

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 Brandfonbrener, 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? Paul, I am really excited for our listeners to hear about today's interviewee.

Paul Brandfonbrener:

Yes. So, today, I have the chance to talk with Dr. Shieva Khayam-Bashi and we all have so many stories with Shieva. Shieva is a family medicine physician, she's a clinician at ZSFG, she was formerly the medical director of the short term skilled nursing facility there. She's the faculty lead for the Compassionate Care Elective, which is something we will talk about a lot during this interview, and she's a mentor, a role model and a friend to so many people at UCSF. And so, I'm sitting here with one of the co-coordinators of the Compassionate Care Elective, Chloe. Could you tell a little bit about your stories with Shieva or anything you'd like to share?

Chloe Sales:

Shieva is the type of mentor who genuinely and truly cares for all of her mentees, each and every one of them. For example, this past Sunday, she carved out two hours of her evening time to meet with me and the other coordinators of the elective to talk about what to expect for clerkships when we head into the hospitals next year. She put together this beautiful PowerPoint presentation and one of the slides I'm reading right here says keep your well full so that you can give to others. And there's beautiful pictures of full wells and it made me think about Shieva's entire dedication to making sure that her students feel well and are, therefore, able to take care of other people.

Paul Brandfonbrener:

Yeah, [inaudible 00:01:55].

Chloe Sales:

How about you, Paul?

Paul Brandfonbrener:

Yeah, I think so many people have similar stories. For me, she was one of the first people I reached out to after starting school here because I met her in the elective and I asked if she could meet up just to talk about life. And the email she sent back was one of the kindest emails I've ever received in my life. And the fact that it was from this successful doctor, mentor person, which is so profound for me, and she signed it by ending with love which is something we talk about in the interview as well. But feeling love and support from people I look up to is something that just makes you feel so welcome in this space here and that's something I love about UCSF.

And so, then we went on this beautiful walk through Golden Gate Park with our dog, Shamsie, who we have to call out, who is an awesome dog, and just talked about everything, life, career, just who we are as people. And having people in this space who are willing to give that much time just to support

students, anyone who wants to reach out to them, is such an awesome person to have around. So, it was so nice being able to talk with Shieva.

And before we start the interview, she wanted me to note that the name, the compassionate care name for the elective is from a current fourth year, Ahayli Chadapadi. And so, we wanted to give her a call-out because it's a great name and a great elective. So, thank you, Ahayli, for all of that. And without further ado, here is our interview with Dr. Shieva Khayam-Bashi.

And welcome back to the Spark Podcast. I'm here with our next guest, Dr. Shieva Khayam-Bashi. Shieva, thank you so much for being here.

Dr. Shieva Khayam-Bashi:

It is my pleasure, Paul. Thank you for having me.

Paul Brandfonbrener:

As soon as we started this podcast, Chloe and I knew we needed to have you on as a guest.

Dr. Shieva Khayam-Bashi:

I'm thrilled, I'm thrilled.

Paul Brandfonbrener:

And I gave a little bit of background to the listener of how we know each other. So, you direct the Compassionate Care elective which is, every Tuesday, we get to have virtual lunch together and talk about compassion, empathy and all these ways they interrelate and connect in medicine. How did you get interested in starting something like that?

Dr. Shieva Khayam-Bashi:

Well, I've always been interested in the area and just my interest in compassion and empathy and care in healthcare and love and meaning. Those are just from the time I might have been born. I think I came into the world with that perspective. I'm exaggerating a little bit but, in terms of medicine, Paul, I always, from pre-medical through medical school, always knew that the reason we're here is, not only to learn the science of medicine, which is fascinating and, honestly, beyond understanding in a lot of ways, but just amazing that we know so much. But I knew that caring for a person who has an illness wasn't only going to be in the science part and the knowledge part of choosing what antibiotic or knowing what type of disease this is on a pathophysiologic level, it's also going to be communicating the care to the patient and that's the compassion and love and empathy.

So, in medical school, it was a little bit challenging but that was what I really understood in my heart that that's what I'm here for is to try to integrate both, the knowing of the mind and the knowing of my heart, and to connect with people. And then, once I became an attending physician and a teacher, for many years, that's how I infuse my teaching is always at the bedside in small groups. In any setting, I try to just bring that energy in with my students and with the patients. And then when I had the opportunity a few years ago, a change in my own work life happened for me and it brought much more time and space for medical education. And so, this has been something in my mind for many years is let's create a way for students who are interested to come together and talk about what compassion and empathy are and how you integrate that into your educational path and your career path.

