[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's Director of Podcasting.

[00:00:11] On this episode of Road to Resilience, and in honor of National Health Center Week, we're joined by our guest host, Yasmin Meah, MD.

[00:00:19] Dr. Meah is an internal medicine doctor at Mount Sinai and serves as the director of the East Harlem Health Outreach Partnership.

[00:00:26] Known informally as the EHHOP, the partnership is a student run, physician-supervised free medical clinic for uninsured adults in East Harlem in Manhattan, and is housed within the Icahn School of Medicine at Mount Sinai.

[00:00:38] Dr. Meah interviews Martina Lopez May, a medical student and active caregiver at the EHHOP.

[00:00:44] Together, Dr. Meah and Ms. May have helped build the EHHOP into an institution that has changed the lives of countless people in need.

[00:00:52] We're honored to welcome Ms. Lopez May and Dr. Meah to the show.

[00:00:59] **Yasmin:** So, welcome to a special edition of Road to Resilience. I'm Yasmin Meah, your host today.

[00:01:05] And I am a physician at Mount Sinai. I am in the Department of Internal Medicine. I am a house call physician and I also run the free clinic for the uninsured called EHHOP. And with me today is my student, and former co chair of the free clinic, Martina Lopez May.

[00:01:23] **Martina:** Hi. Yeah, like Dr. Meah said, I'm Martina. I'm a third year medical student, and during my second year, I worked as the second year co chair for EHHOP, where I ran a lot of the administrative tasks and kind of oversaw a lot of the clinic's operations. So we worked really close together the past year.

[00:01:42] **Yasmin:** Yeah. Martina was my right hand. And honestly, I was really just following her lead. So, it's really exciting to be here today. So, a little bit about EHHOP, which is also known as the East Harlem Health Outreach Partnership.

[00:01:56] It was founded in 2004 by myself and a group of medical students and my partner in crime, David Thomas, who is now the dean of the medical school. And we founded this as a way to service those who lacked insurance and an avenue to primary care.

[00:02:16] These are the most vulnerable persons in our neighborhood. They are people that you see day to day in either walking the streets of East Harlem or on the floors. And they lack health insurance.

[00:02:29] And so their pathway to medical care is really, really difficult. And so I founded this clinic with the students who were very motivated to find a way to really use their expertise and advocacy skills to service some of the most vulnerable in our community.

[00:02:50] And so I've been running this since 2004 with a changing cadre of students every year. The effort is led by medical students who really run the show from soup to nuts. I mean, everything.

[00:03:03] It's From the front desk, to laboratories, to clinical care, to grant acquisition, to budgeting, finance, communication with the community, I mean, you name it, medical students and the graduate students of Mount Sinai are at the forefront.

[00:03:20] And the way I sort of look at my role is really to facilitate, to offer institutional memory, but also to make sure that the care is safe and that we offer the highest quality to those who need it the most.

[00:03:36] And so, Martina she is a part of a legacy of medical students and graduate students who run the free clinic, who are in various years of the medical school, and who really see the free clinic as an opportunity to both service the community, to enhance their education, as students who really, really want a more holistic way of sort of viewing their education as more than just in the classroom.

[00:04:08] So, Martina is my former co chair. She's now assuming another role at the free clinic. And that's usually what happens, where we've got students who start from day one of medical school in a certain role and then may or may not graduate to a leadership role some portion of the medical school.

[00:04:29] I would say it's a pretty substantial portion of the medical school. It's about 75 percent or so actually volunteer at the free clinic in some way. And it does span not just the medical school, but also the graduate school.

[00:04:43] **Martina:** I can talk a little bit, more about my role as co chair.

[00:04:47] **Yasmin:** Yeah, and maybe a little bit more about what actually we do day to day. What, what is the clinic?

[00:04:53] **Martina:** Yeah, for sure. So, as the co chair, especially as a pre clinical student, a lot of what I oversaw were the non clinical undertakings of the clinic. And you would expect a free clinic for the main thing that they do to be provide health care.

[00:05:09] But EHHOP really does so much more, and that's why I as a preclinical student, was very busy during my time as the coach here, even though I wasn't overseeing the clinical management of the patients.

[00:05:20] So as we said, there's grant writing. We apply to a million grants all the time to try and get new initiatives going for the clinic, try to find new ways to help out our patients.

[00:05:30] There's also a team called the Access to Care team that focuses on getting patients social needs met, so it can be something like getting them emergency Medicaid, or getting them a mattress to sleep on if we see or find out that they're missing that.

[00:05:45] It can also include getting food deliveries for patients who are food insecure. So, that's one aspect. Then there's translator services.

