How a Nurse, Immigrant, and Father Became Medicine’s Fiercest Male Ally Transcript

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Episode Introduction and Allyship

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy. Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am very excited today to have Dr. Mardad Soleimani on the podcast. If you're a long time listener, you may be scratching your head right now and saying, I thought we usually have women on this podcast.

We are starting something new and we are going to have men on the podcast that are focused in our ally corner. So male physicians that are great allies that are supporting their colleagues and champions of wellness and equity and people that we can really collaborate and count on.

And I very much considered Dr. Soleimani to be that person. And I just want to give a brief story about how we got to know each other and where we work together.

So, I am new to Temecula Valley Hospital, and he's the assistant director of the emergency department there. And he's really gone above and beyond to make sure that I feel welcome in the department that I understand the processes.

He frequently will in a non.

Why Gender Equity Matters

annoying way, but a very helpful way, check in on me about how difficult cases are going, offer to call consultants because he knows a lot of the consultants better than me.

So those are just behaviors that make coming into a new workplace a lot easier and really demonstrate ally behavior. So I'm very excited to have him on as our first ally guest, and just a little bit more about Dr.

Soleimani. He's also chair of the wellness committee at Temecula Valley Hospital, and he's also an entrepreneur. He's the co-owner and medical director of Neomed Spa, something that I'm very excited to talk to him about as well.

So welcome to the podcast, Murdad. Well, thank you so much for having me. I'm so honored to be on your podcast. I am a huge fan. I remember the first time you told me about the podcast, I was like, wow, that's pretty awesome that you have a podcast to begin with.

And then I started listening to the episodes and I was just so impressed by the contents and the guests that you

had. So thank you so much for having me today and I'm excited to be speaking with you.

So I want to jump in because as we were setting up this podcast interview, you mentioned why this topic is so important to you and the way you phrased it was so beautiful.

So why does gender equity and allyship matter to you? So I guess it goes back to my childhood and how I was raised by my mom. My mom is one of the smartest people that I know.

She's an entrepreneur, a businesswoman as well. And as some of you might know from my name, I'm originally from Iran. So I didn't actually move to the United States until I was 16 years old.

And growing up in an Islamic Republic of Iran where women are considered second-class citizen, my mom was able to climb the nut ladder. and hold positions that are usually were held by men.

And it was very important for my mom to teach me from early on that the men and the women are equal. And just because, you know, you were born into a different gender, that doesn't mean that you cannot do the same thing.

So that has always sort of like stayed with me. And throughout my entire career, actually, before going to medical school, I was a nurse and I went to nursing school.

I was like the only guy in class. I am a better person, I'm a better physician because I've been a nurse in the past and also the fact that I work with some really intelligent, strong women.

I've had really strong mentors for women and I just have a lot of respect for women in general.

From Iran to Nursing and Medicine

My wife is also in the medical profession. She's a PA. I always say she's smarter than me. So, and I have three girls, so I'm trying to teach them that they can achieve anything that they're set their mind to, regardless of the fact that they're women.

I'm very passionate about this topic. And just because, you know, I was born a man doesn't mean that I'm better than anybody else. So I truly believe that.

And I continue to try to empower my girls and my colleagues around me to know that I'm their ally, I'm there to help them. And, you know, their success is my success.

So what you just said about your mom is so fascinating. How do you think she was able to have that perspective and embody gender equity and teach you that while you were living in Iran?

She's a fighter and she just saw things differently and throughout the history you see a lot of women especially in some of the third world countries and you know and some of these other countries that are run by theocracy they just fight for their female equality and she believed in that and she believed in doing it and she believed in empowering other women around her and so And she didn't think it was right.

And she talked about it. A lot of women get into trouble when they speak out in most countries. And I don't know if my mom ever got into trouble for challenging their male counterparts and whatnot, but you know, I always saw her success.

So I'm sure she had a lot of challenges, but she never gave up. She definitely never gave up. That's such an inspiring story. So I want to talk a little bit more about your journey.

