You're listening to “Moving Ahead,” the physical therapy podcast by Washington University Program in Physical Therapy. In this episode, Dr. Steven Ambler, Director of Professional Curriculum in Physical Therapy and associate professor at Washington University's Program in Physical Therapy, speaks with Dr. Julian Magee, assistant professor of physical therapy and orthopedic surgery, and the leader of DEI initiatives within the Program in Physical Therapy at Washington University. They discuss his role within the program and his involvement in the renewed DPT curriculum.

Steve: Hi, everyone, I'm Steve Ambler, the Division Director of Education here at the Program in Physical Therapy at Washington University in St. Louis. Today we have with us Dr. Julian Magee. Hi, Julian.

Julian: Hi, Steve.

Steve: Julian is the Assistant Director of Diversity, Equity and Inclusion and also an assistant professor of physical therapy and orthopedic surgery. So Julian, we're really excited to have you on the podcast and

being a relatively new faculty member within the program, I thought we could start off by just having you share your career path before you arrived here at Wash U.

Julian: Well, thank you for having me on the podcast, first of all. I guess my career is a little unorthodox, maybe. I started out as an athletic trainer, going into PT School, graduating from PT school, moving into a role where I worked as a physical therapist and an athletic trainer for a very small college in Tuscaloosa, Alabama. And we also provided PT services for a school you may have heard of, the University of Alabama. And then I went on to open a satellite clinic. In within the first year I found myself in management. And a few years later, I had the opportunity to return to my alma mater for PT school, which was Alabama State University where I worked 50% in academics, 50% in athletics. So I kind of had this sports, ortho background, you know what everybody says they're going to PT school to do. And I guess I was so committed that I stuck to it. But, um, getting into teaching was something that I didn't expect. I received a call from the Dean of the College of Health Sciences at Alabama State at the time. And I actually ignored him because I didn't think it was real, to begin with. But we met at a combined sections meeting, talked it over. And the next thing I know, I was teaching and haven't looked back really since that time.

Steve: Oh, that's great. I love that you ignored the call.

Julian: Yeah, I just did. I couldn't believe it. I was four years out of graduating. And I just didn't expect to have that opportunity at that time.

Steve: Yeah, well, wonderful. Well, we're glad that it's that it's brought you here to St. Louis. Beyond just getting involved in academia, what's motivated you to get involved with diversity, equity and inclusion efforts in higher education?

Julian: I think for me, with DEI, I feel like it's a buzzword now. And I, applying for this position, didn't really know if I was that qualified. But then as I look back over my career, even back when I was a student, this kind of work was what we were taught to do. I went to PT school that was housed in an HBCU, a minority serving institution. So service was kind of always the mission of the program. The mission of this particular program was to serve students from underserved and underrepresented backgrounds who would then go back and serve in underserved and underrepresented communities. Even as a sports and ortho therapist, athletic trainer, I found myself working a lot in rural areas that were underserved, and working in communities who were under-resourced or underrepresented. So it was kind of a natural trajectory for me. As I got back into education, returning to an HBCU my alma mater, again, Alabama State, the focus was always on service. So, again, that commitment to being a resource for under-resourced and underrepresented population.

Steve: Well that's wonderful. I think, you know, you mentioned the DEI as a buzzword now, but, but, why is this so important in physical therapy education now?

Julian: With the events of the summer of 2020, that we've seen, again, I think this just pushed everything to the forefront. Earlier, I think, in my opinion, that there was the thought that we had progressed to a certain point, are these things really real? They're not as bad as they used to be. So for a time, we can kind of ignore because they weren't as explicit. And then we had an event like the murder of George Floyd that came through, and it shook people. People who might have otherwise lived in this kind of world where it was not their experience, so it couldn't be real. But you couldn't ignore that. So I think that brought this back to the forefront, to make this very present and very real to say, oh, no, there are still these issues, there are these problems. And I think, looking at it from my standpoint, the implicit things are so small they are they lie there to fester until something blows up, become so big. So I think that event, and then everything that we saw around, it just gave the impetus to say, make us look within which it should have to push to be a better profession.