[00:05:54] That students can participate in and act as translators, and I could go on and on, but there are so many parts of the clinic that are beyond the clinical management of patients that I was able to oversee and participate in, and those things make the experience of a student at EHHOP so special and unique because it's just so much more than a clinic, which is great. And I forgot your other question.

[00:06:21] **Yasmin:** That's okay. I mean, there's so much to talk about when it comes to EHHOP. I think we're actually several years out from COVID, or I should say the height of COVID. I mean, COVID's not over yet.

[00:06:31] But one of the things that we learned during COVID is how quickly we could mobilize. We shut down for less than a month, which was unheard of, right?

[00:06:43] So the hospital shut down and we were told we needed to shut down completely and we were the only free clinic in the country to actually stay open in some fashion for the early part of the pandemic.

[00:06:55] And so, one of the things that I think really, really stood out was how willing and able the students were to mobilize, but also to deal with the administration in a way that ensured the safety of them as well as the safety of our patients.

[00:07:16] So, I mean, our students were really driven. They very quickly started a GoFundMe page and within two weeks had raised $75, 000 that they had used to distribute as cash grants to patients.

[00:07:28] They did drop and dash deliveries of food and medication. So they made sure that, you know, Nothing was left behind.

[00:07:36] They made sure that patients were screened, repeatedly. They did a ton of telehealth visits, and they really networked very closely with the emergency room to make sure when patients were really sick that they could streamline their care.

[00:07:50] And we created a lot of intense relationships with faculty, and various members of the entire administration, actually, at Mount Sinai because of all the work that the students did.

[00:08:02] But now we're several years out and there are still some pressures that the students might feel, for instance, in either garnering support from administration or internally from their medical students just to make sure that we're doing the right thing.

[00:08:20] It's a really tough endeavor to run because it's huge. I mean, we don't just operate a primary care clinic. We operate also multiple specialties, right, and you talked about some of them. Do you want to mention some of those specialties?

[00:08:32] **Martina:** Yeah. Yeah. So there's a bunch of subspecialty clinics that run out of EHOP, so we have ophthalmology, we have mental health, women's health, cardiology, liver and GI, rehab medicine, I might be forgetting some because there's just so many, but that's just a few of, of all the services that we offer.

[00:08:53] **Yasmin:** Right. And so we have this huge umbrella of services. To offer to patients, who are otherwise unable to get services themselves because of their insurance status.

[00:09:04] What's huge about it too is that it doesn't just involve students. It actually also involves a lot of faculty. So a number of faculty actually oversee the running of these various specialty practices.

[00:09:16] And yet, despite all this feel-good-ness, there's a lot of struggle and internal. Right, I mean, periodically, we don't always see eye to eye. And I think, certainly the pandemic put a lot of pressures on the student community to be able to serve while also protecting themselves.

[00:09:37] And a lot of things came out of it that were phenomenal, but also a lot of things came out of it that I think were problematic.

[00:09:45] And I was wondering, Martina, if you could talk a little bit more about your leadership role and in particular highlight some of the struggles that you faced or the challenges you faced in running this clinic, or I should say running this endeavor, because it's much more than just the clinic.

[00:10:00] **Martina:** Yeah. So, one of the ideas that kind of come to mind after you spoke about kind of the effects that COVID had on the clinic is, This ethical dilemma that people tend to run into, not just students, but also faculty, about what it means to be a student run free clinic, and what that means about the care being provided to the patients from this student run free clinic.

[00:10:27] And that's an issue, or not really an issue, a conversation that we had to revisit a lot together throughout my time as co chair.

[00:10:35] And the ethical dilemma of is, or the questions that people ask themselves, is the quality of care being provided to these extraordinarily vulnerable patients as good as what they could get at another clinic?

[00:10:48] And are we compromising the care of patients by sending them to a student run free clinic? And that's a very valid concern for people to have and a very valid reason to maybe not want to participate.

[00:11:01] And to counter that, we have a lot of research that goes on in the clinic, a lot of quality improvement, a lot of very careful watching of the care that's being provided.

[00:11:14] And we've been able to show over the years, over many, many different research projects, that also as co chair we were able to oversee, we've shown that the quality of care is not compromised whatsoever.

[00:11:27] In fact, we've shown that the quality of the care that we provide is often better than what they could get somewhere else. And I think this goes back to the enthusiasm that students have that you had mentioned.

[00:11:38] Every visit, a student will sit with a patient, sometimes upwards of three hours, to make sure that nothing's missed, that all the patient's cares are met, and that every issue is properly addressed.

[00:11:50] That, alongside the incredible physicians that will precept at clinic, creates for an incredible care team that leaves patients well supported in their clinical issues, but also in anything else that might be creating any barrier to health.

[00:12:08] So, that was a challenge, having those discussions and maybe talking to people who had this ethical dilemma, but I think through conversations, productive conversations, through taking feedback from people and integrating that into the way that clinic flows, we're able to kind of combat that and tackle that.