You're the second guest on the podcast to come from a nursing background. And I've mentioned it before that I think people that aren't involved in nursing or medicine, that it might be a natural transition to go from nursing to medicine, but it's actually not that common, maybe not surprising to some listeners.

The two professions can be very siloed. So how did you make the jump from nursing to medicine and what was that decision making like? Let's begin. We all have our stories.

Am I right? So my story initially actually one of the reasons I went into nursing again, being a first generation immigrant, my parents left a lot to come here.

I know they held really high positions and were doing really well, you know, probably upper middle class back there. And when they came here, they sacrificed everything as probably we should see the murals, but A lot of the refugees are coming here from like Afghanistan and some of them actually are my patients that come to the hospital and what the challenges are facing.

So when we came here, they had to just make the ends meet. So my dad is an architect and was very successful. He was CEO of a company and he came here and he had to deliver pizzas for a living so he can provide for his children.

Just seeing how hard they worked inspired me to work hard from an early on. I finished high school really fast here. I was 16. That year I finished high school.

And when I went to college, I wanted to get into a profession that I could get a job right away. I always was interested in sciences and human anatomy.

I was near that I wanted to work in healthcare, but getting to become a doctor was very our way. So I just wanted to do something that I can provide for my family and for myself, so I don't have to be depending on them.

So that's why I chose nursing. And it was a great experience. I like to say that I'm a very caring individual. And to begin with, I took care of my grandparents when they were sick, and I always took care of my little nieces and nephews growing up.

I really like taking care of people and making them feel better. And nursing allowed me to do that. And so go to nursing. So that's why I chose nursing.

I went into nursing and worked as a nurse for about four years. I did an extra year of critical care nursing, like residency or, you know, fellowship, if you call it, in the world of nursing.

And so I was doing critical care, working in cath labs, the ER. And the interesting story is that I actually was working in the ICU and it was the middle of the night and one of the doctors came in and he was very well known for just having the GIGO as a cardiothoracic surgeon.

and comes in and he couldn't find the progress note in the bin. And so he got really upset about it and started yelling at all the nurses and to my female colleagues.

And just being me, when I was younger, I had a lot more of a hotter temper than I have now, I stood up to him and I told him, just because you're a doctor doesn't mean you're better than anybody else.

And because just being a male physician talking to the female nurses, that was really hard for me to endure that and allow him to do that. Again, coming from a background that men were considered being better than women and my mom teaching me that there's no difference, that again, I want to protect my fellow coworkers.

So. At that moment, I said, you know what, anybody can become a doctor. Just because you have an MD next to your name doesn't mean you're better than anybody else.

And that really motivated me to go to medical school. So here I am now. So now you're practicing emergency medicine physician, but I think I remember you telling me that that wasn't necessarily a straight shot either, that you may have done another residency.

Yeah, initially just because of that experience and I actually was a CVIC nurse, I wanted to become a cardiothoracic surgeon.

Choosing Emergency Medicine

So I went through the match and, you know, got into a surgical residency and then just going through the residency, I just realized that I didn't love the hours.

I wasn't really fun of the culture of surgery either. And I want to do something else. And I just kind of like felt like I was very limited. Again, no offense to our colleagues who are surgeons are amazing and what they do is very difficult.

I have a lot of respect for them, but I just realized after going into it, that was not something for me. I wanted to have more freedom. I want to know more about human body and I want to know more about like different disease pathologies.

And so an emergency medicine was the absolute. Basically the one that I wanted to do is was a specialty I wanted to do and I realized a little bit later after doing a few years of residency in general surgery So, of course, I never finished general surgery.

I entered a match again I applied for emergency medicine and I got it and the rest is history Yeah, I think it's interesting the more you talk to various physicians.

That's not a completely uncommon story I mean, it's sure more people stick with the residency they match into but I think it's a really important story to get out there and maybe do you have any tips for people that may be feeling like they're not in the right specialty or the medical student out there that's just racking their brain that they just really feel conflicted between two specialties.

Hi everyone, it's Dr. Andrea Austin. If you've been feeling stretched thin or wondering who you've become in the middle of practicing medicine, Recalibrate might be exactly what you need.

