Evaluating the *Dear MD to Be* Podcast as an Equity, Diversity and Inclusion resource: a cross-sectional survey analysis

Évaluation du balado *Dear MD to Be* comme ressource en matière d'équité, de diversité et d'inclusion : Analyse d'une enquête transversale

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Abstract

Background: Equity-deserving groups are communities marginalized from institutional power by oppressive forces (e.g., racism, sexism, homophobia, ableism). *Dear MD to Be* is a medical-student-led podcast created to interview physicians of intersectional backgrounds about their institutional experience. This study aims to evaluate the podcast as a tool for knowledge, mentorship, and psychological safety for equity-deserving listeners.

Methods: Between February and March 2022, we recruited medical students across all levels of training from English-speaking Canadian medical schools using email listservs and social media. We disseminated a cross-sectional questionnaire assessing demographics, knowledge gained from podcast engagement, attitudes towards podcasts as a tool for mentorship, and psychological/emotional gains from the podcast content. We conducted descriptive and frequency analyses of quantitative data and applied thematic analysis to qualitative data.

Results: Thirty-eight individuals completed the entire survey from all levels of training, with 97% self-identifying with at least one equity-deserving group. 100% agreed that the *Dear MD to Be* podcast was an accessible form of mentorship; participants appreciated self-pacing mentorship and interacting with many narratives. Listeners gleaned lessons about wellness, advocacy work, allyship, cultural imposter syndrome, and navigating discrimination. Furthermore, most listeners felt represented, empowered, and legitimized by podcast content.

Conclusions: Podcasts can serve as a medium for accessible equity-centred mentorship. By disseminating multiple underrepresented narratives in medicine, the *Dear MD to Be* podcast serves as a source of EDI knowledge while contributing to learner safety.

Résumé

Contexte : Les groupes méritant l'équité sont des communautés mises en marge du pouvoir institutionnel par des forces oppressives (par exemple, le racisme, le sexisme, l'homophobie, la discrimination fondée sur la capacité physique). *Dear MD to Be* est un balado dirigé par des étudiants en médecine et créé pour interviewer des médecins de milieux mixtes sur leur expérience institutionnelle. Cette étude vise à évaluer le balado en tant qu'outil de connaissance, de mentorat et de sécurité psychologique pour les auditeurs en quête d'équité.

Méthodes : Entre février et mars 2022, nous avons recruté des étudiants en médecine de tous les niveaux de formation dans les facultés de médecine canadiennes anglophones en utilisant des listes de diffusion par courriel et les médias sociaux. Nous avons diffusé un questionnaire transversal évaluant les données démographiques, les connaissances acquises grâce à l'engagement dans les balados, les attitudes à l'égard des balados en tant qu'outil de mentorat et les gains psychologiques/émotionnels du contenu des balados. Nous avons effectué des analyses descriptives et de fréquence des données quantitatives et appliqué une analyse thématique aux données qualitatives.

Résultats : Au total, trente-huit personnes de tous les niveaux de formation ont répondu à l'ensemble du questionnaire, 97 % d'entre elles s'identifiant à au moins un groupe méritant l'équité. 100 % des personnes interrogées ont reconnu que le balado *Dear MD to Be* constituait une forme accessible de mentorat; les participants ont apprécié le mentorat à rythme libre et l'interaction avec de nombreux récits. Les auditeurs ont glané des leçons sur le bien-être, le travail de plaidoyer, l'allié, le syndrome de l'imposteur culturel et la lutte contre la discrimination. En outre, la plupart des auditeurs se sont sentis représentés, responsabilisés et légitimés par le contenu du balado.

Conclusions : Les balados peuvent servir de support à un mentorat accessible et axé sur l'équité. En diffusant de multiples récits de personnes sous-représentées en médecine, le balado *Dear MD to Be* sert de source de connaissances sur l'équité, la diversité et l'inclusivité tout en contribuant à la sécurité de l'apprenant.

Introduction

Drs. Maham Bushra and Meera Mahendiran created the *Dear MD to Be* podcast in 2019 to interview physicians from intersectional backgrounds.[1] As an entirely medical student-led initiative, the podcast fosters discussions on inclusivity, allyship, and representation in medicine.[1] The podcasting format was chosen because medical learners value its autonomy, flexibility, and accessibility for content engagement.[1-3] Each podcast episode follows an interviewee's journey into medicine, their residency experiences, and sentiments as an equity-deserving member in medicine.[1] Of those interviewed, seven were residents, and 11 were staff across a variety of surgical and non-surgical specialties. To date, 18 episodes have been released, with 2,000 episode downloads and a virtual social media following of over 800 current and aspiring healthcare professionals.