Steve: You know, I think, for a lot of us who were not doing this work as the as the primary focus of our of our role, I agree with you that, you know, things have really been brought to light over the last year and a half, two years. And one of the questions I get a lot is, how do we keep this going as far as the conversation? And, you know, everybody was involved a year, year and a half ago, and is that going to fade away or not? So I'm just curious, your thoughts on, how do we keep the momentum? Or how do we keep our, our focus on this as a, I guess, as a program, but as maybe even before that, as a profession?

Julian: It's constant evaluation and examination. Are we living up to who we say we're going to be as a profession, as a program? As physical therapists, we constantly reassess our patients, our clients, no matter who they are, whatever level they are, it's always this reassessment. And so I always like to tie it into who we are, as professionals. We constantly do that, from you looking at the musculoskeletal or neuromuscular system. When we look at diversity, equity and inclusion, we have to take that same approach. And I think investing in people to do the work financially makes a commitment to say that we are going to constantly self-assess, evaluate, reassess, and try to move forward. It's not simply good enough to be good enough, we have to work to be better. And it's a daily work. And sometimes we slip up, we don't get it right all the time. But it's that commitment. And not just the commitment with words, but a commitment with resources, finances, and stepping up to be the change age.

Steve: Well, speaking of work, you've been here a short time, and you've already changed some things up a little bit. So one of the things that, that I've noticed is, you know, instead of DEI, you call a DIB or DI and B. Can you talk a little bit about that?

Julian: So DIB, the B is belonging. So we know about diversity, equity and inclusion. But ultimately, what are we shooting for? What are we striving for? That's belonging. If I had to do it over, I would probably say we need to focus on inclusion, equity, belonging, and then diversity. But belonging just means that everyone feels that they are part and that they're welcome to be their full authentic selves. And so I think it's important that we say that, because again, the buzzwords are we're doing the hard work, but are we truly pushing it towards where we want it to be? And we don't want to have people coming in and just surviving their experience through PT school. I mean, now you may feel like when you were in school, you just survived and you're happy to get through. But ultimately, we don't want one group to feel like not only did they survive, but they were able to thrive, we want everyone to have that thriving experience. So that's belonging. That’s seeing themselves represented across the board. And I hope that we can continue to make those strides, at least while I'm here, I definitely will push forward. And I have been more than impressed with the buy-in from the leadership, faculty and the general staff, and students, I think they've seen the change, and it feels that this is a very welcoming, open environment.

Steve: Well, let's dig in a little bit more on, how you're, you know, engaging with this environment here and and perhaps changing it I can you just talk more about your overall role here at the program. And at the university. I think, for those that are familiar with the program, they'll know that we do a lot of things here, across education, research, clinical practice, and then even within those divisions, there are often a number of different activities and programs. So tell us where your role fits here.

Julian: It's funny, I think, initially, I didn't understand where I stood on the organizational chart. And then I saw a schematic and realized that, oh, I've got a lot of touch-points… so theoretically, as the Assistant Director of DEI, I have roles in education, clinic, and research. And I think of it as more of looking at policy, procedure, and then creating a culture if I could sum it up in in a very small way. And looking at to make sure again, that we are being who we say we want to be. So creating a mission and vision around, throughout the program. I know Gammon, Gammon Earhart, the director, likes to say that she thinks of PT as a three-legged stool. Well, I, and then, I think of DEI as the thread that's holding the seat onto the stool. It has to be in everything that we do, and everything that we want to be. Everything that we are. So is that me going into the clinic and saying, how do we treat the community around us? Are we reflective of that community? How can we be better? From the educational standpoint, our students taught what it means to not only work in an equitable environment, but are they receiving that equity throughout their time into the program? From a research standpoint, are we truly serving again, the community that's around us? Are we trying to impact all individuals from all these different walks of life? Do we have researchers who are being reflective of those individuals? Does our research impact those individuals as well?

Steve: Julian, I think it sounds like you've got your work cut out for you. I know, in all seriousness, I think, by design, it's a great thing that, that you're really your position, and then of course, your involvement is program wide. I think that's really important. And it brings me to sort of another question that I think about a lot in education, which is the the expectations of of all the different stakeholders. So you know, the faculty have an interest in DEIB. The students have an interest. And I think I think we're all going we're all going, we’re all headed in the same direction or trying to get to the same place. But sometimes those expectations are different. Do you see that? Again, at the program level or across the… at the profession level and how do you manage that? How do you manage the needs of the different stakeholder groups in this work?