This program creates identity level transformation for doctors because every single participant still practices clinical medicine, yet many have reshaped their careers, their schedules, and their sense of purpose through what they've learned here.

I'm very excited to be co-facilitating the 2026 cohort with the incredible Cherie Johnson, and we've redesigned the program to fit real physician lives.

There are two-hour group sessions twice a month from January 29th through July 2nd, every other Thursday from 3 to 5 p.m. We only have a few spots left and if you've been wanting to work with me individually, this will be the only way you can do it through spring of 2025. Yes, my personal coaching practicing is fully booked and I'll only be taking on new clients if you're in the Recalibrate program.

If you want to take your growth even deeper, you can also register for the Heart of Medicine, our once-in-a-lifetime immersive conference in Australia.

a perfect capstone to the Recalibrate journey. It's unlike any professional event you've ever attended and I'm really excited for the listeners of this podcast to join me in Australia.

Learn more and register at coachingfordoctors.net.au. You may also email me at andrea at andreaaustinmd.com for more information. Yeah, of course. Let me actually, let me back up.

I don't think I answered your question earlier about nursing and medicine. Yeah, it's completely different. They're so different. You know, going to medical school, I was a little cocky initially and I thought, Hey, I'm going to grade.

I was a nurse before and what they teach in nursing school is very different than medical school. I almost fell out of that medical school first semester because I thought I knew everything, but I had no idea how difficult it was.

And just the whole, the thought process is different. Like the details you have to know is different. So that was really. eye-opening for me and then after that first semester I got my act together and I was able to complete medical school but as far as the going into which specialty actually is the one that you want.

Now that I'm in medicine I feel like I should have done this from the beginning because initially like when I was applying for the match you know, the first time around, I actually applied for general surgery and I also like OBGYN a little bit.

So I applied for OB as well and then matched to general surgery. So I wasn't really a hundred percent about what I wanted to do. I like medicine in general.

So I wanted to do something. Then when I had to choose a specialty, it was very difficult for me. Of course, I went back to my roots and I always was fascinated by the heart and the cardiothoracic surgery.

And that's why I chose general surgery to go into a cardiothoracic surgery eventually. But. But when I was in there and doing the residency, I was not happy.

Physician Wellness and the Human Factor

I was not happy. And I didn't think I was the best version of myself. So it was hard to change specialty after, especially after doing a few years of general surgery.

But then the way I thought about it, I was like, this is for the rest of my life. So I need to do something that I love to do for the rest of my life.

And Dr. Austin, I can tell you guys when she sees me at work, I love what I do. I am not a day goes by that I'm like driving to the parking lot. I'm like, Oh my goodness, why am I going to work?

I love what I do. So finding my passion, even though I realized a few years later was the greatest gift that was given to me and try to be honest with yourself.

And, you know, it's okay that, you know, why do people go into medicine? That's actually the question. Why do people go into medicine? Do you go into medicine for the prestige of it?

Do you go into medicine for money? Do you go to medicine because you love medicine? So those are the questions you have to ask yourself to begin with, why are you going into medicine?

And if you go into medicine for the wrong reason, you're never going to be happy or successful. So, uh, whenever you realize, you know, what you love, just stick to it.

And I love my residency years. I had a really good experience and I'm glad that I switched. Yeah, I think that's a great message. And I think, you know, in some ways I hear like it would have been great to pick emergency medicine from the start, but you didn't and you did general surgery for a few years.

And I'm sure that surgical background has paid off in a lot of different ways from the clinical knowledge you gained from. thinking like a surgeon and being able to communicate with surgeons.

And that's at least I have one other colleague that I can think of off the top of my head that did a few years of surgery as well. And it's really made him a better physician.

And I look to him a lot sometimes when there's kind of a surgical component to a presentation. And I think that's a good message that it may feel like a delay, but it's part of your story and part of what makes you unique.

Yeah, totally. Again, it has helped me, you know, in emergency medicine, like, you know, there's a lot of times there are surgical problems that come through the door and just being in the operating room and seeing those surgeries, I know what can go wrong.

