ORAL HISTORY INTERVIEW WITH DIANA BURES MCNEILL
Duke University Libraries and Archives
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COLLECTION SUMMARY

This collection features an oral history Joseph conducted with Dr. McNeill on March 1, 2021. 54-minute interview was conducted in Durham, NC. Our conversation explored the treatment of diabetes and the idea of "Type 3" support people surrounding people with diabetes, McNeill's experiences related to work-life balance for physicians, her leadership of the Internal Medicine Residency Program, and the work of Duke AHEAD to support faculty during the COVID-19 pandemic. The themes of these interviews include diabetes and diabetes in pregnancy, maternity leave policies in medicine, mentorship, and faculty development.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4-16)

The materials we are submitting also include the following separate files:

- Audio files of the interview*
    - Stereo .WAV file of the original interview audio
    - Mono .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (credit: Diana McNeill)
- Scan of a signed consent form

*Due to COVID-19 social distancing protocols and best practices, Joseph recorded the interview remotely via the Zoom web platform.

BIOGRAPHY

Dr. Diana McNeill's 30-year career at the Duke has focused on the clinical treatment of diabetes, teaching and mentoring trainees, and galvanizing resources for faculty development. McNeill's intellectual interests first turned to diabetes as a college student. At that time, she learned of her future-husband's experience with the disease. Observing his ability to live a healthy life, and the importance of his supporting network in that life, McNeill grew determined to have an impact in the lives of other diabetes patients.

During her career at Duke, McNeill's orientation to clinical care was further cemented by the influence of a mentor--the late Dr. Mark Feinglos, a chief of the Division of Endocrinology, Metabolism and Nutrition. "He taught me how much fun endocrine was, and how much you could help people," she says "He also took care of a lot of patients with diabetes and made me realize very quickly, you don't look at these patients as the disease, you just really don't." Instead, McNeill seeks to understand patients' personal experiences. "You've got to know the lives that your patient is living every day, so that you can actually understand some of the challenges that they have in managing this disease that they didn't ask for," she says. For many years she has collaborated with Dr. Elizabeth Livingston in Duke's high-risk OB clinic related to the management of diabetes in pregnancy, eventually receiving an Associate Professorship in OB-GYN for this work.

In addition to her clinical work and teaching, McNeill has held several leadership roles. She served as the director of Duke's Internal Medicine Residency program from 2001 to 2011. In this role, she mentored numerous trainees who went on to assume leadership roles at Duke. Building on her legacy of paving the way for others, McNeill directs Duke AHEAD, an initiative for faculty development. Through Duke AHEAD, McNeill has responded to the unique needs of faculty during the COVID-19 pandemic. For many, she says, Duke AHEAD programs have become a source of community during a time of relative isolation.

INTERVIEW TOPIC LOG (diana-mcneill-interview-audio.wav)

00:00 Introductions
00:45 Early life in Milwaukee; parents' work as OB-GYN (John Urick Bures, father) and nurse (Mary Poupalos Bures, mother); experiences as a child of medical professionals
05:35 Thoughts on what drew her parents to medicine
06:22 Experience seeing images in medical magazine of diabetes wounds
08:07 Husband David McNeill's experience with diabetes while they were in college at Duke
10:59 Reflections on personal and professional experiences with diabetes; mentorship in endocrine clinic by Dr. Mark Feinglos
13:22 Orientation to diabetes as a family medical issue; description of the "Type 3 Diabetes patient" (a family caretaker)
16:22 Residency at University of Arizona in Tucson and writing of maternal leave policy; experiences having children while a resident and during chief resident year; initial negotiations with Duke for flexible work schedule as a parent
23:06 Reflections on how employer flexibility engenders loyalty and hard work
24:44 Memories of Dr. Joe Greenfield; observations about gender equity in hiring in endocrinology subspecialty at Duke
25:48 Work with Dr. Elizabeth Livingston in high-risk OB clinic and eventual Associate Professorship in OB-GYN; management of diabetes in pregnancy
29:49 Importance of listening and "small talk" dialogue in patient interviews; working with family members of patients
33:39 Ten year leadership of Internal Medicine Residency Program at Duke; memories of Dr. Bart Haynes; social activities among residents and faculty
40:03 Experiences at Duke Outpatient Clinic; passion for education; thoughts on taking opportunities at Duke
42:26 Executive Directorship of Duke AHEAD faculty development program; faculty support during pandemic
50:55 Idea of "servant leader" and leadership priorities

TRANSCRIPTION (diana-mcneill-interview-audio.wav)

Joseph O'Connell 0:00
So the date is March 1st, 2021. My name is Joe O'Connell. And I'm interviewing Dr. Diana McNeill. And Dr. McNeill is Professor of Medicine at Duke University Medical Center. And the interview we're doing is an oral history for the Department of Medicine and the Medical Center Library and Archives. So we're talking remotely today on account of the COVID-19 pandemic. So, unfortunately, we're not able to talk in person, but we are connected via Zoom. So thanks again, Dr. McNeill for agreeing to talk with me today.

