think imposter syndrome can be based on many things. Imposter syndrome can be based on things like elitism. So, when you have different social classes gathering in one place in a cohort if the majority of your cohort comes from a private school, not everyone from a private school is of course arrogant, this is not representative of everyone. However if you're in an institution where you are with arrogant people of different social class to you, who feel like that that means that they're better than you, it can lead to you feeling out of place. So, you feel like ok so there's no one around me that looks like me, that's from the same background as me, does this mean that this is not where I belong. So, I do think that's something that can lead to it. That's why me and Hazal we trying so hard with our YouTube channel to show that medical students come in different shapes and sizes, in different skin colours, different accents, different social classes. We are both from a working-class background and I think it's important to show other people who are in working class backgrounds and may have factors like socio-economic factors not on their side, not really encouraging them to get into medical school that you know that they can do it too. So, I do think imposter syndrome can be based on multiple factors but that's just one of the forms that it can come in.

HAZAL

Yeah, and I just wanted to add onto that I think it's important to highlight that it's not just one factor, it's not just race, it's not just ethnicity it's lots of different factors that come together. For example, like I'm from North London and I remember when I went to medical school a bunch of students were like oh, you know, you don't look like a medical student, you don't sound like one, and immediately like someone like me I found that offensive because I was like how is the way I pronounce certain words making me less of a doctor than anyone else. So, it's just small comments like that, it's not always blatantly said out loud but small comments like that can make someone feel like they don't belong in an environment where they've work so hard to get to.

LYDIE

So, 14% of the UK is working class but only 4% come from a working-class background. Suggestions on how we adjust this and are the solutions affected by intersectionality. I don't really think I understand the second half of that question do you Hazal.

HAZAL

No, Susie could you explain what you mean by intersectionality?
<p>LYDIE</p> <p>In terms of the first half as someone who went to like, who's from a working-class background and went to a state school, some of the challenges I personally faced was initially things like interview courses or really expensive courses out there to support someone getting into medicine, I couldn't afford it so already there's a socio-economic barrier there. I haven't done research on this so don't quote me on it and I can't say it's accurately true but from what I've seen going to a grammar school for 6th Form and going to a state school for secondary there is a massive lack of resources for state schools in terms of personal statement help. UCAS support, things like that. The small changes that could help you get into medicine at state school is very rare to grab onto as someone from a working-class background. So, I think to address this that's a very good question. I think right now there are more widening participation schemes being made available so, some people might get their grades lowered depending on the area they're from. There's a lot of free schemes online or channels like ours trying to help people who are facing those barriers and supporting them to ensure that they're still getting into medical school regardless. So, I think widening participation schemes are really useful and just the more effort and investment that is put into that, you know there could really be a change. And if resources can be balanced so that state schools do receive those resources for people looking to apply to medicine as well. And yeah, the second half I'm not really sure what the question is.</p>
<p>ED</p> <p>So, Susie's just kindly elaborated on that. So, she says intersectionality would be two or more identities or protected characteristics such as male or working class might be quite different to female working class, ditto different ethnicities and so on.</p>
<p>LYDIE</p> <p>Ooh that's a really good question. Thank you so much for elaborating Susie. I just wanted to add I think to an extent it definitely is because once again I'm only referring back to my experiences and what I've seen. I know that in my state school it was uncool to study, it was uncool to want to do well in your GCSE's and excel academically. And I feel like this pressure was extra when it came to males rather than females. I feel like females are always seen to almost mature quickly and just invest more in their studies whereas males, this is just a stereotype I don't believe in whereas some people see males you know go outside, play football, why are you inside studying kind of thing. There's more pressure on males to not study.</p>
<p>HAZAL</p> <p>Be cool.</p>
<p>LYDIE</p> <p>Yeah exactly. So, I think to an extent it definitely does play a part.</p>
<p>HAZAL</p> <p>Yeah, next question. Sorry, if I pronounce this name incorrectly but Mhairi, do you have any experiences of bias towards yourself as patients not as medical students in a healthcare setting from other members of staff? That is a very good question. So, as a patient.</p>
<p>LYDIE</p> <p>No, I personally haven't.</p>
<p>HAZAL</p> <p>No, I don't think so I mean not that I can remember. Or nothing that has stood out to me, no. That's a good question though. What do you think we should do to increase</p>