Supporting equity-deserving groups in medicine is essential to advancing institutional representation, fostering collegiality, and delivering culturally-informed care.[4-7] Equity-deserving groups are communities marginalized from institutional power by oppressive forces, including colonialism, racism, sexism, homophobia, transphobia, and ableism.[4-6] Equity, diversity, and inclusion (EDI) initiatives serve as platforms for identity resonance, allowing individuals to share lived experiences while collaboratively navigating structural and institutional barriers.[4,8-18] These initiatives also serve as formal examples of institutional representation, supporting younger equity-deserving members to achieve equalizing opportunities.[4,8-18]

Although equity-centred initiatives such as cultural competency curricula, mentorship programs, and anti-racism training exist, program demand may exceed capacity, and program maintenance can be taxing on program supporters, especially if they are from minority groups themselves.[4,8-19] To navigate the barriers of accessibility and longevity encountered with EDI programming, we developed the *Dear MD to Be* podcast as an additional EDI resource for medical students of diverse backgrounds. Intended to complement existing equity-centered programs, the podcast was designed to help learners navigate feelings of inadequacy and cultural imposter syndrome.[1] Our study aims to evaluate this podcast as an accessible tool for EDI knowledge, mentorship, and psychological safety for equity-deserving listeners.

Materials and methods

Podcast creation

Between 2019 and 2022, the podcast team invited 18 physicians and residents to participate in 30–45-minute interviews detailing their journey in medicine. We made initial contact via email and sent interview questions one week in advance to allow guests to prepare. We summated interviews with the same question: "What would you tell [podcast guest name], the first-year medical student?" We conducted interviews in person or online via Zoom. Our audio editor and the guests themselves reviewed episodes prior to release. Episodes were made available on Spotify and the podcast's Twitter, Facebook, and Instagram accounts.

Study design

This study was approved by the University of Toronto's Research Ethics Board (Protocol Number #00041301). To evaluate this podcast as a tool for EDI knowledge, mentorship, and psychological safety for equity-deserving listeners, we developed a cross-sectional questionnaire for distribution to medical students with input from education experts (ML and MaM). We collected both quantitative and qualitative data (i.e., Likert scales, discrete responses, narrative responses) to gather information about demographics, knowledge gained from podcast engagement, perspectives on podcasts as a tool for mentorship, and psychological/emotional gains from podcast content (Appendix A). Participation was voluntary, and all questions were optional. We provided details about informed consent on the first page of the survey, which participants completed prior to beginning the questionnaire.

Study recruitment

Between February and March 2022, we recruited medical students across all levels of training from English-speaking Canadian medical schools who had listened to at least one podcast episode. We posted the survey link on Facebook, Twitter, and Instagram, with the actual survey designed on Qualtrics. We also sent an introductory email with a survey link via Canadian medical school listservs, with one follow-up reminder sent two weeks later.

Data analyses

We collated anonymized quantitative data in Microsoft Excel for descriptive and frequency analysis. We anonymized qualitative text responses. Two of our authors, IZK, COY, independently applied Braun and Clarke's thematic analysis to the verbatim anonymized

responses.[20,21] They began by reading the data separately for familiarity. Next, they used a bottom-up deductive approach, independently generating descriptive codes (i.e., a text response was summated in one word) during the first coding round. In the second round, they compared descriptive codes, looking for patterns in the data. Excerpts with similar codes were then grouped into a unifying theme. We constructed a final list of themes by consensus.

Results

Our findings detailed below relate to 38 participants who completed the questionnaire in full with demographic, Likert and qualitative data. While we received 47 responses to our survey, we excluded the nine surveys with partially completed questionnaires (missing demographic, Likert and/or qualitative data) from data analysis.

Demographics

While 42% (*n* = 16/38) of questionnaire participants were clerkship students, we gathered data from all training levels (see Table 1). Participants reported listening to an average of four episodes (*n* = 38, range 1-15, median 2, mode 1).

Table 1. Distribution of Participants According to Level of Training (n = 38)

Level of Training	# of Participants (*n* = 38)
Faculty Member	2 (5%)
Fellow	1 (3%)
Resident	8 (21%)
Graduate Students (Masters)	1 (3%)
Clerkship Student	16 (42%)
Pre-Clerkship Student	5 (13%)
Undergraduate Student	5 (13%)

Equity-deserving group data

Ninety-seven percent of participants (*n* = 37/38) self-identified with at least one equity-deserving group. Seventy-one percent (*n* = 27/38) of those self-identifying with equity-deserving groups listed two intersectional identities, and 23% (*n* = 9/38) resonated with three or more intersectional identities. While most identified as a "person of colour" or "woman," Figure 1 depicts all groups represented within the response pool.

