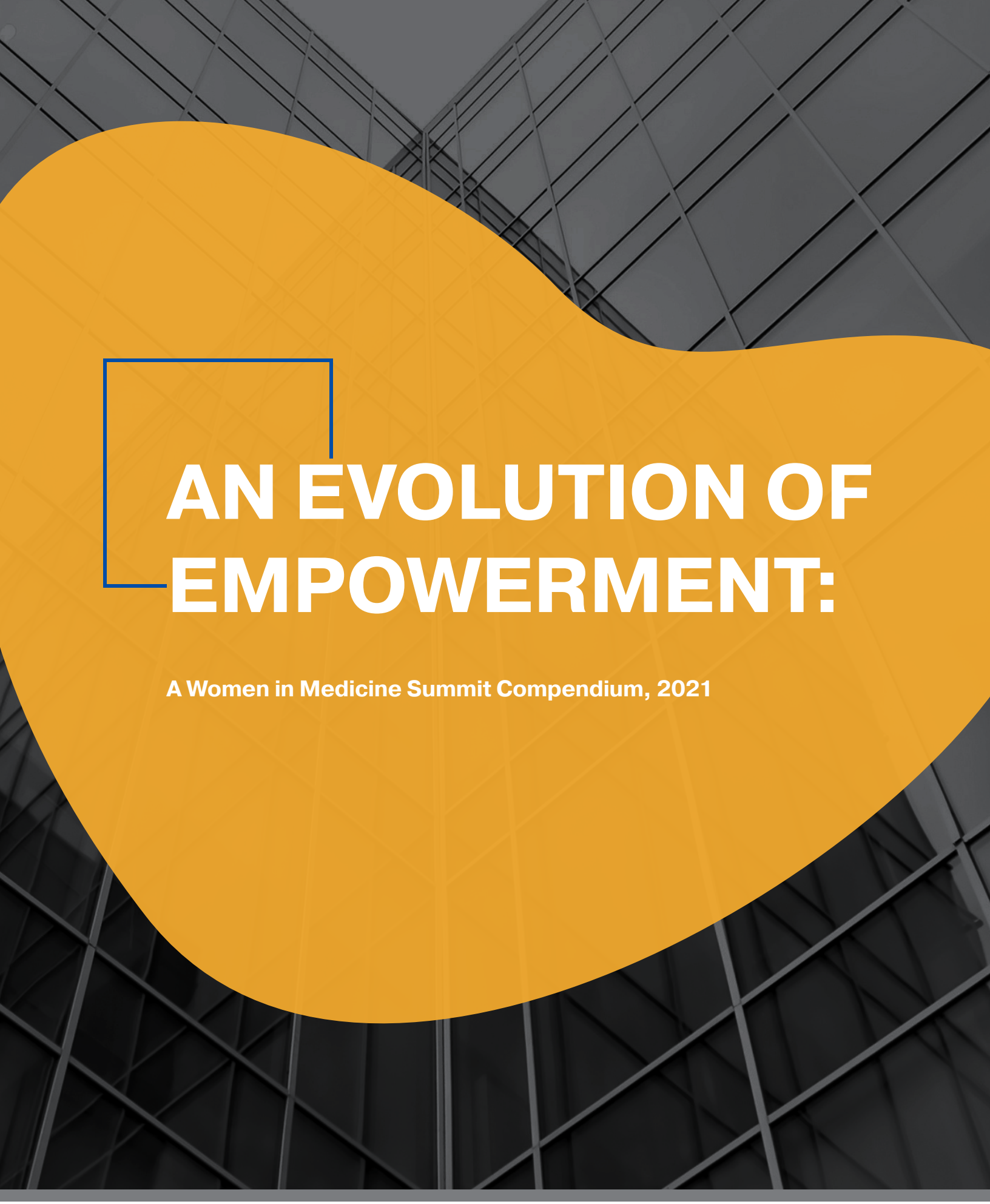
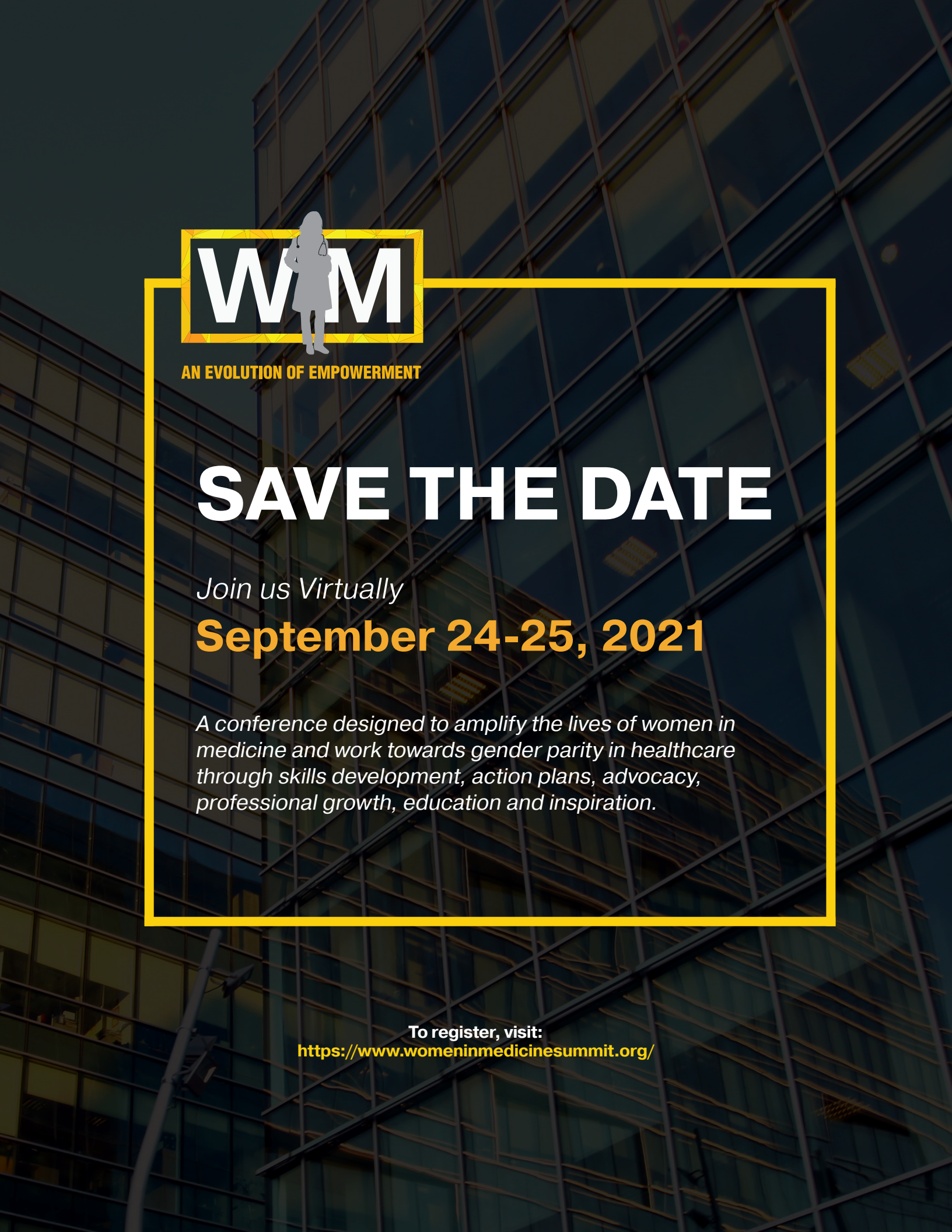


AN EVOLUTION OF EMPOWERMENT:

A Women in Medicine Summit Compendium, 2021

Edited by Shikha Jain, MD & David Kim

WILEY


WIM
AN EVOLUTION OF EMPOWERMENT
SAVE THE DATE
Join us Virtually
September 24-25, 2021
A conference designed to amplify the lives of women in medicine and work towards gender parity in healthcare through skills development, action plans, advocacy, professional growth, education and inspiration.
To register, visit:
https://www.womeninmedicinesummit.org/

AN EVOLUTION OF EMPOWERMENT:

A Women in Medicine Summit Compendium, 2021

Edited by Shikha Jain, MD & David Kim

WILEY

Published by Diversity In Research Career Center, John Wiley & Sons, Inc., Hoboken, New Jersey

Publication reference:

Jain, S. & Kim, D. (Eds.). (2021). An Evolution of Empowerment: A Women in Medicine Summit Compendium. Wiley. Retrieved from https://www.diversityinresearch.careers/article/women-in-medicine-compendium-21/.

TABLE OF CONTENTS

MISSION STATEMENT OF THE WOMEN IN MEDICINE SUMMIT

Women in Medicine Summit (WIMS) is dedicated to educating, informing and imparting skills to women in healthcare to combat, close and eliminate the inequitable gender gap pervasive throughout society including the professional American medical healthcare system. Specifically, Women in Medicine® offers lectures, webinars, breakout sessions, resources, evidence-based research and amplification of equity initiatives on a web platform and in group settings allowing women physicians to not only learn the various ways they can effectively address the inequitable treatment of women in medicine but also to connect, collaborate and support each other.

The Summit is a unification of women physicians, with the common goal of finding and implementing solutions to gender inequity.

PREFACE

Common themes emerge from the histories of our many venerable learned societies in the United States, including in medical disciplines and elsewhere, when considering the demographic makeup of founding leaders and members – they tend to be White and male. Looking back on Wiley's 214-year tenure in scholarly publishing, it's perhaps not a surprise to see stark similarities in racial and gender identity throughout the organization's own earliest history. In 2021, the gender makeup of society membership and occupational demographics continues to move in the right direction, with women advancing steadily towards hard-fought parity in institutional access against legacy norms. Racial parity within societies and occupational access, however, have considerable distance remaining, especially when contrasted against the racial composition of the United States. In positive relief to Wiley's early years, and similarly reflected in broad strokes across the scholarly publishing industry, we now see a women-majority makeup (hovering around 65%) in scholarly publishing occupations.

Yet, there is a caveat to progress made towards gender parity in occupational access across disciplines: systemic biases within many professional environments continue to perpetuate gender-based inequities. Addressing the gender wage gap exposes the lack of women holding higher compensated positions, despite women making up significant portions, if not majorities, within qualified candidate pools. Promotion to leadership positions continues to trail behind the high rate at which women enter the workforce or complete advanced degrees. In fact, ceteris paribus the rate of promotion for women continues to trail the rate for men.

As the world's largest society publisher and one of the oldest continuously operating companies in the United States, Wiley is often, and justly, called to a higher standard of partnership with the scholarly society community and the members they serve. Over a decade ago when Wiley launched the precursor to Diversity in Research (DiR) – host site of the Women in Medicine Summit Compendium – it was driven by the simple belief that voicing support for equity is not enough. DiR initially set out to connect scholarly jobseekers with employers who are committed to improving their hiring practices and diversifying their organizations. Through ongoing efforts in DiR, societies desiring to

share valuable diversity research for the public good – such as how journal data analysis can help identify and address gender bias in peer view – found a channel to reach a vast society audience. During the COVID-19 pandemic, academics with disrupted courses were equipped with virtual classroom transition and teaching resources that aimed to level education access across intersectionalities, and students financially impacted by the pandemic – disproportionately women - gained access to emergency grant opportunities to help them stay in school.

The Women In Medicine Summit (WIMS) delivers many formidable initiatives to move the needle towards equity in the healthcare community and Wiley is honored to publish the compendium in its second year to help amplify allyship. As you read through this collection of changemaking voices from the upcoming WIMS annual event, I challenge you to think creatively about how the ideas, tips and suggestions may be applied in your own practice, society or company. Attending the WIMS annual event is a great opportunity to share about both successes and lessons from your journey and learn from the experiences of others. But, it's also a remarkable opportunity to reenergize and deeply connect with an engaged community.

We hope you will join us virtually for WIMS 2021 and enjoy the compendium as a taste of the fantastic session topics. As you read through the articles, I hope you will join in my gratitude for the often unsung individuals behind the scenes whose efforts have helped make the compendium a reality: creative management by Jenny Handy; distribution strategy by James Weeks, PhD; creative design by Evan Segerman, Lissette Velez and Caryn Heilman; copy management by Christina Wood; and WIMS marketing support by Polli Rossi and team at Meeting Achievements. And special thanks to my co-editor, Dr. Shikha Jain, who saw a need and had the audacity to step up and create change.