Diana McNeill 0:41
It's my pleasure. I'm sure we'll have a great conversation.

JO 0:45
I think so, I'm looking forward to it. And the first thing that I want to ask you is just some basic information, when and where were you born?

DM 0:55
I was born in Milwaukee, Wisconsin, in 1956. I'm proud of that. It allowed me almost to get a COVID shot early [laughs]. But my father was an obstetrician gynecologist, and he was actually a resident intern at that time. And that's why I was born in Milwaukee, he was at Marquette.

JO 1:19
What was your father's name?

DM 1:24
John Urick Bures.

JO 1:28
Great. I did read in the statement that you shared with me that he was an OB-GYN physician. And you mentioned that observing some of his work made an impression on you early on. And I wonder what kind of memories do you have about what you got to absorb from his life as a physician.

DM 1:57
The first thing I'll say is my mom was also a registered nurse. But after we started having a lot of sisters, because I'm the oldest of eight girls, we always joked about that, because my dad was an obstetrician gynecologist, and he had eight daughters. So that was pretty interesting. But my dad was in solo practice in St. Petersburg, Florida, for all I can remember, forever. And he used to take us to the hospital. And we'd go in and sit in the cafeteria and have a doughnut. And he would go make rounds really quickly. And somebody would be watching us there that he knew. And he would take one or two of us, who were old enough to behave. And I also remember him having some of his medical books around. And I don't know, I just became fascinated by these books. And I won a little contest when I was eight years old. It was like a crossword puzzle thing. And my picture was on the front page of the newspaper and they said, "What do you want

to be when you grow up?" And I said, "A doctor." I had no real belief that I would actually ever do it [laughs]. But he took care of all kinds of patients, people could pay people that couldn't pay we we often got a lot of [phone cuts out]

JO 3:28
Well, I'm sorry for that interruption. I think the last I heard of what you were saying you were talking about how your father would bring you to the hospital cafeteria, and you would have a doughnut while he was rounding?

DM 3:45
Yes. And I also think I was getting ready to tell you that he often would get gifts from his patients. Sometimes in lieu of payment, which would be okay. And you know, he'd bring home doughnuts, or pastries, or cakes, or fruits or vegetables. He was beloved by his patients. I mean, some years later, we were actually in a Golden Corral. And this woman who was you know, in her 50s, came up and started yelling, "Dr. Burns, Dr. Burns, do you remember me?" He of course said, "Yes." And he did not remember [laughs]. [She said,] "You delivered all my babies." So he was a wonderful father and worked hard with my mom. Because we had a lot of kids, but I still remember him coming to all of our events, even if he fell asleep while we were up there on the stage or singing or whatever we were doing.

JO 4:45
Yeah, and I think we were discussing some of those early influences in your family. And you mentioned that your mother was a nurse too. And what was her name?

DM 5:00
Her name was Mary Poupalos Bures. My mother was Greek. And my father was Czechoslovakian. And both of my grandparents came from their respective countries. And actually one time, Joe, we found their names on the lists when we went to Ellis Island. So they both were immigrants. And both my grandparents owned grocery stores, too. So that's sort of unusual.

JO 5:35
Do you know what drew your parents to working in a medical setting?

DM 5:44
Well, my dad was actually a medic in the army first, and I think decided to go into medicine probably prior to that. I'm not sure why my mom wanted to be a nurse. She went to University of Maryland. Her sister is also a nurse. But like I said, both of my grandparents owned grocery stores. So at the time in the 50s, the medical careers were seen to be something that offered stable jobs, as well as tremendous support for people. So I suspect they had a little bit of both in their decision to enter those fields.

JO 6:22

Yeah, I was struck by what you said about looking at some of your father's textbooks and medical resources. Do you have any specific memories of what you saw or what you thought about what you saw?

DM 6:41
Yeah, I do, actually. And so one thing that stayed with me, and I always tell people, this may have had an impact on me before I even was aware that it did. My dad would have magazines that had pictures of people's wounds from diabetes. And when I was in eighth grade, I did a whole science project on diabetes, and actually won first place in the science fair. And you probably know, I'm an endocrinologist and my patient care interest has been always diabetes, for the most part. So I always say, you know, funny how things affect your future so early in your life, right? But I remember looking at those magazines, I also remember looking at surgical pictures, because he did GYN surgery, and I absolutely hate surgery. I wasn't good at it. I didn't like it. I did used to sell and make my own clothes. Not that that makes you a good surgeon. But I thought I might be interested in OB-GYN and I really did try to be interested in OB-GYN, but surgery wasn't my gift.