Knowledge gained from the podcast

Eighty-two percent of participants agreed or strongly agreed that the podcast expounded on the importance of personal wellness and the ways professionals from equity-deserving groups maintain this (*n* = 31/38). Many (86%, *n* = 33/38) thought they learned about the value of advocacy work in medicine for equity-deserving colleagues and patients through podcast engagement. Most (84%, *n* =

32/38) agreed or strongly agreed that they learned about navigating cultural imposter syndrome, while 76% (*n* = 29/38) deemed the podcast useful for navigating learner mistreatment, discrimination, and oppression. Three-quarters (73%, *n* = 28/38) learned how to act as an ally in medicine.
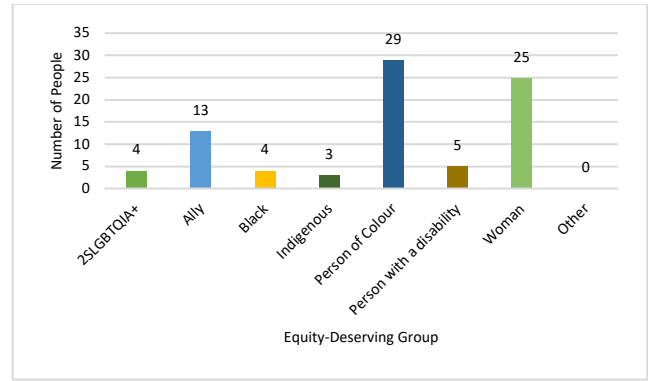

Figure 1. Distribution of Participants' Self-Identification with Equity-Deserving Groups (n=38)

Psychological/emotional gains from the podcast

Podcast narratives were reported as empowering for more than 80% of participants (*n* = 31/38), with 77% (*n* = 28/38 agreeing they felt represented by podcast narratives. There was some ambivalence (18%, *n* = 6/38) when participants were asked if the podcast represented or legitimized their lived experience. Yet, at least 44% (*n* = 16/38) strongly agreed that the podcast represented and legitimized their lived experience.

Podcast as a tool for mentorship

All participants (100%, *n* = 38/38) agreed or strongly agreed that our podcast provided an accessible and flexible medium for mentorship. Eighty-seven percent (*n* = 33/38) thought our podcast provided a critical and safe space for mentorship. Further, 89% (*n* = 34/38) agreed or strongly agreed it fostered mentorship from healthcare champions with varied lived experiences.

Nineteen qualitative responses related to the theme of *ease of access*. One participant commented, "podcasts are much more accessible since often mentors from equity-deserving communities are already overstretched and may face barriers supporting too many one-on-one mentorship relationships." Another shared that podcasts can be helpful when mentees feel "restricted or uncomfortable with attending one-on-one sessions." Participants also highlighted the ability to selectively engage or self-pace mentorship as "[one] can listen pause and reflect."

Participants commented on how *power differentials were less prominent* within our podcast. Given the chance to interact with many perspectives, participants expressed experiencing less power and compatibility issues, which are often encountered in dyadic mentorship. A participant shared, "one-on-one based mentorship programs always have the potential challenge of "clicking" between the mentor and mentee, as well as a limited reach of mentors."

Participants thought that our podcast allowed a mentor to reach a *wider audience*. Four participants appreciated the different lived experiences and exposure to several disciplines often limited in a dyadic system. One participant commented that the <u>multiple</u> narratives generated a "greater intimacy with professionals navigating cultural/ethnic boundaries." In fact, one individual reported that in "sharing their story with a public audience," mentors reach "more learners or early-career physicians."

Despite benefits, participants thought the podcast as a mentorship tool could be improved by soliciting learner input. Increased accessibility could be achieved through shorter and more frequent episodes, slowed speech, closed-captioning, and podcast summaries. Four individuals advocated for curriculum integration. Several requested podcast-specific topics, including medical school applications, clerkship advice, and early-career mentorship.

Discussion

Our study suggests that the *Dear MD to Be* podcast may be a useful medium for learning about EDI, providing accessible mentorship, and fostering psychological safety for equity-deserving, intersectional Canadian listeners ranging from undergraduate students to staff physicians. Our findings are consistent with other medical education literature, which indicates that podcasts are appreciated by medical learners for their repeatability, convenience, and personality.[2,3,22-24] Kaplan et al. propose that podcasts strengthen the conversational narrative and utilize storytelling for effective learning in medicine.[25] Learning from narratives encourages increased reflection, empathy, and memory, all imperative to the equity-deserving learners as they develop their physician identity.[26-28] Furthermore, the social nature of podcasts invites in-person discussions of content with peers and supervisors, fostering community, sharing, and transparency for equity-deserving learners.[3]

The amount of support for the podcast being an accessible form of mentorship was unanticipated. Literature shows that diversity-centred mentorship programs are less prevalent and institutionally supported than specialty-based ones.[4,17,18] Our findings suggest that podcasts may complement and fill a gap left by traditional dyadic EDI mentorship, given that issues of power differentials, rigidity, and mentor fit may be minimized. Supporting podcasts for equity-deserving learners may represent the opportunity to reach learners "where they are at." Additional research with a larger sample would be necessary to investigate these benefits further.

