ORAL HISTORY INTERVIEW WITH CARLA WHEATON BRADY
Duke University Libraries and Archives
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COLLECTION SUMMARY

This collection features an oral history Joseph conducted with Dr. Carla Brady on March 30, 2021. The 70-minute interview was conducted in Durham, NC. Our conversation explored Dr. Brady's work with liver transplantation, her development of a hepatology clinic which is focused on the needs of pregnant women, her reflections on the impact of the COVID-19 pandemic on her work, and her leadership work as a member of Duke's Academic Council's Executive Committee (ECAC). The themes of these interviews include transplant hepatologist, gastroenterology, women in medicine and as patients, and clinical care.

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. 4-18)

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 (courtesy: Carla Brady)
- Scan of a signed consent form

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

BIOGRAPHY

Carla Wheaton Brady, MD, is Associate Professor of Medicine in the Department of Medicine at Duke University's School of Medicine. As a transplant hepatologist at Duke, she cares for patients who have chronic liver disease, patients awaiting liver transplants, and patients recovering from transplants. Dr. Brady describes transplantation as a collaborative enterprise, integrating the expertise of surgeons, radiologists, pathologists, and other internal medicine colleagues who care for co-occurring conditions. “It really does require a team effort,” she says. “And I think that's probably one of the greatest joys of what I do from day-to-day.”

Brady’s investment in collective medical care also led her to what she calls her main professional passion--treating women and pregnant patients who have complex liver disease. In Brady’s clinic, she is able to provide expertise that the average OB/GYN or even the average hepatologist may not be able to offer this patient base, making her clinic a crossroads of medicine for trainees and others. “It's provided an opportunity to really help educate my colleagues on what I consider to be an extremely important clinical topic, for which data are very limited in guidance and even more limited in terms of what it is that we should be doing to provide quality care for this subset of patients,” she says.

Dr. Brady received her MD from the University of Virginia and her residency and fellowship training at Drexel University. Since joining the Duke medical faculty, she has cultivated what she calls “Duke global citizenship” by participating in leadership activities beyond the Medical Center. As a member of Duke University’s Academic Council Executive Committee (ECAC), she has been a voice for her colleagues with regards to university fiscal policy, racial and ethnic equity, and, now, navigating academic responsibilities during a global pandemic. “I could not have envisioned just how relevant my ECAC position would be in the middle of a pandemic, and to be the Clinical Sciences faculty voice in the middle of a fight against a deadly virus,” she says. “It's definitely been a very rewarding experience.”

INTERVIEW TOPIC LOG (carla-brady-interview-audio.wav)

00:00 Introductions
01:14 Current responsibilities and multidisciplinary necessities behind transplant care
03:31 Examples of team care and consultation related to hepatology and related surgical care
09:04 Duke's approach to integrated day-to-day care
10:20 Observations on the importance of diagnostic open-mindedness in this environment and how this is taught to students in medical training
14:30 Impact of COVID-19 pandemic on ease of informal consult with colleagues and increased interest in such multi-disciplinary work
16:53 Use of Zoom for conferences; cultivation and maintenance of professional relationships and collegial friendships
22:45 Upbringing in Virginia; early experiences as patient with scoliosis; cousin's mentorship as a physician
27:02 Early interest in medicine
28:28 Interest in writing and points of divergence between creative and scientific writing
32:48 Development of interest in liver disease and care; training in both gastroenterology and hepatology; focus on providing care for pregnant women with complex liver disease
38:07 Evolution of clinical care for women with liver disease; need for expertise; training of students in clinic; creation of national guidance on reproductive health and liver disease
50:48 Path to membership on Academic Council; initial appointment to Diversity Task Force, current membership as member of Executive Committee
58:48 Current priorities of Academic Council; work during COVID-19 pandemic
1:03:04 Reflections on Duke University's approach to the COVID-19 pandemic as well as gender and racial inequality concerns; memory of recent day when all staff on rounds were women

TRANSCRIPTION (carla-brady-interview-audio.wav)

Joseph O'Connell 0:00
Okay, I am recording. And my name is Joe O'Connell. I'm interviewing Dr. Carla Brady. This interview is for the Duke Department of Medicine and the Duke Medical Center Library and Archives. So first off, Dr. Brady, thank you so much for being part of this project, we really appreciate your time.

Carla Brady 0:25
My pleasure.

JO 0:26
And I want to start out by asking you your full name, and when and where you were born.

CB 0:34
My name is Dr. Carla Wheaton Brady. I was born in Roanoke, Virginia. And so I am native to this geographic area, and really call it my home.

JO 0:48
Great. And I know that you've had a range of different responsibilities related to your work as a hepatologist and as a professor and clinician. Can you tell me what positions you hold right now, and a little bit about the range of your responsibilities?