[00:12:28] **Yasmin:** Yeah. I think that, if you don't have the conversation, you basically ignore the elephant in the room.

[00:12:34] And you have to actually bring it out, and so it was really critical, and actually I think that that was one of your defining features as a co chair, was having those tough conversations.

[00:12:44] I think that every year that I have a co chair or a set of co chairs, there are actually two every year, there's always a senior, student and a junior student, and what I love about that model is that you get to work with somebody who maybe has a little more medical, or has been in the trenches a little bit more, but you're able to actually share a vision and also share a strategy that ignores, in some ways, where you come from in terms of your medical training.

[00:13:14] Because you don't necessarily need that medical training to be able to lead an endeavor like this, which is phenomenal, although it certainly helps in terms of certain vantage point, but I mean, it's, it's not, it's not the only element.

[00:13:28] I think the thing that's really cool about having new co chairs every year is that they redefine themselves, or I should say they offer a new definition to their leadership.

[00:13:40] You put your own sort of stamp on your leadership every year. And as intimidating as that might sound, it's actually pretty phenomenal that each year you can sort of define your own vision.

[00:13:54] One of the things I think is really crucial is to actually have, each co chair partner, I should say, or the co chairs, not necessarily think alike, but ultimately move towards a shared vision and to be able to define what that vision is in the beginning, the middle, and then redefine it by the end.

[00:14:16] And I think what was really cool about your stamp, right, if I could define yours and Kala's stamp, and Kala Khilnani was your co chair, was your senior co chair.

[00:14:26] We don't call it senior co chair anymore. We used to call it like senior and junior co chair, but that's kind of stupid. So it's just basically you both are co chairs, your equivalents. What's funny is that I think you guys are the same age too, right?

[00:14:36] **Martina:** He's like two months older than me.

[00:14:39] **Yasmin:** Yeah. So anyway, that doesn't mean anything. But what's really cool is that your year, you defined yourselves as the ones to have the really difficult conversations around how we operate as a free clinic, how we incorporate medical students and how we incorporate medical students really into the conversation about who we are and how we should operate.

[00:15:08] So I don't know if you want to comment a little bit about your relationship with Kotla and also like your partnership and also what you found was sort of critically important in the way you both operated and also how you address these concerns.

[00:15:22] **Martina:** Yeah. So when I first stepped into the co chair role, I didn't know any of the upperclassmen. I started the position, or the transition into the position, during my second semester of first year.

[00:15:36] So, I really didn't know any of the older students. So, Calla was actually the first upperclassman that I met, and very quickly, we became extremely close friends, and we continue to be extremely close friends.

[00:15:48] I just took step one, and I was texting her throughout the whole time I was studying, asking for advice, and we worked incredibly well together, and I think why we worked so well together is, We're both very approachable and we both are humble in a way where if someone comes to us with an issue, with a concern, we're never ones to say, well, we had this conversation already and we made this decision.

[00:16:18] And even if it's a conversation that we hadn't had before, if it was anything really, we were always there to listen and have that discussion and come to a solution with whoever brought up a concern and kind of take action.

[00:16:33] And I think that's what made us very good at working together is we both had that approach to conflict, to problems, to really anything.

[00:16:43] We were always there to listen, and I think that's why we ended up being able to have these more difficult discussions because we never stopped it from happening, you know, like, we never shut anything down.

[00:16:56] So if someone wanted to come to our leadership meetings and talk about something that they were having an issue with, we were like, yeah, come. Our next meeting's on Wednesday. Feel free.

[00:17:06] And that ended up starting some really essential conversations and I think, like you said, made the clinic a little bit better than when we found it, I think.

[00:17:16] And, I remember when we first started, you, me and Cal had a meeting. And you asked us, what's your vision for the clinic?

[00:17:25] And I was a first year medical student. I didn't really know a lot about what I know about EHHOP now. And you asked me that and I, I thought, wow, I have no idea.

[00:17:37] What am I doing in this role as coach here if I don't have a solid vision of what I want the clinic to be? And that vision very quickly ended up becoming, we want to be an open, a receptive ear for anyone who has issues, and that ended up then evolving to these co chairs that were willing to have these difficult conversations because we just listened.

[00:17:58] **Yasmin:** Yeah, but you more than just listened. I think that shepherded some events and sessions across the medical school to ensure that we were having conversations about not just the free clinic but also your role

just in general when it comes to dealing or I should say caring for vulnerable patients.

[00:18:19] And you really, I mean, we use the student run free clinic as sort of, in some ways, an incubator or a, a laboratory. I mean, I hate to use it, maybe that's not the right term, because we're not experimenting there.