David Kim

INTRODUCTION

This COVID-19 pandemic has had a profound impact on healthcare workers across the world, with the negative fallout disproportionately affecting women (Soares, et al, 2021). Women are not only losing their jobs, they are leaving the workforce (Luthra and Carrazana, 2021) as the pandemic continues to exacerbate (Johnson, 2020) the glaring gender and racial inequities that remain pervasive throughout medicine.

Over this last year and a half, the pandemic has shined a spotlight on the disparities that already existed across the healthcare spectrum. Historical system-wide policies, often based on implicit bias and a misunderstanding of what gender parity actually entails, have created obstacles that can ultimately derail a career. And there is a legitimate concern that the events of this past year and a half will continue to have a negative impact on our ability to achieve parity in healthcare for decades to come (Woitowich, et al, 2020).

For women in medicine, especially those with intersectional identities (Shamseer, et al, 2021), the unprecedented challenges that have arisen due to the pandemic have been compounded by concurrent stressors and disproportionate responsibilities both at work and at home (Jones, et al, 2020). In a study looking at dual-physician families, women were more likely to report increased concerns regarding job security, finances and health during the pandemic (Soares, et al, 2021). Domestic responsibilities that are typically and, again, disproportionately (Jolly, et al, 2014) allocated to women – such as navigating virtual learning for school-aged children, childcare or caring for aging parents – grew exponentially. A decrease in productivity (Spector and Overholser, 2020) for women in medicine, along with a widening of the leadership gap and the pay gap, are among the most troubling secondary outcomes to have arisen during this pandemic.

It is also important to address the impact on the mental health of women in medicine, who are more likely to be found in frontline clinical positions and whose responsibilities at work and at home have grown, which cannot be overstated. The long-term consequences of the amplified stress this pandemic has stoked are yet to be realized and the medical system is at risk of losing countless brilliant women (Wiener, 2020) due to the perpetuation of an already inequitable system that has now been magnified by a global pandemic.

Yet a return to the pre-pandemic status quo is not an inevitability. This could be the watershed moment needed to launch a critical analysis of the deficiencies in our current system; the moment when we begin to build a new, better and more equitable system.

Identifying and accepting that these issues exist, are pervasive throughout the system and are detrimental not only to the workforce but also to the patients served, is the first step in identifying solutions. To truly support the careers of women physicians, now and in the future, it is necessary to first understand the demands competing for a physician's time and mental energy (Silver, et al, 2020) as well as the barriers that have been created by persistent disparities in the system.

Dr. Julie Silver expertly described the concept of a "fourth shift" that has emerged during the pandemic. Think of the traditional responsibilities that accompany one's job as the first shift; while responsibilities at home fall into the second shift. The third shift (Santhosh, et al, 2020) covers the often uncompensated and unrecognized gender equity work taken on in "free time." The fourth shift (Silver, 2021) refers to work done during the pandemic that falls outside of the normal job descriptions, such as being deployed to a COVID-19 unit, conducting vital – but unfunded – pandemic-related research, providing additional mentoring and support to trainees, helping those struggling with pandemic-related concerns or disseminating vital public health messaging about the pandemic.

It is essential that this clinical, administrative and often innovative work is recognized and rewarded, not only as it relates to the pandemic, but beyond. A system where some of the most important work is done without compensation, often to the detriment of the individual's own career trajectory and chances for promotion, is simply not sustainable.

While nontraditional work and unique initiatives undertaken must be acknowledged and recognized, it is also essential that work, lectures, grants and other opportunities that were canceled due to the pandemic (Arora, et al, 2021) be accounted for and recognized formally on the CV (Arora, et al, 2020). For those in academics, promotion and tenure track extensions should be discussed. To prevent delays, departments could evaluate the career trajectory of faculty members when evaluating for promotion (Marcotte, et al, 2021) as opposed to delaying or adjusting the promotion clock.

An excellent paper by Dr. Leah Marcotte and colleagues (Marcotte, et al, 2020) outlines a strategy to address gender disparities in academic promotions that begins on the first day

of a faculty appointment. Interventions, Marcotte says, could include institutional support in the form of research assistants for junior faculty, proactively supporting women to apply for targeted grants or awards and continuing to offer virtual speaking opportunities, even when COVID-19 travel restrictions become unnecessary. Promotions committees should also undergo implicit bias training and consider team-based research as a significant contribution along with the number of first and last author publications.

Advocating for pay equity and transparency were key priorities prior to the pandemic and are even more important now as the disparities in healthcare have grown. Finding solutions for work-life integration, such as emergency childcare and equalizing the disproportionate clinical burden on the female workforce, will be essential for establishing a new, more equitable system. Destigmatizing mental health and developing wellness initiatives are also crucial. To be truly impactful, these types of initiatives require a top-down strategy. The responsibility to fix the system should not fall solely upon the shoulders of women in medicine; both men and women must have a seat at the table.

The Women in Medicine Summit (WIMS) was originally created to empower women by providing education as well as opportunities for networking that could lead to mentoring and sponsorship relationships. The goal was to inspire women to take control of their futures by learning skills that could help them succeed. The summit has evolved to become a nonprofit organization that offers an annual continuing medical education (CME) conference and three longitudinal CME leadership development programs as well as tool kits, an international social media platform, a speakers bureau and research capabilities. Through its personal and professional development programs, WIMS has helped women from across the country achieve leadership success.

By developing content and programming for medical students, trainees and early career physicians, as well as for those already in senior leadership positions, the summit will continue to energize and give voice to women at every stage of their career. And, by creating specific programming for men through the Leadership Inclusive Lab for Male Allies, WIMS will equip male allies to become more inclusive leaders and to work together with their colleagues to fix the system – not the women. Through its educational and motivational programming, WIMS (Madani, et al, 2020) is creating networks of women all across the country and across different points in their professional lives, who will be prepared not only to usher in change but also to inspire others to work beside them.

This summit will provide toolkits and action plans that can be taken back to organizations and institutions for the purpose of making meaningful reforms. Members of the steering committee and faculty as well as many of the attendees have published extensively on the topic of gender equity in healthcare. Continuing academic pursuits – conducted both through the WIM Research Lab and through collaborations forged during WIM – will provide further understanding and facilitate this work to address and fix the inequities in medicine and close the gender gap.

In this compendium, you will find pieces written by invited faculty speakers from WIMS 2021, who share their expertise on the evolution of empowerment that has occurred in medicine. You can also discover strategies for achieving equity in healthcare utilizing evidence, science and authentic leadership and learn how to find your voice so that you, too, can be a champion for change.

This past year has stretched physicians and workers across the healthcare spectrum further than ever before. An already broken system was laid bare. Disparities that have existed for years have now become impossible to ignore. It is time to work together to implement solutions and to break down the systemic barriers that continue to perpetuate disparities in medicine. We must use the decades of research that already exist along with our collective lived experiences to rebuild a better, more equitable system. Not only because it is the right thing to do, but because by doing so, we will see benefits to our patients (Parks and Redberg, 2017), our colleagues (Oesch, 2019), our communities (EduMed, 2020) and the healthcare system as a whole. When this pandemic is behind us, we must not return to the pre-COVID-19 status quo that has driven so many accomplished women from medicine. We can do better. And we must.

We invite you to join us at the 2021 Women in Medicine Summit, which will be held virtually Sept. 24 to 25. Be part of the change that is needed for the future of healthcare by equipping yourself with leadership skills and essential tools. Connect with leaders from across the globe, sign up for personal mentorship sessions, pick up tips for personal and professional development and find your voice as we all work toward closing the gender gap in our healthcare system.

Shikha Jain, MD, FACP

References

- Arora, V.M., Wray, C.M., O'Glasser, A.Y., Shapiro, M., Jain, S. (2020 September 17) Using the Curriculum Vitae to Promote Gender Equity During the COVID-19 Pandemic. Proceedings of the National Academy of Sciences. DOI: 10.1073/pnas.2012969117
- Arora, V.M., Wray, C.M., O'Glasser, A.Y., Shapiro, M., Jain, S. (2021 January 20) Leveling the Playing Field: Accounting for Academic Productivity During the COVID-19 Pandemic. Journal of Hospital Medicine. DOI: 10.12788/jhm.3558
- EduMed. (2020 May 27) Diversity in Healthcare: Why Increased Diversity and Supporting Culturally and Linguistically Appropriate Services (CLAS) Leads to Safer, Healthier, and Stronger Communities…and How We Can Help. https://www.edumed.org/medical-careers/diversity-in-healthcare/
- Johnson, K. (2020 November 30) Are More Women Physicians Leaving Medicine as Pandemic Surges? Medscape. https://www.medscape.com/viewarticle/941690#vp_1
- Jolly, S., Griffith, K.A., DeCastro, R., Stewart, A., Ubel, P., Jagsi, R. (2014 March 4) Gender Differences in Time Spent on Parenting and Domestic Responsibilities by High-Achieving Young Physician-Researchers. Annals of Internal Medicine. DOI: 10.7326/M13-0974
- Jones, Y., Durand, V., Morton, K., Ottolini, M., Shaughnessy, E., Spector, N.D., O'Toole, J. (2020 July 20) Collateral Damage: How COVID-19 Is Adversely Impacting Women Physicians. Journal of Hospital Medicine. DOI: 10.12788/jhm.3470
- Luthra, S., Carrazana, C. (2021 May 17) Women in Health Care Are at a Breaking Point – and They're Leaving. The 19th. https://19thnews.org/2021/05/women-health-care-leaving-breaking-point/
- Madani, K., Pendergrast, T., Sundareshan, V., Jain, S. (2020 December 24) The Women in Medicine Summit: An Evolution of Empowerment in Chicago, Illinois, October 9 and 10, 2020: Event Highlights, Scientific Abstracts, and Dancing with Markers. International Journal of Academic Medicine. https://www.ijam-web.org/showcaptcha.asp?RedirectUrl=article&issn=2455-5568;year=2020;volume=6;issue=4;spage=337;epage=398;aulast=Madani
- Marcotte, L.M., Arora, V.M., Ganguli, I. Toward Gender Equity in Academic Promotions. (2021 July 12) JAMA Internal Medicine. DOI: 10.1001/jamainternmed.2021.3471
- Oesch, T. (2019 February 19) The Gender Leadership Gap in Health Care: Why It Matters and How to Bridge It. Training Industry, Inc. https://trainingindustry.com/articles/leadership/the-gender-leadership-gap-in-health-care-why-it-matters-and-how-to-bridge-it/
- Parks, A.L., Redberg, R.F. (2017 February) Women in Medicine and Patient Outcomes: Equal Rights for Better Work? JAMA Internal Medicine. DOI: 10.1001/jamainternmed.2016.7883
- Santhosh, L., Keenan, B.P., Jain, S. (2020 July 31) The "Third Shift": A Path Forward to Recognizing and Funding Gender Equity Efforts. Journal of Women's Health (Larchmont). DOI: 10.1089/jwh.2020.8679
- Shamseer, L., Bourgeault, I., Grunfeld, E., Moore, A., Peer, N., Straus, S., Tricco, A. (2021 March 7) Will COVID-19 Result in a Giant Step Backwards for Women in Academic Science? Journal of Clinical Epidemiology. DOI: 10.1016/j.jclinepi.2021.03.004
- Silver, J.K. The Pandemic Has Created a 4th Shift for Women in Medicine. (2021 March 30) Massachusetts General Hospital Research Institute Blog. https://mgriblog.org/2021/03/30/the-pandemic-has-created-a-4th-shift-for-women-in-medicine/
- Silver, J.K., Larson, A.R., Jagsi, R. (2020 July 31) COVID-19 and the Effect on the Gender Pay Gap in Medicine. The BMJ Opinion. https://blogs.bmj.com/bmj/2020/07/31/covid-19-and-the-effect-on-compensation-and-financial-stress-for-women-in-medicine/
- Soares, A., Thakker, R., Deych, E., Jain, S. (2021 May 30) Impact of COVID-19 on Dual Physician Couples: A Disproportionate Burden on Women Physicians. Journal of Women's Health. DOI: 10.1089/jwh.2020.8903
- Spector, N.D., Overholser, B. (2020 September 1) COVID-19 and the Slide Backward for Women in Academic Medicine. JAMA Network Open. DOI: 10.1001/jamanetworkopen.2020.21061
- Weiner, S. (2020 November 12) How COVID-19 Threatens the Careers of Women in Medicine. Association of American Medical Colleges. https://www.aamc.org/news-insights/how-covid-19-threatens-careers-women-medicine
- Woitowich, N.C., Jain, S., Arora, V.M., Joffe, H. (2020 September 29) COVID-19 Threatens Progress Towards Gender Equity within Academic Medicine. Academic Medicine. DOI: 10.1097/ACM.0000000000003782

CONTRIBUTORS

VINEET ARORA, MD, MAPP

Academic hospitalist and Dean for Medical Education at the University of Chicago, Biological Sciences Division.