CB 1:14
Currently I am a transplant hepatologist at Duke. So my day-to-day responsibility involves taking care of patients who have chronic liver disease, usually end stage liver disease, and have need for liver transplantation. I also care for the patients that have already undergone liver transplantation, as well. I don't work on the surgical side, I work on the medical side. So I'm doing the day-to-day medical care, making sure that the complications of their liver disease are taken care of medically. And for those who have undergone liver transplantation, I work to help ensure that their transplant livers function well. I will help provide the medical care for any complications related to their liver transplant surgery that has occurred. And I do a lot of work in collaboration with many of my colleagues across the Medical Center, because the work that I do as a transplant hepatologist is very multidisciplinary in its nature. It's really impossible to work in the transplant field and be in a silo. You have to work well with the surgeons who are obviously doing the transplant surgeries. You need to work well with radiologists who can help you figure out some of the diagnostics behind transplant related care, as well as some of the management that is needed from a radiology perspective. We have to work well with some of our colleagues in other internal medicine disciplines because of the co-morbid conditions that many of our patients have. We work with our pathologists who help us understand the interpretation of biopsies of the liver, whether our patients have undergone transplant or not. And so it really does require a team effort. And I think that's probably one of the greatest joys of what I do from day-to-day.

JO 3:31

That's really interesting. That did cross my mind that if you're seeing transplant patients that you would probably be in very close dialogue with the surgeons, and the people on the transplant side. I wonder, as you're going about your day, can you tell us a little bit more about some of those collaborative interactions? What kinds of conversations are you having with people across the Medical Center as you're caring for patients with liver disease.

CB 4:09
So a lot of the conversations that I have are in relation to better understanding the diagnostic tools that we need to deploy to help take care of the patients -- interpreting the results of various studies that we've asked for in order to move the care of the patients along appropriately. So for example, this past week I was working on the inpatient service. And every day at eight o'clock in the morning, that day starts with joint rounds with the transplant surgery attending [and] myself serving as a transplant hepatology attending. There are also transplant fellows who join us for rounds as well, on both the hepatology and surgical side. And then we have a number of transplant advanced practice providers who are the nurse practitioners and the physician's assistants, who are also a part of the rounds as well. Occasionally we'll have other trainees or learners who may join us for rounds, also. And it's really a wonderful way for us to put all of our minds together to help make a care plan for each patient that we're rounding on every day. And so those rounds are pretty vital. Because I think it's really difficult for one portion of the team to figure out what to do without having input from the other portion of the team. So many years ago, as a transplant program, we decided that the joint rounds would be beneficial. And since that time, that's what we've done. And so, you know, every day at eight o'clock, if you're the one rounding on service, you have to participate in those rounds. But it's really a good conversation. And I think that's one that not only helps to move the care along in a successful and collaborative way, but it's also a really rich opportunity for learning from each other as well. So I enjoy those conversations quite a bit. We also have additional conversations with others across the Medical Center. For example, last week, we had a very complicated case that required the input of our interventional radiologist. And so at the conclusion of our rounds, the transplant surgery attending and I, along with one of our fellows, went down to interventional radiology and sat with a couple of the interventional radiologists, and reviewed the images, and talked together about Plan A and then a Plan B for the patient, in terms of what would be sort of the first steps to manage the patient's care. And then if that didn't work, what would be a second step, and whether or not our plans for the second step might be altered by what we do in the beginning. So we were working out a sequence of plans for that particular patient. And that was an invaluable experience. It otherwise would have taken all day, or maybe even a couple of days, if we had not taken the opportunity to say, "Okay, we're going to just come together as a team, sit down, and go through everything together in person and try to make a sequence of plans for the patient." And then after that, we were able to sit down with the patient and communicate all of that. And I think the patient really appreciates the fact that we were working together as a group, communicating together as a group, to provide a unified message about different options for managing what, in that particular circumstance, was a very complex clinical situation. So, that's just one example of what we do. I had a pathology colleague who called me on Sunday morning, to give me the results of the biopsy that we had asked for urgently, the day before. And I was greatly appreciative of the fact that the pathologist was able to take time on a Sunday morning and call me up and review the results of the biopsy. And we were able to therefore provide the

patient with a fairly rapid turnaround in terms of results from a study that was urgently needed. And so, those are just a few examples of the collaborations and sort of that group effort that's really needed to provide quality care for patients.

JO 9:04
Yeah, thank you for sharing some of those details and examples. That's really great. And I wonder, that collaboration and that group communication, is that typical of how a given medical center would approach liver disease, or is that more particular to the way the program is set up at Duke?

CB 9:29
I think it's difficult to provide this kind of care well without having that component of multidisciplinary effort and really focusing in on different members of the team being able to have input into the care of the patient. I think the issue is that we do it really well at Duke. Many other centers do it very well also. And I know that having talked to my colleagues at other institutions. But I can certainly say that we do this well at Duke. And it's really an expectation. It's just integrated into the day-to-day care. It's what we've all come to expect of ourselves and each other.

JO 10:20
That's so interesting. And it sounds like communicating across disciplines, it would also maybe require a lot of interpersonal skills and sort of soft skills, in addition to being a really good clinician and scientist. So I wonder, can you share a little bit about how you approach that?

