

Paul Brandfonbrener:

Welcome to The Spark: Medical Education for Curious Minds. We present the stories behind the people at UCSF and get to know the human behind the professional. I'm Paul Brandfondrener, a student in the School of Medicine.

Chloe Sales:

And I'm Chloe Sales. This season, we're sparking a new conversation across UCSF. Where do you find joy, meaning, or purpose in your work? So Paul, tell us a little bit about today's guest.

Paul Brandfonbrener:

Yes, I am so excited for this guest. I had a chance to talk with Dr. Peter Ureste, who is a psychiatrist at San Francisco General and also my coach for the Clinical Microsystems Clerkship.

Chloe Sales:

So on this podcast, we've talked about the Clinical Microsystems Clerkship before in our episode with Dr. Anna Chang and how it's basically our doctoring class where we learn how to become physicians. But what is a coach and what is the purpose of having one?

Paul Brandfonbrener:

Yeah, that's a great question. So as soon as we kind of commit to coming here, we are placed in a coaching group and assigned a coach. So every first year student gets their own physician coach and is in a group of about five to six other first year students. And so once a week, we work on this quality improvement project at our clinical site, and we also learn our clinical skills from our coach within this small tight-knit group. And so every student gets this physician mentor for all the four years that they're here, or longer if they stay longer. And they're with the same students for that whole time as well. And so it's just a very tight-knit community that we get to hang out once a week and really get really close and share a lot of our progress and our challenges and growth with each other.

Chloe Sales:

The way I think of it is a coach is sort of like an adoptive parent and mentor and cheerleader all rolled up into one person, the person who cheers you on and makes sure that you're going through medical school the way that you want to.

Paul Brandfonbrener:

Yeah, that's a great way to sum it up. And in preparation for this intro, I texted my little group chat with my other CMC mates and asked what was a good story to share about Peter. So many flooded in. The common sentiment was that not one singular story could sum up how thoughtful and kind and caring he is for all of us. But one that I think was pretty fun to think about as well is every time we walked into any room at SF General, every person would come up and greet like, "Oh my gosh, Peter, I'm so great to see you." And they'd see us following behind him in our little white coats and they'd be like, "Oh my gosh, Peter is the best. You're so lucky that he's your coach." And I thought like, "Okay, maybe we just met one of his good friends." But every single time we walk into the unit, a different person will come up and say that to him. So that's-

Chloe Sales:

That's how you know, yeah,

Paul Brandfonbrener:

Yeah. It's a testament to just how kind he is to everyone around him. And to us as students, he always kind of senses if our energy's getting a little low after a long day and we'll take a little break and we started doing our little dance breaks where we all stand up and do the wave together and little dance, get the energy back up and then we come back all rejuvenated. I think that's a good perspective for kind of the energy Peter brings to our group and kind of what the CMC is all about.

Chloe Sales:

Yeah, I'm just picturing all six of you and Peter in a line just sending the wave back and forth.

Paul Brandfonbrener:

It's so fun. We're getting pretty good at it. It's a skill. So before we start our interview, I also want to mention that Peter discusses ACEs. And for the listener, those are adverse childhood experiences which are potentially traumatic events in childhood that can affect the health of the individual later in life. So without further ado, here is our interview with Dr. Peter Ureste.

Okay. Welcome into the Spark. I'm here with our next guest, Dr. Peter Ureste.

Dr. Peter Ureste:

Hi.

Paul Brandfonbrener:

Peter, thank you so much for being on the Spark.

Dr. Peter Ureste:

Yeah, my pleasure. Thanks so much, Paul, for inviting me.

Paul Brandfonbrener:

And for the listener, so Peter is my CMC coach, the Clinical Microsystems Clerkship, which we've talked about a little bit in the past. So every Thursday I get to spend the day with Peter and the rest of my classmates in our group and we learn clinical skills and work on a quality improvement project together. So Peter, how'd you get interested in working as a coach for the CMC program?