Paul Brandfonbrener:

Yeah, I've loved that we've been able to do it so early in our career. So, it's a bunch of first years and second years and, every week, you're able to bring in a different speaker and we have discussions just about each topic. How do you go about picking what speakers to bring in? Where are some things you're thinking about?

Dr. Shieva Khayam-Bashi:

Oh, it's really wonderful, Paul. The first year I did this, it was a whole different iteration. We've been doing it for four years now and the way it's worked out is, after the first year, it really became student directed and I rely on the students who did it the year before to come. And so, a few students reached out to me after the first year, which I would have to admit, wasn't the best iteration as most things are not the first time you do it. And then a couple of students reached out to me and said, "Would you be doing it again next year? And if so, I'd like to help." And so, that's how each year it's worked out.

So, students, for example, this year in your class, no pressure, but if you're interested, you could come to me and tell me later on. And what we do is the course is held in the fall for first and second years mostly and then, sometime in the spring or before summer, somebody will reach out to me and it's worked this way and say, "I'd love to be the student coordinator." So, then we meet and talk about who are your favorite people you've met so far and who have you heard of and then we end up just dialoguing together and then we invite people and we try to set up the schedule. It's actually pretty easy, it's not a very hard thing at all but the inspiration comes from the students and myself.

I have some amazing friends and colleagues over my 20 something years at San Francisco General that I know and at UCSF. So, I don't want to make it all my choices so we try to integrate and I've met so many amazing people because the students have brought them to the course and made them guest speakers.

Paul Brandfonbrener:

Yeah, it is so great that it's student driven like that but I want to make sure you are the heart and soul of that, too. And there was a moment in one of our earlier weeks, I think we were around an exam time and you sensed that some of our classmates were getting stressed about the exam, and you said, just off the cuff, this quote, you will not always know enough but you'll always be enough. And I looked around the room after you said that and some of my classmates were tearing up, it was exactly what people needed to hear. Because the perspective, I feel like it's easy to lose what's important early on in medical school. There's a lot of pressure to know everything and you forget the real reason why we're learning all this stuff is to help people. I don't know if you remember that moment specifically but-

Dr. Shieva Khayam-Bashi:

I remember it so well, Paul. Yeah, I do.

Paul Brandfonbrener:

What was going through your head there?

Dr. Shieva Khayam-Bashi:

I actually got goosebumps because I've never said those words exactly in that way. So, I don't know where that exactly came from but it is a concept that I know in my heart of hearts that is true. And I did feel the energy from your classmates that there was a lot on your minds. I'm actually pretty far away from first year of medical school chronologically but, emotionally, I'm actually still very with it. Because when I think I'm a little too empathetic, I've been told that my whole life, but I feel where you are in a

lot of ways. The anxiety and the uncertainty and the feeling of overwhelm. So, every time I meet with my students, and you included, Paul, nobody's really exuding anxiety or fear but I feel I know where you are. You're being inundated with volumes of material that feel impossible to learn.

And I wish someone would have told me when I was a first year student, Shieva, it's really okay if you don't know everything or really understand everything that's being given to you, do your best to be amazed by it, which I was, do your best to be in awe and wonder of it, which I was, and do your best to learn it, which I did try, but no one told me that it also matters who you are. And so, when I said that to your group, it felt real and it felt right. And I saw the looks on your faces actually and that's how I knew that it was the right thing you needed to hear.

Paul Brandfonbrener:

Yeah.

Dr. Shieva Khayam-Bashi:

Thank you for the feedback.

Paul Brandfonbrener:

Yeah, of course.

Dr. Shieva Khayam-Bashi:

I'm glad to know that it landed, yeah.

Paul Brandfonbrener:

Yeah. In your perspective, looking back on your training and where you're now, what are some ways that you feel like either worked for you or have worked for other students that allow people to maintain that perspective through this training?

Dr. Shieva Khayam-Bashi:

For myself, it's a really different story than what I think is working, what could work. I have to be honest, I think med school was really hard for me. Not that it isn't hard for everybody, it is hard for everybody, it is not an easy journey. So, if anybody's listening and thinks it's going to be easy, you're signing up for something really challenging so just get ready and there's no way to really be ready. But you know this is your calling, this is what you're meant to do, you're intrigued by the science of it, you're intrigued by the caringness of it. And so, for me, to answer your question, my experience was ...