CB 10:57
Well, I think it's important to recognize in any team effort that all members of the team have opinions, and all of those opinions are to be respected. Some of those opinions may be similar. Some of those opinions may be quite different. But even if they're differing opinions, I think that the conversations that center around those different opinions can still be very healthy and very insightful conversations, because that's when you have capacity to really learn from each other. If you hadn't really thought about a certain way of doing something, and one of your colleagues has an idea about that, that's a great learning opportunity for you. Whether it ends up being the right answer, whether it ends up being the answer that works for the patient in that situation. Nonetheless, it's a new way of seeing something. And so I think those are enriching opportunities for us as clinicians, no matter how seasoned we are, to really be able to learn from each other. And I think that it's a really good learning opportunity for our trainees and our students to be able to watch us do these multidisciplinary rounds, to watch us come together as attending physicians, no matter what our level of expertise is, and have to sit down and really work through a complicated medical or surgical problem for a patient. And I think that if we can do that well, and demonstrate that well to our trainees and our students, then we're helping to train another generation of doctors to be able to do that exact same thing. And that's really important in medical education. I don't think that it's just about being able to remember what you read when you have the patient sitting in front of you, and all the possibilities for what could be wrong and all the possibilities for how to treat as per what the textbook told you. I think it's important to be able to also figure out how to take a problem -- [a] clinical problem that is sitting in front of you

-- and realize that maybe this is complex and a little bit beyond just the prescriptive list of things that you learned in medical school as to what it could be or how to treat it. And to be able to figure out how to learn from somebody else, how to be gracious enough and humble enough to ask somebody else's opinion, because maybe you hadn't really thought about everything that could be a possibility in terms of how to provide care for that patient. So I think those are some of the softer skills. To be malleable in your thinking. To be gracious and humble enough to understand where your limitations are, or [where] you may not have had as much experience. And to be able to lean on others for that and know that it's no shortcoming of yours necessarily, but it's just a way for you to actually grow and become enriched yourself, and in the process probably help the other person to grow as well.

JO 14:30
So it sounds like sort of modeling a kind of open-mindedness is part of this process in terms of making sure that the trainees see this kind of teamwork that is genuinely open-ended and genuinely reciprocal.

CB 14:54
Indeed. I think it's become harder though during the pandemic. When we move beyond the pandemic and look back on this time, I'm sure there'll be a lot of things that we can study and write about and learn as examples for how to move forward in life. I think the challenge with being able to do this kind of multidisciplinary work is that in the middle of the pandemic it's a little bit harder to do. We were forced to be in smaller numbers, to be more distant from each other simply because of the concerns about the transmission of COVID-19. There were many things that had to be converted to virtual formats. We couldn't all sit in the same conference room and review cases and have our side conversations about "Hey, by the way, after we do this, can you go walk down to Radiology with me," because we want to go over some other films together. You can't have those kinds of things right now. And so I think the challenge is to figure out how to keep those connections as strong and as tight as they were before the pandemic. I don't think there's any less interest in working in a multidisciplinary fashion. In fact, I think that interest is somehow probably augmented to some extent, just because we all want to be able to connect in ways similar to what we did before the pandemic. But I do think it's a bit of a challenge. But however we can continue to model it even as we continue to walk through the pandemic, I think it's important to model that kind of behavior in practice.

JO 16:53
I'm interested in what you said about how COVID-19 and and being remote has changed the way the communication around care happens. And I assume that over the span of the pandemic, that maybe you've found ways to try to adjust for that or figure it out. Maybe ways to compensate for being remote. And is there anything that comes to mind along those lines that you'd want to share about how you've learned to deal with being in a remote work environment?

CB 17:43
I think I'm in more of a unique situation. And many of us who practice medicine every day are in more of a unique situation than many other working people, in the sense that our jobs do require us to be physically present at work for a reasonable proportion of time. Many of us have