Dr. Peter Ureste:

I guess the short version of the story is that I, after training and I joined faculty here, learned that I have a real interest in working with learners. And as I started to develop that interest more and more, explore that interest more and more, people I work with, they would pass along any types of opportunities where I can further immerse myself. And a good friend of mine who I work with, she's also a coach and she forwarded me the information when they were looking for new coaches. There was a call for new coaches. So I applied and have been very fortunate and privileged to be a coach now.

Paul Brandfonbrener:

I will preface. So as soon as we got our coaching notifications, the email who our coach was, and I immediately went and asked some people if they knew you, and everyone was like, "Oh my gosh, Peter's the best coach," all the third years. And I was like, "Okay, how good can he really be?" And you've exceeded expectations. I want to make sure you know that.

Dr. Peter Ureste:

I paid them.

Paul Brandfonbrener:

Yeah, you're going to send an extra little check in the mail.

Dr. Peter Ureste:

Yeah.

Paul Brandfonbrener:

So has mentoring always been kind of a main focus of yours? Or how did you come to prioritizing that in your work?

Dr. Peter Ureste:

I would say on reflection, mentorship has been a huge source of support for me. I come from a background where I would say is considered non-traditional. I went to college right after high school. Once I was there, I followed the messages from my family. They were like, "You're going to go to school. You're going to go to school." And I was the first person in my family to go to school. Once I was there, I actually didn't know how to do well. I didn't know what I was supposed to do, how to study, and found it really intimidating so I had dropped out actually for six years.

The short version of the story is that I got hired at a dialysis clinic with stocking medical supplies and then that's how I was introduced to healthcare. And then eventually when I knew I wanted to go back to school, I started off at a community college and then figured out through meeting folks that I wanted to go into medicine. I didn't know any doctors, I didn't know how to reach doctors. I just know people who aspired to be doctors and they inspired me. And so in terms of the question about mentorship, there was a program that was aimed at diversifying healthcare and I was living in Portland, Oregon at the time. That was really a huge, huge introduction to medicine. They connected me with a family physician who I shadowed for a year and a half. The program was run by a physician and it was her mission to diversify medicine. So both of them served as mentors to me and I'd say a huge reason that I was able to keep along the path.

Paul Brandfonbrener:

I feel like that's a really common sentiment we've been hearing from other guests where they benefited from these people, giving them the chance or showing them kind of what it looks like to be like a physician or something, and then they feel this sense of purpose to then help others. Can you talk a little bit more about... Because I know you mentor people outside of the CMC as well. What is that like and what are some of those experiences you've had with that mentorship as well?

Dr. Peter Ureste:

Part of it is just putting myself out there. I would say I've been very fortunate that this school has entrusted in me different roles. Through those roles, I've come in contact with students. I think some of the roles that I currently hold, in addition to being a coach, I'm part of the anti-oppression curriculum and have met students through some of the work through there. I've also worked closely with the physician identity weeks and just recently have started to give talks around that topic, specifically identity formation. I think through all of those different roles, students have come up to me or I've engaged with them through work. I think some of them just explicitly ask, "Can I keep meeting with you?" And I just feel so honored and really lucky to have that relationship with folks.

I think in terms of how it looks, I have some folks who I meet with regularly once a month. I have some folks who I check in every three to four months, sometimes longer. And then I have some folks over the summer. I'm part of a summer program where I work with students one-on-one like two times. And then after that, some of them are like, "We're done. Bye." And then there's some that I continue to see. So there's a lot of variations.

Paul Brandfonbrener:

It makes a lot of sense why I feel like people would, once they meet you, really want to have you as a mentor. Just in our three months together, you're such a caring person. You can really tell that you care about your students and wanting them to do well, and well and more than just passing a class or you just want them to feel heard and cared for. I think that's something that's so refreshing and important so I want to make sure that all of us really appreciate that.

Dr. Peter Ureste:

Thank you.

Paul Brandfonbrener:

And so we've had a chance to talk a little bit about your path first kind of learning that you might be interested in medicine. And so now you're a psychiatrist at SF General. What was the path for you to get interested in that field and what was that like for you?