Julian: Well, first, you're right, it's not an easy task. I wouldn't say I signed up to do the easiest thing in the world. Although there are some people who think this work is fairly easy. I think you have to create a team. This work cannot be done alone. I've said that from the time I interviewed, to the time I've been here. It has to be our plan. It has to be our work. It has to be our mission, and our vision. And in doing that, find the people who want to help and empower them and show them that yes, you may not feel like you're a DEI professional. I don't know that I feel like I'm a DEI expert. But I will give you the tools and the knowledge that I have, I will share that with you to be able to start the transformative process, within the program, and even within the profession. And, just like anything, it's difficult at first. But with help, with constant feedback reassessment, we can move forward in a way that we want to see the change in the program and in the profession.

Steve: Well, I want to move us a little bit more to thinking about the students. You know, this is the first time we've renewed our curriculum in over 20 years. It just launched. And one of the areas of emphasis has been on equity, DEI, and we have the equity thread now that runs through the curriculum. I'm curious, you know, you've been involved in the early modules within the curriculum, and not only seen some of the emphasis on equity early on, but participated and built some of that. How do you think that's going? And what do you think the role is of, you know, this area as, as professional education content in the DPT? And and specifically, well, here's the kind of, here's the kind of feedback, you know, that that I'll get, right. So we we run the module and we have content related to equity in healthcare, and we are always going to get students that say, “Yes, yes, yes. I want more, I want more.” We are always going to get students who say, “Why are we spending so much time on this?” And I think with with the rollout of the new curriculum, it we've tried to be much more intentional about “why.” Why we are talking about these things? So early, why we're working on a shared language, so early. Talk a little bit about your experience in education around this, and then how you see it in our new curriculum.

Julian: Previously, how I've addressed this is, I've tried to thread it throughout courses that I've taught, and realizing that I'm not in every course. And so I think a lot of people think of the cultural competent

therapist, culturally competent therapist. And that's kind of the end of it. I teach you this thing. You go out in the world, you take this exam, and now you're culturally competent. But we wouldn't say that with anything else. And I think the ball can be dropped that way. You know how to treat people, treat people well and, and accept everyone. And then that's the end of it. I think being intentional, like you said, goes a long way. And it takes work to be intentional about these things. But they're really everything that we do. Before you can do a joint mobilization, you have to understand the person that you're dealing with. You have to assess the environment that they come from, so the built-in environment. You have to understand social and structural determinants of health. They’re either benefiting them, or they may be limiting that person. And then I think you adjust the whole person. Because we don't treat diagnoses, we treat individuals and if I couldn't, if I haven't eaten in three days in a row don't have reliable transportation, and I don't have all these things or I'm worried about my environment, getting the best of me or not accepting of me, then that plays a role in my healthcare. Be it from a PT standpoint, from any point of my healthcare, and that may not be the thing that I think of where someone is going, they have my best interest in mind. So if we are truly teaching our students to focus on these things, but providing them examples of how this impacts their treatment techniques, their evaluation techniques, I think we truly create a more competent, not culturally competent, but just competent in general healthcare professional, to go out and serve as a primary health care professional, because they will be able to practice in some places where there's direct access. So being able to direct care and understand everything that involves that individual makes them that much of a better therapist.

Steve: I love that answer. And, you know, you know that I'm going to say something about how important it is that, that all that content is integrated in not only instruction, but in assessment so that you can't decide to leave part of it out as as a learner and, you know, something our students, when we started into curriculum renewal, something they've consistently said, as far as feedback and helping us build, what we're doing now is, we would also do a lot of, not a lot, but we would do some sessions that were completely outside of the curriculum related to equity, in health care. And so you get the students that are interested. And then you might, you might not ever get those that, that you really would like to bring in more to the conversation. I'm hoping that what we've done with integration is going to make a difference. And hopefully realize some of what our students have been telling us. I want to ask you just a couple more questions. And, and switch it up just a little bit. We'll have alumni listening to this, we'll have future students, future applicants, and, of course, our larger program, community and community within the university. And tell me, tell me, what are you hopeful for? You know, what do you think about for our learners, for our faculty, for our staff? What's, what's on your mind for the horizon?