converted to telemedicine in order to continue care for our patients. And, you know, that's been an interesting change. But in terms of how we as healthcare professionals work together, that's where things obviously are a bit different. Many of our multidisciplinary conferences that would usually host 20 or 30 people in a room have now all gone to remote settings. And so we're all doing this on Zoom together. And so you don't have that sitting in the room type of human interaction that is usually very enriching. But somehow we have to figure out how to keep that connection going, even though [we're] doing it virtually through some format such as Zoom. I think there's been maybe some benefit with some of those virtual formats. Because I've seen some situations where we've actually been able to have more people participate in some of those conferences and discussions because everything has gone to a virtual format. And so some of the people who may have had more difficulty before, because they were in different spaces across the Medical Center and thus not able to physically get over into the conference room to sit down and be present for discussion, may now have capacity to join. Because all they have to do now is click on the link and then pop on the screen for the virtual version of the conference. So it's just in some ways, some of what has happened across the pandemic has maybe given an opportunity for people to have a bit more access than what they had before. But I think that sort of raw human interaction -- all being in the same physical space -- that part and the enriching aspects of that is the part that I think we're just a little bit hindered by, and have challenge toward reproducing. I can certainly say that over the many years I've been at Duke I've come to know a lot of people, not just within my division or department, but certainly outside of my department. And when the pandemic happened and we had to convert much of our outpatient clinic time into telemedicine formats and we were all sitting in our offices looking at patients and talking to patients across the computer screen, we didn't have the opportunity to be in the clinics and to walk the halls quite as much as we had done before the pandemic. And so some of those off the cuff kind of conversations you have in the hallway, you couldn't have quite as much anymore. And so there are many times when I'm walking across the Medical Center if I see one of my colleagues who I haven't talked to in a long time, it almost doesn't matter what I'm doing unless it's an incredibly urgent, I will stop and take a few minutes to say "Hi" and to just chat and see how they're doing [and] how their families are doing, and try to keep that human interaction going. And those are certainly bright spots in the day when I see a colleague who I probably haven't talked to in six months because of this pandemic, who prior to the pandemic I would see every week or so in the hallways. And so I really try to be very intentional about taking time to keep those interactions and those connections going, no matter how hard it [is], no matter what the effort is required. Just simply because those are the people who I I look to [and] I depend upon to help with providing good care for my patients. They are the people who I have come to know as friends in my professional workspace. And so I work really hard to keep those connections going, so that they're not lost.

JO 22:45
Thank you for laying that out so well, that's really so interesting to hear how the interruption of the pandemic has mattered in the context of your work. And I want to make sure that I ask you a bit about your path to medicine. And so if it's okay with you, I'd like to sort of transition and ask a little bit about your early life. I know you said that you're from the region. And I wonder, could you tell me a little bit about what your upbringing was like, and what kinds of family or community influences shaped your path or your interest in your career?

CB 23:40
Certainly. So I've spent most of my life leading into my adulthood in this part of the country, mostly in Virginia where I was born and spent probably half of my childhood prior to going to college. When I was young, between the ages of about three to eight or so, I moved with my family across different states. I lived in Ohio for a few years. I lived in Pennsylvania for a few years as well. And those experiences I don't really remember quite as much because I was quite young at the time. However, growing up I always had an interest in being a physician ever since probably my earlier teenage years, I would say. I had a very profound experience with the healthcare system myself having to have back surgery for scoliosis as a child. And that was the first time that I had really had an interface -- a serious interface -- with the healthcare system. And I think it just made a big impression on me. The doctors and nurses were nice. I had to have a surgery, I was in the hospital, I had a chance to experience what it was like to be in hospital as a kid, which is interesting. And then all of the clinic visits and other related healthcare that came thereafter. And I think that that was my first opportunity to really see what it was like to be a doctor. And it just fascinated me, quite a bit. I am the second physician in my family. I have a cousin who is actually a family practice physician. And so I had an opportunity in my teenage years, and my college years to be able to spend a lot of time with her and shadowing her, to see what she did as a physician. And those experiences were fantastic as well. I almost sort of looked up to her as sort of a big sister rather than a cousin. She's actually my father's first cousin so in a generation ahead of me. But she always felt like a big sister to me, more than anything else. And so seeing what she did, and then having my own experiences with healthcare, I think helped to shape my desire to be a physician. Interestingly, I'm not an orthopedic surgeon, even though I had orthopedic surgery as a child, and I'm not a family practice physician, even though my cousin is a family practice physician. I sort of chose my own path within medicine. But the entry point into medicine, I think was shaped by both of those experiences.

JO 27:02
And I'm curious you mentioned that the nurses who cared for you, they were nice, and that resonated with you. And what else did you notice about the people working in a medical center, whether it was your cousin or a doctor who cared for you, what did you observe about them that interested you or that clicked with you?

CB 27:36
I always saw them as being very smart, they seemed to know quite a bit. And they knew how to apply their knowledge to help somebody else. And I think it was as raw and as simple as that. I enjoy helping people. I want to help people. I want people to have the best that they can have in their lives, and that's really important to me. And this is probably one of the most obvious ways in which somebody can provide that kind of help and enrich somebody else's life. But I think I enjoyed the science of medicine, I enjoyed the fact that there were so many different things you could do as a doctor, aside from the fact that it was just a wonderful way to help other people.

JO 28:28
And I asked everyone this, but did you think about pursuing other careers? Or did you have other jobs on your way to becoming a physician?

CB 28:43
I had a pretty straight path, moving from college to medical school, and then into training and into the job that I have now. I guess earlier in my life, as a child and growing up moving through college into young adulthood, there were other things that I enjoyed. Probably, the thing that I would do now if I was not in medicine would be to write. I love to write, and I imagine that I would probably have an alternative career as a writer. Which is maybe very different from what I do if you sort of think about in the pure sense what a writer does versus what a physician does. But it's just a different aspect of my life that I truly enjoy.

JO 29:45
Would would you be a fiction writer, or another kind of an author,

CB 29:51
Probably either a fiction writer or one who writes poetry

JO 29:58
Some form of creative writing.