JO 8:07
You sort of answered one of my questions, which is I was curious to know when you first had experiences of either meeting people with diabetes, or seeing patients with diabetes and what it was about that particular endocrine condition that captured your attention.

DM 8:37
Well, fast forward to me being an undergraduate at Duke. And I started dating David McNeill, who ended up being my husband. And we dated for a few months. And then he came to visit me at our house, which was a big event because I'm the oldest of the eight girls. So it was pretty cool to bring home, you know, the boyfriend to the house with all the sisters. And unfortunately, during that visit we were playing a pillow fight. And then Dave became a little disoriented. And I didn't know, I thought we were maybe throwing too many pillows at him or something. And then he fell. And my mom came in and she said, "Diana, does Dave have diabetes?" I said, "No, no, no, I don't think he has diabetes." But he was having an insulin reaction. And my parents figured it out very quickly. And we were able to give him some sugar and he woke up. And when he woke up, or when he came back to I said, "Dave, do you have diabetes?" He goes, "Yes, I have diabetes." I said "Dave but you never told me." And he goes, "Well I didn't think it was that important." And fast forward now. We've been married 40 years. He's had diabetes 53 years. And did that have some impact on me, on my career plans? Probably. Probably. Because I saw someone who really was not defined by the disease, and didn't never let the disease define him, but learn to live with it, particularly in a time when there wasn't a lot of technology. I remember Dave used to check his sugars by peeing on a strip, as opposed to pricking his fingers. And we got so excited when there was blood glucose strips. But that's probably something that had an impact on my decision to go into endocrinology a little bit.

JO 10:29

That's a pretty intimate connection to have the person you're dating, to find out that they're also facing diabetes and managing diabetes. And what steps did you take to sort of make that an intellectual focus?

DM 10:59
So, one important thing that I did was to separate out the intellectual focus from the personal focus. Because you can't be the doctor to your family. And I feel pretty strongly about this. And Dave, and I, before we got married, had that conversation. I said, "You know, even if I become a physician, and because I was thinking about doing internal medicine, and I become an internist, I cannot be thinking about your diabetes 24/7 as your wife." I said, "We've got to learn to live with it as a couple. And then my medical knowledge of diabetes, certainly, I'm not going to keep knowledge from you. But I don't want to be managing your diabetes for you all the time. Because that means that I see you as a patient not as a husband, or a father." And so we've been remarkably good about that. Now, does he know a lot about diabetes? Yes. Has he taught me a lot about diabetes? No question. Have I taught him some things about diabetes? Yeah, I think so. So I think we've been able to keep a nice split between the personal response to diabetes and the intellectual. Now, the other thing that happened, to be honest, as you maybe remember, is I went to Duke Med School. And during my fourth year, I had the privilege of working in an endocrine clinic, because I was thinking about endocrine, at that time, with Dr. Mark Feinglos, who became a remarkable mentor to me for many years, until he passed last year. And he taught me how much fun endocrine was and how much you could help people. And he also took care of a lot of patients with diabetes and made me realize very quickly, you don't look at these patients as the disease, you just really don't. You find out about their lives, you find out about what they enjoy, you find out what foods they eat, even if it's the foods they're not supposed to eat. But you don't treat them as the disease. And I have really, really, really valued that early education and patient care. And it helped me both professionally, and then also helped me personally. Really did, both ways.

JO 13:22
I was really struck by the fact that you knew that you needed to make the kind of personal and professional distinction as you became a specialist in diabetes. And I'm kind of curious, how did you know to do that? And did a mentor guide you and kind of thinking about the need to separate your diabetes in your family from diabetes in your work life?