[00:18:30] I mean, that, that's certainly not the case. On the other hand, it really is the space where you can, I think really be sort of at the forefront of care.

[00:18:41] Whereas you're really relegated to a secondary position elsewhere in the entire hospital system. You're really, as medical students, you really don't take front and center, except for maybe in the classroom, right?

[00:18:54] And so, to be put in that position where you're highly vulnerable, I think is, means that there's, there are many more stakes in the game, right?

[00:19:04] It means that things could go wrong very quickly, but we have all these layers of people watching is what you say, right? Sort of, you know, responsible parties who are constantly sort of supervising.

[00:19:16] And what's fantastic also about the free clinic is that there's an internal monitoring system. You're all monitoring yourselves. You're all monitoring your own behavior.

[00:19:24] I would say that, you know, it's funny, you're approachable, but you were not pushovers. And I think some people might confuse the word approachable with a pushover. That is not the way I ever saw you two.

[00:19:38] **Martina:** Yeah.

[00:19:39] **Yasmin:** And I think you would invite really difficult conversations and difficult controversies, but you would put your foot down when you knew that something was either egregious or that somebody had overstepped.

[00:19:50] And I think that that was actually, that's the power of really good leadership is really to be able to invite the conversation, but then to know where is your line, where is that, where can you not cross so that things can be really sort of productive and things can move forward, because you can see that some of these conversations, they were so difficult that they could be paralyzing and you would never let that paralyze you.

[00:20:15] You may question and you might invite other people with expertise or experience to actually partake in the conversation. But you would never let those sort of controversies or like those ethical quandaries stifle you or be a barrier to really what you knew was right.

[00:20:32] And I think that was really cool. How do you do it? Like how do you do it? I know how I do it, but how do you do it?

[00:20:38] **Martina:** I think a lot of it was having the entire leadership team empower each other. So the entire leadership team for EHHOP, the executive committee is I think 15 to 20 people.

[00:20:51] And then the steering committee is almost, I think, 40 people. So a lot of it was having these conversations and coming to decisions together.

[00:21:00] Nothing that we ended up deciding was ever our own decision that we made by ourselves. A lot of it, everything actually, was in partnership with either all of leadership or different people in leadership.

[00:21:13] So that made it very easy for Calla and I to set boundaries where we knew everyone agreed that there should be a boundary set. Anytime we put our foot down, or we said, this is too far and you've overstepped.

[00:21:30] It was after discussing this with people who knew more than us, with people who were more closely connected to the problem or whatever was being proposed.

[00:21:41] So that made it so easy to set boundaries and put our foot down. It was never just me. If it was just me, I don't know that I would have it in me to just say, Mm, no.

[00:21:52] It's a team effort and I think that's also what makes EHHOP so awesome is that, you have the co chairs and you have the faculty and these people that are, you could say, the face of the clinic, but it's never one person.

[00:22:06] It's never even two or three people. It's most of the time about 40 or more making decisions. And, those decisions were made and the clinic was successful thanks to all of the people who were having these difficult conversations behind the scenes.

[00:22:21] Yeah, Cal and I were just there to send that message forward, which is awesome.

[00:22:26] **Yasmin:** I think that the way you operated is really a blueprint for how teams should operate in medicine.

[00:22:34] I'm going to say medicine, but I mean in general, but particularly in medicine when you're caring for patients who are so vulnerable and have high needs, that unless you're operating sort of as a group, you don't even need to agree on everything, but you do need to have ultimately a shared vision because it's really, really easy if you're working by yourself to quickly throw in the towel.

[00:23:01] And that's why people like myself, like Craig Katz, like Vicky Guhosky, like Jacob Appel, like Anjali Gupta, these are all my partners in crime, I should say, right?

[00:23:11] So these are all the faculty leaders of the free clinic. This is why we keep doing this, because we're never making a decision in isolation. It is harder to do this kind of work when you're by yourself.

[00:23:25] **Martina:** Definitely. It makes, I think, decisions a lot more paralyzing and difficult conversations. You mentioned earlier that our leadership team never let these difficult conversations paralyze us.

[00:23:39] And I think, like we've been saying, it's because we were working as a team. If it had just been me, I feel like I would have gotten paralyzed if I didn't have the support of all of my peers helping us through this.

[00:23:53] **Yasmin:** When you commented earlier on how much work this was, I don't think you even knew when you first started how much work it would be, and yet you have all these other responsibilities at the medical school.

[00:24:06] You are a student at the end of the day, right? So how do you balance that? Like what drives you to keep coming back?

[00:24:13] **Martina:** Yeah. So, I'm a firm believer that I'm always going to make time for what matters to me. And something I've worked on always is time management and knowing when to say no.

[00:24:23] And when I took on the co chair position, I took that on as one of the only extracurriculars I was doing besides research. And that's because I knew that I wanted to give it all that I had.