CB 30:00
Exactly.

JO 30:02
And I imagine that you must do a lot of writing as an academic physician. Do you think there's any part of that creative writer that expresses itself in your academic writing?

CB 30:26
Academic writing, particularly scientific writing, is a very different way of writing. So I think it's a little hard to put the creativity into it the way that you would if you were doing the creative fictional writing. But I guess there's always room for creativity in terms of what you think about, the research projects, or the way in which you want to express something scientifically. So there's certainly opportunities for that as well. I think things come together for a reason and your experiences in life all kind of come together to help shape what you do and to help mold you into what you do now. As much as I enjoyed writing growing up.. even from my high school days into college I took writing classes, even creative writing, I took a poetry writing class. I mean, how many people do that? And I absolutely loved it. The professor told me I should keep working on those poems, because they were really good. I still have those stored away somewhere, maybe I'll keep working on them and get them published someday. But even in college, I took classes that helped me figure out how to be a good scientific writer. There were certain courses that required me to do the kind of writing that you would do as you were trying to report results of research studies or projects or lab experiments. And so, whereas I had that passion for creative writing, I also had opportunities in college to hone in on those scientific writing skills. Some of which are very different than what you would use for creative writing. And I enjoyed that just as much as I enjoy the creative writing aspect as well. I think I just like to

write [laughs]. And so any way that I can do that, I think for me is an outlet and a passion and an opportunity to express myself in a different way.

JO 32:48
And I think you described really well what put medicine on your radar, and you mentioned that you had found your own path that was different than some of those early examples that you had. So I think I'd really like to hear how you got interested in the liver and why.

CB 33:19
Throughout medical school I always found the liver to be a fascinating organ. I always thought that the different liver diseases were very interesting to study. I love the diagnostic approach to how we provide liver-related care. I love looking at the lab tests, I love looking at the X-rays, I absolutely love looking at liver histology -- so, looking at what the liver looks like under the microscope with liver biopsies. I just always seem to gravitate toward that. And I really enjoyed that. Our discipline in hepatology is one by which when we go through our training we also -- typically it's not always the case for everyone -- but the most typical experience for that involves training in gastroenterology and then sort of sub-specializing in hepatology. And so at that first level of fellowship where we are learning about GI as well as liver disease in the discipline of gastroenterology we also do in endoscopic procedures. So it's a very nice blend of cognitive work and procedural work. And that I think is very attractive. I still do endoscopic procedures, even though most of my clinical practice is with transplant hepatology. So there's one day a week where I get to use my mind a little bit differently because I'm doing those endoscopic procedures, versus being in the clinic setting and trying to do an evaluation for someone who's coming in with a presumptive liver disease diagnosis or helping to take care of what is their known chronic liver disease. So it's a nice opportunity to use a couple of different skillsets throughout the week, which means it's not boring because I get to mix it up and do some different things. Not all hepatologists do endoscopic procedures. But many do. And I am one of the many hepatologists that does participate in endoscopic procedures. And I find that kind of rewarding, because I oftentimes do endoscopic procedures on my own clinic patients. So it's a nice way to provide some additional continuity of care. And that's something that I think the patients greatly appreciate. As I've sort of walked across this path, like many in any discipline, I've tried to figure out what is that passion. Or what is that thing that you want to be known for, or that level of expertise within your discipline that you want people to know you for and to refer patients to you for the purpose of care. And so, along the way I've tried to figure out what is it within hepatology that I really enjoy. Is there something that I really want to spend my time sort of focusing in on, within the field? And over time I've evolved into having this passion for women's health-related issues in hepatology and in liver transplantation. And so, I spend a lot of time providing care for pregnant women with complex liver disease. I take care of many of the liver transplant patients who become pregnant. I get a lot of consults for this purpose. And I've been able to do some writing, and even speaking at conferences on this type of topic. So it's really a fascinating area for me. It's one that I have a lot of passion for and I really enjoy. And it's sort of rewarding to have walked along this path and sort of found that niche that you love, you have passion for, and really want to build upon as you walk along your career.

JO 38:07

I'm glad that you mentioned that interest in the intersection of hepatology and women's health, because I had read about your work starting a hepatology clinic that focused on patients' reproductive health and pregnancy. So can you tell me a little bit more about how you observed the need for a clinic as somebody who really developed that expertise in thinking about and treating liver disease in relation to pregnancy and reproductive health?

