Rachel: Hello and welcome to UltraSounds, a podcast by OBGYN Delivered. I'm Rachel.

Brittany: And I'm Brittany. Today we have the pleasure of welcoming back Dr. Kalwani to discuss careers in reproductive healthcare. We chatted with her last episode about sexual function, so make sure to go back and check that out if you missed it. Dr. Kalwani attended medical school at Michigan State University College of Osteopathic Medicine and Family Medicine residency at Detroit Wayne County Authority Health. After that, she completed a Women's Health fellowship at the University of Michigan. Her focus is on women's health, with a trauma informed approach. She works in general family practice at Michigan Medicine and has a women's sexual health clinic in addition to working in the Center for Vulvar Diseases.

Rachel: Last time, Dr. Kalwani, you told us about some of your favorite family medicine podcasts. So we're going to switch up our question today. Since we're chatting about career paths, if you weren't in medicine, what career path do?

Dr. Kalwani: This is a really fun question. I think back in the day I would have said like an event planner if I was going totally different. But recently I have been really into the idea of being a florist. So that's my new side dream.

Rachel: That sounds amazing.

Brittany: Yeah, good options.

Rachel: Awesome. And with that, we'll get into our episode today. So as we mentioned in the intro, you work in women's sexual and vulvar health as a family medicine doctor. Can you kind of take us back to when you were a med student? What were you interested in then? And what were you kind of envisioning for your career at that time?

Dr. Kalwani: So in month school, I definitely was interested in obstetrics and gynecology. So I was like in the OBGYN Interest Group, I had some interest in surgery just like peripherally. I was envisioning for my career probably, I think if I did go into OBGYN and that pathway had opened up, I probably would have pursued reproductive endocrinology because I just find it super interesting. I love the idea of it. I did a lot of rotations in it. I just think it's very cool. So that was like my interest back at the beginning of med school.

??Okay. And how did you kind of come to know that you were interested in that topic? And I guess what advice would you give to medical students to help try to figure out what they're interested in?

Dr. Kalwani: Yeah, this is a great question because I think I was a little all over the place too. So I always felt I think connected to women's health and taking care of women. I come from a very big family that has a lot of women in it, so I think I was really influenced by them and wanting to take care of them and I think my own personal experiences with health led me towards leaning towards uhm would be going as well. I was also, you know, open to the idea of surgery, open to the idea of family medicine. And you know, you always say like, oh, I don't know, until I do my clerkships, you really will know. I think there's a few things that you absolutely know you don't want to do, and so just being very clear and honest about those are a good thing. And then we'll talk about it in a little bit probably about how I got into the place that I am is interesting and so I think all my interests aligned with what I'm doing now, but it was a little bit of a rocky path getting there.

Rachel: And yeah, we'll definitely get into that. So you take us kind of towards the end of med school as you were applying to residency kind of what you were thinking, where you applied and then how the match went for you?

Dr. Kalwani: So I was born and raised in Michigan, so I've always been a Michigan girl. I've tried several times to apply out of the state, but I never end up leaving. But I do I always give the advice to med students that location is an important thing that you should consider when considering your future career, because you don't want to go somewhere that you're not going to be happy. That being said, I was applying OB GYN. I was in this unique position where the year I was applying as a DO student and it used to be two separate matches, dual programs in allopathic or MD programs. The year that I was applying was the first or the last year that they were going to keep it separate. And then the year after it merged into one single match. So you can imagine having two separate rank lists is a little harder for your chances than having a single rank list with maybe more programs listed, so a lot of the programs that I had rotated with or had interest in, they were kind of deciding which match to be in and it was a kind of tumultuous time. Going into applying I was thinking about the program, I was thinking about the program itself. I was thinking about OBGYN. I was thinking about, just what opportunities in the future would be in that program? So it was, it was interesting, but I did not technically apply to family medicine.

Rachel: So can you take us through what actually happened on match week for you?

Dr. Kalwani: Yeah. So match was an interesting time, so I did not end up matching into OBGYN which I think I mentally prepared myself for a little bit having the two different lists going into the osteopathic match and the allopathic match, so I don't know if everyone's familiar with the process, but after you don't match you kind of enter something called SOAP which just like basically the rat race to apply and get into an unfilled position. At that time I was kind of more in tune with the fact that family medicine was probably going to be the right choice for me. It still let me do the things I wanted to do, which was women's healthcare, and I always was interested in preventative healthcare and my main goal was really to be able to practice full scope and the things that I liked so at that point I started focusing more on family medicine and I was able to scramble or the word I guess that's the casual word we use into a spot for family medicine and, serendipitously, it was in Detroit which was like where I wanted to be anyway, so I was super happy. So then I did family medicine residency in Detroit.