DM 14:00
Might have been a conversation I had, both with my father, as well as, we're taught early on in medical school, that you need to have professionalism and a separation between yourself and your patients. You know, we're not supposed to be treating our children, unless it's an emergency. We're not supposed to be treating our family members. And so I think I learned it both practically in medical school, but then also my dad, you know. I mean, he was very aware of diabetes. And, by the way, you don't hear me talk about my mom as much as we move along in my years because my mom died when I was 20 years old unexpectedly from a massive heart attack. So that's why, I want to be clear why you don't hear me talking about discussing a lot of this with my mother because we lost her sort of early on. But that being said, I think it was really important for Dave and I, my husband and I, to have had the conversation, too. And you know,

Dave, who now will say he's had diabetes most of his life, he said to me, "I don't want you being my doctor. I just don't want that to be the relationship we have. I want you to be knowledgeable about the diabetes, but I also don't want you to be thinking about it every time you look at me." And I said, "I appreciate that." So it's made me a better doctor. Patients have often said to me, that it's really been helpful for me to have what I call "Type 3 diabetes". That's what we call people that either have a family member with diabetes, or who take care of people in their family with diabetes, or take care of someone with diabetes. We call ourselves Type 3\. So it's been helpful to patients, I think, to believe that I have that awareness.

JO 16:01
So Type 3 diabetes is sort of diabetes by proxy.

DM 16:05
That's actually probably a better way to describe it than the way I described it [laughs]. [People say] "I only thought there were two types of diabetes." I said, "Well, there's probably more than two types, but we call ourselves Type 3 diabetes patients." And also the other thing, Joe, that I learned is I don't call people diabetics. Gosh, I did for a long time, but then you realize you don't want to call people by their disease process. You don't call someone a hearter because they have heart disease or a lunger because they have lung disease. And I think that's really been helpful also, to sort of clarify that for people.

JO 16:44
Thanks for discussing that. It's so interesting how your family experience and your career experience kind of intertwine and diverged at certain points. There's another part of your story that struck me when I was reading your intellectual statement, and it was about when you were when you were studying, in residency at the University of Arizona?

DM 17:20
Yep, I did residency at University of Arizona in Tucson.

JO 17:24
I was reading that you actually wrote the maternal leave policy, that applied to you, as you were having children. Which is so interesting, that the connection between your leadership as a student there, and your life in your family. And would you want to elaborate on that story a little bit?

DM 18:02
So, I went to the University of Arizona for my internal medicine residency. The chair of medicine there was from Duke, he actually called it the Duke of the Southwest, which is not exactly what it was. I always laugh, I say when I went to Arizona, we did it in part because we were doing a two career move. And my husband worked for IBM, and there was an IBM site there that he wanted to go to. And then we decided that we wanted to start our family. And during my third year of residency, and internal medicine is three years, I became pregnant. And I was told that I was the first resident to have a baby in the program, this is in 1984-85. Now I find that hard to believe. But it might have been true at the time. And actually, unfortunately, I remember meeting with someone who asked me if I was going to keep the baby and I said, "No,

I'm not going to keep the baby, I'm going to hiring a childcare provider to watch the baby while I went to work." That's not what the person meant. And so I recall that conversation very vividly. So then I was told, "Well, you need to take some time off." I said, "How much time do I get?" They said, "Well, we don't really have a policy." And so I said, "Well, we need to come up with some policy." So I actually got in front of the faculty board. They have a faculty group there. And offered a four week maternity leave policy. I shake my head now, because as you probably are aware, a lot of places are offering three months maternity leave. But I offered a four week maternity leave policy. They gave it to me, and then they allowed me to be on a very, very flexible rotation the next four weeks. So essentially, I got eight weeks for my first son. And then I did a chief year, they had asked me to become the chief resident, we had three of them at the time, because we had three hospitals. And I did a chief year, and then got pregnant during my chief year. And we had another one, I had our second son right after I finished my chief year. And I think back on that, and I'm surprised that we didn't have more women having babies back then, but it was a different time. And A. there weren't as many women in medicine and B. I think a lot of women were waiting until they had more control over their time, before they started having families. I was blessed because my husband had a very stable houred job. And so he was able to get home at a regular hour. But we made it work, we made it work. And we had another, we had our third child when I came to Duke, because I did endocrine fellowship here. They had a maternity leave policy, it was six weeks here. And after I did my first year of fellowship, we had Jenna. And then we had a fourth child later on, when I was on faculty. So I will tell you, when I look at the current world, it is so much better than it was back then. And I'm glad for that. I will also say and I really mean this, from the bottom of my heart, one of the things that has helped me feel so so loyal to Duke is that when I joined the faculty, and I joined early, meaning that I did a year and a half of fellowship, and then they needed a faculty member to come on board a little bit earlier. And I had been out a couple years, because I'd done the chief year and then I had joined a general internal medicine practice for another year. So I came on early for faculty. And I said to them, you know, "I've got three children, my husband and I have three children, and they're four and under. Would it be possible for me to work a flexible work schedule?" Now, that is back in 1988. And in 1988, the word flexible work schedule was not part of the lexicon, the vocabulary, in most workplaces. But Duke allowed it. And I worked hard. But I was able to work about 60% or 70% time. And I have said this for years, the loyalty I feel toward Duke for that, for giving me that time when I needed it. Now, I worked hard, actually, probably some days worked more than those 60% or 70% time, but I'm very grateful for that. And it showed a time of creativity and thoughtfulness that I might be now surprised they had back in 1988.