I was a student in the late '80s and early '90s, this is a long time ago. And in that time, there was no language or even concept of taking care of yourself. That was just not a thing for many years. It's really fairly recent actually and I'm glad that's a thing and it shouldn't just be words or lip service. It's real, you need to take care of yourself. But when I was a student, that was not a thing for most people in my generation and so we sacrificed a lot. And so, what I mean by that is sacrificed our health and our wellbeing and it didn't necessarily, I don't think, made us any better. If we turned out to be great doctors out of that, it was in spite of it, not because of it.

So, my journey was challenging. My first couple of years, first and second year, I was in a state of perpetual awe and wonder. I was a sociology major and I minored in chemistry. I knew I wanted to be a doctor but I wanted to be balanced. And I was just in awe of anatomy. I would just sit on the floor with all my anatomy books around me in a circle and I would just really have trouble focusing on the details

because I was just in awe of the details. How is it possible that, in my body, this has been designed and it's happening right now? And I would look at my hands and my fingers and, whichever nerves and muscle groups I was trying to learn, I would visualize but I was really just overwhelmed, a lot of times, overwhelmed with that sense of just amazement and awe.

And I did study and I did okay but there was a time when I didn't do well on some of my exams. I thought it was the end of the world. I wish somebody would've told me, Shieva, it's really not the end of the world. You will never know enough but you are enough and you'll always be enough but I didn't hear that. So, I took a lot of these things way too seriously about, oh, I'll never be a good doctor because I didn't do well on my physiology exam and so on. And those first couple of years were that, the challenge of learning and studying and just performing. And then, for me, third year and on, which is the clinical years, and I'm looking forward to talking to you as you get into that space too, Paul, there's a whole nother challenge that happens.

And I do mentor a number of students who are currently third years and fourth years and third year changes a lot because a lot of what you learned on the ground level about the subject of healing and working in a hospital setting and with critically ill patients, it's not real until you're in it. So, you're reading about it and learning about it from a safe space and then, once a third year happens, in those days, they would call it just being thrown into the lion's den. You were just thrown into, there are so many metaphors, to the ocean. You sink or swim, those are the language in that era. So, I found that really the most challenging. I found my sensitivity to people suffering was always immense and I had no real protection or methods to care for myself, really. Not only the time not being allowed for self-reflection or self-care, but also just I don't think I had the resources.

I hadn't lived long enough or had been prepared for those kinds of things, for the assault on me emotionally to take on the suffering of my patients because I really cared and I didn't know how to manage that. So, that was something that I journeyed into and figured out on my own by way of asking others, my residents or interns, sometimes an attending. Like, "How do you cope? How do you cope with this?" And somebody mentioned, "I read poetry," so I went looking for poetry and someone mentioned, "I read literature," and I would go looking. Somebody mentioned she was Christian so I went looking into Christianity and other religions and spirituality and I just explored and found my way.

I wish that it were different and more structured after I found my way to holding onto my sense of who I am and that it's valuable that I care for people and not a detriment but I just need to learn how to hone that skill and not be destroyed by it. Once I learned that, and it's a process, not done learning, it's a lifetime process. But once I got to a better place around it and more of a handle of what helps me, and I'd be happy to talk about that later if you'd like, but once I got that, then I was very interested in teaching always. So, as a teacher of medicine and in medical school, I just know there is no other way to teach than to attend to the person who's learning medicine just like the person who's my patient. We are all people who are in roles.

So, I always just try to help people know that they are important, that they are valued, your feelings matter and learning how to cope with them and how to manage them, I think, should be a part of medical education. So, to answer the part of your question about how do students do it now, there's more structure, there's more care, there's more attention to self-care. I really love UCSF, I think there's a lot of intentionality and true sincerity around wanting our students and our learners to be able to take care of themselves and to receive care that they need for all kinds of things that come up because life keeps happening. At the same time, there's the competing force of you still need to learn all of this and I have heard students still say we're told that we need to take care of ourselves but when, when.