Dr. Peter Ureste:

That field was not on my radar initially. Looking back, I was like, "Of course I was going to be a psychiatrist." But I had mentioned in Portland I was paired with a family physician who she let me shadow her for a year and a half and she wrote a letter for my application. I really got to observe that specialty and her relationship with patients and was really focused on family medicine. I think a number of things that I just recently had been reflecting more about that led me to psychiatry. So one, I grew up with a lot of ACEs. I think in childhood, many of those things, looking back, primed me to have an anxiety disorder. I think at a very young age, I was aware of how my emotional state can really affect quality of life, and in general, people's emotional states can affect quality of life. So that was sort of this idea that I was very familiar with.

And then I think another instrumental experience was in medical school. All of my whole life, I lived on the west coast, all of my support was on the west coast. I was very fortunate to get into med school in Chicago. So I moved to the Midwest where I didn't know anyone. It was such a culture shock in many ways. The weather was a shock. I was unaccustomed to studying such long hours during the day every day. That was a shock. And then also, I'm minoritized in various ways. That also was a shock. Sometimes feeling isolated, sometimes feeling tokenized that during med school I struggled and actually failed

several exams in the first year that I ended up had to repeat my first year in medical school. So what was a four-year program became a five-year program for me.

And then again, I finished the pre clerkship years. I studied for step one, which also was a very challenging time. I was very fortunate to pass step one, but I was pretty burnt out. And then when I started clerkships, I was burnt out. I was maybe spicy, prickly. And then my first rotation was actually in psychiatry and I was very aware of the difference in my emotional state. I was so excited to go to the hospital every day and to be with my patients who are on the psychiatric inpatient unit. Many of the cases were around suicide, people hearing voices, having to first break psychosis and the distress that comes with that. Those are just some of the cases that I had seen. It was just so meaningful to come to the hospital and just be present and use simple skills that I felt like I could do like compassionate listening and just helping someone feel heard. That was really meaningful and that started to open my eyes to psychiatry as a field. So it was really third year.

Paul Brandfonbrener:

It's so valuable to hear because when we watch you kind of talk to patients in practice, we're like, "Oh my gosh, this is an incredible doctor who's so skilled." And it's shows that your performance on tests really does not indicate if you're going to be a compassionate good physician. But I think it's really hard, at least in my position now as a first year, to kind of feel that way where everyone's like, "Oh, you have to get a good score on this exam because that means you know how to be a good doctor." What advice do you think you would have for people starting out medical school or even before in college who think that a lot of their worth or what they're going to be in the future is wrapped up with those grades? Because you've showed that the type of person you can be is totally independent of your score in an exam.

Dr. Peter Ureste:

Well, I guess what comes to mind is just to emphasize that that's totally true. I think people do have to, unfortunately this is how the current system is, meet certain benchmarks. But I think the system is changing not fast enough, but it's still changing in ways where there's a little bit less emphasis on scores. Examples would be medical schools changing their grading system to pass/no pass, or the clerkships now to pass/no pass grading. Step one is now pass/no pass. So this removes the pressure to have to get the highest score so that you can be the best person. Instead, you just have to be proficient.

I think another thing that comes to mind is holistic review. I don't think all specialties have actually embraced it, but a lot of specialties have, and psychiatry has as well, looking at the whole application, not just a test score. Sometimes people might have to take step one, for example, like some standardized exam more than once. And that's no longer held against someone because they're looking at where they start off in life, their distance traveled, and what other things they bring to the table.

Paul Brandfonbrener:

There's so much context I think that is missed in a one-time tech test score that can really benefit from things like that.

Dr. Peter Ureste:

Totally.

Paul Brandfonbrener:

So we've talked a little bit about your road to med school, your road to your specialty. And so now you're at SF General. What kind of drew you to working at the general?