EVE BLOOMGARDEN, MD

Board-certified endocrinologist at Northwestern Medicine, Assistant Professor in the Division of Endocrinology, Metabolism and Molecular Medicine at Northwestern University Feinberg School of Medicine and Co-Founder and Chief Development Officer of IMPACT

HELEN BURSTIN, MD, MPH, MACP

Chief Executive Officer of the Council of Medical Specialty Societies, Clinical Professor of Medicine at George Washington University School of Medicine and Health Sciences.

KELLY CAWCUTT, MD, MS, FACP, FIDSA

Associate Professor of Medicine at University of Nebraska Medical Center in Omaha, board certified in Critical Care Medicine and Infectious Diseases, Medical Director of Medical Quality and Associate Director of Infection Prevention and Hospital Epidemiology for Nebraska Medicine and Co-Director of Digital Innovation and Social Media Strategy for the Infectious Diseases Division of UNMC.

LAURA DESVEAUX, PHD, PT

Scientific Director of an applied research institute in Toronto, Canada, Founder and Executive Director of Women Who Lead and Founding Partner of E21 Consulting.

ALISON ESCALANTE, MD, FAAP

Board-certified Pediatrician, Adjunct Professor of Pediatrics at Rush University, TEDx speaker, and contributor to Forbes and Psychology Today.

JULIE FREISCHLAG, MD, FACS, FRCSED (HON), DFSVS

Chief Executive Officer of Wake Forest Baptist Health, Dean of Wake Forest School of Medicine and Chief Academic Officer of Atrium Health Enterprise.

TERI GOUDIE

Founder and Communication Coach at Goudie Media Services.

MARK HERTLING, DBA

Lieutenant General (retired), US Army, Adjunct Scholar Of Strategic Leadership at the Crummer School of Business, Rollins College, and serves on the Dean's Alliance at Indiana University's School of Public Health.

KRISHNA JAIN, MD, FACS

Clinical Professor of Surgery at Western Michigan University Homer Stryker M.D. School of Medicine, CEO of National Surgical Ventures, LLC, President and CEO of National Office Endovascular Labs, LLC.

CONTRIBUTORS

PAMELA KUNZ, MD

Associate Professor of Medicine in the Division of Oncology at Yale School of Medicine, Director of the Center for Gastrointestinal Cancers at Yale Cancer Center and Smilow Cancer Hospital, Chair of the National Cancer Institute's Neuroendocrine Tumor Taskforce, Officer of the North American Neuroendocrine Tumor Society and Vice Chief for Diversity, Equity and Inclusion for the Section of Medical Oncology at Yale.

AVITAL O'GLASSER, MD, FACP, FHM

Hospitalist and Associate Professor of Medicine within the Division of Hospital Medicine, Department of Medicine, Department of Anesthesiology and Perioperative Medicine and Medical Director of the Preoperative Medicine Clinic at Oregon Health & Science University

VALERIE PRESS, MD, MPH

Associate Professor of Medicine and Pediatrics and the Executive Medical Director of Specialty Value Based Care at the University of Chicago.

MARK SHAPIRO, MD

Creator, producer and host of Explore The Space Podcast, TEDx speaker, author, hospitalist at Santa Rosa Memorial Hospital with Providence Medical Group.

ANNA VOLERMAN, MD

Occupational therapist and Ergonomist.

LAURA ZIMMERMANN, MD, MS, FACP

Primary care internist and lifestyle medicine physician, Assistant Professor of Internal Medicine and Preventive Medicine at Rush University Medical Center, Medical Director of the Rush University Prevention Center, and Director of Clinical Preventive Medicine for Rush University Medical Group.

NISHA MEHTA, MD

Diagnostic Radiologist at the U.S. Department of Veterans Affairs, keynote speaker, writer, and physician advocate.

JULIE OYLER, MD

Associate Professor and Associate Program Director at the University of Chicago Internal Medicine Residency Program, Co-Director for the HealthCare Delivery Science Track at the University of Chicago's Pritzker School of Medicine and Chair of the University of Chicago, Department of Medicine Women's Committee.

DEBORAH RUPERT, MS, MA

MD-PhD trainee in the Medical Scientist Training Program at Stony Brook University's School of Medicine and completing graduate studies at Cold Spring Harbor Laboratory (CSHL).

NANCY SPECTOR, MD

Professor of Pediatrics and Executive Director of the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM®) and Vice Dean for Faculty at Drexel University College of Medicine (DUCOM).

STACY WOOD

Founder of Through the Woods Consulting, author, speaker, coach, and facilitator

LEADING IN A CRISIS: WHY WOMEN LEADERS EXCEL

By Helen Burstin, MD, MPH, MACP

Though the COVID-19 pandemic has been – and continues to be – an unparalleled crisis for our nation and the world, it has provided a remarkable window into gender and leadership. We have witnessed extraordinary examples of clinical and political leadership as women leaders systematically rose to meet the challenges of this global tragedy.

Though prior research found that women were rated as more effective leaders, the larger gender gap in leadership observed during the pandemic raises the question of whether women function more effectively in a crisis (Zenger and Folkman, 2020). While "charm and confidence" may help leaders achieve top positions, qualities like empathy and humility are critical to leadership (Stillman, 2021).

Recent studies have found that states and countries with female leaders had lower COVID-19 infection and mortality rates (Garikipati, et al, 2020; Sergent and Stajkovic, 2020). While we may not be able to pinpoint the single factor that led to improved outcomes, it has been noted that women leaders: were more likely to have coordinated policy responses; were more willing to make tough calls, such as issuing stay-at-home orders; and expressed more empathy for the well-being of their constituents. One other factor that will likely resonate with female physicians – women leaders were more likely to "know what they don't know" and listen to trusted experts (Anderson, 2021).

Research has found that women leaders are often brought in as leaders during difficult times (Ryan, et al, 2011). While many of us know about the glass ceiling faced by women who attempt to rise to leadership, the concept of the glass cliff is not as well known. In the business literature, the "glass cliff" is used to describe how female leaders are often brought in as fixers for difficult situations with a low chance of success.

If women are effective leaders, especially in a crisis, why do we see so few women in leadership roles in the medical field? Even as the number of women in medicine has grown, persistent barriers limit the advancement of women in academia and clinical leadership. Women represent only 18 percent of hospital CEOs and 16 percent of deans and department chairs. The numbers are likely even lower for women physicians of color (Stone, et al, 2019).

To paraphrase a recent Oliver Wyman report, we do not have a "women in medicine problem," we have a "women in medical leadership problem" (Stone, et al, 2019). To address this issue, we need more sponsorship and mentorship of women by senior leaders and more transparent search and recruitment processes that draw on wide and diverse talent pools that include more than the usual suspects. As we have learned through the pandemic, gender diversity is not only the right thing to do – it can improve the health of populations and save lives.

HELEN BURSTIN

MD, MPH, MACP

Follow Dr. Burstin

Chief Executive Officer of the Council of Medical Specialty Societies (CMSS), a coalition of 45 specialty societies representing more than 800,000 physicians. CMSS works to catalyze improvement across specialties through convening, collaborating, speaking with one voice, and acting together. Dr. Burstin formerly served as Chief Scientific Officer of The National Quality Forum (NQF). Prior to joining NQF, Dr. Burstin was the Director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). Prior to joining AHRQ, Dr. Burstin was Director of Quality Measurement at Brigham and Women's Hospital and Assistant Professor at Harvard Medical School. Dr. Burstin is the author of more than 100 articles and book chapters on quality, safety, equity and measurement. She is a Clinical Professor of Medicine at George Washington University School of Medicine and Health Sciences.

References

- Anderson, C. (2020 April 19) Why Do Women Make Such Good Leaders During COVID-19? Forbes. https://www.forbes.com/sites/camianderson1/2020/04/19/why-do-women-make-such-good-leaders-during-covid-19/?sh=430a447d42fc
- Garikipati, S., Kambhampati, U. (2020 June 3) Leading the Fight Against the Pandemic: Does Gender 'Really' Matter? SSRN. http://dx.doi.org/10.2139/ssrn.3617953
- Ryan, M. K., Haslam, S. A., Hersby, M. D., Bongiorno, R. (2011). Think Crisis-Think Female: The Glass Cliff and Contextual Variation in the Think Manager-Think Male Stereotype. Journal of Applied Psychology. https://doi.org/10.1037/a0022133
- Sergent, K., Stajkovic, A.D. (2020) Women's Leadership Is Associated With Fewer Deaths During the COVID-19 Crisis: Quantitative and Qualitative Analyses of United States Governors. Journal of Applied Psychology. http://dx.doi.org/10.1037/apl0000577
- Stillman, J. (2021 June 16: accessed) New Research: Women Leaders Performed Better During the Covid Crisis. Inc. https://www.inc.com/jessica-stillman/women-leaders-covid-jacinda-ardern.html
- Stone, T., Miller, B., Southerian, E., Raun, A. (2019) Women in Healthcare Leadership 2019. Oliver Wyman. https://www.oliverwyman.com/content/dam/oliver-wyman/v2/publications/2019/January/WiHC/WiHCL-Report-Final.pdf
- Zenger, J., Folkman, J. (2020 December 30) Research: Women Are Better Leaders in a Crisis. Harvard Business Review. https://hbr.org/2020/12/research-women-are-better-leaders-during-a-crisis

BREAKING GLASS CEILINGS: LEADING THROUGH ADVERSITY

By Julie Ann Freischlag, MD, FACS, FRCEd (hon), DFSVS

In order to break your own glass ceiling, you need to own your opportunities. Sometimes opportunity is handed to you; at other times, you have to pursue it. If you fail at achieving one opportunity, you need to realize that you can pivot and try for another one.

Remember when one door closes, another door opens. You need not beat down the door. Do not go through a window – you could injure yourself!

"Challenges are gifts that force us to search for a new center of gravity. Don't fight them. Just find a new way to stand."

- Oprah Winfrey

Think of challenges as your opportunities. Challenges can inspire you to be creative and flexible. And flexibility – including the ability to accept critical feedback and adjust your planning – is a key competency for leadership. In fact, flexibility, transparency and excellent communication skills are all important when it comes to being the best leader you can be.

One way to achieve your goals is to build a team. Putting a team together that is inclusive of gender, race, age, background and interests can improve the quality of the decisions that are made. A diverse team – I call it a mosaic – also teaches you many things as a leader.

"Fight for the things you care about, but do it in a way that will lead others to join you."

- Ruth Bader Ginsburg

What did I learn today? How did I help other people? What was my overall impact?

Those three questions can help you formulate your plan. To stay true to what guides you, ask yourself those questions frequently – sometimes I find myself turning to them almost every day! Taking time to consider the answers will keep you motivated, as you will appreciate the richness of your environment even more.

"When you're moving in the positive, your destination is the brightest star."

- Stevie Wonder

You need to find your own way. You can do that by using self-reflection and talking with others. A coach may be helpful, as well. Taking a leadership course, reading leadership books or listening to podcasts about leadership can also be motivating.

"Follow your fear."

- Tina Fey

And don't forget to celebrate your victories. If you focus only on your failures, your energy to go forward will be less.

"True heroes are made of hard work and integrity."

- Hope Solo, World Cup soccer champion and two-time Olympic gold medalist

Always ask yourself and others:
"How are you doing? Are you on a path to achieve our team goals this year and your career goals beyond that?