So, that hasn't changed in all these years. The nature of the volume of material to learn, there's probably more to learn now than there was 30 years ago. So, how are you supposed to do that and also

take care of yourself and also find balance? And I still think that time issue is probably the biggest challenge in medical education.

Paul Brandfonbrener:

Yeah. And one thing I would love to add as the resources that a ton of my classmates have is we have mentors like you and I think that can't be understated how important it is. Especially I'm, what, two or three months into medical school and already there's so many people at UCSF who really care about students. And for you, where did that emphasis on mentoring come from? Did you always feel that and I guess what was the process like for you to really make that a priority in your career?

Dr. Shieva Khayam-Bashi:

That's such a great question, Paul. Let me think about it. I know that we'll talk about this soon but I'll just jump into it right now. The most meaningful thing about being a doctor is the relationships. And I think I can say this for myself, I don't want to say it for other people, but I have learned in my life at this stage, and I think I knew it but not in these words, the most meaningful thing about life is relationships. And another word for relationships is love and I'm not afraid of the word. I mean that in a very broad and general, all-encompassing way that we care about each other, that we show that we care about each other, really, that's what life is about.

If you talk to anybody at end of life, if they're in a hospice situation or anybody who knows that they're facing mortality, their mortality, everyone will say my regrets are the relationships, my regret is that I didn't tell somebody I love them or I didn't behave in a more loving way. Or, I don't have regrets, I am so grateful that I lived a life with the expression of love and care and relationships that were meaningful. Obviously, they all have challenges. So, I don't think there's anything else about this thing called medicine or this thing called life then to give attention to the relationships you have.

So, anyone that I'm sitting with, whether you're my student, whether you're my resident, whether you're my senior, whether you're my family, whether you're a stranger, whether you're my patient, whether you're a colleague, I really do try. I'm not perfect but I try my best to attend to who they are and hear them as a person. There's always an issue. The learning issue or the situation at work, there's always an issue but there's also the person in that. There are three of us. There's me and whatever is the issue between us or around us. So, it's never just about that issue.

So, I think that mentoring is just an extension of that for me. So, when I was a student, I didn't really know about mentoring, I didn't really get much mentoring. There were some good role models but I didn't really have relationships and there were some not so good role models too who I learned from as well. I remember thinking I will never be like that. And then, once I graduated and I spent some time in the community and then I became an attending doctor when I came back to San Francisco General, as soon as I had my first experience with teaching students in the clinic or on the wards in the hospital, there is no doubt in my mind that there's the patient and their experience and their family's experience and there's the student or resident and their experience, both functionally as students or residents, but also emotionally and spiritually as who they are and then there's me and my experience too.

So, there's a lot of experience going around that we have to be attentive to. And if you give attention, loving, caring, sincere attention to the person in front of you, they grow better and the relationship is better and there's so much meaning and joy that's mutual in that so why not. It's like when you tend to a garden, there's seeds and flowers and, if you water them and care for them, they grow and that makes you happy so it's always a win-win. So, for me, it seems selfless, it always seems selfless when someone is giving but you really need to see the whole picture. There's a lot of return, there's a lot of return. I get such joy.

Paul, when we met and talked one time, it was so joyful for me to sit with you and listen and hear your story and your goals and your dreams and your experience and then to reflect with you and to get to share mine and that relationship is what it's all about. So, that's what mentoring is. It's not something magical that the mentor has and pours into somebody, it's this relationship.

Paul Brandfonbrener:

Yeah. One of the biggest things I feel like you touched on too is bringing love into the equation. And I think one thing that really made me take a step back is, one of your first emails I got from you, you sign it off with much love or with love and it epitomizes who you are as a person, sharing that with the world. I guess, at what point in your life did you really feel like that was an important thing to share with everyone around you especially in a medical setting? Because that's something, as you brought up, it's a rarer thing.

Dr. Shieva Khayam-Bashi:

I got some courage. When you're a student, you don't have a lot of power. You think you know what you know but you don't really have a loud or a heard voice very often but I knew in medical school that it mattered. I would sit with patients. I would always be the last student or person in a room with a patient when we would round because I would be sitting with them and holding their hand while the team was telling things to them and then I would come back. And I know a lot of students like that, like you and others, you're going to be that person also. But I wasn't encouraged, I was really often reprimanded. I have a couple of stories that I could share, I don't want to make it negative. But I didn't take them seriously because I knew that it's not wrong, it's not wrong to care for the person. And if somebody's telling me it's wrong, they're probably wrong and maybe they're stressed and they don't have time.