representation? I think the main thing is to understand that it can be improved and I think once you understand the issues you can always work towards a solution. And I definitely think representation, you know, slowly but surely, it's hopefully going to get there with stuff like Mind the Gap the booklet. You know that booklet was released and it gained so much attention which is what it deserved and I think just if patients and doctors and the whole community together if we work together to tell younger students that they don't have to look like a certain person to get into medical school. They don't need to be from a specific background I think all these types of things if we start from where the issue is, which one of the issues are from just young students thinking they don't even belong. So, they don't even consider the option, you know, they might think; doctor? Me? That's not going to happen and go down a different path. So, I think one of the main cases for me to start you know the young children who feel like they can't see those role models and just don't even consider the option to consider a medical career.

LYDIE

What do you think are the main challenges that stop under-represented groups be it new students getting into medicine, do you think it's more of a lack of students applying or more of a lack of getting offers? Ooh so this is really interesting so, addressing the first half of it more of a lack of students applying. I feel like that plays a role 100%. Of course, we can't force people of a certain background to apply to medicine. They have to want to. We can try and increase diversity all we want but there has to be a demand there. And I do think that one of the things that plays into it is having a lack of role models. I remember when I was going to interview courses as an aspiring medic, I was always a lot of the time the only black girl in the room. So, you might think oh why should that matter and things like that but as a human being you do notice these things and you do start to question yourself, is this my place? Like there's no one else here that looks like me, is this really my place? For example, as a young girl seeing a female doctor, I can envisage myself in that position and saying I want to be just like her. But the same thing does apply to my race as well if there's that lack of role models it already puts you off, it already makes you feel as though there's no place for you there if an area, a sector's already over populated by a specific demographic. So, yes, I feel like there is a lack of students applying but maybe it's because they can't. Lack of resources, certain barriers that they can't overcome by themselves. Lack of a role model, that could play a part. In terms of the lack of getting offers, I haven't actually looked into this but one article I was reading if I find it, I'll definitely pass it on to Ed said that implicit bias plays a role in everything.

Unfortunately to an extent, we are human beings, and the less educated you are the less likely you are to identify that you have an implicit bias in a certain area. And you know make an active effort to avoid it. So, when you have someone who looks like you and you have someone that speaks like you, you're more likely to actually build a rapport with them, you're more likely to have that familiarity. So, as an interviewer you know regardless of the amount of training you've got, I feel like if implicit bias plays a role in your ability to build rapport with students you will struggle to build rapport with students who don't look like you which could or could not play a role in them getting an offer in the score you give them, how well their answer comes across to you. So, I do think the lack of getting offers, I think implicit bias always plays a role and you know that could be one of the things contributing to that.

HAZAL

And I think another thing that's important which we've kind of touched upon is availability of resources. For example, I know quite a few students who wanted to

apply and who have applied but because they don't really have that support whether that be through the UCAT, through personal statement and just the UCAS application in general. Their application just wasn't as good as their counterparts. You know, their grades were there the A-star or AAA, that was there but other important factors such as personal statement and UCAS and BMAT which other students, you tend to need quite a bit of help to prepare for those and get those done. If students do not have those resources or they're not even aware that those resources, that they need specific resources to get those things done to a good level that can also lead to their application not being as well as their counterparts from grammar schools and private schools, and can then mean they don't get the offers. So, I think obviously the students shouldn't be spoon fed. One thing that we believe in is going out of your way to find resources but some students don't even know that they need to do a UKAT or BMAT and I think these types of things like schools need to inform students about these types of things then if schools are not doing that for lots of different reasons whether that be lack of resources, lack of funding, this can then inhibit the students from getting to where they want to get to.

LYDIE

What steps can medical school staff take to support students from under-represented backgrounds to feel like they belong and have their place in medicine? I think medical school staff need to just be more aware of for example the lecture slides they're making. I rarely saw, I haven't really learnt how to identify particular skin condition or illness in diseases in skin that isn't fair. A lot of my lecture slides is made up of fairer skin, is made up of you know how to identify situations in fairer skin even though I might have a patient that isn't fair skinned. So, I think it's important to take this into consideration in the lecture slides I think teaching of diversity in presentation is so important. We saw with what happened recently with racial tension just across the world, we saw that so many people weren't even aware of the fact that even in England you know, racism still exists even though it might be implicit, racism does still exist. Some people weren't even aware of that, some people might not be aware of what implicit bias is. So, implicit bias is almost making a comment, or certain microaggressions for example like oh you know where are you really from? The small things like that that make you feel uncomfortable some people weren't even aware of what microaggressions were. So, I think education is so important and just diminishing these stereotypes that affect how comfortable you feel in a place. I feel like my experience as a first-year medical student was very different to an experience of another first-year medical student that didn't look like me. I had unnecessary microaggressions and I do feel like education would have played a big part in teaching people that it's not OK to make certain comments. They might not be violently racist but to an extent it is still racist to say certain things that are microaggressions. It's just things like that. I think it's important to educate the cohort to have teaching about it here and there throughout the year, just so that everyone can feel comfortable as they are working towards becoming doctors.