CB 39:04
I think part of it was born out of the fact that it's a field in which there's limited knowledge, limited expertise, and to some extent, some concern [or] maybe even fear on the part of some providers. Many who are outside of Obstetrics get concerned when they have a pregnant patient with chronic medical illness sitting in front of them, because they're not just thinking about the patient, they're thinking about the baby as well. And oftentimes there's some concern or a little bit of hesitation about what can or should be done, whether or not you can give certain medications or do certain procedures for pregnant women. And I just found that it seemed as though there needed to be someone who would be an advocate for these women in terms of the type of care that they would need. Even if it required very complex, high-level medical care, certain kinds of procedures to be done, whether or not a transplant patient could get pregnant. These are all things that can sometimes be a challenge. And so as I started my career and I began to intermittently see these women in clinic or see them on rounds, I realized that there needed to be someone with some degree of expertise who could really advocate for them and to not say, "Oh, no you can't get pregnant," just because you had a liver transplant. Or to not feel confident or comfortable about how to provide care for them if they've got advanced liver disease and now they're pregnant. So it really requires a lot of patience, it requires a lot of expertise, it requires a lot of effort to pull upon and reach and look for the data that actually, quite frankly, [is] limited in terms of how to provide this kind of care for our pregnant patients. As I've gone through this process and began to establish a clinic [it's] an opportunity where I can have groups of patients scheduled together, where I can just sort of sit down and focus in on a half a day where I'm seeing all of these women who are either pregnant or who are considering pregnancy, but perhaps have chronic liver disease or have undergone liver transplantation. And to really be able to devote concentrated periods of time to taking care of these women has been a real joy for me. I think it's a great opportunity for learning. And I've had some trainees and students who have come up to me and say, "Oh, you have a pregnancy clinic, I want to come to your clinic, because I don't get to see a lot of these patients. And it's a great opportunity for me to see a lot of them at one time and to learn about all the different diseases you have to manage in pregnancy." So it's great from a medical education perspective, too, to be able to have all of these patients kind of together at one time, and to see them in sequence and [in] one clinic session. And really have that devoted time and focused energy for that kind of care. It helps with access, because it's that set aside time, and I don't have to worry about them sort of being sprinkled in with the other patients that I'm providing care for. So I try to keep the focus a little bit separate from the rest of what I do across the week. And it's been a great opportunity and a great experience for me, I think, to be able to develop that and to move it forward in practice. I had the privilege of being able to participate in the authorship of a national guidance document.

JO 43:48

I'm sorry, I'm sorry to interrupt. Dr. Brady. I think that it's possible I'm having a little trouble hearing you and I think that possibly, there might be a loose connection in your headphones somewhere, that's my that's my wild guess. No, I can't. I'll make sure it's not on my end. But you've gotten very faint unfortunately. Okay, now I hear you fine.

CB 44:19
Alright.

JO 44:20
Everything's good now. Sorry for the interruption. You were speaking about what the experience has been like, of starting your clinic and why that's been rewarding.

CB 44:35
Yes. And so, just to recap, it's been rewarding because it's been a great opportunity for me to spend a concentrated period of time thinking about the clinical problems for pregnant women who have liver disease, and those who are pregnant and have undergone liver transplantation. It's a great opportunity for me to also educate trainees and medical students, because it's a concentrated period of time in which they can learn from multiple patients in a short or defined span of time [to learn] about these kinds of clinical situations. Because the information that helps to inform practice has been so limited. There's been a need for more research. There's been a need for greater understanding and more guidance about how to provide this medical care. And I was fortunate and have had the privilege of being able to participate in the authorship of a national guidance document on reproductive health and liver disease that was published last year. And so that's been a great joy in my professional career to date, because it's provided an opportunity to really help educate my colleagues on what I consider to be an extremely important clinical topic for which data are very limited in guidance, and even more limited in terms of what it is that we should be doing to provide quality care for this subset of patients.

JO 46:32
That sounds like really important work. Am I understanding correctly that essentially this patient group was more or less under-studied in hepatology? Was your clinic maybe one of the earliest to focus in on this patient group?

CB 47:03
I think I may have some colleagues across the country who do some similar things, or at least carry a larger-than-typical panel of patients who are pregnant, whether they have them clustered into a clinic or not. I don't know that for all of my colleagues who do this kind of work. But I do know that many of them see larger than average numbers of pregnant women in their clinic setting. I do think it's somewhat unique in the sense that there aren't a lot of people across the country who are doing this kind of work. I think that there's increased awareness, and increased interest in this simply because it's more of an issue in the clinical setting now than maybe what it was many years ago. But still the data are limited. It's still, I think, beneficial to have people who are really focused in on this and dedicated to the task, and who can provide that kind of very focused and dedicated care, and then contribute to what is now sort of a growing body of research, guidance, published recommendations, etc. for the care of these patients.

JO 48:33
And I read -- in another interview that I found with you I read a little bit about you approaching the department head about beginning this clinic. And that sounded like an interesting story. And I wonder if you'd want to share a little bit more about that story or another experience that you've had over the course of running your clinic?

