**Chief Resident Tolu Odebunmi, MBBS, MPH**

**How do we enable younger women, especially women of color, to come into the field of medicine? And then into leadership positions?**

I think there are many women of color who want to come into the field of medicine and are currently in the field. The bigger question is how do we keep these women in medicine? The way we treat the women of color currently in medicine might be one of the strongest draws into the field for younger women.

Representation really matters. I wasn’t raised in the United States, so all my life I was surrounded by people in leadership roles who look like me. Having that experience taught me that it wasn’t something strange; if I wanted to run for or apply for something, I could. That said, there aren’t many women of color in leadership roles in academia in this country. If I didn’t have my background or my mindset of just going for things, it may have been harder for me to pursue my interests.

Finding mentors a matters a lot. As a junior resident, I found mentors who were very supportive. They haven’t always been people of color or even women, but they were supportive, nonetheless. They supported my dreams, my goals.

I realize that it’s difficult to hear no, and if you’ve heard it a couple of times, you might start thinking, why even bother. I would say continue to try. You never know. It’s hard in a system that says no and no one else looks like you. You just have to continue to be true to yourself.

**What kind of coping mechanisms have you developed when things get difficult?**

I don’t just have one way to cope with hearing no. I’ve learned not to attach my worth or how I see myself to an outcome of an application. It’s hard, though. When we hear “no” it feels like an attack against who you are. Or it makes you feel like you’re not qualified. It’s even harder when we look at who does get accepted. It’s also hard when the no isn’t clear, and you learn afterwards what they’re looking for. It’s important to understand the reasons for the no. If I hear a no for something I felt qualified for, or something I really wanted, I go back to my community. What your community looks like depends on the individual – it could include mentors, allies, and sponsors that you really trust. It could also include your friends or family members. Doing that helps me get perspective. They help me realize that even though it felt like it was me and that I wasn’t worthy enough, that wasn’t the case. I think finding or building that community you can go to and that fills your cup is very vital.

The other things I do every day include meditation, spending time in prayer, working out, or just watching a TV show or movie.

**Why do you feel that pursuing leadership positions in medicine is important?**

Again, representation really matters. I’ve been in so many positions where I’ve felt that no one was representing me. There seemed to be a disconnect between people at the top and people down below. It felt like no one was taking time to really hear us. That’s fueled my desire to be in leadership roles. I want people’s voices to be heard in places where decisions are being made and help them feel well advocated and fought for. If I see someone who looks like me in a leadership role, I feel that is more possible. I also enjoy leadership roles. My highlights of the week as chief resident are the check-ins I make with first-year residents about what’s happening on their rotations and how I can help. Or attending leadership meetings and having access to people in positions that can help.

**How does your experience in leadership roles make you a better clinician?**

First, it’s the advocacy piece. Setting up systems on the administrative side helped me better understand how to advocate for my patients. I recognize the things that are happening in the clinic that we should do something about and because I understand more about how the system works, I can advocate better for my patients. That way, when they have difficult questions about how the clinic is being run, I can take them to the Medical Director or my attending with an informed solution because I understand how things are being run administratively. The things I learn as a clinician working with different kinds of patients also help me be a better leader. I’ve learned to be flexible with the people I interact with in both the clinic and in my leadership roles.

**What challenges do you face with your patients as a psychiatric resident and a woman of color?**

I once had a patient who had an appointment with me. It was a new visit and they had never met me. They called the clinic beforehand and asked for a doctor with an American-sounding name. I’ve also had patients say things like, “Oh, you’re my doctor? When I was younger, your people couldn’t be doctors.” That day, I decided to simply refocus the patient on why they were in the clinic that day. More recently, when people make veiled comments, I ask them what they mean when they say what they said.

Mostly, it’s microaggressions. Once, as a first-year resident, an attending said to me, “Oh, you speak really good English for being a Nigerian. Did you learn how to speak it by watching American TV?” I didn’t want to share that experience with our program leaders because of the possibility of being told it was how my mind interpreted what they said. But no, the attending should never have said that. We need to learn how to protect the pipeline and not let anyone of color be exposed to comments like that.

Being a woman of color in medicine is so complex, there are so many layers. Many women and women of color are leaving their institutions because when they see something and report it, it falls on deaf ears. In academia, if a male reports something, they seem to be taken more seriously than if it’s reported by a female. We have more to learn about how to believe the women, protect them, and try to make them feel heard in the organization.