HAZAL

Yeah. Beautifully said. Next question, I believe this is the next question. Has there been any pressure to change yourself? I've experienced my name mispronounced, told to straighten my afro, even patients say they don't think I understand their cultural nuances to different presentations. I think like for example when I got told about you know you don't sound like a doctor immediately the first thing was like how can I sound like a doctor? So, immediately I thought about do I need to change the way I speak. And even like going to our lectures I just like being comfy so you know that

might be a tracksuit or just jeans instead of clinical placement equipment. Of course, when I need to dress smart, I dress smart, but sometimes students want to be comfy. And even getting weird looks for wearing jogging bottoms to a lecture hall which I am completely allowed to do it makes you want to change yourself. It makes you want to kind of fit in but I'm really happy that I learnt very quickly that you can never really impress everyone in your cohort and there's just going to always be people who just think differently and have different perceptions, and different things that you need to do. But I know that when I graduate the GMC will allow me to be my doctor and treat my patients and that's the only validation I need. So, I've kind of learnt to not look for validation from other students in my year group but Lydie do you want to add to that?

LYDIE

Yeah I think obviously validation is a big thing but on top of that being told things like you know, straighten your afro or how you pronounce that just chips away at your identity and I know that sounds you feel uncomfortable to be like ok I don't feel comfortable with you saying that, that's a microaggression but you know we do need to challenge these things and make it clear that you are in this space you deserve to be there and you shouldn't be treated like that just because of your appearance. If your other classmates aren't treated like that then there's no reason why you should be. So, I know it can be a bit uncomfortable to call someone out on a microaggression but you need to put how you're uncomfortable by that comment being made first and correct that person who is mispronouncing your name tell them that you feel uncomfortable, and do acknowledge the fact that it is a microaggression to mispronounce your name, your cultural name. In terms of not understanding someone's cultural nuances to different presentations I feel like that's the whole point of education. We're not born to; we need to learn these things. So, if a patient says that and implies you're incompetent I think just brush over it, if it's making you uncomfortable then of course you should, I definitely suggest telling a member of staff about it but yeah I do think it's important to acknowledge these microaggressions and you know remind yourself that that is your identity. You belong there and you need to challenge anyone that tries to challenge your presence, your value because you weren't let into medical school out of pity you were let into medical school because you deserve to be there. So, I think it's important to have a stand and know yourself, know your self-worth and know what to accept and what to accelerate to a member of staff.

HAZAL

And I just wanted to add onto that quickly I feel like as a medical students and maybe even a doctors we may feel like that a patient said something but I'm not going to bring it up because you know I don't want to be seen as I'm being unprofessional. Or a lecturer did something but I'm not going to bring it up because I don't want the lecturer to not give me good grades or whatnot. So, it's almost like coming from a place of being scared to speak up because you worked so hard to get into medicine and be a doctor that you don't want that to be taken away from you because you brought up an issue but I think it's really important that you just speak about it anyway because if you don't speak about it no one's going to know about it and you're not going to see change. So, I understand that people might be scared to bring up certain issues but understand that if something is making you feel uncomfortable and you feel like you're being prejudiced in some sort of way or there is some sort of bias in your direction that shouldn't be allowed and you do need to accelerate that and I urge you guys to so that we can see change in places where change needs to take place.

LYDIE

I don't really, you know the 'what are your thoughts re: representation of faculty in your medical school', I'm not really sure what that means. So, I think we'll just move on to Donna's one; for students who are maybe having difficulties with the medical course how do you think staff should approach this? Would you prefer if staff approached this a more regular basis? Oh, I think Roshni just raised her hand. Ed should we..?

ED

Yeah, Roshni I'll just add you on now.