[00:24:36] Did I know it was going to be maybe as much work? No, but I left myself enough room for it to take up as much time as it needed and that position was so incredibly rewarding that any time I spent with it, or doing EHHOP things, was time I thought was perfectly well spent.

[00:24:56] So it never was something that I didn't want to do, if that makes sense.

[00:25:01] Sometimes I would get a little overwhelmed if I had a lot of coursework or an exam and I remember a few days, it just happened that every meeting we had would fall on the same day, which is really funny.

[00:25:14] And I forget what class it was for that, we had a bunch of meetings scheduled, and then we had a few meetings in between our meetings because we had to either discuss what was discussed at the prior meeting or prepare what was going on for the next meeting.

[00:25:30] And they were maybe weeks that I had an exam the following week. So those weeks were a little bit crazy.

[00:25:35] But then again, like I've been saying, we have such an incredible leadership team that I was able to still balance everything because I had so many people there working with me.

[00:25:46] So If I was getting overwhelmed, I would either ask Kala, Hey Kala, like, would you mind maybe taking this meeting?

[00:25:53] Or would you mind if I maybe took a step back during this meeting and didn't participate as much? Or whoever else was in that meeting, honestly.

[00:26:00] We would always have meetings with more than just me and Kala. And it always worked, and I always got my school stuff done. I always got my EHOP stuff done.

[00:26:08] Not to say I was perfect by any means. I'm sure I made mistakes. I know I made a lot of mistakes, but it was all about trying my best with the 24 hours I had in the day.

[00:26:19] And because EHHOP is such an incredible experience, a rewarding experience, it was never something, like I said, that I didn't want to do, if that makes sense.

[00:26:28] **Yasmin:** Yeah. We've been talking a lot about sort of the leadership and time management and sort of the organizational structure I think of EHHOP.

[00:26:39] But at the end of the day this is actually about patients. And so, tell me a little bit about what is it about EHHOP, I should say, not just about EHHOP on an organizational level, like what do we do?

[00:26:51] And so, I mean, I know what we do. It's good to share like what we do and what gives meaning to what we do. Like, who are these people that we serve?

[00:27:02] **Martina:** So every patient I've met in clinic, I've left just with what feels like a new friend, a new person that I want to get to know more. All of our patients are, first of all, medically fairly complex, with fairly complex clinical needs, social needs.

[00:27:20] But every time I've gone into a patient visit, it's such an incredible interaction that clinicians or, for me at least. I worked a lot as a translator, that the translators have with the patients and the relationships that we build that I feel it's way closer than any relationship I've had with any of my doctors, which makes the clinic such a special environment.

[00:27:42] We had our 20th anniversary gala and in the speech I gave, I said that the patients become part of our team as much as we become a part of theirs.

[00:27:52] And that's because you form such, such close relationships with them and that makes it so special. And, students, myself included obviously, gain so much from every second that we're with a patient.

[00:28:06] Even if we're not talking about their medical needs, which often times if we're just chit-chatting with a patient while they're waiting, or whatever that may be. It's, it's usually not about their medical needs.

[00:28:16] We just form these really close and more personal relationships than I feel like any other type of clinic might create.

[00:28:23] **Yasmin:** Yeah. Yeah, no, no, no, no, that's perfect. I think it was funny that you mentioned our gala because I think about the speech I gave. And it, I had really written it on the subway ride back from clinic

[00:28:34] and I remember thinking, like, you know, we should be despairing more or we don't. And there isn't a ton of despair, actually, in our clinic.

[00:28:47] **Martina:** It's such a happy place.

[00:28:48] **Yasmin:** Yeah. It's like, you would think, because we work with really the most vulnerable people in this neighborhood, right?

[00:28:55] The people who we see are our neighbors who are otherwise shut away from not just medical care, but also all the social resources that others have at their disposal.

[00:29:07] It's just very difficult for them for a number of reasons to be able to access it. And we should go in there and despair, but we don't. And it is a happy place.

[00:29:16] I love being there because I also feel like I've known these patients for 20 years. I mean, many of them for 20 years. And it's always like a party when I go. It's like seeing all my old friends. Exactly. Right? Absolutely.

[00:29:31] But I think what's really also relieving about going in is that I'm not doing this alone. I can't say that for all my other venues that I work in. I feel sometimes very alone in those other venues.

[00:29:44] And I think a lot of medicine can be strangely isolating and that I think is problematic because I think it contributes to burnout.

[00:29:53] But I think where we protect against burnout, I mean, not to say that people aren't burnt out sometimes, but I think we protect against it or at least create a blueprint of how to protect against it at a free clinic like ours.

[00:30:05] **Martina:** Definitely. Definitely. I think something that EHHOP is really good at fostering is a very positive mindset and a very open mindset. And I think that's essential to the clinic success.