So, then, really, what happened for me is, really, once I became a resident, once I graduated and I had residency, my experience was awesome. I did family medicine in a, there's no longer this county hospital, but it was a county hospital in Modesto which has since shut down as many county hospitals have for funding reasons. But at the time, I was with eight or nine classmates and, each year, there are three years, and we ran the county hospital in Modesto, all family medicine. I had amazing mentors and teachers, amazing classmate, resident classmates and we just ran the hospital and took care of people and helped each other and supported each other. It was really one of the best experiences of my life, really, those three years by comparison to the difficulties that I felt, the unsupportedness that I felt in medical school, through no fault of anyone, it was really the systems issue.

No one per se told me but I felt empowered to be my own person. And I tell students this, when you graduate and you become a doctor, you're not suddenly a doctor, you don't really know everything but you actually have a lot more authority. Now, you are the doctor, you are the intern, the first year or the second year, but you have more authority to be you and to, obviously, always run all of your medical care with a conscience and the right thinking around what to do for people. But also your relationships, they're your relationships, they're your patients, they're yours, you are each other's.

And so, for me, there were times, when with patients, I would give them a hug. They would ask for a hug or I would offer a hug. But I learned to trust my instinct, always with caution, always with care about not offering something that might not be wanted but always reading cues from your patients and the families. But there were times when it was really needed and valued and I would get feedback. There was a time when I was caring for a very sick family, really, the patient, but the whole family in the ICU and I was an intern and I think this was one of my very big moments. Can I share that with you here? Yeah?

Paul Brandfonbrener:

Of course. I'd love to hear.

Dr. Shieva Khayam-Bashi:

So, it was my procedure and this patient was critically ill and, really, what I was learning from my attending doctor, because you're still learning a lot in your first year especially, was this was not going to be a winning battle, this poor man was going to probably not survive this. And so, she asked me to have the family meeting outside the ICU with the son and the daughter who were teenagers or maybe a little older and the wife and maybe there was another family member. And I didn't know if I was ready to do it but she seemed to think I was. And so, I shared the information in English, not in Medicaese, but in English language about what was going on for their father and I explained things the best I could in a very clear, I hope, and simple enough way and answered questions.

When they cried, I got up and got Kleenex and came back. When it was appropriate, one of them reached out her hand and I held her hand as she cried. These are very simple human things that you don't have to be a doctor to know how to do them. In fact, if you're a doctor, you often might not have been taught how to do them. But I looked to my attending doctor and she helped answer some of those questions. It was a very difficult time, there was sobbing and I felt very emotional but I knew that I can't sob also at this moment but I know I had tears and they could see that I was affected. And after it all, there were backs and forths and I gave them updates and, at the end of that night, their loved one, their father, husband, loved one passed away and they were able to come in and say goodbye and it was meaningful. It was a really deeply meaningful and I think the biggest moment of their lives actually.

Of course, I was an intern and I did the best I could, I don't think I was great at any of it, I'm sure I did things wrong but, when you're an intern, your pager keeps going off. So, then, right after that, I got paged to labor and delivery. I remember, just miraculously, a baby was born that same hour. I was a part of that and I got to catch the baby. The woman gave birth and I was there and it was really amazing and many calls to the ER, to everywhere else. And so, it was a really busy night and a call night. And meanwhile, life continued for me, being an intern in residence, it's really busy, you're very overwhelmed with things that are occupying your time.

And about a year later, I'm a second year resident and I'm rounding in the wards of the hospital and I'm just being busy and I'm trying to be attentive and caring. And what happened was there was a family down, I saw in the periphery of my vision, down the hall who looked well-dressed and were carrying flowers and they were asking directions. I assumed they were looking to visit a patient. And one of the nurses pointed in my direction so I assumed they were coming down the hall and I just kept doing my notes and working. And then they came up to me and paused and I looked up and I thought maybe they need directions to somebody's room.

And they looked at me and said, "Are you Dr. Khayam-Bashi?" And I said, "Yes, I am," I didn't know how they would know that. And they looked at me and they all had tears and they said, "Today is the anniversary of our father's death. A year ago today, you took care of my dad and our family when he was dying in the ICU. And we were going to the funeral but we wanted to come here," not the funeral, excuse me, the cemetery, "but we wanted to come here to see if we could find you and thank you and tell you that we remember your kindness."