JO 23:06
That's really remarkable. And is a contrast to I think some of what I've heard people say about the reputation of Duke as a very stringent place, maybe inflexible, or at least very demanding at certain times in its history.

DM 23:35
What I was gonna also add, though, is I had the blessing of being a two income family. And I laugh now because my first salary was $25,000 a year. And I actually felt like I was getting a million dollars. And I thought, "Boy, you know, thank you for giving me the time, I'll take whatever salary I get." Now my husband would say, "You need more than that." Well, I saw so

many patients that first year that I got a bonus of $25,000. So, I will say that Duke was very kind to me, but Duke also got a wonderful situation by me. Because you know, what I often will say, Joe, is that when people are given some flexibility, they will work hard, because they have to get home or have other obligations at home. And they're very effective and very efficient workers. So it's a good deal for an institution or a business to have that flexibility, it's a great deal.

JO 24:44
Do you think there was something unique about the leadership at Duke or the environment at Duke that made them willing to do that kind of experiment, or to make that kind of room for a woman physician with a family?

DM 25:09
Well, I don't know. Now, I hesitate to say that it might have been because I was in endocrinology, which tends to be an outpatient specialty. And I will also tell you that the Chair of Medicine at that time for me was Dr. Joe Greenfield. And you know, Joe was remarkably supportive, at least my impression was, remarkably supportive of early career faculty. He always asked how I was doing, he did always ask if my husband's job was secure [laughs]. I laugh about that now, because he did ask that every time I went in there, "How's your husband doing?" I said, "He's fine." "Is he still working?" "Yes, he is." And in retrospect, I wondered if that had anything to do with my salary. But that being said, I am grateful that the Chair of Medicine, and as well as the Division Chief in Endocrinology, were willing to be thoughtful about the need for flexibility. There also, at that time, were not as many women in endocrine as there are now. Endocrinology tends to be almost 70% women now, at least at Duke. And so I think I will repeat again, some of the loyalty people feel toward an institution really begins at the time they start working. And so if we can be supportive of our early career faculty and staff, their loyalty will pay you back extensively in the future, I think.

JO 26:48
I want to ask you about another phase of your career. And that's your involvement in high risk obstetrics. I read that you volunteered in high risk obstetrics for a period of time, and I know that diabetes in pregnancy is an interest of yours. Could you tell me a little bit more about why you wanted to get involved in OB-GYN settings?

DM 27:28
Well, I kept trying to be an obstetrician gynecologist, remember that I kept trying to do that the whole time. But the truth of the matter is I had, at the beginning of my career, a younger patient population, as many of us do in our practice, they're either very young, or they're a little bit older. But the young people in my practice were mostly women, and a lot of them were childbearing, of childbearing age. And so I started communicating with Dr. Elizabeth Livingston, who actually was a year behind me at Duke Medical School, and she is a high-risk OB physician at Duke. And she said, "Diana, would you consider ever working with us in the clinic?" I said, "Well, I love helping our patients have healthy babies." I'm a fan of if you want to have a child, let's have a healthy one. And so they asked me to work in the high-risk OB clinic with them. And I asked our Division Chief, and he said, "Sure that that would be great, because that's a patient population that we end up taking care of anyway, when they come in the hospital." So I volunteered down

there for a while. And then Dr. Chuck Hammond sent me a note and he said, "Diana, I'm going to make you an Assistant Professor of OB-GYN in gratitude for your service in our high-risk OB clinic." And I said, "Wow." I called my dad, I said, "Guess what? I'm an obstetrician gynecologist, and the only babies I had to deliver were my own, way to go!" [laughs]. I was really proud of that. But subsequently we've written a paper or two on endocrine problems for women and my former physician's assistant is actually working in that clinic. And it's been just a special interest of mine. And what joy gives me, and I'm sure others, to see a woman who has diabetes deliver a healthy baby. And I think back in the beginning of my career, there was a lot more concern about that being an option. But as the years went by, it became more and more possible for women to have 1,2, 3 babies, if they had diabetes. Particularly Type 1, because that was my practice. I had a lot of patients with Type 1 diabetes.

JO 29:49
It's interesting to hear a very concrete example of how your clinical practice can help someone, a woman who has diabetes, you can help achieve the outcome of a healthy birth for her. I wonder what are some of the other kinds of situations where you feel like there's an especially big impact in the way that you're able to serve your patients?