Rachel: Do you mind talking about? What kind of experience was like, emotionally to like, go through SOAP and yeah, I just feel like that could benefit a lot of people who have maybe had that experience or will have that. Experience in the future.

Dr. Kalwani: Yeah, I think it was interesting. I was really. I feel like I was in shock and then I wasn’t shocked at the same time, so I probably was in shock if I'm looking at it now. It's not what you expect. You work really hard for so many years and then to not get the outcome that you're expecting is a big blow not only to, you know, your self esteem, but like I think the idea that you have for yourself and going forward and where you envisioned yourself to be the next four years and working. And so I struggled with it emotionally. I had a really good support system. My family was super supportive. My friends were really supportive and I am kind of a big believer of everything happens for a reason. So I think I ended up where I was always supposed to be anyway, but it takes some time to feel that that's the right thing. Would kind of work all day on applications or trying to interview or reaching out to people and I would be so exhausted by the end of the day. I think I broke out in a rash the week of

SOAP. But I think at the end of the week I was with some friends who were going through an allopathic match and so they opened their envelopes at the end of the week. And so this experience was really, I think enlightening for me because I watched them open their envelopes, people who have matched, and I watched a lot of people who weren't happy with where they were going. And I thought that was really interesting. Even though I didn't match, I was going to a place I was really excited about and I got to go to Detroit, which I'm from Metro Detroit. So going to train in Detroit was always my dream because I was really passionate about underserved care and underprivileged in low SES status and kind of learning in that environment. And then I was seeing all these people who did match, who did get their dream that they worked for and they didn't seem super excited about it. So I think eventually, probably they were all excited and everyone ends up, you know, being happy or figuring out what they need from their programs, but I think it made me feel okay at the end. To know that like this is just an emotional process, no matter what you do. I think going through four years and then at the end of one week figuring out what you're doing for the next three to seven years of your life is going to be an emotional process no matter what outcome happens and so I think I learned a lot from that, that it's okay And I ended the week on a high note and I was super excited about my next steps.

Brittany: Thank you so much for sharing your story with us and talking about that, I think it can be such a taboo topic, but something that so many students experience, and so we really appreciate you being like vulnerable and sharing that with us.

Dr. Kalwani: Of course, I mean this is, I wish I had someone who talked to me about what it was like, and so I'm happy to help, and if anyone is going through that and needs to talk, I'm always here to talk about it.

Brittany: I know you've given like some advice, but do you have any additional advice that you want to share for medical students who soap or go into a different specialty than they're planning to?

Dr. Kalwani: So the advice that I would give to people who don't match or don't or match into a different specialty than they were planning to, I would say be open to the process. I think if you're willing to pivot and willing to be open to something that you weren't expecting you never know where you might end up. And so what I like to say a lot about where I've ended up is I could not have dreamt up the dream, this job I could not have dreamed up this job for myself. But I know that this is the perfect culmination of all the things I wanted to do for myself, like I really did get my dream job, but I didn't know that my dream job existed when I was applying to OBGYN. So I think being a family medicine doctor working in vulvar diseases, working in sexual health makes a lot more sense for me, and looking back I think this is the job I would have picked if someone had handed me like, okay, you get to match into OBGYN or you match into family and this is where you'll end up. I think I would have chosen this path, anyway, so I think that like I would say, be open if you're passionate about something you will find a way to do that passion, even in this new specialty. And there's a lot of different ways that you can accomplish what you want to accomplish. But you'll never know unless you try. Try it out. And I think if I didn't go into family medicine, I wouldn't have figured out or had the opportunity to come to Michigan Medicine and do the fellowship that I did and meet the people that I'm working with currently, so you never know what's going to happen.

Brittany: As you know, you talk about that you if you hadn’t matched family medicine, you wouldn't have kind of come down this path. Can you tell us a little bit more about how you ended up in this, like sexual health niche that you work in?