ROSHNI

Thanks, hi. Sorry, it's just that related to one of my other points. It's hard to type so disability is another under-represented thing. I can't keep up. This is a brilliant discussion, there's loads of excellent points and thank you. It's much easier to voice for me at the moment. What I was asking, I have been a doctor for 25 years including the last nine years in academia. I'm an Asian woman from North East London, Enfield and I went to a grammar school but I'm from a working-class background etc. So, a really interesting discussion. But what I wanted to know is from your point, and I teach at QMQL but I'm not permanent, so I've probably taught you guys, but my point in a roundabout way is what is your impression and experience if we're talking about students but actually what about faculty? And we're talking about role models, I've mentioned role models, you've mentioned role models so, what is your impression from the point of view of being students as regards - I mean all of you - your faculty and the representation that's there? And diversity or lack of it. I don't want to bias that question because I don't know. Every medical school is different, I've taught at ten in 25 years.

LYDIE

Yeah, that's true.

HAZAL

So, like in terms of the lecturers we have and the different types of members of staff we see whether that be our clinical skill sessions and our lectures, in our anatomy sessions, I do believe they are predominantly form a white background and I feel like I can't name like one black or African Caribbean lecturer we have had. I don't know if I'm just not remembering Lydie but what do you think?

LYDIE

Yeah, I think in terms of what Hazal was saying the only time I see people who look like me at medical school are the cleaners in the building. We've had one or two lecturers that represent me and then apart from that lecture slides don't represent me, people on my course don't represent me, even lecturers don't represent me. And I feel like you know that is quite upsetting to see because you are going to serve people who look like you. So, number one is it really useful to me as a future clinician and number two you do want to feel like you belong. So, when you are in that place where there's not a lot of people may understand your culture, not a lot of people may understand you essentially it can lead to imposter syndrome and this is actually one of the reasons why I've faced imposter syndrome in my first year. I found it very difficult to orientate myself when I felt completed alienated in my lecture's slides, in my cohort and with lecturers. Of course, there were a few lecturers here and there that were African Caribbean but the percentage was very shocking and I'm sure there are different factors that you know played into that. But I think it is disheartening to see because you do want to see that role model, maybe I want to do education on the side of being a doctor in the future. But I haven't seen that role model, in saying that it doesn't mean I can't but it is important to see that representation in front of you. It motivates you

<p>more, it shows ok they did it, I look just like them and I can do it too. So, when it's there I think it's difficult to understand it unless you've been in that position but when it's not there it can be disheartening and it is very difficult to see and to just you know acclimatise to.</p>
<p>ROSHNI Brilliant thank you.</p>
<p>HAZAL And I think because if you see something you understand that it's like possible. But if you don't see anything it's just like well it must not be possible. And I think role models in every aspect of life are really, really important so yeah, when you don't have them not even one, not even literally one, it can be quite disheartening. But yeah, thank you so much for coming up and answering.</p>
<p>ROSHNI Thank you.</p>
<p>ED Brilliant thank you. We may need to call it a day there. It's really, really great to see all of the discussion on the chat so we'd really recommend people to follow some of these resources that people have been pointing to that look helpful. And we'll try and if it's ok with you two we'll try and address any remaining questions maybe send out a document after today. So, thank you both of you for delivering this session and answering all those questions so greatly. It's been really great to hear your perspectives and made my job very easy sitting here with you two leading. And thank you to Leigh as well in the background from the ASME events team who's done all the fantastic organisation and logistics for today.</p>
<p>HAZAL Thank you. Thank you to everyone who joined and it was very interactive, asking us so many questions and you know gave us some things to talk about so yeah thank you so, so much for everyone who joined.</p>
<p>ED Feel free to continue the discussions on social media with Journey2Med, JASME, ASME on Twitter. As I said at the start a video of this session will be available on the website in a few days. Please do be sure to sign up to future BITESIZE sessions like this where we kind of look at specific issues in MedEd in a very short and concise way so 45-minute sessions or so. In particular our next session is on Wednesday 2nd December so, if you look at the ASME website it'll be on there but the title is 'Defensibility in admissions and in-program assessment' and that's with Dr Kelly Dore and Jillian Derby from Altus Assessments and the information for that will be on the ASME website. So, thank you again for everyone who came along today.</p>
<p>LYDIE Thank you.</p>
<p>HAZAL Thank you so much everyone.</p>
<p>ENDS.</p>