You know, not that my colleagues don't know what can go wrong, but I have a different experience. I have had like the front seat to these cases, you know.

I know like in the middle of the case, you know, I know, of course, as medical students, you are in surgical, you know, cases and whatnot, but it's not the same as being the surgeon and doing the operation.

So it's definitely helped me quite a bit. So I want to pivot and talk about your role as chair of the wellness committee at Smecula Valley. And you and I have had some conversations about physician well-being.

the trends that are happening in emergency medicine and medicine in general. There's certainly some things that you and I are concerned about. What is your overall philosophy and what gives you some optimism about the future of wellbeing for physicians?

I guess, you know, the optimism that I have, and I'm glad that we're starting it with that, is the fact that we are becoming more aware of physician wellness and we are not ignoring our emotions and our feelings and our fears.

And when you become a doctor, it's almost, hey, you have to deal with everything. You are the top of the food chain. You're the captain of the ship. And when everybody else is freaking out, you should be strong.

And you should not have any emotions. You should not have anxiety. You should not be afraid. You should not be sad. You should not be mad. And just keep on keeping on.

You know, we're human. I call it the human factor. And that's what Adriana talked about before. It's just the human factor is so important for me and the world of emergency medicine.

Unfortunately, I've had some of our colleagues, especially recently during the whole COVID time, commit suicide. And these were some of the best doctors that, you know, if you ask about them, these are some of the best doctors ever worked in the profession.

always had a smile on their face or always there and always helped each other out or their colleagues out, but they never showed that they might have been depressed or they might have had anxieties or God knows maybe they've had a bad case or they were sued or whatnot.

You know, maybe they had like, you know, marital problems. Maybe their parents passed away or brother or their kids are sick or whatnot. So we don't talk about those things.

And to me, that is not right. We all struggle with things. I mean, there are a lot of physicians that struggle with alcoholism, for example, you know, their coping mechanism is like, Hey, I'm going to go home and have a few drinks.

There's nothing wrong with having a few drinks, you know, once in a while. But if that's your coping mechanism becomes a habit and you get dependent on that, just like, you know, with anything else too, with drugs as well.

not forgetting the human factor and saying that I am a human, I can be weak. To me, that's a sign of strength. To be able to realize that I have emotions, I can get sad, I can get mad, I can get upset.

I mean, how many times have you or I have coded the patient, we've been in the room for God knows 30 minutes, an hour and a half. And let's say that patient is a child and we lose that, that even makes it worse.

You know, for me, children's are always a very difficult, you know, we cannot save them whatnot. But even adults, same way. And we have to come out of the room and then walk into the next room and then listen to someone

who's upset that they did not get their turkey sandwich.

That is just not human for you to have gone through that entire experience and all of a sudden you just have to just take a deep breath and just walk to the next door like nothing had happened.

So that's why, again, I encourage our staff, actually, this is something that we have done and our chair of our department is very big on this as well, to do a debriefing after all these events, to take a moment, talk about it, talk it through.

And then with the help of your colleagues and the colleagues can be other physicians or nurses or techs and so on and so forth, just to do a little root grouping and talk about it.

and then that can help you deal with the emotions a little bit, then you can go to the next door and continue to take care of your patients. But yeah, the human factor.

Dad, I'm so passionate about it. You're not weak if you have emotions. Such an important message and it was far too late in my career when it was really revealed to me that the hidden curriculum of medicine, and this is something that Sheree Johnson who's going to be on the podcast soon has in her book is really stoicism, competition and perfectionism.

Those are the three legs of the stool that medicine runs on. And how you outline that, you know, you're supposed to be the stoic that doesn't have emotion, that's calm.

That's not realistic. And what we need to be teaching people, which the term was never used during my residency or in medical school, is emotional regulation.

That you need to be able to feel those emotions. And you have to be able, quite frankly, as the doctor, you still have to be able to regulate them enough that you don't distress your patients or distress your team members.