[00:30:16] So not only the culture and clinic, the culture and leadership, the culture of just positivity, it affects how we confront problems, how we confront, these difficult conversations that we've been talking about.

[00:30:26] Having this culture of just positivity and gratefulness to be able to do the work that we do, I think is so important in not only in our clinic and really any clinical setting.

[00:30:37] Having physicians and providers that are grateful to be there, that are excited to help out, I think is, is essential for the success and I think we do that really, really well at EHOP.

[00:30:47] **Yasmin:** Yeah. Yeah. But it is true. It's because of the numbers of us. Right? Yeah. And we all have a shared vision. We might not completely agree about where we want the clinic to go.

[00:30:58] But I think ultimately, we're really open to where we think it should go. And we're constantly having those conversations.

[00:31:07] I think some of the final questions that I will ask, okay? I mean, one of the things that I always think about is that, like, what, how will this impact you?

[00:31:15] I don't think about this all the time, but when I do get an email or a text from my former graduates, there's such a pride, like, honestly, I have a lot of pride that I've helped create a venue that has allowed for students to really grow and become their own leader, across the country, honestly across the globe.

[00:31:38] And so I am very proud of this legacy. I have a lot of friends in a lot of places and they will continue to recruit my students. I mean, I have a lot of former students who are now program directors or medical directors, and they will recruit our students and they will continue this legacy.

[00:31:55] But this all starts from somewhere. And so, now looking at it from this vantage point, how do you think your roles at EHHOP, and you're not done yet.

[00:32:03] **Martina:** No.

[00:32:04] **Yasmin:** But how do you think it will shape you as a clinician? Or as a leader? What will this experience give you?

[00:32:10] **Martina:** I think as a leader, it's definitely made me a way more, Yeah. Receptive and open person because it's not an option to not be open and receptive to different ideas when you're in leadership and an endeavor like EHOP, right? You can't be close minded.

[00:32:30] You can't shut down other people's ideas. That's a recipe for failure. In my opinion. So I think being in that mindset that that's not an option has really changed the way I'm going to be a leader in the future.

[00:32:44] I think EHHOP really gives you the opportunity to help a patient in every aspect beyond the clinical sense. I know that's not the case in a lot of clinical settings. You're not asking a patient you know, if they have proper transportation to get to work.

[00:33:00] If they have a mattress at home or or whatever that may be, that's maybe not something that is asked routinely in visits, and I know that's probably not something I will ask in visits, but it's going to be something I think about asking patients, how are you outside of what we're talking about?

[00:33:17] How's your work life? How's your home life? All these things. And I know that's part of the social history, but taking really the time and prioritizing the patient's overall well being, I think is something I'll focus a lot more on as a clinician because being at EHOPP has really shown me the importance of really paying attention to these aspects of the patient's care.

[00:33:39] In addition, I think it's, again, emphasized the importance of having a team behind you, just because there are some really difficult decisions we have to make as a leadership team in EHHOP and nowhere near as difficult the decisions I might have to make as a doctor one day when it comes to a patient's life and healthcare.

[00:33:56] So really prioritizing having a team in place and fostering relationships so that building those teams will be easy in the clinical setting. I think will be essential at least for me and being a good clinician and something that I think maybe without EHOP would have taken me a little bit longer to realize.

[00:34:15] But yeah, having a team is going to be essential and I think I'm going to definitely prioritize that.

[00:34:22] **Yasmin:** It's funny that you said the social aspects of care get relegated to the social history and the way you learn how to write or how to document a note on a patient, it really compartmentalizes the social history as sort of separate from the medical history.

[00:34:40] What's interesting is that you caught yourself and I think that this is one of the features I think of EHHOP that I think is really, really crucial is that

all the aspects of your life when you leave the clinic are so much more important in terms of how you care for yourself, how you care for your illness, what the illness trajectory will be, whether or not you will take your medications, whether or not you have storage for your medications, whether or not you have the social support to be able to, one, take your medications on time, two, avoid substances, for instance, substances of abuse.

[00:35:16] All of these things are so much more important to your well being. And it gets relegated to sort of the secondary or tertiary level. But at EHHOP, you realize it really is sort of the essence of who you are, both medically and as a person.

[00:35:36] And so, at least for me, that's the thing I think is so rewarding to see in students, is that ultimately they no longer think of a person as somebody with hypertension.

[00:35:51] But, as somebody who suffers from hypertension, but also has five children that they're trying to feed, and they're trying to basically, you know, educate or ensuring that they get transportation on time to, let's say, dialysis or et cetera, et cetera, right?

[00:36:07] Like everything becomes intertwined. I think honestly though, Sinai does a really fantastic job in educating you guys.