CB 49:07
So when I started seeing these patients sort of scattered about in my clinic, and I would see them on consultative rounds and then bring them into my clinic once they completed their hospital admissions, I realized that if I really wanted to focus in on this and gain recognition and expertise in this, it would be important to have some set aside time to help ensure that I can bring these patients in in a timely fashion and provide the kind of care for them that I want it to provide. And to be recognized for that in a way that could help facilitate expedited care and high quality care. And so I had this idea, let me just sort of set aside a little bit of extra time and figure out a way to bring these patients into clinic in sort of a concentrated fashion. And so I talked to my division chief about that, and found that he was actually quite supportive of the whole notion of me taking an interest in and pursuing an expertise in women's health, or our complicated liver disease patients, and those who have undergone liver transplant. And so he said, yes, there would be opportunity to do this. And that's pretty much how the clinic time and the sort-of carved-out time in my clinical practice to build this expertise was born.

JO 50:48
And have there been other pivotal moments or formative moments in your time at Duke that come to mind for you? I know that you've done quite a bit. I believe that you're on, is it the Faculty Council, as well?

CB 51:10
So I'm on Academic Council, and that's across the broader university. That's been a very interesting experience for me as well. The Medical Center is a very big place within Duke. But Duke is broader than just the Medical Center. I think it's very easy on the Medical Center side to be in the silo of the hospital and the clinics. And to not always remember that Duke is broader than that, and there's an entire university side with the college students and graduate students and other professional students and all of the faculty who help educate and serve that student population. And so in my time at Duke, I've always wanted to take the time to learn and understand Duke more broadly. And to feel more like the global Duke citizen as a faculty member [laughs], rather than just one that's stuck in the medical center. And so I try to figure out ways to do that. Numerous years ago, an opportunity came about to volunteer to serve on the Diversity Task Force that was actually being started by Academic Council. Academic Council is the faculty representation across all of Duke. And so it's faculty representation across all of the schools and disciplines within Duke, and that is inclusive of clinical sciences and basic sciences faculty in the School of Medicine, along with our colleagues across the broader university and the various other schools outside of the School of Medicine. And so the Academic Council representatives are voted upon to serve on Council by their peers in their respective disciplines and sections. At the time that I volunteered to serve on the Diversity Task Force, which was

sponsored by Academic Council, I was not actually an Academic Council member. But it was sort of a broad call to all of the faculty asking if there was interest in being a part of the Diversity Task Force. And so I said, "Sure, I have an interest in figuring out how we can be a champion for issues of diversity and inclusion across the entire Duke community." And it was a very interesting experience. I went from volunteering to just join this task force, however big it was going to be, to finding myself on its steering committee, and finding myself as a co-chair of one of the subcommittees [laughs]. And it was a wonderful year-long process in which I got to work with faculty colleagues that were outside of the School of Medicine, and to work on this really important issue of figuring out what are the best practices and in diversity, inclusion and equity? How can Duke ensure that it is doing what it needs to do to promote diversity in all of its spaces? And the task force, as I mentioned, was a year long process. And at the end of that year, those of us who were a part of it were able to produce written documentation about all of our findings. What we had investigated across the year, all of the various people across the institution who we interviewed to figure out their perspectives on this and what they thought was good or what they thought could be done differently in this type of space.

And I wanted to continue that further and figure out how can I contribute more broadly across Duke. And so I ended up standing for election, and becoming elected to Academic Council. And so I was able to participate in that process of hearing about all of the things that were going on at Duke more broadly and how that might impact the faculty. I helped provide input, along with the other faculty representatives on Academic Counsel, about these matters. And then I thought, "Well I want to go further, I want to do more with this." And as a member of Academic Council, there's opportunity to sit on various University committees, which I've had an opportunity to do. And then more recently, I actually agreed to stand for election and was able to be elected to the Executive Committee of Academic Council. Which is actually quite an honor, because that is the Executive Committee that sort of provides that higher level of leadership for Academic Council. There are eight members on the Executive Committee of Academic Council. And because each of the first letter for that title are E-C-A-C, we call it "E-CAC" for short. And so I was able to be elected to be ECAC. And I consider that an honor because it was an election by my peers who are on Academic Council. Because of them, I was able to be able to have a seat on this committee. And so last year, this last academic year, was my first of the two-year term that I have on ECAC. Last year, I was actually the only School of Medicine faculty member on ECAC. This year, I have one other School of Medicine faculty colleague who sits in on ECAC. She is from the Basic Sciences division, whereas I am representing the Clinical Sciences faculty on ECAC. And that's been a wonderful experience, and has given me far greater insight into how Duke works. I've come to get to know a lot of people outside of the School of Medicine. I have the privilege of being able to be a voice for my faculty colleagues in the School of Medicine, and even more broadly across the entire university. And so for me, that's been a great professional development opportunity, and an opportunity to serve others in a different way.

JO 58:29
And so currently what are some of your goals or objectives in your work through ECAC? What sorts of issues are you looking at and addressing?