Dr. Kalwani: Yeah, this is a great question. So I didn't get a lot of women's health training. I think particularly my program like I got some and I made it a point to try to learn and I was really passionate about learning it, but I wanted more. So that's where I started looking for additional training and so fellowship is a great time to pursue additional passions. And so that's where I found the Women's Health Fellowship at Michigan Medicine, which gives a lot of opportunity to do the things you want to do. If you want to do obstetrics, you can do it that way. If you want to do gynecology, you can do that in Michigan Medicine has the plethora of clinics and resources. You can rotate through, so I knew that I liked outpatient. I knew that I liked gynecology. I knew that I liked procedures, and so I was pursuing that and when I was working, I did a lot of time in vulvar clinic and rotation time in ***** clinic. So I got really more comfortable with vulvar diseases, which I didn't get a lot of training of with in residency then I met a mentor who was actually in family medicine and she had started a sexual health clinic. And so we just happened to be sitting next to each other at one of our yearly conferences, and we started talking about a patient and sharing ideas on it. And she's the one who actually said, you know, I think you'd be really great in this space. And I didn't know that sexual health medicine even existed at that point, just when I was in fellowship, so she gave me resources, I ended up rotating with her through her clinic. I went to some conferences that focus on sexual health, and I really was like ohh, this is perfect. And I had no idea that this existed because I never got exposure to it as a medical student, as a resident or even you know, halfway through my fellowship and I kind of found this space. So I think the training that I got in family medicine allowed me to connect with a lot of different people. And then the training that I got in fellowship really let me hone in my skills on gynecology and then those you kind of mix together perfectly for a sexual health clinic because they think you need a little bit of everything in order to take care of patients well and from like a well, like a big picture. So if you're talking about their mental health, we do so much. And with family medicine if we're talking about relationships and partnerships or family medicine with parents, you know, families or couples all the time as we're talking about pregnancy or postpartum or menopause. All those other things and that we take care of in family medicine so I think it really just kind of came together in this moment and I'm really thankful to that mentor who, who saw that potential in me and I think I got lucky really at the end.

Brittany: Yeah, it sounds like just the way you talk about it. It's clear that you're passionate about the work you do. What do you love most about the work you do?

Dr. Kalwani: I think what I love most is empowering them to own whatever they're going through and give them a little bit of that, that. Yeah, I guess confidence is the best word. Confidence going forward with their, whether it be a medical condition, whether it be, you know, a relationship issue. I think being able to discuss with them what they're going through, tell them what they think is going on and kind of either validate their feelings or give them ideas of what they can work on and just seeing them grow from that and seeing them feel better, my favorite patients are the ones who come back just to tell me that they're, you know, doing so much better now. I don't think I need anything else. I just wanted to come back and tell you that all of this worked. I'm like, oh my God, this is the best thing I've heard all day. It makes my entire day. And so I think that really makes it worth it to see those patients come back and how happy they are and how much has changed in their life. I really think that's a special thing. That we don't always get. That feeling in medicine, often we can't figure out the diagnosis, often we can't find out or figure out the right treatment. Sometimes it's a lot of back and forth and struggle and so to have those positive experiences and making people feel better and feel empowered is a great thing, and I think that it makes me really appreciative to be able to have that role in people's lives.

Brittany: In our last episode, we discussed vignettes on trauma, informed care for our listeners who are interested in sexual health, vulvar diseases or trauma informed care. Where can they learn more information about these topics?

Dr. Kalwani: So I think over the years I've learned a lot from attending conferences, but if you want to get that training, I think if you seek it out, you'll find a lot of resources that are out there. But a couple of the conferences that I've gone to to learn more about these things, the societies are the International Society for the Study of Vuvlovaginal disease. That's ISSVD and then for sexual health the International Society for the Study of Women's Sexual Health ISWSH. The SCP is also a great one, so I think there's a lot of different societies or conferences that focus on women's healthcare, and often they'll have presentations on trauma informed care. And I think that's where I've gotten a lot of the information that I've learned and there's a lot of people doing really great work out there for this. So and seek it out and you will find it, but these are some good spots to start with if you don't know where to start from.

Brittany: And I know another good plug for like students is like the Med Student for Choice and we'll conference that happens in December. It was like virtual last year, so sometimes that could be easier for students, but they do a lot of like workshops and talks on trauma informed care as well.

Dr. Kalwani: Yeah, that'll be perfect, I think. That's a great idea.

Brittany: Well, thank you so much for sharing your experiences so candidly with us today. It's going to be very helpful for a lot of medical students out there.

Dr. Kalwani: Of course I'm happy to share and I hope everyone has a wonderful match, but if you don't, don't worry, it'll be okay.

Brittany: Well, to our audience, thank you for tuning in today. Subscribe to ultrasounds wherever you get your podcasts for more high yield topic reviews and recent news. You can also follow us on Instagram or Twitter at OBGYN_delivered, or find more topic review outlines and free question banks at our website www.obgyndelivered.com and always remember we put in the labor so you can deliver.