And there's so many different techniques to do that. And just a brief one, I'll just mention to the listeners, and I have a blog post on it. When you can, and if you're capable of debriefing, you shouldn't force a debrief if you're in a psychological state that you don't think you can actually even talk about it.

You shouldn't be forced. But if you can't debrief or you're not ready to debrief, you need to flag that in your brain. So make a note that this just happened to me and I'm really upset and you have to come back to it.

Because what I found that happened to me in 2021 is I essentially had 10 years of unprocessed traumas. Because there were so many times we have terrible cases that happen.

And sometimes I would wake up the next day and it was almost like I couldn't remember them. But then if, you know, really sat me down and asked me what happened, you know, walk me through your shift, then I could tell you and I would be like, oh my gosh.

That was really messed up. Oh, no wonder I kind of feel off. But I just really encourage people to take what Dr. Soleimani is saying to heart. I'll put some resources in the show notes that you have to find a way to process this stuff and Instead of being the non-feeling numbing doctor, it's much better to be the feeling doctor and it's harder.

It's actually harder to be that person, but it's better for you long-term and it's better for your patients and team members. Exactly. I love the term using the feeling doctor.

I mean, the feeling doctor actually can be extremely effective. The feeling doctor is the doctor that sits next to their patient at their eye level and talks to them about their issues.

The feeling doctor is the doctor that goes in there and explains the lab results. and answers the patient's questions, constantly checks on their patients that they're worried about, and that explains to the family member and to the

patient why I'm worried about this, what are we doing about it.

This day and age, our patients are very smart and they're very informed. So treat them like they are informed and they're smart. And the feeling doctor is the doctor who is able to compartmentalize things at the time of crisis and deal with the problem with the situation, but after they can have a way of processing it.

One of the things that has helped me tremendously is having a good relationship with our colleagues and our different specialists. And, you know, like, for example, if I have a bad case coming in, for me, that helps me deal with a stressful situation.

Feeling Doctor and Patient Empathy

If I'm working with another physician, I'm saying, hey, if I'm working with Andrea, I'm saying, hey, I'm going to get a really bad case here. I'm getting a kid coming in really sick or so on and so forth.

Hey, will you back me up? And at the same time, I will call anesthesia and say, hey, I have a newborn resuscitation coming in. Hey, are you available to back me up if I can in today?

I will let my ICU doctor know as well. So it all depends on where you're working. If it's a university hospital, community hospital, we work at a community hospital, so our resources are very limited.

By talking to the nursing staff. This is what I'm expecting Hopefully you have five minutes ten minutes for the coming in you can talk about it Hey, this is what I'm gonna do.

This is what we're gonna do, you know, for example again I keep referring to a pediatric situation because that's for me. That's the one that I really need to be focused on and So I say, hey, get the Braslow tip in there.

Make sure we have all of our medications ready. Have pharmacy come by. So that's for me, that's my coping mechanism. That's how I'm trying to deal with the emotional part of it.

And again, going back to the term of the feeling doctor, the patients really appreciate the fact that you are listening to them. You know, a lot of us, we deal with drug seekers all the time.

But what I teach my residents is that those drug seekers can be sick as well. So let's not forget about that. Let's just be so callous and say, oh, this is Jack coming in with chest pain.

He just needs to allot it. But that guy, that Jack that comes in with chest pain can have a heart attack as well. Being the human factor, be a human, have a feeling for other people as well.

No, I think it's so important. And the more we learn about empathy, it actually improves patient outcomes. There's some data for that. And it doesn't have to be a long interaction.

As short as 45 seconds is perceptible by a patient. And even in a specialty like ours that we're constantly under the crush of people coming in, 45 seconds is not a long time.

Alright folks, we're gonna leave it right there and I'll be back next week with part two of my interview with Dr. Murdad Soleimani and I would also really appreciate it if you like this podcast to go ahead and like and review us so we can reach more of our audience.

I hope you're having a lovely day and you take some time to enjoy the upcoming holiday season. Be well and I'll see you again soon. Thanks for listening to Heartline, Changemaking and Healthcare.

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