Dr. Peter Ureste:

Well, a lot of it comes from my social identities. I grew up poor. When I was younger, I have memories of my grandmother taking us, my sister and myself, to a public clinic. I just remember sitting in this clinic lobby. Actually when I was interviewing for residency, we had walked through this lobby, and it was mostly at a public hospital where the training sites, we were walking through this clinic and it looked just like that clinic and I was like, "Oh my God, I want to train here." But to answer your question, I think that experience and wanting to serve my community. Even though I don't live in San Francisco, I come from a community where we had to use public services. Working at a public hospital is my way of giving back. It's important to me. I've luckily matched at a program where 90% of my training was in a public hospital and I knew I wanted to work in a public hospital eventually.

Paul Brandfonbrener:

And so I guess with all these kind of experiences in mind, so kind of your path into medicine and now working as a psychiatrist as well as a mentor, where do you find that you find this meaning in your work? This is kind of our central thesis of our season. So where do you find that joy, meaning, or purpose?

Dr. Peter Ureste:

Recently I've been thinking about a mission statement, which I'm actually working on a master's degree. I take one class a semester. It's a masters in medical education, academic medicine, but it's basically a teaching degree. Right now our homework assignment is to write a mission statement. So I've been reflecting more on that. I think really the driving force is to support people, be of service to people. I think specifically it's using my life experiences, which are being a person who fills a minority, having had feelings of imposter syndrome, having failures on exams for example, or in school. And I think using this, being transparent with people, letting people know I have an anxiety disorder, all of these things that I think have been stigmatized in medicine. I think people who maybe are having some challenges in some of those areas, I feel like challenges isn't the right word, but maybe experiencing some of those things and also feeling isolated, helping people feel like, "It's okay to be this way and you're not alone" and it still means that you could be a great person, great physician, I feel like that's really what brings meaning.

So it's like going through these things and then using it for something, hopefully something good I feel like that's what brings me meaning. And also I think one thing I really enjoy is seeing people grow either professionally, personally. Like working with med students, I have a cohort right now who are in their third years and now they're starting to talk about residency and just sort of reflecting on when they started medical school and they were nervous talking to their first standardized patient, and here they are applying to residency. I just feel like it's those types of developments in their personal and professional goals that I find really meaningful to bear witness.

Paul Brandfonbrener:

I find it's really inspiring that you have the strength to share that part of yourself and those stories. I feel like a lot of people tend to hide those things that they might think aren't putting up this picture of them being this perfect doctor person. Where did you find that kind of strength or realize how important it was for you to share all of these aspects of yourself to show that, "Hey, you don't need to be this fake person to be able to be successful"?

Dr. Peter Ureste:

I'll be honest. I think just recent, like a year and a half ago, a year ago. I think the biggest influence really has been working with folks in the anti-oppression curriculum. DEI, anti-racism work is an interest of mine. I'm not an expert at all in being a part of this group. I feel like I've learned so much about this from others in that group. I think one thing I've appreciated are just thinking about white supremacy culture and how you have to be a certain way. And actually many of the people I work with, I'm so inspired by their resistance, their advocacy where there's multiple ways to be a doctor and they're open, transparent about their various identities. I feel like I'm just inspired by them. I think a lot of it really has just come mostly from working with folks in that initiative.

Paul Brandfonbrener:

Yeah. I'm so inspired to be at an institution that really values that as well. I mean, last Friday we had a lecture on white supremacy and medicine. I feel like these conversations are so important to be having, especially this early on in our medical education. And so being in a place that places that importance on these topics this early just makes you really proud to be here. Could you talk a little bit more about how you got interested in working in the anti-oppressive curriculum and what your role is and what projects you're working on over there?

Dr. Peter Ureste:

Well, it's a work in progress. And I would say my interest in that really developed from my identities, my social identities of being a gay, Latino, first gen, growing up poor, person with an anxiety disorder. I have other identities as well, but those are the ones that I hold dear to me. I think those experiences connected to those identities have shaped me to do mentorship, have shaped me to do recruitment, reaching out to pre-med students, individuals with pre-med goals. I think all of this is part of DEI work, at least trying to recruit to create a diverse field. I am a product of these pipeline programs, so really it's trying to pay it forward. So this is where my interest comes from.