DM 30:34
There's been a couple ways. One is I became fairly facile in the use of insulin pumps and glucose sensors. And insulin pumps in the beginning of my career, and sensors later on when they became more popular. And for a lot of our patients, the ability to get on something that helped them manage their diabetes, without so many swings in their blood sugars really was helpful. But I think the thing that I might have been most successful at doing is listening. And I often have learners with me. It's been one of the gifts I've been given at Duke is to have students and residents with me. And when I go in the room, they say "You don't always start out talking about their diabetes, or thyroid disease, you ask 'What's going on with your kids?' You know, 'how's your job doing?' 'Oh, I heard you, I started a new cooking show', or something." My students sometimes called it small talk, and I said, "No, that's not small talk, that's important talk." Because that's the talk that you need to have in order to be able to then move into, "Okay, you're working really hard, it looks like you're having some variability in your sugars, do you think the job is affecting this?" You can't just jump right in and say, "Your sugars are horrible, you need to work on all this." You've got to know the lives that your patient is living every day, so that you can actually understand some of the challenges that they have in managing this disease that they didn't ask for. And that right now, we can't get rid of. At least Type 1. Type 2, you can do some adjustments in lifestyle many times and help improve it. So, I also like general medicine. So one of the things that patients will say is, "You just don't pay attention only to my diabetes." If you've got something else going on, I'll address it. I got called out for that at the beginning of my career, where someone said, "You can't be still doing general medicine, you're a subspecialist!" I said, "But diabetes covers all the medical issues." So you've got to be able to pay attention, if someone's got a urinary tract infection, or is having chest pain or something else, you can't ignore the other medical issues. It all becomes one. So I think, hopefully, some of that expertise I've been able to move forward. I also like working with the patient and their family members. And so often we'll have a spouse, or a friend, or a child, or a parent come in with them. Because diabetes is a team sport [laughs]. That's how I always think of it.

JO 33:30
Those are some more of the folks with Type 3 diabetes.

DM 33:36
Yes,

JO 33:39
I want to ask you about a kind of a transition point in your career. It sounds like when you took over the internal medicine residency, that must have been a big shift. And I wonder what parts of that job came naturally to you, and what parts were harder when you made that transition and took on that role?

DM 34:19
That job changed my life, and my career, and my children's lives, and my family's life. So I still remember the day Bart Haynes who was the Chair of Medicine called and asked me to do it. I said to him, "I haven't been a program director. I haven't been an associate program director." He said, "No, but what you do do, is that you like to teach." And I do like to teach. I often joke that if I wasn't a physician, I'd be a school teacher someplace. I teach all the time. Maybe too much, my kids might tell you. But I also had been on a couple committees at the time addressing diversity in the workplace. And at that time, back in 1991, I think that's when I took the job, we were just having an increase in the number of women entering internal medicine. And we were trying to reflect that in our residency program. And I was trying to help with that. And Dr. Haynes had asked me to do this job, and I remember standing, I still remember it, I can see it as clear as days. It was Mother's Day, and I remember sitting with Dave saying, "This is going to be a big change for our family, because this is going to be more time than my clinic is." My clinic was very scheduled. And I said, "This one, there's going to be weekends, I'm going to have to do some general medicine." And Dave looks, and he goes, "You want to do this, don't you?" I said, "Uh huh." He goes, "We'll make it work." Our youngest one at that time was four years old. And I said to myself, if I do this, my family has to be aware of what I'm doing. And the residents have to be aware that I have a family. And this was one thing that was really important to me. So what was easy in the program was the teaching part. What was easy in the program was the coaching and the mentoring, for me. What was hard in the program was trying to manage a schedule for 150 residents. What was hard in the program was trying to address some of the unexpected events that occur when you don't have control all the time over finances, or over decisions that are being made outside of the Department of Medicine that affect your residents, e.g. national decisions. And so I think I was able to get a lot of help with that, and a lot of support. If I had to do it again, I would spend more time working with some people in other programs earlier on, to learn what they had learned from their mistakes, as opposed to [inaudible] in and then saying, "Oh, I wouldn't have done it that way." But I did it for 10 years, as you saw, and it's been one of the greatest things that I've done at Duke. I see it now. Sorry about the dog [laughs]. I see it now. Because a lot of the people that I trained are now division chiefs, running programs nationally. A lot of them have communicated back and with such gratitude for all the things that Duke has done for them. And that made them part of my life. And so it's been a wonderful, wonderful 10 years, it was a wonderful 10 years. And the other thing we did that I loved, is we had the

residents over to our house not infrequently, and we would throw a pizza party, or am I allowed to say we had a keg out on the deck [laughs]. And our kids would play basketball with the residents, or back then they had like, Xbox or something, and they would go upstairs and the residents would come down and they said, "I tried not to beat your child, but I beat him anyway." And I said, "Well, they can handle losing in Xbox." [laughs]. So our kids grew up around the residents and you don't know this, probably, three of our kids went into medicine. And two of them are internists. And I swear, I blame all the house staff for that because they really saw normal people that enjoyed what they were doing, and I think they role modeled for at least our kids, at least three of them, decided they wanted to pursue.