Is there anything more I can be doing to help you?"

- Michael Tarnoff, MD (2020)

And always remember your why.
Why do you come to work? What gives you joy? What gives you purpose?

"Good teams become great ones when the members trust each other enough to surrender the 'me' for 'we.'"

- Phil Jackson, former NBA coach

The key to breaking your own personal glass ceiling is to lead from within!

JULIE A. FREISCHLAG
MD, FACS, FRCSEd (hon), DFSVS

Follow Dr. Freischlag

Chief Executive Officer of Wake Forest Baptist Health, Dean of Wake Forest School of Medicine and Chief Academic Officer of Atrium Health Enterprise. Consistently ranked among the nation's top 50 medical centers, Wake Forest Baptist includes a growing, multi-hospital health system and physician network, the state-of-the-art and highly competitive Wake Forest School of Medicine and the school's technology transfer and commercialization arm, Wake Forest Innovations.

Currently, Freischlag is President-elect for the American College of Surgeons. She also serves on the Association for American Medical Colleges Board of Directors, National Institute of Health Clinical Center Research Hospital Board, Aga Khan University Board of Trustees, University of Pittsburgh School of Medicine Advisory Board, the University of Illinois Health Advisory Board and the American Hospital Association Changing Workforce Task Force.

References

- Tarnoff M. (2020 July 1) Dissecting the Important Difference Between Good Surgeons and Good Leaders. JAMA Surgery. https://doi.org/10.1001/jamasurg.2020.0805

SOME ADVICE FOR COMING OUT OF A CRISIS

By Mark Hertling, DBA, Lieutenant General, US Army (retired)

Vaccination rates have risen, hospitalization rates have fallen, and the nation and healthcare profession face what many perceive to be the start of a return to normalcy. What faces us as we transition from a year of operating in a crisis to the resumption of the habitual? What will linger from a long, tough fight against COVID-19, and how might physicians best approach the many post-crisis challenges they will face?

My experiences in the military may help those in the profession of medicine prepare for what's next. The challenges healthcare professionals face in recovering from the COVID-19 fight are comparable to what soldiers experience when they leave a battlefield. As we return to normal (however normal is defined), healthcare providers should assess where they are, what they have learned and the lessons they want to apply to their future healthcare operations.

Heading home from my last combat tour, I found myself gazing out the aircraft window and thinking about the myriad challenges I faced during a very long combat tour and how I would use those lessons. Some of my experiences mirror the kinds of challenges healthcare professionals may face coming out of the COVID-19 crisis, so I thought it might be beneficial to share those thoughts.

First, I was exhausted. Leaders are always expected to be at the right place at the right time with the right answers. They must have more energy than others; they must be upbeat and exhibit behaviors that will motivate those who depend on them. During the pandemic, most healthcare providers have reported similar exhaustion brought on by increased stress, sleep deprivation, little personal time, and having less time for reflection, exercise, growth or even prayer.

What to do about this? As soon as possible, physicians must conduct a personal assessment to determine the state of their emotional, intellectual, physical and spiritual well-being. Make a plan to bring yourself back to normal. Plan an extended vacation (without email or phones). Get a personal trainer to help you achieve your fitness goals. Enjoy a long talk with a spiritual advisor over coffee. Make a concerted effort to renew relationships. Be in the moment! Most of all – and here's advice I give to all the physicians I know – GET A PHYSICAL EXAM, as most of you are amazingly lax in caring for yourselves.

While there is a big difference between post-traumatic stress and post-traumatic stress disorder, it is important to be aware of the warning signs of PTSD. Many believe PTSD only exists in soldiers returning from war, but it can occur in anyone who has gone through a traumatic event. And that certainly describes what many of you have been through in treating COVID-19 patients.

Second, take pride in what you accomplished, but also assess what you need to do when you return to your normal operations. Research shows organizational fault lines drive teams to perform at less-than-optimal levels. Research also shows that such rifts exist between physicians, nurses and administrators for a variety of reasons. They may be the result of communication disconnects (extensively reported on in research). Sometimes various members of healthcare teams just don't trust each other because of their training, culture or place within the organization. But during a crisis, research of various organizations also shows fault lines dissipate and trust evolves.

Many healthcare organizations are reporting that while COVID-19 cases surged, their people came together and worked better as a team. Most personality conflicts, communication disconnects and organizational dysfunctions receded, and organizations saw smoother coordination and collaboration. Have you seen examples of this in your organization during the pandemic? If so, what is your plan for ensuring you maintain the effectiveness your team gained during the crisis? How do you ensure your new, high-performing teams do not revert back to what they were before?

If you are a formal healthcare leader (someone with a title and a position on your team), it is your responsibility to provide feedback on people and processes. If you are an informal leader (someone who is a member of the team but does not have specific leadership responsibilities outside your clinical role), and you don't see this happening from the direction of the formal leader, volunteer to run the review session for your formal leader.

Be candid in assessing your team's leadership and your team's systems and processes. Determine strengths and weaknesses by asking for feedback on communication, behaviors, medical knowledge, emotional intelligence and execution of tasks. Then determine the processes and systems that did and did not work and drive change in what you want to incorporate. Don't go back to the old ways if they were not effective under critical conditions.

Drive the conduct of an organization-wide after-action review (AAR). The successful conduct of any AAR requires asking – and getting answers to – four questions:

- What happened?
- Why did it happen the way it did?
- What needs to be fixed or "polished" in the processes, systems or leadership approach?
- Who is responsible for ensuring the fixes or adjustments occur?

The facilitator, and the key leaders of the organization, must ask the right questions, must be deeply involved in getting the right people to comment on the issues and must "pin the rose" on someone who will be responsible for carrying through on the fixes. At the end of the AAR – after the key topics,

and a plan for addressing each, are discussed – the person in charge of the organization must publish any action plans with a suspense for ensuring the fixes.

During my three combat tours, 253 soldiers under my command or in my organization sacrificed their lives for the mission. Many more were wounded in action. There are times when bad dreams remind me of some of the circumstances surrounding the incidents that took their lives, and I often wake with a start, in a sweat. The question I always ask myself in the middle of the night when this happens is why did they die and why did I not? And I wonder what I might have done differently to prevent those deaths.

As we draw down from treating patients during the COVID-19 crisis, healthcare providers must also be wary of survivor's guilt. Survivor's guilt is a strong emotion for anyone who has been through a crisis, especially when their friends or loved ones have not. Many healthcare providers have lost patients. They have also lost colleagues, friends and family members to this disease. Because you are in the healing profession, many of you will question what more you could have done to prevent the loss of life. Does your healthcare facility have plans for a memorial service for all those who passed while in your care? Is there a special tribute in your hospital to those healthcare providers who paid the ultimate sacrifice in caring for patients? Most importantly, have you rededicated yourself to your profession, knowing that what you learned during the pandemic will help you be a better physician – a better human being – in the future? Do you have the knowledge that you are making a difference every day you serve in healthcare?

Like citizens all across our nation, my family and I are grateful for the skill and professionalism exhibited by clinicians and healthcare providers during this devastating pandemic. While many are breathing a sigh of relief as they see the end in sight, professionals take the opportunity to learn and grow from any crisis. Hopefully, the reflections and recommendations in this paper – learned from a different profession – will provide ideas to my new colleagues in healthcare.

LIEUTENANT GENERAL MARK HERTLING
(retired)

Follow Dr. Hertling

Mark Hertling retired from the Army in December 2012, finishing his Army career as the Commanding General of US Army, Europe. Hertling received a BS from West Point, an MS from Indiana University's School of Public Health and an MA from the National Defense University. In 2019, he received a Doctor of Business Administration from the Crummer School of Business, Rollins College, defending research addressing physician leadership in the healthcare industry.

Hertling was a Senior Vice-President at AdventHealth, where he created a physician leadership course. After writing "Growing Physician Leaders," he now teaches at several health care facilities. He is an Adjunct Scholar Of Strategic Leadership at the Crummer School of Business, Rollins College and he serves on the Dean's Alliance at Indiana University's School of Public Health. He is also a military and national security analyst for CNN/CNN International.

LEADERSHIP STARTS IN OUR PHYSICAL PRESENCE

By Alison Escalante, MD, FAAP

We identify leaders by their physical features: both their appearance and their embodied presence. Try thinking of someone you consider a leader. Very likely the first thing that will come to mind is an image of them and a felt sense of their impact on you. Leaders project power, presence and confidence in the posture and motion of their bodies. They communicate it in the tempo and quality of their voice.

If you still doubt that our perception of a leader starts with the physical, then consider the simple question of what a leader looks like. For example, take a moment to imagine a doctor. The vast majority of people in America will immediately envision a tall white male, even though 35 percent of practicing physicians are women and 44 percent are minorities (Diversity in Medicine, 2019; Bean, 2020).

The majority of physicians in the U.S. are not white males, yet the white male remains our mental default. Indeed, simply being male can make someone more likely to be seen as a leader. "A person's success often depends on whether others believe what they say. Growing evidence suggests that people are less likely to believe statements made by women rather than men," Shanthi Manian and Ketki Sheth write in their paper on assertive cheap talk and the gender gap (2021).

When a person's gender or minority status does not match the prevailing expectation of what a leader should look like, they may face unconscious bias. The experience of unconscious bias can lead people to feel uncomfortable and may make them less likely to display the physical attributes of a leader (Escalante, 2020). Similarly, advice to fake it until you make it can produce a jarring sense of inauthenticity in the physical messages we send as it creeps into our voices and our body language.

Why? Because feeling out of sync with yourself or others can trigger the fight-or-flight response through a pre-conscious autonomic mechanism (Porges, 2007). And that fight-or-fight response is contagious to others: when one nervous system is in fight-or-flight, all the others in the room pick up on it and start to initiate the response, too. That's because human nervous systems constantly send each other messages, causing people to co-regulate or sync up (Renvall, et al, 2020). Our nervous systems are highly tuned to detect signs of danger, and that's why one persons' tension instantly impacts everyone else.

How then can women and minorities overcome this real barrier to presenting as the leaders they really are? Current leadership methods often focus on cognitive techniques and inner pep talks. But starting with the body may provide even greater value. Connecting to our own bodies by regulating our autonomic nervous system (which continuously monitors our environment for signals of safety or danger) activates the most powerful portions of our brain. Simple techniques like breathing deeply with a slow outbreath or providing deep pressure input can take us out of fight-or-flight and into the social nervous system. Our faces become open and expressive, our voices more musical and those around us feel our presence. When we physically embody our leadership, we think clearly, and we communicate persuasively and authentically (Escalante, 2020).

Most importantly, leading from your physical presence allows you to send pre-conscious messages to the bodies of those around you, from your nervous systems to theirs. By using a musical voice from deep in your abdomen, regulated breathing, open and dynamic facial expressions and the rooted but flexible stance of an athlete, you can send messages of safety to others. And, when people feel safe, they are more likely to trust you as a leader.

ALISON ESCALANTE

MD, FAAP

Follow Dr. Escalante

A board-certified Pediatrician, an Adjunct Professor of Pediatrics at Rush University, a TEDx speaker, and a contributor to Forbes and Psychology Today. Learn more at AlisonEscalante.com.

References

- Bean, M. (2020 February 13) Gender Ratio of Physicians Across 50 States. Becker's Hospital Review. https://www.beckershospitalreview.com/rankings-and-ratings/gender-ratio-of-physicians-across-50-states.html
- Diversity in Medicine: Facts and Figures 2019. Association of American Medical Colleges. https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018
- Escalante, A. (2020 August 17) Hack Your Brain To Let the Leader in You Emerge. Diversity in Research Jobs. https://www.diversityinresearch.careers/article/hack-your-brain-to-let-the-leader-in-you-emerge/
- Manian, S., Sheth, K. (2021 February 17) Follow My Lead: Assertive Cheap Talk and the Gender Gap. Management Science. https://pubsonline.informs.org/doi/10.1287/mnsc.2020.3837
- Porges, S.W. (2007 February) The Polyvagal Perspective. Biological Psychology. https://doi.org/10.1016/j.biopsycho.2006.06.009
- Renvall, V., Kauramaki, J., Malinen, S., Hari, R., Nummenmaa, L. (2020 April 28) Imaging Real-Time Tactile Interaction With Two-Person Dual-Coil fMRI. Frontiers. https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00279/full

HARNESSING BEHAVIORAL SCIENCE TO ELEVATE YOUR CAREER

By Laura Desveaux, PhD, PT

The inspiration is often palpable at professional development events. But how do you make sure you harness that inspiration and avoid the all-to-common (we've all been there!) knowledge-to-action gap?