Julian: I'm hopeful for just change. Change can be viewed as a bad thing. And I took a class years ago, and it was in business. And the first rule that we talked about was you can't have change without conflict. Positive change, negative change, no matter what, you can't change without conflict. It's internal conflict. I don't want to do it. Or what if I do it? What if I don't like it? All these things is this conflict, but I'm hopeful for change. And I think that change in the curriculum is going to spur us on to be better. I look at Wash U as I arrived, and I saw that there have been some changes in admission processes. And there's a dynamic class, that's the most diverse from what I understand that it has been. And and I look at what that brings to the program. I see when people walk in, even those who are not from diverse backgrounds, that they get excited to say, “This is what I envision for our profession. This is what I envision for our program. This is what I want to see here.” Coming from a minority-serving institution, that's great for me to see, because it tells me that there are partnerships that can be developed. So I'm hopeful that the staff, that the faculty, can reach out and make those partnerships. Maybe we can have exchanges. I'm hopeful that our students are going to get this deeply rich education. Even those who may not understand why they need to understand DEI from that standpoint that may not have an interest. “Oh, I get it but I came here to learn how to manipulate the spine,” you know. I'm hopeful that this change that comes about is truly going to be impactful. And I think it is, as long as we stay committed, and stay intentional and continue to provide the resources and opportunities for growth.

Steve: Well, Julian, I can't thank you enough for doing this. I'm, I'm hopeful, because you're here. And

given what you've already brought to, to enrich the program, and in your short… how long have you been here?

Julian: I think it's been eight weeks.

Steve: So, so we're going on two months. But hopefully, it says something that, you know, I think myself and others can't, can't now really picture things without you being here. So, so I'm hopeful for that, and can't wait to see what comes next. And we talked a little bit about the new curriculum, and the focus on equity as a thread throughout, integrated through the content. You were quite involved in the first module, learning health and equity, and I wondered if you could talk about a few of the sessions that you led, or were involved in. The “Who Am I” session, the “Advancing Equity” session, or the “Cultural Humility” session?

Julian: Well, I want to thank you for getting me involved in those, especially since I was new, and on day one of a new curriculum, with new students that I just met. I was teaching a lecture. I don't think I ate over the weekend, I was so nervous. But “Who Am I” is an exploration of self, and I got the idea from a former colleague, but I've kind of adapted it more to meet the PT lifestyle. Um, I think that had a significant impact on how we look at self. And essentially, how we start to explore bias. I try not to make these things too heavy. I don't want to see him attacking when we start to introduce these topics, especially to students. I feel like it's one of those things that we have to kind of delve in to explore a little bit. So I tried to bring it to a point where I find a commonality that we all have. I think I remember telling the student, “We're all at Wash U.” So you know, you're at this great institution, and you're there with 95 other people. And you know, they're great individuals. So you go out and you start your own company, and you're gonna start 95 clinics. So you got 95, potential clinic directors, because you know them, you know everything about them. They are just like you. And so you start hiring these people, and you bring them into your fold, and then you have to grow. And you make all these people, your, your management people, because you just know what they know. They know exactly what you know. They were taught just like you. And now you bring people in from different walks of life, different experiences. And they only get to come to a certain level. And it's not that you don't trust them, but you don't have the knowledge of what they know, like you do for all of your classmates. And what are you missing by not being able to take their input and bring them in? So then we take out, you being at WashU with your Wash U classmates, and you put it with gender, you put it with race/ethnicity, you put it with sexual orientation. And then we understand where bias comes in and plays a role. So it seems very light, and not that we're not addressing this with the seriousness that it needs to be, but I try to make it palatable. And then we go in a little bit deeper. So after “Who Am I,” that exploration of self, we start to learn about cultural humility, why cultural competence is not simply good enough. We want to go beyond that. And understand this cultural humility, this exploration of yourself, where self comes in, you recognize your biases, now we start to learn about others. We go deeper there, and we move to this self exploration: “I need to constantly get better to be able to serve the communities that I live in to serve people who are not like me.” We're putting ourselves second. I think it was CS Lewis, who had a great quote that saying, “Humility is not thinking of your self, not thinking less of yourself, but thinking of yourself less.” So it's moving me to the background so I can truly be the servant to my patients. So I can help them to be better, help them help themselves.