Paul Brandfonbrener:

Oh, my God.

Dr. Shieva Khayam-Bashi:



Yeah. I was just stunned, I didn't have words. I was really just stunned that they remembered me and that, whatever I did or said a year ago, and a lot has happened for everyone, that mattered. So, it made me all the more aware that I need to really be attentive to every moment. There's a favorite quote I have that I remember Mother Teresa said, we can do no great things, only small things with great love. And so, your question about love is that I realized that there are times when I say to a patient, I'm careful about how I say it, I don't want it to be misread, but I'll say, "We love you, Mr. Jones," on the unit or, "We really care about you. I really care about you." I feel like being explicit really matters and so I've learned.

That family made a big difference to me, really, that they validated, in a way that I don't think anyone could have, that who you are and how you are with people really matters. The medical information and knowledge really matters too, I needed my attending who knew a lot about ICU care to guide that and I learned a lot. There's no question, no one will say you should not learn enough but don't ever think that's all you need to do. You also need to build your own sense of spirit and who you are.

So, for me, Paul, the idea of love and I've read wonderful authors over the years who are not afraid of the word and I think what the world does need now and always is more love. And so, I started to just decide that I'm going to just be explicit, I'm just going to use the word. And so, as an attending doctor, when appropriate, I would sometimes end my email messages with love because it's true. It is love and I want you to know it and why not be real about it, right? Yeah.

Paul Brandfonbrener:

It makes such a huge difference. And I think that story you told shows how showing up and being present as a human, you weren't a doctor in that moment, you're just another person who is feeling for another family and understanding what it would be like to be in that situation. And you weren't offering a cure or some medical knowledge, you were just offering whatever support like tissue. And I think that's something that can't be taught in a classroom. So, how do you think you develop those skills and that tendency to want to show love towards someone like that?

Dr. Shieva Khayam-Bashi:

I think when you know that your presence is 75 or 80 or 90% of the experience, I might be exaggerating, I don't think there's a way to give an actual percentage but your presence. There is a quote by Ram Dass I remember reading a long time ago and it really hit me. He said, "What happens to another person in your presence is directly a function of who you are and not what you know," and I memorized that. Whenever I get a quote, I just memorize that. I don't really have my own innovative thoughts but I can recognize wisdom when I hear it or read it. And when I read or heard that, that's exactly true. What happens to another person in your presence is directly a function of who I am.

That was a talk that he had given to healthcare workers and he said and so, the command, the physician healed by self is really real. Take care of yourself and be complete, be whole so that you can affect another person in a positive and healing way. I think, at whatever stage of life you are, whether you're pre-med or a first year medical student or later in your training, if you realize that what happens to another person, including myself, what happens to me, I have been the recipient of kind people. I wish more, all of us, there could be more kindness in the world.

But when I receive kindness and the smallest thing, just the gesture from the grocery clerk, when they just look at me in the eyes and say, "I love your sweater and I like your smile. Have a nice day." I've had that happen sometimes and I'm just floored. Do you know how much that mattered? You made me feel like I mattered as a person. And I say that back to the person. I say, "Thank you so much. You made my

day. Your attention to me as a person made my day." And again, this concept is important. If you feel it, then you'll make it real for yourself.

So, I think, maybe, talking about this, I'm so glad we're talking about this today. I don't really often get the chance to talk about this, Paul, so thank you but sometimes one-on-one, for sure. But talking about how ... Let's just be real, what are we really here for? We're really here to care for each other. And so, what do we need to do? We need to learn this material. That's good, do the best you can, learn as much as you can. You'll forget a lot of it, truth be known, because a lot of it, new information will come and replace it. But learn the best you can how to think about things and how to ask the right questions and how to get to the right condition, the differential diagnosis of what might be wrong and doing the right exam.

Those things are really important. Ordering the right tests and finding that diagnosis and then finding the right treatments. Those are so important but a robot can do that now. It didn't used to be but now there really is AI and robots can do that. What do you bring? You bring the healing energy. And so, that healing energy is your kindness, it's your eye contact, it's your tone of voice, it's your patience, it's your willingness to listen and allow silence. You are treating the person like they matter and telling them I'm here for you and being there for them.