These three principles from behavioral science will help ensure the Women in Medicine Summit (or your next professional development opportunity) is the inflection point in your professional journey that you were hoping it would be.

1. Leverage the science of fresh starts.

The behavioral science of "fresh starts" (Dai, et al, 2014) teaches us a lot about how to catalyze the transformation we want to achieve. And luckily, the concept is more ingrained than you might realize. Think about the traditional milestones and temporal events in your life that represent the start of a new chapter – birthdays, graduations, New Year's Eve and even Mondays. Recognize this moment as a clean slate and leverage it to take control over the trajectory of your career.

2. Open up a new mental account for professional change.

We assign and account for resources in our life (e.g., time, money, mental energy) using categories (Thaler, 1999), and picking a label that embodies your goal will increase the salience. Next, it's time to decide what belongs here. The strongest foundation for any chapter is one that is fundamentally connected to what matters to you – so it's time to identify your core values (Brené Brown's list is a great resource). Pick two to three and build intentionally around them. Be clear with yourself on how every activity and opportunity that you put into your new mental account aligns with your values and builds towards your career goals.

3. Understand how to put your plan into practice.

An intention (or even an innate skill) cannot lead to achievement if it is not put into practice. Given that all activities you undertake involve a specific underlying behavior, understanding what contributes to a behavior happening (or not) is central to the success of your plan.

There are three core conditions required in order for you to take action (Michie, et al, 2011):

- You need to have the **motivation**. Between the content at the Women in Medicine Summit and the clarification of your values in Step 2, you likely have this covered. If you're still searching for clarity, articulate the impact you'd like to have and work backwards from there.
- You need to have the **capability**. Reflect on whether there are skills you need to build and set a plan to build them. Where possible, seek out training and skill-building opportunities tailored to the context in which you are looking to apply your skills (e.g., media training opportunities tailored to healthcare).
- You need to have the **opportunity**. Once you have the skills you need, find every opportunity you can to apply those skills and build the "strength" of that muscle. Be clear about when, where and how you will apply them to help yourself follow through. Write it down and consider whether you need an accountability buddy to help keep you on track.

Professional development opportunities offer a new beginning. Take control to write your next chapter and elevate your career.

LAURA DESVEAUX

PhD, PT

Follow Dr. Desveaux

The Scientific Director of an applied research institute in Toronto, Canada and the Founder and Executive Director of Women Who Lead, an organization dedicated to supporting the career advancement and leadership development of women in the health sector. Her career focuses on closing the gap between current performance and what science and experience tell us is possible. She realizes this passion through her noted roles and as a career coach, where she helps scientists, clinicians and professionals identify and unlock their potential.

Dr. Desveaux's work examines what drives behaviors, how and why things work and how context influences success (and failure). She is also a Founding Partner of E2I Consulting, where she collaborates with health and social care organizations to bridge the evidence-to-practice gap by helping them apply the principles of implementation science and behavior change to their work.

References

- Hengchen Dai, K.L., Milkman, J.R. (2014 June 23) The Fresh Start Effect: Temporal Landmarks Motivate Aspirational Behavior. Management Science. https://doi.org/10.1287/mnsc.2014.1901
- Michie, S., van Stralen, M.M., West, R. (2011 June 23) The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions. Implementation Science. https://doi.org/10.1186/1748-5908-6-42
- Thaler, R. H. (1999 July 1). Mental Accounting Matters. Journal of Behavioral Decision Making. https://doi.org/10.1002/(SICI)1099-0771(199909)12:3<183::AID-BDM318>3.0.CO;2-F

CULTIVATING INTENTIONAL SUCCESS BY CLARIFYING YOUR VOICE AND VISION

By Stacy Wood

Intentional success is the joy you feel when you are achieving the goals that YOU defined for yourself. Intentional success happens when you break free of what others expect of you, when you stop choosing the common path, and when you have clarity that aligns with your purpose.

Hard work and challenges are inevitable. We are adaptable creatures with the ability to withstand hardships. But if these sacrifices are made voluntarily in pursuit of goals that do not fulfill us, we will find ourselves sinking in the quicksand of burnout.

The three keys to intentional success are:

1. Knowing your true north (the summit which resonates in your soul).
2. Owning a clear vision of what you want to achieve.
3. Cultivating a voice that supports your vision and true north.

To have a powerful voice, you must know what lights you up and resonates with your soul. This is your true north and should be your guiding compass in all of life's pursuits.

Your true north will be the guidepost for creating a vision of what you want to achieve in life. Take time to be honest and clear with yourself about what you truly want to pursue and set realistic goals to get there. Recognize that life is full of seasons, and with those changing seasons may come changes to your goals.

Your voice is the instrument that carries you towards your goals. It enables you to be seen and heard. This multi-faceted tool includes the messaging, word choice, attitude, body language and tone that you project to others.

When speaking with others, if you find you are not being seen or heard clearly it can be frustrating. The solution? Learn to communicate in a more approachable manner. Encourage others to listen to you, versus simply telling them what you think.

To do so, follow these steps:

1. **Seek to understand where the other person is coming from.** Don't approach from the point of view that you are there to teach them something.
2. **Flex to speak in their native tongue**. This is a figure of speech meaning to use versatile communication styles so that you are speaking in a manner that makes the other party feel comfortable.
3. **Be solution oriented**. Don't point out a challenge and leave it lying on the floor. Offer your opinions, suggestions and considerations on the topic.
4. **Be body aware.** Check in to be sure that your body language matches the versatile communication style you are pursuing.
5. **Remember that words matter.** Be confident by removing marginalizing words – such as just, but, if, maybe, I was wondering, if by chance, I'm sorry – from your written and oral language.
6. **Stay focused.** Know your audience and don't let your message be lost by wandering off on other topics or by being overly descriptive.

Following these steps will help you to achieve an impactful voice which supports your vision of success as guided by your true north.

STACY WOOD

Follow Ms. Wood

Founder of Through the Woods Consulting, author, speaker, coach, and facilitator. Her mission is to grow women's leadership through the culture of connection and thoughtful planning.

To support her mission, she works with motivated women, international conferences and top corporations to provide executive coaching, interactive workshops, nature-based retreats and inspirational speaking. Her client list boasts firms such as KPMG, Becton Dickenson, Dominion Energy, Genworth Financial and many more.

Wood brings a wealth of leadership, training and sales experience into her boutique coaching practice from years as a successful medical sales consultant, time as an adjunct professor with the University of Richmond and as a former training manager with Novartis Animal Health. A degree in Animal and Equine Sciences has led her to develop unique equine assisted coaching programs, utilizing her 'Equine Factor' design.

Her book "Journey Through the Woods: A Self-Guided Coaching Workbook for Motivated Women" was published in 2019.

HOW TO NURTURE RELATIONSHIPS IN A WORLD WITHOUT HANDSHAKES

By Teri Goudie

It is a very good time to be in medicine. People are invested in their health more than ever before and many people now understand what a clinical trial is all about. You have an audience eager for your expertise and ready to turn to you for trusted wisdom and guidance.

In addition to this new appreciation for health, we are also experiencing a revolution in communication. Technologies like telehealth and Zoom have been around for a decade, but COVID-19 has accelerated the rate of adoption, leaving us to use these new tools without proper training. There is no manual and no chance to practice. You are on.

The way we talk, listen and watch each other has changed dramatically. Often we are meeting with people we may never see in person. Our virtual world of communication calls for connection in a new way. Every day we are being asked to create relationships in a world without actual handshakes.

The key to conquering this new reality might surprise you: go back to the basics of good patient communication. The way you prioritize content with a patient works for you during a virtual panel presentation. The way you use emotion as a source of connection works for you in a hospital board meeting. The way you come down to eye level with a child works for you during Zoom.

Your effectiveness in communication depends on three words: simple, visual and memorable.

Let's start with simple. Ask yourself: "What is the most important idea I want to teach in this meeting?" Start with that and be intentional. People trust those who know where they are going.

Use the power of visuals both in your delivery and in the examples you choose. When making a virtual appearance, your body language should be open and your face well lit, ideally with natural light. Make sure your eyes are level with the lens, much like when you adjust your chair in a face-to-face meeting. When using examples, make sure to paint verbal pictures to illustrate your points. People want the things they can "see."

Finally, memorable. Memorable happens when you deliver your information via a natural, conversational flow. During my Women in Medicine Summit session, I offer a simple template designed to help you create an efficient one-minute elevator pitch. The model will give you the ability to design a simple story that will stick in the mind of your audience and thus drive behavior change.

Many people are still yearning to get "back to normal." However, I believe we deserve to come back from the pandemic stronger and better, not just normal. Stronger and better in how we practice medicine. Stronger and better in how we work and respect each other. Stronger and better in how we communicate.

Communication is immensely personal; it is also what makes us unique. People will trust you if you trust yourself.

TERI GOUDIE

Goudie Media Services

Follow Ms. Goudie

A former ABC news journalist and considered one of the world's top communication consultants. She has coached some of the world's leading CEOs, doctors, lawyers, scientists, engineers and technologists. Her clients have included Abbott, G.E., Genentech, Google, United Airlines, the Sean Parker Cancer Institute and many major medical associations and research centers. She is currently on the front lines of the COVID-19 pandemic helping scientists, doctors and business leaders navigate crisis through virtual communication. She recently published a new book, "The Leadership Renaissance: Blending the Art and Science of You."

MAKE YOUR CV A GENDER EQUITY ALLY

By Avital Y. O'Glasser, MD, FACP, FHM

The curriculum vitae. The CV.

The often eye-roll-inducing, groan-soliciting, angst-provoking professional document that must be updated, maintained and groomed to capture and communicate one's professional merits and strengths.

Despite the immediate reactions the term might elicit, what is the CV's role? How did it come to occupy its current position in medicine, both inside and out of academia? And how, in 2021, can we harness the CV as a tool to promote equity, diversity and inclusion in medicine?

The CV, which gets its name from the Latin for "course of life," is intended to be a comprehensive record of one's professional life, including education, work experience, output and other achievements (George, 2021). Leonardo da Vinci is credited with creating the first CV, a lengthy hand-written letter to the Duke of Milan (Petrone, 2015; Cenedella, 2016).

In medicine, it often feels like the CV is weighted primarily on the traditional currency of medical professional accomplishment – peer-reviewed publications and invited lectures. But can the CV articulate accomplishments and abilities beyond this currency – and why does this question matter now more than ever? Da Vinci's CV is far more that a static list of past accomplishments. Rather, he sells himself and his unique and innovative strengths through the narrative of his professional arc.

Pre-pandemic, I started working with the ADVANCE Group (Advancing Vitae and Novel Contributions for Everyone) to embrace the challenge of adding social media-based activities and non-traditional/digital scholarship to the CV (Shapiro, et al, 2019; O'Glasser, et al, 2019). Others contributed to this discussion, generating recommendations for not just where to put these items on a CV but also how to create standard language to communicate the effort, impact and influence of such scholarship (Cabrera, Roy, et al, 2017; Cabrera, Vartabedian, et al, 2017; Acquaviva, et al, 2020).

I shared the growing concern that a large swath of those in the medical profession are being disadvantaged as they try to articulate their achievements and advance professionally. Could medical clinicians dedicated to education "prove" their merit? Could individuals passionate about non-traditional work be recognized and respected for their efforts? Could women and minorities in medicine avoid the leaks in the profession's very leaky pipeline?
Then the COVID-19 pandemic hit.

We quickly saw data showing that women in medicine were being disproportionally affected, with similar concerns expected for people of color. Women and minority clinicians already paying the "mommy tax" and "minority tax," respectively, were even more at risk of significant career disruption and burnout as publication submissions declined and other sacrifices to academic productivity increased (Viglione, 2020; Spector, et al, 2020; Woitowichm et al, 2020; Jones, et al, 2020).