And then in terms of the work, I think that currently what I'm working on, I'm assigned to two blocks. One of them is life stages and the other block is Arch Week's. My role is to work with course directors to review the different sessions, review the learning materials, the videos to collaborate to make sure that the content has this infusion of anti-racism, anti-oppression, as well as the processes. I think when I first started I was like, "I'm not sure how do I do this? I'm not really sure." I'm not an expert and people would come to me and like, "Oh, Peter's one of the CCLs, Curricular Component Liaisons. He's an expert." So there was sort of this period of trying to figure out what I'm doing.

I think, again, I've learned so much from the people I work with. One of the many things came from the work is this curricular review tool that I really appreciate, which is a framework to approach curricula like a different session and to think about things that are oppressive or anti-oppressive, thinking about teaching methods that maybe are ways to reduce harm for learners of different backgrounds.

Other things that I'm working on through that work, I'm part of two work streams. One of them is an equitable assessment work stream. I work with Dr. Karen Hauer, Dean Hauer, and a few other folks. We think about aspects of assessment that maybe are not equitable. I'm also part of a work stream around sex, gender, and sexuality and just thinking about how those constructs are represented in the curricula either through case examples, thinking about where in medical documentation where we teach students where should gender be placed, should it go in the one-liner. One thing that was advocated was for race to not be on the one-liner because it can be stigmatizing. A lot of this comes from working with various stakeholders, including students where many students were like, "Knowing gender is really important and pronouns are important because this is how we refer to people when we're having

discussions around the case so it needs to be in the one-liner." So just having those discussions, engaging in those discussions, those are some of the things that we've been working on.

Paul Brandfonbrener:

Oh, it's so great to hear that works being done. A lot of that is kind of rooted in Foundations 1. So the first year and a half of this coursework. Where do you see that being implemented in the third year and beyond? Can these initiatives be kind of continued and be implemented in part of the culture when you're outside the classroom as well?

Dr. Peter Ureste:

Yeah, there's so much work for there to be done. F2 is a big challenge that we have so much work to do. It's actually been less of a focus right now. We've been focusing mostly on F1. I think F2 is challenging for different reasons. One, different clerkships have different number of sites. I actually was just looking at one site, OB-GYN for example. They have 12 different teaching sites. How do we get all the sites up to date on best practices? Or even how do we do an assessment of all 12 sites? And this is just one specialty. There's other clerkships where students rotate. So I think we're still trying to strategize on the best way to approach that.

Outside of the role of the anti-oppression curriculum, I'm also an interim associate program director for the Psychiatry Residency Program and have been working with learners in that role and have been thinking more actually about this topic. So I think one thing is we've been having patience, which is not a surprise that happens in other services where they may use hate speech actually. I think it can be really difficult for learners to know how to respond to that. I spoke to one learner who said, "I know how to respond if someone used hate speech out in the community, but in the hospital, I don't know how to respond. People are looking at me. I also have this professional identity. How am I supposed to respond?"

So this has been something I've been thinking about recently, that from feedback from learners, we've developed this verbal assault protocol where it's very clear on what the steps are and learners know what their options are. We also formalize it so that one of the steps is to treat it like a physical assault. So for physical assaults, we would normally file an incident report with the hospital. A hate speech is very similar. There are some physiological responses that are similar to physical results. So incorporating that into this protocol I think is one way to at least help support learners, support people I would say.

Paul Brandfonbrener:

Yeah, it's so important, I feel like, to make sure people know they're supported and not alone when they come into situations like that. And how everyone kind of handles it differently, so there needs to be that space for people to treat it or go about it the way that works for them. And I really appreciate that you have that in mind and you're talking to people to actually get their input there. It sounds like you found a lot of meaning in supporting those around you. And in a field where you give so much, it seems like it can be draining or kind of take a lot away from someone to always be helping others. What are some ways that you find that you're able to support yourself or care for yourself when you're doing all of this really heavy emotional work for others?