Limitations

Our study had a few limitations. While more than 855 individuals follow our social media with more than 2000 podcast downloads, we recruited only 47 participants and received 38 full questionnaire responses. Dissemination strategies, lack of compensation, and the sensitive nature of questions may have contributed to a lower response rate. Additionally, most participants had listened to one or two episodes, and therefore, responses may reflect interactions with a single episode rather than an impression of the entire podcast series of 18 episodes. The questionnaire was disseminated during the pandemic, a time of isolation and lack of community for equity-deserving members with few mentorship opportunities, which may have contributed to a biased response. Also, the questionnaire and podcast were only available in English, excluding valuable data from French-speaking Canadian colleagues. The COVID-19 pandemic provided an additional challenge for the podcast, as we found recruiting diverse healthcare champions to interview difficult. Given the clinical demands, inequities, and health provider exhaustion during COVID-19, we reduced episode production from monthly to when possible.

Conclusion

The *Dear MD to Be* podcast represents an accessible and empowering resource for knowledge development and mentorship for equity-deserving learners. It facilitates reflection, storytelling, and self-paced engagement in a way that ensures psychological safety. This presents an opportunity to diversify and amplify EDI resource delivery for equity-deserving members in medicine.

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Appendix A. Survey tool

Survey Response Fields

* Indicates a required response.

What is your current stage of training?*

- o   Undergraduate Student
- o   Graduate Student (Masters)
- o   Graduate Student (PhD)
- o   Medical Student (Pre-clerkship student)
- o   Medical Student (Clerkship student)
- o   Resident
- o   Fellow
- o   Faculty

***Equity-deserving groups are communities that face significant collective challenges in participating in society. This marginalization could be created by attitudinal, historic, social, and environmental barriers.*[1]** *How do you identify with the term "equity-deserving group"? (Select all that apply)*

- o   LGBTQ2SI+
- o   Person with a disability
- o   Black
- o   Indigenous
- o   Person of Colour
- o   Woman
- o   Ally
- o   None of the above
- o   Other: _____

How many released podcast episodes have you listened to? *

    Number Response (Dropdown list)

Section 1: Knowledge Gained from Podcast

To what extent do you agree with the following statements? *

(Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree)

1.   I learned about ways to remain authentic in medicine.

2.   I learned about the importance of wellness, and the ways in which healthcare professionals and students maintain this – i.e., through therapy, self-care, family, etc.

3.   I learned about the value of advocacy work.

4.   I learned about how to navigate experiences of professional and cultural imposter syndrome.

5.   I learned ways to process and navigate experiences of learner mistreatment, discrimination and oppression.

6.   I learned about ways to act as an ally in medicine.

7.   I learned about ways in which current healthcare champions from diverse backgrounds have overcome barriers to applying to and succeeding in medical school.

Section 2: Podcasts as a Tool for Mentorship

Mentorship is a relationship, based on camaraderie, confidentiality and commonality, whereby an experienced person provides guidance, support, and encouragement to a less experienced person. Equity-based mentorship prioritizes relationships between individuals who face barriers based on their social identity or who feel like they are not represented, to encourage conversations about power, privilege, social location, barriers and allyship.[2]

To what extent do you agree with the following statements? *

(Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree)

1.   I believe the podcast allows me to receive mentorship from multiple healthcare champions who belong to equity-deserving groups that I wouldn't otherwise receive.

2.   I believe the podcast is an accessible and flexible medium for mentorship.

3.   The podcast provides a critical, safe, and reflective space for mentorship.

What benefits does a podcast as a tool for mentorship provide in comparison to a one-on-one equity-based mentorship program?

Free Text Response

How could the Dear MD to Be podcast better support your needs as a learner? *

Free Text Response

Section 3: Psychological/Emotional Gains from the Podcast

To what extent do you agree with the following statements? *

(Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree)

1.   I felt empowered by the narratives represented on the podcast.

2.   I felt represented by podcast narratives.

3.   The podcast legitimizes my own lived experiences with discrimination and/or inequities in healthcare.

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