The ADVANCE Group created a COVID-19 CV matrix to help clinicians capture and articulate their pandemic pivots (Arora, Jain, et al, 2020; Arora, Wray, et al, 2020). More than simply accounting for the lack of academic productivity during the pandemic, we wanted to look at achievements and contributions holistically, arguing that clinical leadership, service, advocacy and social media use belong on the CV.

We strongly believe that a more broadly defined and more inclusive CV can be a tool to promote gender equity and diversity in medicine, especially as we move beyond the COVID-19 pandemic (Arora, et al, 2021; O'Glasser, et al, 2021). Achieving this potential will require not only that individuals add these non-traditional accomplishments to their CVs, but also that their inclusion be embraced by those reading the CVs.

So, add it, include it, remodel it, discuss it and be a bold ally to empower and champion clinicians whose accomplishments transcend the traditional merits of professional achievement and reflect the value of diversity and innovation (Woitowich, et al, 2020; Burns, 2020).

AVITAL O'GLASSER

MD, FACP, FHM

Follow Dr. O'Glasser

A hospitalist and Associate Professor of Medicine within the Division of Hospital Medicine, Department of Medicine and Department of Anesthesiology and Perioperative Medicine at Oregon Health & Science University. Her clinical practice focus is perioperative medicine, and she is the Medical Director of the Preoperative Medicine Clinic. She is also the Assistant Program Director for Social Media and Scholarship for OHSU's Internal Medicine Residency Program. In addition to perioperative medicine, her academic interests include analyzing the role and effectiveness of social media, particularly Twitter, within healthcare. She additionally engages her passion for examining and promoting the overlap between medicine and novel or non-traditional scholarship, for example exploring and advocating how we can capture impact and reach of non-traditional work such as digital scholarship on CVs and applications. She also serves as the Honorary Chief of Perioperative Medicine for the internal medicine podcast The Curbsiders.

References

- Acquaviva, K.D., Mugele, J., Abadilla, N., Adamson, T., Bernstein, S.L., Bhayani, R.K., Büchi, A.E., Burbage, D., Carroll, C.L., Davis, S.P., Dhawan, N., Eaton, A., English, K., Grier, J.T., Gurney, M.K., Hahn, E.S., Haq, H., Huang, B., Jain, S., Jun, J., Kerr, W.T., Keyes, T., Kirby, A.R., Leary, M., Marr, M., Major, A., Meisel, J.V., Petersen, E.A., Raguan, B., Rhodes, A., Rupert, D.D., Sam-Agudu, N.A., Saul, N., Shah, J.R., Sheldon, L.K., Sinclair, C.T., Spencer, K., Strand, N.H., Streed Jr., C.G., Trudell, A.M. (2020 December 2) Documenting Social Media Engagement as Scholarship: A New Model for Assessing Academic Accomplishment for the Health Professions. Journal of Medical Internet Research. DOI: 10.2196/25070
- Arora, V., Jain, S., O'Glasser, A.Y., Wray, C., Shapiro, M. (2020 June) Covid19 Contributions on a Professional CV. Explore the Space, LLC. http://www.explorethespaceshow.com/white_papers/covid19-contributions-on-a-professional-cv/
- Arora, V.M., Wray, C.M., O'Glasser, A.Y., Shapiro, M., Jain, S. (2020 September 17) Using the Curriculum Vitae to Promote Gender Equity during the COVID-19 Pandemic. Proceedings of the National Academy of Sciences. https://www.pnas.org/content/117/39/24032
- Arora, V.M., Wray, C.M., O'Glasser, A.Y., Shapiro, M., Jain, S. (2021 January 20) Leveling the Playing Field: Accounting for Academic Productivity during COVID-19. Journal of Hospital Medicine. DOI: 10.12788/jhm.3558
- Burns, K.E.A. (2020 April 14) 10 Ways to Empower Yourself as a Woman in Science or Academic Medicine. The American Journal of Medicine. DOI: 10.1016/j.amjmed.2020.02.044
- Cabrera, D., Vartabedian, B.S., Spinner, R.J., Jordan, B.L., Aase, L.A., Timimi, F.K. (2017 August) More Than Likes and Tweets: Creating Social Media Portfolios for Academic Promotion and Tenure. Journal of Graduate Medical Education. https://doi.org/10.4300/JGME-D-17-00171.1
- Cabrera, D., Roy, D., Chisolm, M.S. (2017 November 6) Social Media Scholarship and Alternative Metrics for Academic Promotion and Tenure. Journal of the American College of Radiology. https://doi.org/10.1016/j.jacr.2017.09.012
- Cenedella, M. (2016 April 12) Even a Genius Has to Sell Himself...The Resume of Leonardo da Vinci. The Ladders. https://www.theladders.com/career-advice/leonardo-da-vincis-resume
- Curriculum Vitae. (accessed 2021 May 13) Wikipedia. https://en.wikipedia.org/wiki/Curriculum_vitae
- George, S. (2021 January) Writing a Professional CV. ACP Leadership Academy Webinars. https://www.acponline.org/meetings-courses/acp-courses-recordings/acp-leadership-academy/acp-leadership-academy-webinars/writing-a-professional-cv
- Jones, Y., Durand, V., Morton, K., Ottolini, M., Shaughnessy, E., Spector, N.D., O'Toole, J. (2020 July 20) Collateral Damage: How COVID-19 Is Adversely Impacting Women Physicians. Journal of Hospital Medicine. DOI: 10.12788/jhm.3470
- O'Glasser, A.Y., Arora, V., Jain, S. (2021 February 2) The COVID-19 Pandemic Brought Many New Challenges in Medicine. A Novel Tool May Help To Overcome Some of Them. KevinMD blog. https://www.kevinmd.com/blog/2021/02/the-covid-19-pandemic-brought-many-new-challenges-in-medicine-a-novel-tool-may-help-to-overcome-some-of-them.html
- O'Glasser, A.Y., Wray, C., Arora, V., Shapiro, M. (2019 June) White Paper: Social Media, Podcasts, and Blogs on the Residency/Fellowship ERAS Application. Explore the Space, LLC. https://www.explorethespaceshow.com/wp-content/uploads/2019/06/White-Paper-2-Final.pdf
- Petrone, P. (2015 October 9) The World's First Resume Is 500-Years Old and Still Can Teach You a Lesson or Two. LinkedIn Talent Blog. https://www.linkedin.com/business/talent/blog/talent-acquisition/worlds-first-resume-is-500-years-old
- Shapiro, M., Wray, C., Arora, V. (2019 April) White Paper: Social Media, Podcasts, and Blogs on a Professional Curriculum Vitae. Explore the Space, LLC. https://www.explorethespaceshow.com/wp-content/uploads/2019/04/CV-White-Paper-Final-.pdf
- Spector, N.D., Overholser, B. (2020 September 17) COVID-19 and the Slide Backward for Women in Academic Medicine. JAMA Network Open. DOI: 10.1001/jamanetworkopen.2020.21061
- Viglione, G. (2020 May 20) Are Women Publishing Less during the Pandemic? Here's What the Data Say. Nature. https://www.nature.com/articles/d41586-020-01294-9
- Woitowich, N.C., Jain, S., Arora, V.M., Joffe, H. (2021 June) COVID-19 Threatens Progress Toward Gender Equity Within Academic Medicine. Academic Medicine. DOI: 10.1097/ACM.0000000000003782

TOP TIPS FOR FINDING AND REFINING YOUR VOICE ON SOCIAL MEDIA

By Kelly Cawcutt, MD, MS, FACP, FIDSA

Social media is a powerful professional tool, but like any tool it requires appropriate understanding and skill to leverage its potential. Engaging in social media as a professional provides an opportunity to promote yourself as an expert, develop a greater diversity of relationships and advance your career.

Finding your voice amid a sea of posts can be a daunting task, however. You can optimize your use of social media with the help of these tips:

1. Determine your mission and vision for social media use.

Prior to engaging in social media, you should first determine why you want to engage. What is your purpose? What do you want to communicate? How do you plan to provide benefits to yourself and your audience for maximum return on the valuable investment of time? Taking time to determine your reasons for being on social media will help you determine which platform may be right for you.

2. Target your audience.

Once you understand your personal mission and vision for social media use, it will be easier to decide who your target audience is. Perhaps your goal is to share information with colleagues within your specialty or to attract multidisciplinary collaborators around a certain topic. On the other hand, you may want to provide educational materials to trainees or patients, or focus on public health outreach to certain age groups or patient populations. Understanding who you are speaking to helps you find your voice in that conversation.

3. Pick your platform carefully.

Once you understand your mission, vision and audience, choosing the best social media platform becomes easier. Which platforms are favored by the people in your target audience? How you like to communicate – with photos, videos, longform writing, short snippets of text – can also help to determine which platforms are best for you. Trying to engage on all platforms can be daunting, so start with one or two and then see where you find the best ROI for your efforts. Also, make sure you feel authentic in the platform, if you do not, your audience will notice!

4. Intentionally choose your handle, backgrounds and bio.

On social media, you make a first impression with your profile handle (name), bio and background photos. Consider these carefully and ensure that your bio reflects your expertise, mission and vision so people have an idea of who you are and what kind of posts you may share.

5. Recognize that social media is a permanent platform.

Digital platforms may seem fleeting, but they create a permanent record. Consider what you post – both in text and images – carefully. If you would not share the ideas or pictures on a professional stage in real life, think twice before posting them.

6. Engage in social listening.

Social listening is a way to understand the conversations that are pertinent to your audience. Check out the hashtags being used by the people you want to reach, scroll through their posts. Understanding what your intended audience is talking about may help you refine how you enter and engage in the conversation – or it may open a door to start a new conversation!

7. Connect and collaborate with others.

Use social media to connect and expand your network! This is an amazing opportunity to develop collaborations and engage in discussions with other experts in your field. It is also an opportunity to identify and develop mentorship and sponsorship relationships, which can be critically important if you lack mentors, sponsors or colleagues who share your interests within your organization or immediate geographic area. An easy way to get started is to follow the hashtag of a medical conference, a society or even a journal sharing content that is of interest to you. Public relations teams may also become a great ally and reach out to you for expert content, once they are aware you are on a given platform.

8. Take relationships from the virtual world to the real world.

Connections made online are further empowered in person. When you have the chance to attend a conference or when you are traveling, seek out those you know and meet up for a #TweetUp, a coffee or a social hour. Remember, you already know each other so the hard part is over!

9. Don't feed the trolls.

There will be naysayers, the possibility of attacks and argumentative comments or posts. Report those that are offensive and inappropriate, but do not engage in arguments online. Do not feed those "trolling" and trying to bait you into a fight. It won't be productive and may generate significant negative attention. If you need to disengage for a few days from the platform to let these moment pass, that is perfectly all right. You do not need to respond to every person, troll, bot or comment.

10. Know your organizational social media policies.

Social media can be a powerful tool. When used for professional purposes, however, it is imperative that you understand and follow organizational policies for its use. Professional criteria still apply, and it is far better to be proactive rather than reactive when it comes to following the rules.

11. Curate content in your voice.

As you write, share posts and curate the content on your chosen platform(s), make sure you continue to use your own voice. Re-write a comment, add your own thoughts, bring your genius to the discussion.

12. Be authentic.

You bring unique perspective, ideas and expertise to any social media platform. Do not try to be someone you are not. Embrace your strengths, your passions, your mission and your vision, and share them on your platform. Sharing a bit of who you are as a person is not only acceptable, it is also encouraged.

KELLY CAWCUTT

MD, MS, FACP, FIDSA

Follow Dr. Cawcutt

An Associate Professor of Medicine at University of Nebraska Medical Center in Omaha and board certified in Critical Care Medicine and Infectious Diseases. She is the Medical Director of Medical Quality and an Associate Director of Infection Prevention and Hospital Epidemiology for Nebraska Medicine. She is also Co-Director of Digital Innovation and Social Media Strategy for the Infectious Diseases Division of UNMC. Nationally, she is involved with the Infectious Diseases Society of America (IDSA), the Society of Critical Care Medicine (SCCM) and the Society for Healthcare Epidemiology of America (SHEA). Dr. Cawcutt's research interests include infections in the intensive care unit, with focuses on vascular access, CLABSI and VAE/VAP, COVID-19, faculty development with specific interest in advancing the careers of women, and the use of social media in medicine.