Steve: You know, I so appreciate that. And, you know, some of the faculty attended your early sessions too. And the feedback from from everyone was just great. And, and I have to say that your ability to put things into statements like that, to make them stick in our minds has been one of my favorite things about, about you joining. So, you know, goes from a lecture to this really more of an experience with, with everybody in the room. So you did it again, just now, I think. And then, can you just talk also about the shared language? So then, then moving to when, when you did “Advancing Equity,” and the importance of a shared language early on when doing this work.

Julian: “Advancing Equity” focused on the Washington School of Medicine adopting this shared language around systemic racism, structural racism, anti-racism, diversity, equity, and inclusion. And I think it's important that we sit in this system. But oftentimes, we can sit in silos. PT, OT, medicine, all these different departments. And if we're gonna have a common goal, we have to have a common language when it comes to medicine. You know, we take medical terminology, so you know what lateral is, you know what medial is. But when it comes to these things around diversity, equity, and inclusion, it is important that we get on the same page. Now, how we get there may seem different, but as long as we arrive at the same goal. So again, taking these definitions and breaking them down to say, what it is and what it is not. And I think, delving into that, students get a better understanding, learners get a better understanding of what it is that you're trying to do as a program, and not only that, they see this, again, threaded from program to the school overall. And you see a common group working towards a common goal.

Steve: You mentioned the School of Medicine. And I, I think it'd be good to hear a little bit about your, you know, your role, how is it connected to the school and the university? How are you supported by, or involved in, some of the broader initiatives?

Julian: So it's interesting that you say that. In a lot of the roles in many places, well even on campus, let alone in other institutions, most institutions in physical therapy, don't have a designated DEI person where that's the majority of their job. I'm fortunate enough to have that here at Wash U. Even within the Wash U School of Medicine, there are people who do this just because they love the work. But it's not their job. They may have a 10%, again, it's not the majority of what they do. So I am not only supported by the program, I'm also supported by the Office of Diversity and Inclusion. I have been selected to be a Equity Champion, by the school by the university to help facilitate trainings throughout the greater Wash U community, the Wash U School of Medicine community. So, and I'm happy about that, because it gives me the opportunity to interact with other professionals, from other departments other disciplines, we can exchange ideas, and then we can support each other so I can go over and say, “In the Division of Biomedical Sciences, they're doing these things, so that would work great here.” “In PT or MPT, we're doing this. This may help support you over in this department. Have you thought about addressing it from this standpoint?” So it just deepens the bench.

Steve: I really liked that, you know, it reminds me of the communities of practice that we try to create in education. And you know, where you're trying to get folks that really might be in different areas, but that are working on something common and, and it brings together different perspectives and ideas. And so at least, that's what it sounded like to me was perhaps the opportunity to, to help and also learn from others and in others departments that might be coming, you know, at the same issues, but from a slightly different lens. You'd mentioned our admissions changes earlier. And, you know, we have made some changes over the last few years. We dropped the GRE, we've accepted online courses, we've made a few things on the website and about our process, more transparent, that we found through some task-force work that we were doing, but people just may not be aware. And then you mentioned the, the increase in diversity of our of our current first year class. And I'm just curious, you know, at the profession level, holistic admissions has been a fairly big topic now for for a number of years. There's pre-conference courses and different things you can go to. But there's a lot of variability, it seems like, when people talk about holistic admissions. So, what's your take on where the profession is, in admissions, or around holistic admissions? And, and if we're not there, where do we need to go?