JO 39:25
Because they got to know all these trainees kind of off the job.

DM 39:31

Right, so they could see that they had, like, a life. Because I think sometimes for a lot of people who are thinking about medicine, they only see how hard we all work all the time. We're in the hospital, and they never hear us talk about what we do outside the hospital. And most of us have lives outside the hospital, we try to anyway. And it's important to share that with learners and young physicians, because you have to have work/life integration. I mean, you really do.

JO 40:03
I want to ask you about that moment when your husband asked you about directing the residency, "This is something you want to do, isn't it?" And you answered, "Yes." It's a simple question, but what made you want to take that on?

DM 40:27
A., I saw it as an honor, let's start with that. It was an honor to be asked. It was not something I was looking... I didn't anticipate doing it. B., it fed into my passion as an educator. I had been teaching in the residency program, I also had been working in the resident clinic, the Duke Outpatient Clinic, from the beginning of my career. I have worked in that clinic almost every year, except one. One year I took a break from it, but every other year. So that's 30-some years I've been working in the Duke Outpatient Clinic, which is the resident clinic. So I had been teaching the residents for a lot of years. So that passion for teaching just seemed to work well, for me. And then, I just liked the residents. They were energetic, they were smart, they cared about their patients, and I thought it would be a good challenge for me, and I was ready for that door to open for me at Duke. You know, one of the things I have said for years at Duke, is that Duke has got so doggone many opportunities. I mean, they just, they come at you fairly quickly. Sometimes you don't realize it. But if you don't take a step back and say, "I want to try this opportunity," you miss out, you just really miss out. And I was probably ready at that time to do something a little bit different. I'd never thought that I would be a clinical endocrinologist five days a week. I never thought that. And if I had thought that, I would have gone into private practice. But I always thought that I would love being at an academic institution where there were three missions, at least, and that I would have some piece of a couple of those missions. I

never thought I'd be the triple threat. And that sort of went by the wayside. But an educator and a clinician, and trying to be good at both of those was something I was interested in doing.

JO 42:26
That makes sense. And I know there are other contributions that you've made, including directing the Duke AHEAD project.

DM 42:41
Yes.

JO 42:42
We might not get to talk about that particular portion of your work in this conversation if we're ending around 4:30. But I do want to absolutely make sure because I'm asking everyone that I interview, I want to ask you a little bit about what your work is, like right now, especially given the pandemic and what kind of impact that's having on your routine, and what you're able to do, and how you're able to do your job.

DM 43:22
So what you need to know is that I closed my personal practice down a year and a half ago. I did that because it was a plan in my head. And what I did in addition to doing that, as we started an interprofessional diabetes clinic at the Duke Outpatient Clinic, where I've been working doing general medicine for the last 30 plus years. And that clinic was going to be my transition from my own personal clinic, to a clinic that took care of high risk patients with social determinants of health in an interprofessional manner. And I do that on Tuesdays. Since the pandemic, to be honest, short of two weeks, I have gone into clinic every Tuesday. Every Tuesday, since March of last year, except when I was on vacation, or something else had happened. Duke AHEAD, which is something that's really important to me, because I'm the inaugural Director of it, has actually done more activities and sponsored more events in the last year than we would have done in the last two years had we been in person. And the reason we did this, or have been able to do it, is Duke AHEAD is a faculty development arm of Duke Health. We are interprofessional, we have 900-plus members in it. And we sponsor activities to help our faculty and staff learn more about being good educators. And guess what? The pandemic forced our hand to do this remotely. Zoom became a verb, we Zoomed [laughs]. And we also saw a need for Zoom to become a source of community for people that were really feeling isolated. So what the pandemic did for us is actually increased the number of events we had. We were having an event almost every other week. We also did something that we actually have shared nationally called Duke AHEAD Happy Hours. It's not what you think [laughs]. We said, "You could have a beverage, but don't show it to us on the screen." But what we did is we decided we would have some events where people could come together. We would have an icebreaker at the beginning. And then we would have a topic. And the first topic we had was how to use Zoom, and what were some of the tricks on using Zoom. We did this about the third or fourth week into March last year. Then the next couple times we did it, the topics changed. One time we did a topic on how do you manage your work at home, while you're teaching your children or taking care of your parents. And then another time we shared cookie recipes for the holidays. And then another time we talked about what are some strategies that you're using to keep your head in the game.