THE TOLL OF THE COVID-19 PANDEMIC ON WOMEN MEDICAL STUDENTS

By Deborah D. Rupert, MS, MA

The impact of the COVID-19 pandemic on women physicians has sparked ongoing discussions about gender-disproportionate personal burdens (Soares, et al, 2021) and professional consequences on academic publication rates ("productivity") (Andersen, et al, 2020; Ipe, et al, 2021; Krukowski, et al, 2021), compensation (Woodhams, et al, 2020) and promotional track advancement (Narayana, et al, 2020). However, less discourse has focused on the pandemic's toll on women trainees in their medical school years. Instead, literature investigating the pandemic's impact at the undergraduate medical education (UME) level has largely pooled medical students and discussed adaptive curriculum (Lin, et al, 2021; Sani, et al, 2020; Compton, et al, 2020; Miller, et al, 2020). This has resulted in knowledge gaps, outlined herein, as to the unique challenges faced by the next generation of women in medicine.

First and foremost, we must acknowledge and appreciate that the pandemic has cast intersectional feminism in medicine into the spotlight. As the economic (AAMC, 2018) and racial diversity (Lett, et al, 2019) of UME matriculants has increased in recent years, we must consider the population of trainees whose home lives, families and communities were hit hardest by the pandemic, including Black and Latinx students as well as those living in poverty (Abraham, et al, 2021). Racially diverse UME students were faced with balancing the demands of their medical education, racial unrest and a global pandemic; this has contributed to the significant mental and emotional burdens carried by historically underrepresented minority (URM) trainees (Salahou, et al, 2021; Stowers, et al, 2021). These issues are compounded by the disproportionate caretaker and mental health challenges of women trainees; women URM at the UME level are more likely to have become caretakers due to the pandemic and face mental health issues in the face of dire consequences to their families and communities (Robinson, et al, 2021). Moreover, it is likely, though poorly documented, that women trainees and/or their families have disproportionately faced financial struggles resulting in housing or food insecurities, because of the pandemic. These are highly complex, often hidden and under-investigated issues that likely increased for URM, women and URM-women trainees over the past year and a half.

Likewise, while the pandemic has worsened the mental health of UME students as a group (Meo, et al, 2020; Gupta, et al, 2021; Harries, et al, 2021), several lines of evidence support the conclusion that women trainees collectively experienced greater pandemic-exacerbated mental stress and illness than their male colleagues (Abdulghani, et al, 2020; Alsoufi, et al, 2020). This exacerbation of mental health issues is intimately linked to disproportionate, gender-biased emotional and mental loads as women are more likely to face caretaker burdens. According to the 2020 AAMC Questionnaires, 3.1 percent of entering and 7.3 percent of graduating UME students respectively have a non-spouse dependent. Given that since 2019 the majority of medical school matriculants in the United States are women (Durfey, et al, 2021; Glauser, 2019; Taylor, 2013), it is likely that the majority of medical-student parents are women. However, the gender breakdown of parenthood among UME trainees is not well documented. (The exact gender breakdown of the student-parent population, however, is not reported by the AAMC in their annual Graduation or Matriculating questionaries.) How the training of student-physician parents, specifically mothers, was impacted during the pandemic has been the focus of sparse investigative work (Murphy, 2020). Likewise, the percentage of UME women who became parents during the pandemic specifically has not been determined. Further, bridging curricular adaptations for this population over the past year and a half has the potential to drive more long-term, institutional reforms (Arowoshola, 2020; Lin, et al, 2021).

Finally, it bears mentioning that in addition to their own experiences, women UME students have witnessed the pandemic's well-documented consequences on the career trajectories of early-, mid- and late-career women mentors. What does it mean to watch those we respect so much struggle to find institutional and personal support while fighting on the front lines of a public health crisis? The advocacy efforts by women in medicine, on their own behalf as well as their peers', often have important downstream ripple effects that reach far beyond the walls of any individual institution. Like women physicians, women medical students are just beginning to parse out what recovery in the wake of the pandemic's gender-driven consequences will look like, both professionally and personally. Therefore, as the community of women in medicine begins to fight for solutions-focused initiatives (Narayana, et al, 2020), we must urge a sense of unity across levels of training.

DEBORAH RUPERT

MS, MA

Follow Ms. Rupert

An MD-PhD trainee in the Medical Scientist Training Program at Stony Brook University's School of Medicine. She is completing her graduate studies at Cold Spring Harbor Laboratory (CSHL). She has a Master of Science in Human Nutrition from Columbia University and a Master of Arts in Biotechnology, also from Columbia University. She is the President Emerita of CSHL's Women in Science and Engineering group and served on the leadership of that organization for three years. She is currently serving her sixth year on the Executive Board of New York University-Winthrop's Wellness Initiative Student-Run Health Clinic (WISH), an organization dedicated to providing healthcare to the poor and uninsured on Long Island. Rupert currently volunteers as the WIMS' Research and Grants Lead.

References

- Abdulghani, H.M., Sattar, K., Ahmad, T., Akram, A. (2020 October 30). Association of COVID-19 Pandemic with Undergraduate Medical Students' Perceived Stress and Coping. Psychology Research and Behavior Management. DOI: 10.2147/PRBM.S276938
- Abraham, P., Williams, E., Bishay, A.E., Farah, I., Tamayo-Murillo, D., Newton, I.G. (2021 May 11) The Roots of Structural Racism in the United States and their Manifestations During the COVID-19 Pandemic. Academic Radiology. DOI: 10.1016/j.acra.2021.03.025
- Alsoufi, A., Alsuyihili, A., Msherghi, A., Elhadi, A., Atiyah, H., et al. (2020 November 25) Impact of the COVID-19 Pandemic on Medical Education: Medical Students' Knowledge, Attitudes, and Practices Regarding Electronic Learning. PLOS ONE. https://doi.org/10.1371/journal.pone.0242905
- Andersen, J.P., Nielsen, M.W., Simone, N.L., Lewiss, R.E., Jagsi, R. (2020 June 15) COVID-19 Medical Papers Have Fewer Women First Authors Than Expected. eLife. DOI: 10.7554/eLife.58807
- Arowoshola, L. (2020 December 25) Medical Education Engagement During the COVID-19 Era – A Student Parents Perspective. Medical Education Online. DOI: 10.1080/10872981.2020.1788799
- Association of American Medical Colleges. (2018 October) An Updated Look at the Economic Diversity of U.S. Medical Students. AAMC Analysis in Brief. https://www.aamc.org/media/9596/download
- Centers for Disease Control and Prevention. (2020 December 10) COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html
- Compton, S., Sarraf-Yazdi, S., Rustandy, F., Radha Krishna, L.K. (2020 June 10) Medical Students' Preference for Returning to the Clinical Setting During the COVID-19 Pandemic. Medical Education. DOI: 10.1111/medu.14268
- Durfey, S.N.M., White, J., Adashi, E.Y. (2021 February 9) Pregnancy and Parenting in Medical School: Highlighting the Need for Data and Support. Academic Medicine. DOI: 10.1097/ACM.0000000000003988
- Glauser, W. (2019 February 25) How Medical Schools Can Better Support Students Who Are Parents. CMAJ. DOI: 10.1503/cmaj.109-5707
- Gupta, P., Anupama, B. K., Ramakrishna, K. (2021 May 2) Prevalence of Depression and Anxiety Among Medical Students and House Staff During the COVID-19 Health-Care Crisis. Academic Psychiatry. DOI: 10.1007/s40596-021-01454-7
- Harries, A.J., Lee, C., Jones, L., et al. Effects of the COVID-19 Pandemic on Medical Students: A Multicenter Quantitative Study. BMC Medical Education. DOI: https://doi.org/10.1186/s12909-020-02462-1
- Ipe, T.S., Goel, R., Howes, L., Bakhtary, S. (2021 February 1) The Impact of COVID-19 on Academic Productivity by Female Physicians and Researchers in Transfusion Medicine. Transfusion. https://doi.org/10.1111/trf.16306
- Krukowski, R.A., Jagsi, R., Cardel, M.I. Academic Productivity Differences by Gender and Child Age in Science, Technology, Engineering, Mathematics, and Medicine Faculty During the COVID-19 Pandemic. Journal of Women's Health. DOI: 10.1089/jwh.2020.8710
- Lett, L.A., Murdock, H.M., Orji, W.U., Aysola, J., Sebro, R. (2019 September 4) Trends in Racial/Ethnic Representation Among US Medical Students. JAMA Network Open. DOI: 10.1001/jamanetworkopen.2019.10490
- Lin, H.C., Zeanah, P.L., Olivier, D.F., Bergeron, M.A., Liu, C.H. (2021 February 5) Responding to the Pressing Yet Unrecognized Needs of Student-Parents Amid the COVID-19 Pandemic. Journal of American College Health. DOI: 10.1080/07448481.2020.1870474
- Meo, S.A., Abukhalaf, A.A., Alomar, A.A., Sattar, K., Klonoff, D.C. (2020 May) COVID-19 Pandemic: Impact of Quarantine on Medical Students' Mental Wellbeing and Learning Behaviors. Pakistan Journal of Medical Sciences. DOI: 10.12669/pjms.36.COVID19-S4.2809
- Miller, D.G., Pierson, L., Doernberg, S. (2020 July 1) The Role of Medical Students During the COVID-19 Pandemic. Annals of Internal Medicine. DOI: 10.7326/M20-1281
- Murphy, B. (2020 May 7) Medical Student Moms Face Challenge of Pandemic Parenthood. AMA. https://www.ama-assn.org/residents-students/medical-school-life/medical-student-moms-face-challenge-pandemic-parenthood
- Robinson, L.J., Engelson, B.J., Hayes, S.N. (2021 February 23) Who is Caring for Health Care Workers' Families Amid COVID-19? Academic Medicine. DOI: 10.1097/ACM.0000000000004022
- Salahou, A., Rahmon, D., Fedorowicz, M. (2021 May 1) Medical Students Confront Racism and Systemic Oppression Amidst a Global Pandemic. Academic Medicine DOI: 10.1097/ACM.0000000000003966
- Stowers, J.A., Desrosiers, S., Zeleke, K., Bakare, O., Seifi, A. (2021 February) The Life of a Black Medical Trainee in the United States: Past, Present, Future. Journal of the National Medical Association. https://doi.org/10.1016/j.jnma.2020.07.004
- Soares, A., Thakker, P., Deych, E., Jain, S., Bhayani, R.K. (2021 May 7) The Impact of COVID-19 on Dual-Physician Couples: A Disproportionate Burden on Women Physicians. Journal of Women's Health (Larchmont). https://doi.org/10.1089/jwh.2020.8903
- Taylor, J., Macnamara, M., Groskin, A., Petras, L. (2013 March 1) Medical Student-Mothers. Rhode Island Medical Journal. http://rimed.org/rimedicaljournal/2013/03/2013-03-42-cont-medmothers.pdf
- Woodhams, C., Dacre, J., Parnerkar, I., Sharma, M. (2021 January 9) Pay Gaps in Medicine and the Impact of COVID-19 on Doctors' Careers. Lancet. DOI: 10.1016/S0140-6736(20)32671-4

NAVIGATING A TOXIC WORK ENVIRONMENT

By Pamela L. Kunz, MD

I was in my mid-career as an academic medical oncologist, when I found myself in a toxic work environment. To be honest, it took me a while to even recognize and acknowledge that there was a problem. I had grown accustomed to the hierarchy and power differential in medicine as well as the male dominated leadership structure and the narcissistic behavior of colleagues, especially leaders.

When I reached mid-career and experienced a level of professional success, I was perceived as a threat by some male colleagues (Lewiss, et al, 2020; Carnes & Bigby, 2007). I started experiencing regular gender discrimination and harassment, mostly in the form of microaggressions. Among the many examples, I was told by a male colleague that my physical appearance helped me to get speaking opportunities, overheard complaints from a colleague when he was asked to provide coverage for "another one of my maternity leaves," and experienced public put-downs that undermined my leadership. I felt alone, demoralized and stripped of my self-confidence and, worse, was made to feel that I was at fault. The years of accumulated disrespect created such a toxic work environment that I dreaded going to work each day. I felt stuck in a cycle of negativity from which I could not see an exit.