[00:36:16] I mean, I will say that our students who graduate, whether they come from EHHOP or they just come from Sinai, which is pretty phenomenal, they tend to have that language.

[00:36:26] Personally, I think that's a source of pride and a great job that both the Sinai educators and honestly, the students are really doing to really push that.

[00:36:34] **Martina:** Yeah. Yeah. No, I just echoing all of that. Our patients are so much more than just a health issue and we do such a great job.

[00:36:44] All the student clinicians, all the faculty, everyone managing the clinic does such an incredible job of keeping tabs on every aspect of a patient's life.

[00:36:53] Like you said, for our patients on dialysis, the EHHOP team will book their Ubers from dialysis to dialysis, to clinic, from clinic. I know one of the patients tried a protein shake that they really liked at dialysis.

[00:37:08] We're ordering those exact protein shakes because she loved them and those are, you know, the only ones that she really liked. Things like that, like little details like that are, I think, yeah, they just kind of echo everything you just said.

[00:37:19] **Yasmin:** Yeah, yeah. What else do you think you'll be able to learn, or what else do you think you'll be able to add to the clinic with this new sort of lens that you'll be gaining?

[00:37:30] **Martina:** So, as a preclinical student, I could see all the different teams we have in clinic because I helped oversee them.

[00:37:38] And I would review, you know, if someone had a big expense for a patient, they would always come and present them to us to make sure it fit into the budget.

[00:37:47] And we would review those cases and approve them and look at the patient's care. But I rarely, when I was a translator, I would go into clinic, translate, and kind of when that part was over, I would leave the room.

[00:38:00] Or when sometimes you would come into the room and you speak Spanish. So, I would, I would leave, but seeing all of it in action, and seeing exactly how the programs that I was managing deliver care to the patient, I'm really excited for that.

[00:38:17] Because I have a chronic care patient, which is a chronic care program, which we have where a student gets assigned one or two patients where they are their point of contact with anything healthcare related, the patients will call us when they have a question about anything, if they're having an issue with anything, if they're missing medication or whatever that may be.

[00:38:35] **Yasmin:** Right, you're the primary care provider, basically.

[00:38:37] **Martina:** Yeah. So now with, with this chronic care patient, I've already been able to see how the ACT team, our access to care team, is integrated into their care and really the extent of everything that they do and the hours of work that go behind every initiative that I knew existed,.

[00:38:56] I'm really excited for that. I'm also excited to just learn from you in a clinical way because you and all the faculty have taught me so much when it comes to advocacy and pushing to start these programs or pushing to have these difficult conversations.

[00:39:12] But because I was preclinical and didn't have that knowledge base yet, I haven't learned, how do I manage an extremely complex case of diabetes, or how do I treat a patient whose hypertension has gone uncontrolled, regardless of what medications we give them. Things like that I'm really excited for.

[00:39:28] And I guess that's third year in general, but in the context of EHOP, that seems so exciting I've known this clinic for what feels like so long really only two years, but yeah, I'm excited for that.

[00:39:41] **Yasmin:** Yeah, I remember taking you in to do a joint injection and I remember thinking like this must seem so weird one because I don't know how much of the anatomy you still remember.

[00:39:53] I mean, I knew you knew the anatomy but to understand like why I do what I do to understand the evidence Behind what I do and whether or not this is actually truly going to be therapeutic.

[00:40:03] Like what is the efficacy? Is this going to be cost effective? Is this going to be effective at all? There was a wow factor to it that I was sort of showing you.

[00:40:13] But all the other decisions that I was making, I had not shared with you because you were a preclinical student. But now, those are the decisions you'll be making, right?

[00:40:23] To get to the point where you use a therapeutic modality, it really takes a lot of clinical reasoning and also experience. And we didn't have that conversation and now I'll be able to have that conversation with you.

[00:40:37] And also have you challenge me and say, you know what, I don't know if there's any evidence behind what you're doing.

[00:40:41] **Martina:** Yeah, yeah. To have opinions on a patient's treatment is obviously something I haven't had up to this point because I didn't have the knowledge, so that's also really exciting.

[00:40:50] And also being in an environment like EHHOP that promotes that kind of discussion where a student can stand up and be like, actually, I disagree with your treatment plan, Attending.

[00:40:58] I feel like that's something that might not happen in a lot of different settings. So totally excited.

[00:41:04] **Yasmin:** Totally true. Yeah. Yeah. You don't really challenge, particularly because every other place seems so foreign, like you, right? Yeah. Like everything is so foreign. So new and foreign and yeah, there's a seeming hierarchy.

[00:41:16] **Martina:** Yeah. And also that hierarchy I feel like in EHHOP doesn't really exist.

[00:41:21] **Yasmin:** No. It gets obliterated.