To not lose resilience, if you will. And one of the interesting things that I did is, at the beginning of each one I would say, "Put in the chat, the word that describes the way you feel right now." And then the first week it was "Interesting", "Unsure", "Anxious". By the second or third one we did, they got a lot darker, "Lonely", you know. And then by the time we got to the holiday season, they were back, they were a little bit brighter again. So I think it was interesting to observe the effect that the pandemic had on highlighting the importance of social interaction. And Duke AHEAD became one of those resources, where we could use it to help us highlight those social interactions in a different way. And we're still doing everything remotely, we're having a big education day in about a week and a half, our annual one. We've done it now for six years, it's all remote. And we're missing the food. We're not serving food anymore. Our budget is better, but not serving food anymore at any of these sites. So people want us to get back and have food [laughs].

JO 47:49
So Duke AHEAD has become actually something that has filled some of the void of what people are missing in their ordinary workplace environment at the Medical Center. And so these meetings that you're coordinating, they're bringing together people who work in various parts of the Medical Center at Duke?

DM 48:26
Right. But we also have something that's called, you'll like this, "Blending the Blues," which is a collaboration with UNC. And so we're getting ready to co-sponsor with them a culinary event, a culinary event to talk about, we're going to make something, but how particularly in the pandemic, you can make healthy food choices. And we're co-sponsoring it with UNC. And we have also developed in the last few years an interprofessional education and care collaborative. It's called IPEC, and Dr. Mitch Heflin runs that. And Duke AHEAD's been collaborating with them on a number of grants as well as activities. And so I am glue. That's my middle name. I should be glue. I connect people. And that's what Duke AHEAD has been successful doing, among other things.

JO 49:22
That sounds really cool, and like you've found some really creative ways to respond to these kind of unforeseen situations.

DM 49:33
Well, we needed to do that, right? I mean, you know, you look at our institution and how quickly we were able to convert to telemedicine. We had a session on telemedicine, we also have had some sessions on diversity, equity, and inclusion issues that are really important right now. And we even had a session on the election and how we needed to support all of our students and faculty and staff, no matter what their political views were, during this time. And so we have reflected the world around us, I guess is how to put it. And we try to maintain activities that help keep people engaged, but also aware.

JO 50:23

And I see that the organic connection between your work with Duke AHEAD and and your philosophy of caring for patients, or working with trainees. Because it seems I'm kind of picking up on maybe an emphasis in your work of being aware of the entire context of a patient's life or a student's life?

DM 50:55
Yeah, you're pretty good, you've picked it up pretty quickly. I use a term now, and perhaps since you're interviewing people that are emeritus or senior [faculty], it's time to be servant leaders. And I think as trite as that may sound, we need to be spending time -- whether we're leading in the clinic, or leading in the residency, or leading in other ways -- listening and putting our own goals and objectives, they shouldn't be moved aside, but they can't be primary anymore. We need to be supporting others. My admin, my administrative assistants always laughs. She says, "You know that little Linus lemonade stand that says 'the doctor is in'? And Lucy always offers comments and suggestions and all that?" She says, "That's you." [laughs]. I said "Well, I guess that's a compliment." But I get asked to offer lots of what people call wisdom, but I call free advice. And I say, "You get what you pay for. And since you're paying nothing for it, you can decide what you want to do with it." But what a privilege it is, and I say this humbly, to have people think that anything that I know or remember about my time at Duke can be helpful to them. And I hope I give good advice. I hope I do.

JO 52:31
Well, I appreciate you sharing some of your thoughts and recollections for this project.

DM 52:41
Well, I appreciate you asking me. Duke will always be an important part of our lives. We named our last child Cameron, after the indoor station. My husband and I both went to Duke. So you know how it is [laughs]. But Duke has been an important part of my life. And I appreciate the opportunity to share some thoughts.

JO 53:03
Is there anything else that you want to make absolutely sure to include in this interview that we should touch on before we wrap up?

DM 53:17
Just a huge thank you. Thank you to all the people that have touched my life and my family's lives over the years from Duke. I've learned a lot from a lot of people, including our learners, and I think hopefully, they made me a better doctor, but maybe even more importantly, a better person. And I and I'm grateful for that. I'm very grateful for that.

JO 53:41
Wonderful. Well, we can end the official interview there.