So, how do you develop that? Everyone is going to have their own journey. For me, I think it came from just this really deep sense of calling and wanting to connect with people and realizing the truth is this is how you connect. And a lot of self-therapy in a way, just looking for the right validation from different people. So, for me, it was a lot of reading the right authors, reading the right physicians who believe in the same thing who've written a book or something like that has helped me a lot to validate the path.

So, I think just being conscious of what matters to you. For me, I think this is it but it doesn't take away the fact that I'm also fascinated by the knowledge and science of figuring out what's wrong for somebody and doing the part as opposed to being, they're both important, but knowing what to do for a patient and watching them get better, there's nothing better than that and being a part of that experience. So, I'm not sure I answered your question.

Paul Brandfonbrener:

Yeah. No, you answered so much more than my question.

Dr. Shieva Khayam-Bashi:

Okay.

Paul Brandfonbrener:

I think it just shows these are things that go way beyond the clinic or exam room and everyone can learn from them. We're showing someone that they matter, these little acts of kindness really go such a long way and I feel like we just have unlimited potential to show love when we allow it. And I really appreciate that you are helping build the culture here to allow us to be human and show up for people in that way. I could talk to you all day, Shieva.

Dr. Shieva Khayam-Bashi:

I could talk to you all day, Paul. Thank you.

Paul Brandfonbrener:

Thank you so much for being on the podcast, this has been such a great conversation.

Dr. Shieva Khayam-Bashi:

It's been.

Paul Brandfonbrener:

And we'll talk so much more soon.

Dr. Shieva Khayam-Bashi:

We will talk a lot more. It's been my joy and my pleasure. Thanks for inviting me.

Paul Brandfonbrener:

Of course.

Chloe Sales:

I think my favorite line from this episode and the line that I actually do hear from Shieva a lot as one of my mentors is you will not always know enough but you will always be enough. And I feel like that is a line that encapsulates everything that Shieva is as a physician, as a mentor, as a teacher. What about you, Paul?

Paul Brandfonbrener:

Yeah, I talked a little bit about it in the episode but, yeah, I'll never forget that first moment when she brought it up in our Compassionate Care elective and just to see the looks on my peer's faces. It was exactly what we needed to hear at the time. And building off of that, I think one thing I really learned from Shieva is to allow yourself to bring love into clinical settings and working with patients as well as our colleagues. And the way that she uses love reminded me a lot of Bell Hooks. She wrote all about love, which I recently read, and a definition she has, she describes love as the combination of care, commitment, knowledge, responsibility, respect and trust. And I think those are all aspects that should be present in care and taking care of patients.

And so, the ability for Shieva to bring love into clinical settings and be brave enough to use that word and bring those emotions into it, I think it's just so powerful and important.

Chloe Sales:

Absolutely. I think, a lot of the times in medicine, we try to stray away from the emotional aspects of the practice and focus on the biomedical, the biopsychosocial, but acknowledging that clinicians can carry these feelings with them is really important. Your commentary about the book that you had recently read, which I know you read with a few of your classmates, made me think about how I met Shieva which was last year through the UCSF medical humanities inquiry immersion class. And to our listeners, one special and new thing that Paul and I wanted to try for this episode was reading one of Shieva's poems which she shared with us during that class. And Paul, I'll let you take it away.

Dr. Shieva Khayam-Bashi:

Yeah, this is one of my favorite poems. So, it's a Mary Oliver poem who I'm a very big fan of, it's Wild Geese. And so, I recently also just took the same medical humanities mini course where we spent two weeks diving into different medical humanities topics and Shieva opened the whole course with reading this poem which is how I will end this episode as well. So, here it is. Wild Geese by Mary Oliver.

You do not have to be good, you do not have to walk on your knees for a hundred miles through the desert repenting. You only have to let the soft animal of your body love what it loves. Tell me about your despair and I will tell you mine. Meanwhile, the world goes on. Meanwhile, the sun and the clear pebbles of the rain are moving across the landscapes, over the prairies and the deep trees, the mountains and the rivers. Meanwhile, the wild geese high in the clean blue air are heading home again. Whoever you are, no matter how lonely, the world offers itself to your imagination, calls to you like the wild geese, harsh and exciting, over and over, announcing your place in the family of things.

Chloe Sales:

And with that, we'll end this week's episode. We hope you tune in next time for our next interview.