Julian: Well, that may be a bit of a loaded question, but I'll take it. As far as holistic admissions goes, I think, going back to shared languages, we have to create one, the ACAPT Diversity Task Force a few years ago, came up with a shared language, a common definition for underrepresented minority. And I think that helped to kind of streamline the process for a lot of people. But when we talk about holistic admissions, you know, there are several, several different schools of thoughts. It's this, it’s not this, or it includes that, but it's not that. So we have to kind of try to find a commonality to what we're going to truly focus on. Now, there are a lot of schools who are going away from the GRE. There are schools who

choose to still use it. And it's fine. I think, when I hear holistic admissions, it has to be about the individual. If you simply look at your PTCAS rankings, and only go down the list, you're gonna miss out every time. You're missing gems. You're missing some truly amazing people. One of my former students, who is now a professor, PhD Centennial Scholar, heavily involved in APTA, in ACAPT, would have not, would have not gotten into 90% of the PT schools that he applied to. But again, being at a minority-serving institution, we tended to look at things a little bit different. We went into the depth. So for me, I really don't care what your definition of holistic admissions is, as long as you're truly going into the depth to explore everyone who is applying to your program. Now, that's a lot of people. And so maybe the work is hard, maybe you don't have an office, but you have to find a way to truly be again, who you say you are. So to me, it comes back to living your mission and your vision. If the student applies, and they meet the requirement, then how do you then go and say, “What separates a 4.0 from a 3.7?” Is it three tenths of a point, and you're gonna reward it to the 4.0 student? But if you don't know the person, or even a 4.0, from a 3.0. And you don't know the story. Are you telling the story of the person who comes there to sit with you? Before you? And if you say no, I think you're doing a huge disservice to that individual. And you should just say, don't apply here, because we're never going to get there. And I don't think many people want to take that realistic of approach to it. Because they're saying, “Oh, we don't this, we, we review everyone.” But if you can't say it like that, if you can't look at it like that, are you truly doing? If you don't know the story of the person before you, have you really looked at that individual?

Steve: Well, maybe that's our new definition here of holistic admissions: whether we know the story or not. I think to you, you bring up one of the other things. It's a lot of work, right? If you are going to try to understand the story, that's a lot of time and effort. And one of the things that happened to us during COVID, so this really wasn't planned, but we, we were sort of like, “Well, we can, we can expand this committee to people that are not here in St. Louis and need to be able to drive into the building on a on a Wednesday afternoon.” And we were sort of doing it out of necessity and, and then, then now we're just we're sort of running with that, and trying to not only expand the committee to be able to do that kind of work with that many applicants that we get, but also to expand the diversity of the committee itself. I think it's important that we have people in different parts of the country that have come to PT in different ways, and that now are a part of the profession in different ways. You know, as we tried to build, build our class, so, but I like that. We'll have to, we'll have to update our definitions there. So let me, let me ask you, let's kind of shift back a little bit more to you. So you talked a little bit about your career path. And I guess, you know, for those listening that, that are our alum, our future learners that are going to be part of our Wash U community. Tell us a little more about you. And you're not from St. Louis, we’ve learned, and so how was that? How was making that decision to come to St. Louis? And you've been here for a couple months. How are you? How are you liking the city?

Julian: Well the decision to come to St. Louis was, it was a bit difficult, I have to admit. I know, knew how great Wash U was, but what I was leaving, at least for the first year, were my wife and my daughter. So my family is still in Nashville, and I’m not a native “Nashvillian,” so I am, I am from the deep South. I’m from Mississippi. Proud to be from Mississippi, I’ll say. Educated in Alabama. I moved further south and then I thought I would be in Nashville for the duration and Wash U came calling. Very happy to be in St. Louis. Very happy to be at Wash U. Not a fan of provel cheese. So, sorry to anyone who may be a provel fan or Imo’s pizza fan. So, I may be losing a lot of fans, or potential fans. St. Louis is very similar to me, so it’s very familiar, being from the deep South, but still a little different at the same time. So I get some southern roots here, but also a Midwest vibe that’s probably kind of uniquely St. Louis. So navigating that is, is interesting. So, I don’t feel like I’m in a completely foreign place, somewhere that’s not comfortable, so it definitely is feeling like home. When I’m away, I miss it. Not as much as I miss Nashville right now given that my wife and my daughter are still there. Now at the point that my wife joins me I’m sure things will get even better, but I probably still won’t like provel cheese.

Steve: Well, let me, let me set the record straight on provel and Imo’s. I think it’s fine if it’s once or twice a year. I think that’s the rule. At least that’s the rule in our house. Being from Illinois, I, I’ve struggled a little bit with pizza here in St. Louis, you know? I like the Chicago pizza. We were just up there a few weeks ago and I had to bring some home with me, but, you know, Imo’s is okay a couple times a year.