Dr. Peter Ureste:

Well, I'm still learning.

Paul Brandfonbrener:

That's a lifelong process.

Dr. Peter Ureste:

It's a lifelong process. I think a big thing recently that I've been more mindful about is self-compassion. I'm not perfect. I make a lot of mistakes. My skills have not been mastered at all. I think instead of feeling bad about it, I think I've been trying to practice knowing that I'm doing the best that I can. And I'm human. So that's one thing, is trying to practice self-compassion. Other things too. I think learning to say no sometimes. It doesn't mean that it's no forever, it just means maybe right now I can't do it. Another thing is learning to be okay not always working. Like I'm going away this weekend and I don't have any intention to do any work. I'll probably check my work email. But I would say that it actually took a while to build up to that point. Sometimes it's two steps forward, one step back. But I think, I guess building a culture where people know that it's okay to have limits.

Paul Brandfonbrener:

Having those boundaries are so important, because the more you're able to take care of yourself, the more you're able to enjoy the work and take care of others. I think that's something that can be applied to anyone, any of our listeners, even not in medicine. Being very clear and having that self-compassion that you won't always be perfect, but you're trying your best and that's all you can do in the moment.

Dr. Peter Ureste:

Exactly. Yeah.

Paul Brandfonbrener:

Well, Peter, it's been so fun to be able to talk to you. I always love being able to have a chance to sit down with you. So thank you so much for taking the time to be on.

Dr. Peter Ureste:

Thanks, Paul.

Paul Brandfonbrener:

I'll see you in CMC tomorrow.

Dr. Peter Ureste:

Yeah, I'll see tomorrow.

Paul Brandfonbrener:

Thank you again.

Chloe Sales:

So Paul, you chose to interview Peter, who is your CMC coach. And for a lot of us here at UCSF, our coach is sort of our first contact or our first mentor throughout medical school. And it made me wonder, what does mentorship look like to you, or what do you look for when you look for good mentorship?

Paul Brandfonbrener:

That's a really good question. It's something we've been talking about a lot as a class because we recently had our inquiry immersion section of our curriculum where we talk about finding research mentors and other mentors preparing for our future careers. One thing we talked about that I definitely agree with is that mentorship is a two-way street, where finding a good mentor is as much as receiving their advice and wisdom as well as kind of giving to them that relationship and experience that makes it a really rewarding relationship.

And with Peter, I've found that his ability to be so supportive and just present for all of our students and for me and my other cohort in our CMC group has really made our adjustment to the first year of medical school so much easier than it would've been without him. I think that we are able to kind of every Thursday make this really fun atmosphere for him to be in and kind of hopefully give back to him in that way, making it that sort of two-way street. Before we started recording too, we also talked, me and you, about your kind of experience with mentorship. And you had a very wise thing, your take on mentorship. Would you want to share that with us [inaudible 00:30:51]?

Chloe Sales:

Yeah, my metaphors?

Paul Brandfonbrener:

Yeah.

Chloe Sales:

Okay. So I think the way that I think about good mentorship is that good mentorship is sort of like Google Maps. You have the voice on your phone telling you to make a left or make a right, and it's guiding you step by step to get from point A to point B. While that sort of mentorship is good, it is handholding, it is getting you to where you need to be but in a way that doesn't necessarily allow you to cultivate that sense of independence.

For me, the difference between good mentorship and great mentorship is that a great mentor is more like a compass, someone who always shows you true north, but ultimately lets you be the driver of whatever decision is you're making, of getting from point A to point B. So they won't tell you turn left or turn right, but they'll just show you the way in a fashion that allows you to be independent and to create that sense of self-worth and "Oh hey, I can do this on my own without Google Maps telling me how to get from one place to another." And for me, I think that's the difference.

Paul Brandfonbrener:

I really love that. So for our listeners this week, I think keep looking for ways that you can be the compass for those around you and really highlight the importance of relationships and be present with those around you. And so thank you again for listening to this episode of The Spark, and be sure to tune in to our next episode.