[00:41:23] **Martina:** Yeah. The attendees are there and it's great 'cause it's the best place to ask questions, to suggest different ideas. Something, again, I'm really excited for.

[00:41:33] **Yasmin:** So, in the last few minutes, I want to ask you if you have any questions for me.

[00:41:38] **Martina:** Yeah. I have a big one. I've actually wondered for a really long time, and that is, and I, I guess we kind of discussed it, but it can be really difficult, I think, for a physician to put as much trust into a student as you do.

[00:41:52] And we really were making decisions that were really important for the clinic. And at the time, decisions as a second year med student, I was thinking these are the experts.

[00:42:03] Why are they asking me for my opinion? And over time I kind of saw the power of that and the power of putting the students kind of at the forefront of making these difficult decisions because it's the best way to learn.

[00:42:16] But over the years, I guess, how have you been able to build such a robust trust in your students? Because I think that's what makes the clinic so special. It's just the amount of trust that you guys put in us.

[00:42:29] **Yasmin:** Yeah, it's interesting you ask me that because I actually think about that a lot. And to give you an answer, I actually have to think back to my own mentors, like some of the best mentors that I've had.

[00:42:39] I trained here. I didn't go to medical school here, but I trained here, and what's interesting is I actually followed some of my fellows here to Sinai, who eventually became leaders themselves.

[00:42:51] And, some of these phenomenal mentors, what they would do with me when I was very young, I mean, an early intern, is that they would ask me what I would want to do and tell me that sometimes there's no evidence, or, the best solution is actually somewhere in the middle.

[00:43:09] So they might have an opinion, I might have an opinion, and the best solution is probably somewhere in the middle. And that medicine, as precise as it may seem, is actually fairly imprecise.

[00:43:19] And that, oftentimes, you have some of the best ideas actually coming from the most junior members.

[00:43:26] One, because they don't actually know that much, but they know how to ask the questions, and they know how to query what you think might be the truth.

[00:43:36] So they can probe. And they might be a little, maybe a little more inefficient. But if you give a more junior member of your team a pedestal, they'll rise to the occasion. They will.

[00:43:50] I've been doing this for so long, but when I first started, I was pretty junior. I was a really junior faculty member and, but my way of teaching ultimately became the way I led, which is that, you have to, one, trust, but not blindly. So I never blindly trust anybody.

[00:44:13] I never blindly trust my students. But I will ask them what their opinion is and then ask them to get to somewhere close to my truth by asking them questions.

[00:44:28] Ultimately, I feel like the answer that most of my junior students or my students come to is far better than what I would reason.

[00:44:37] And that they help me get to the truth or to the right solution much better than I can, I think that's the thing about medicine is that it's all about dialogue.

[00:44:46] And, getting to the right answer. It's so, so unfun, I guess, to always have the answer. I don't always have the answer, but to not have somebody to bounce it off of is really isolating.

[00:45:01] And it isn't exciting to do medicine that way. Because again, so much of the answer is probably somewhere in the middle.

[00:45:10] And groupthink is really, really important in medicine and I put a lot of trust in the medical students and the graduate students because one I also think that there's a lot of experience that you all have that you don't realize that's really critical to making an important decision.

[00:45:27] And if I don't tap into that, I'm really ignoring a wealth of experience that I don't have myself.

[00:45:37] And so my job is to get you from point A to point B, but that path is going to be individual. And it's done by, one, me tapping into your own experience, but also forcing you sometimes in one direction or another.

[00:45:56] But ultimately having us jointly come to point B, because I think that that's closer to the truth or closer to the right solution.

[00:46:04] I think that there's just so many ways to actually come to a solution in medicine. There really are. If medicine was just algorithmic, it'd be really, really boring.

[00:46:14] Some things are algorithmic, and that's easy to answer. That's like super easy to answer, but most of medicine is not easy.

[00:46:21] **Martina:** Right. No, that makes a lot of sense, and I think that way of teaching, both in the clinical and non clinical sense, is what ends up making your students better coming out of their experience with EHHOP than they were coming in, especially at least with me with my leadership skills and everything.

[00:46:36] I think you definitely helped me in that way.

[00:46:39] So, Thank you , Dr. Meah, or Yaz, as you like for us to call you, for talking today with me. Anytime I can chat with Yaz is always a good day. So today's a good day.

[00:46:51] **Yasmin:** Thank you. And thank you so much, Martina, for being so open and transparent and also answering some questions that maybe we never had the chance to discuss in the past.

[00:47:02] **Martina:** Yeah, it was awesome to reflect.

[00:47:03] **Stephen Calabria:** Thanks again to Dr. Meah and Ms. Lopez May for their time and expertise. That's all for this episode of Road to Resilience. If

you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

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[00:47:23] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee.

[00:47:31] From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.