Julian: It’s not a Giordano’s, or Lou Malnati’s.

Steve: That, that is for sure.

Julian: But go Cards.

Steve: Yeah, yeah that’s right. Go Cardinals. Okay so, so you get to St. Louis. It’s not home yet. You don’t have the family quite here yet. I’m assuming the upside is a little bit more football watching on the weekends? Is that… you, you know you spent enough time time Alabama. Is is a prerequisite? Do you have to be a football fan, or?

Julian: Well I think living in the South, you have to be a football fan, a college football fan. So, when we say football, we don’t think of anything else but college football. I know that, you know, the NFL exists, but it’s on Sunday, so. Depending on who you cheer for, especially in Alabama, you want to spend a lot of time in church on Sunday. Because depending on how your team did the day before, you’re gonna need those extra prayers. So, um, I get to, I get to watch a little bit more than I normally would, without somebody telling me it’s time to change the TV to something else. So I do appreciate that it has allowed me to catch up on my sport. And I will say, I’m not an Alabama or an Auburn fan, by the way, so for those of you listening who may enjoy the teams, great for you. But after living there, and working in Tuscaloosa, I had the chance to work very close to the team there, and it was a great time, but I can say the fans are different and “different.”

Steve: Dedicated.

Julian: Passionate.

Steve: Now, now one of the things I learned pretty, pretty quickly, because we had some events, you know, we had the APTA Centennial, is you’re, you’re a bow tie guy. So, can you, can you tell me, you know, how that came to be? Because I can’t even begin to think about tying one the right way. I think I have one in the drawer. It was a gift. How did, how did this come about?

Julian: I am a person… I don’t know that I have FOMO, but I like to know a lot of things, a lot of frivolous things. If remembered the frivolous things as much as I remembered the things I should know, I probably be something like a genius. And in college, I was in a fraternity, so… and I had a friend wearing a bow tie, and I absolutely loved it. And I had to figure out how to do it, so my first four ways of tying bow ties, it wold take me about an hour. I should have mastered by such, because my arms would be cramping just from trying my best to tie these ties and finally getting it right. And speaking of the Centennial, the day of the gala, there was a person who had flown all the way to D.C. from Utah, I think… I don’t remember, somewhere, who had a bow tie, who did not know how to tie it, and I was, I think I kind of impressed myself a little bit as I tied his tie with it on his neck. So, the opposite. So all that work, apparently I’ve been tying bow ties for so long, it’s become second-nature. So, PT or DEI, that will work out for me. I have a, a future maybe in haberdashery.

Steve: Well that’s great… Julian, you know, I think this was… thanks for answering these questions. And for having a little fun and helping everybody learn a little bit about you and this position. When you were getting ready for this, you know, there were a couple things that you knew I was gonna ask and that we wanted to talk about, but is there anything that you wanted to get across to our listeners that you haven’t gotten to say yet? Anything else you wanted to bring up?

Julian: I don’t know that it’s anything that I haven’t said, but I’d just like to emphasize the fact of, you know, embrace change and truly try to live up to who and what you say you’re going to be. I think when it comes to DEI, people want to make it be something that it’s not. They want to make it controversial. They want to make it difficult. But they don’t take the time to just think about, this is the promise that we said we would be: to treat everyone in a way that they feel accepted, that they can belong. The belonging piece, coming back to it, that’s ultimately the goal. And how do we do that? There are these strategies. It takes this self-exploration and this, kind of, self-assessment to be continuous in improvement. And I just want to remind people of that. Even going back to the admissions, if you don’t know the story, are you really looking at the individual? If you don’t know the story of your students, how can you serve them? If you don’t know the story of your faculty, if you think everything is always alright because you’re looking at it from your viewpoint, you’re missing the boat. And that’s essentially what DEI is. It’s just looking at individuals, learning their story, and trying to make everyone work together, not the same, but together. So, the goal is to think and act together, not to think, act, and be the same. So, I’ll leave with that.

Steve: I don’t know how to follow that. So, Dr. Magee, Assistant Director of Diversity, Equity, and Inclusion, assistant professor of physical therapy and orthopedic surgery, thanks so much!

Julian: Thank you.

This has been “Moving Ahead” the physical therapy podcast by Washington University Program in Physical Therapy.