CB 58:48

Well, it's a broad range of issues, with the goal of really being able to focus in on the things that are important to faculty. I have to say, it's been a very interesting experience, and in one in which I could not have predicted that a pandemic would shape, in a different way. Up until the time of the pandemic, we were dealing with just the routine kinds of faculty issues. People having questions about resources and broader things about rules that would have faculty influence, finances across the university, educational issues, etc. But when the pandemic hit, things changed a bit and a lot of our discussions were focused on what is the University's response to the pandemic? What are the University's resources that will help us move through this pandemic? How are we going to service all of our faculty, staff, [and] students across this pandemic. And so the typical challenges and interests of ECAC kind of went into a completely different direction [laughs], because we had to move with our university leadership and administration on a number of those things. So it's definitely been a unique experience, and probably one that is unique to this time. I think anyone who sits on ECAC will have an experience that's very different from that of the broader faculty who may not have that opportunity. But serving on ECAC in the middle of the pandemic when challenges are mounting on a continual basis is definitely an outlier of an experience. I knew going into my time on ECAC that it would be important for School of Medicine faculty to be represented and to have a voice in what goes on regarding faculty matters for the University. But I could not have envisioned just how relevant my position would be on ECAC in the middle of a pandemic, and to be the Clinical Sciences faculty voice in the middle of a fight against a deadly virus. Who could have envisioned that, right? And so it's definitely been a very rewarding experience.

JO 1:01:37
I would think that there would be a lot of moments when the other heads in the room would kind of look to you as the physician, the medical expert, in dealing with this health crisis. Do you have any memories of what that's been like that you'd want to share?

CB 1:01:58
I think there are many times when there were clinical questions that were asked during our meetings. And, they'd say, "Well, Carla, what do you think?" Or I would feel very compelled to raise my hand and offer that clinical opinion about things. And I think it was helpful. I was able to, in many instances, talk about what was going on over in the Medical Center, and how we were dealing with this from a medical center perspective. And I think that that was helpful for my ECAC colleagues who would not be able to see that up close. And there were times where there would be questions about data that we would review, or what should be the practice for doing whatever it is that we had questions about in the middle of a pandemic. Those were things that I can provide insight on, and that I think really helped my colleagues quite a bit.

JO 1:03:04
Well, thank you so much. I know that we're running a little bit close to the end of our time. Is there anything else that you want to touch on before we end the interview?

CB 1:03:20
I think what I would say is that I've certainly been enjoying my time here at Duke. I've had great opportunities to do a lot, contribute a lot, in very different ways. And, I look forward to what the

future years bring for that. I think that, particularly during this time in our lives, in all of the challenges that we've had to deal with the pandemic, with unrest regarding issues with race and ethnicity and many of the social concerns that people have had during this [inaudible], I have found Duke to be a fascinating place to work in and a place where it seems like there's opportunity, at least, to address those things. As an African American woman physician, I appreciate the fact that as these concerns about racial and ethnic inequality have come about Duke is trying to find ways to provide voice for that and opportunity for people to figure out how to make things better. And so, I appreciate that. I appreciate the way that Duke has dealt with this pandemic, and try to really take care of the people that are coming in here and working hard every day to still provide medical care and do all of the many other things that are necessary to do. And to keep life going in the middle of the pandemic. Not everything is perfect, there are things that, obviously, we want to do even better than what we've been able to do. But I do appreciate the fact that it seems as though there's effort being made toward doing that. And I think that's important. I think it's been important for, particularly during this time, for our trainees and our students to see people like me in medicine, to see other of my colleagues who are Hispanic, who are Asian, who are women, who come from other countries, who are diverse in many other ways, all help come together to take care of patients and to provide high quality medical care [and] to provide excellent medical education. I can distinctly remember not long after our recent presidential election, I was on rounds one weekend. And every single person on my rounds was a woman. The transplant surgeon, I as the hepatologist, every single one of the advanced practice providers, one of our colleagues who was on the transplant nephrology side who was going to be rounding that day, all of us were women. We actually took a picture together that someone posted on social media, and which I thought was really empowering. Because here we all are, doing our jobs every day in a transplant specialty that years ago, was much more male-dominated than what it is now. And to see all women, and women from diverse racial and ethnic backgrounds as well, who were in that picture, it was fascinating and thrilling to see. And so I think moments like that are really rewarding. Little moments, but certainly ones that are profound. And the fact that it really gets to the spirit of helping to ensure that what we do in medicine services a diverse population of people in the best way possible. But what those diverse populations of people see in their providers, in the people who take care of them, is just as diverse as well.

JO 1:08:12
Yeah, thank you for sharing that story. That really that must have been an exciting moment.

CB 1:08:19
It was, it was. And I don't think we realized it until we all stood there right before rounds, and we were chatting and we were looking around at each other, and realized "We're all women. All of us here are women." And it was great because we even had some of the surgical residents with us. I remember there's one surgical resident, and then we had the transplant advanced practice providers, and then the attending physicians as well. And so the surgical resident was just thrilled. I think she was over the moon because all the people that she's working with that day were women, even all the way up to the attending physicians that were supervising her. So, it was just great. It was a fascinating moment.

JO 1:08:59
I'm glad that you added those thoughts, I really appreciate it. And this has just been a great interview. So thank you, Dr. Brady. It's great to include you in this project.

CB 1:09:14
Thank you so much. I've really enjoyed talking with you.