In working with an executive coach, I learned skills that started with the practice of equanimity, defined as mental calmness, composure and evenness of temper, especially in a difficult situation. The virtue and value of equanimity are celebrated by a number of major religions and ancient philosophies. It was even the topic of one of William Osler's most famous essays, "Aequanimitas." In my discovery and practice of equanimity, I learned the power of meditation and narrative writing and embraced them as important forms of self-care.

In order for me to really achieve equanimity, I took a pause in the form of a sabbatical (Farrell, 2020). The time away from clinical medicine and my administrative roles allowed me to hit reset and learn what mattered most to me. I systematically examined my work environment and made an inventory of my likes, dislikes, values, needs and asks. The value assessment, based on Brené Brown's "Dare to Lead," was especially meaningful. My search for equanimity, the pause, and living in my values were all important pieces in my transition from feeling stuck to feeling empowered.

It was only after this deep self-assessment that I felt ready to pivot towards action and change, which I approached through five deliberate steps:

1. **Research:** I immersed myself in researching the data on gender disparities that was contributing to my toxic work environment and examined my own research through the lens of gender equity.

2. **Educate:** I sought to educate myself and others through courses, meetings, lectures, books and films.

3. **Advocate:** I found ways to immerse myself in advocacy for gender equity through professional societies and my home institution as well as through national and international organizations.

4. **Connect:** I felt incredibly alone as I navigated the challenges of a toxic work environment and sought connection through mentors, allies, professional societies and social media.

5. **Heal:** I learned the value of aggressive self-care through nutrition, exercise, sleep and time management (Harrington & Merrill). Giving myself permission for self-care is still a work in progress.

This journey allowed me to heal and gave me strength. I eventually decided, on my terms, to leave the toxic work environment. I learned that we all have the power to control our narrative, always have an exit strategy and can move from stuck to empowered. The journey through and out of a toxic work environment has forever changed me. I feel called to create a respectful, inclusive and collaborative workplace (Duma, et al, 2019) and dismantle disparities. It took me 48 years to find my voice. Now that I have found it, I'm never going to lose it.

PAMELA L. KUNZ

MD

Follow Dr. Kunz

An Associate Professor of Medicine in the Division of Oncology at Yale School of Medicine and Director of the Center for Gastrointestinal Cancers at Yale Cancer Center and Smilow Cancer Hospital. She received her medical degree from the Dartmouth Geisel School of Medicine. Her postgraduate training included a medical residency, chief residency and oncology fellowship at Stanford University School of Medicine. Dr. Kunz is an international leader in the treatment and clinical research of patients with gastrointestinal (GI) malignancies and neuroendocrine tumors (NETs). She holds key leadership positions in the field including Chair of the National Cancer Institute's Neuroendocrine Tumor Taskforce and officer of the North American Neuroendocrine Tumor Society. In addition, she has emerged as a leading voice for promoting gender equity in the medical workforce and has recently been appointed Vice Chief for Diversity, Equity and Inclusion for the Section of Medical Oncology at Yale.

Dr. Kunz is a wife, mother of three sons and proud feminist. She believes in kindness, collaboration and the value of a respectful workplace.

References

- Brown, B. (2018 October 9) Dare to Lead: Brave Work. Tough Conversations. Whole Hearts. Random House. https://daretolead.brenebrown.com/
- Carnes, M., Bigby, J. (2007 April 17) Jennifer Fever in Academic Medicine. Journal of Women's Health (Larchmont). https://doi.org/10.1089/jwh.2007.E072
- Duma, N., Maingi, S., Tap, W.D., Weekes, C.D., Thomas, C.R. (2019 January) Establishing a Mutually Respectful Environment in the Workplace: A Toolbox for Performance Excellence. American Society of Clinical Oncology Educational Book. https://ascopubs.org/doi/10.1200/EDBK_249529
- Farrell, C.M. (2020 May 5) Systole and Diastole, Strength and Openness. JAMA. DOI: 10.1001/jama.2020.3095
- Harrington, R.A., Merrill, R. Professional Development. Stanford School of Medicine, Department of Medicine. https://medicine.stanford.edu/faculty/professionalDevelopment.html
- Lewiss, R.E., Silver, J.K., Bernstein, C.A., Mills, A.M., Overholser, B., Spector, N.D. (2020 February 7) Is Academic Medicine Making Mid-Career Women Physicians Invisible? Journal of Women's Health (Larchmont). DOI: 10.1089/jwh.2019.7732
- Osler, W. (1914) Aequanimitas. 2d. ed. P. Blakiston's Son & Co.

TO SETTLE OR NOT TO SETTLE

By Krishna M. Jain*, MD, FACS

I had only been in practice as a general and vascular surgeon for a couple of years when I got the call. A 19-year-old had been involved in a head-on collision with another vehicle. Despite my best efforts and those of the entire trauma team, the young man succumbed to his multiple injuries.

I had followed all the trauma protocols, but that did not prevent my being named in a malpractice lawsuit filed by the family. I wasn't alone, the hospital and another surgeon were among the others being sued.

Since I had done nothing wrong medically, I decided to fight the lawsuit.

By the time the trial was scheduled to get underway, everyone named in the lawsuit had settled – except for me. I was sitting in the courtroom, waiting for the proceedings to finally begin, when the judge called me and my attorney into his chambers. Why hadn't I settled the case, he wanted to know. A young person had died and, if the jury were to decide in favor of the plaintiff, he said, you will bear the sole responsibility of paying the award. Your insurance may not cover all of it, he added.

His words sank in. Despite the fact that I had done nothing wrong, I settled.

It became painfully obvious to me that, in practice if not in intent, the purpose of a malpractice lawsuit is not to find the truth. It is a money game. The judge was part of the system and understood that. The day I settled the lawsuit against me, I decided that I would seek to understand the system and be better prepared if I were ever to be sued again. I would start defending doctors. As my practice grew and I began to specialize in vascular surgery, I also insisted that all my younger partners take the time to learn the system.

You went to medical school, finished your residency and possibly a fellowship in your specialty of choice. During all that time spent in learning, no one ever taught you how the law of the land might impact you once you were out on your own taking care of patients. It is true that you could be sued as a medical student, resident or fellow but the real likelihood of being sued is when you are in practice. That is when you will have medical malpractice insurance with large limits that the plaintiff's attorney would like to collect from.

It is inevitable that in a long professional career a physician will be named in a lawsuit. You will find out that your time has come, and you are being sued for malpractice when you are served with papers. You will have to inform your insurance carrier. They will assign a defense attorney to work with you. The attorney will become your best friend – and your chief ally – until the suit is resolved. Follow their advice.

It is important to remember, however, that your attorney is not a doctor. It is up to you to educate the attorney about the medical facts of the case. Go over all of the details very carefully. There may be areas where the documentation is not complete. Do not attempt to fill in any missing gaps by making changes to the records. I repeat, do not change the records. There may be times when you could have done a better job of documenting what was happening. This can all be explained during your deposition.

As physicians, we have a tendency to want to explain. At the time of deposition, however, keep your answers short. Address only the questions being asked, do not volunteer additional information. Providing a longer explanation will only open new doors that the plaintiff's attorney will be only too happy to walk through.

In most cases, it will cost the insurance company less to settle the case than it would to fight it in court. So, expect your insurance company to recommend that you settle. Listen to your attorney's advice and make an informed decision. When you are taking out malpractice insurance, be sure to get a policy that gives you the right to decide whether or not to settle in the event that you are sued. In some policies, that right is reserved by the insurer. In an employment model, your employer likely already has an insurance policy in place that you may not be able to change, but it never hurts to ask.

Physicians often become despondent when they are being sued. It can feel like the whole world is crashing down around you. It is only natural to experience feelings of guilt and self-doubt as well as situational depression. You may be tempted to hide the fact that you are being sued from your partners, staff and, perhaps, even your family. Don't give in to the temptation. You will need the support of all of them to help you cope with the challenges you face.

Most importantly, if you get sued, remember that it is not the end of the world. Take control and work with your attorney. And take heart – the majority of malpractice lawsuits are won by doctors.

KRISHNA JAIN
MD, FACS

Follow Dr. Jain

Clinical Professor of Surgery at Western Michigan University Homer Stryker M.D. School of Medicine. Dr. Jain is CEO of National Surgical Ventures, LLC, President and CEO of National Office Endovascular Labs, LLC, and is editor of the book "Office-Based Endovascular Centers."

*The author does not claim to be an attorney, and this is not legal advice.

THE WORK-LIFE DILEMMA AND ITS EFFECT ON THE GENDER GAP

By Nisha Mehta, MD

Ask a group of early-career female physicians what their most pressing concerns about life in medicine are, and an overwhelming percentage will mention the challenge of balancing their personal and professional lives.

Many women feel the pressure to consider these factors as early as medical school, where disproportionately to male medical students, female medical students will seek out specialties that ostensibly offer more part-time options or flexibility. This can affect their decision to go into procedurally oriented specialties, which tend to offer higher compensation. In fact, looking at the highest paid specialties, females are clearly underrepresented in not just the surgical specialties, but also procedure-oriented internal medicine specialties such as cardiology and gastroenterology.

Interestingly, but perhaps not surprisingly, though male physicians are increasingly citing a need for work-life balance to enhance career longevity, they are much less likely to place as much weight on this early on. If a change is made, it is likely to be much later in their careers.

One factor in this difference may be that female physicians are statistically more likely to be dating or married to other high-income professionals when making their career decisions. These women often consciously – or unconsciously – tend to take into account the demands of their significant other's career as they consider their own choices. If a female physician elects to work where her spouse has an established job or favorable job opportunity, her personal market is inherently limited. Prospective employers are often aware of her self-imposed geographic limitations and may use this knowledge to their advantage. When childcare responsibilities and the need for flexibility are also on the negotiating table, a woman's power to advocate for more favorable compensation is further eroded.

The need for professional support from others, which enables the flexibility needed to address family responsibilities, also significantly hinders many female physicians from starting or joining private practices, where the earnings potential is higher. With staff positions, there is a larger pool of physicians to share call responsibilities or mechanisms for time off and last-minute coverage, but the employer takes a larger share of the revenue that they generate,

To be clear, there are many factors that go into the gender pay gap above and beyond the factors above. A female physician for which none of the factors discussed in this piece apply will still be paid less on average than a male physician. More salary transparency and real systemic change will be needed to address these issues.

As her career progresses, the high achiever that lives within most female physicians extends her drive beyond the professional space. In the first decade and a half of practice, the desire to excel in motherhood, marriage and friendships weighs heavily on female physicians. In fact, 40 percent of female physicians decide to either cut back on the hours they work or leave medicine entirely within their first six years of practice. Often, these choices are accompanied by the decision to decline – or give up entirely – on partnership or leadership positions, which, of course, offer stronger compensation packages as well as passive-income streams and profit-sharing options.

Interestingly, at later stages of their career, the concerns female and male physicians cite regarding the need to balance their work and professional lives become more similar, and women are less likely to decline opportunities based on these factors after the first decade of practice. In fact, many express regrets at overemphasizing concerns about family responsibilities and relationships in their earlier decision making. In retrospect, they feel they should have approached their choices differently and are confident that they would have found solutions to perceived problems.

While every woman in medicine could tell stories of the dilemmas they have faced, there are also many inspiring stories of how female physicians have shattered stereotypes and thought outside the box to address these issues and have fulfilling careers. This emphasizes the need for strong mentorship across generations of women in medicine, and the need for more honest discussions about these topics. Empowering female physicians to pursue both personal and professional satisfaction is key to both career longevity and ensuring a sustainable physician workforce.

NISHA MEHTA
MD

Follow Dr. Mehta

A radiologist, keynote speaker, writer, and physician advocate. Her missions include addressing the physician burnout epidemic through physician empowerment and cultural change in medicine, as well as increasing business and financial literacy amongst physicians in order to promote career longevity and career satisfaction. She is a strong proponent of creating physician communities to achieve these goals, with over 100k members in her online communities, Physician Side Gigs and Physician Community. Her work has been featured in numerous international media outlets, including Forbes, CNN, the Washington Post, Bloomberg, and PBS NewsHour, as well as several prominent physician-focused outlets. She was named a 2020 Top Voice in Healthcare by LinkedIn. She lives and works in Charlotte, NC, with her husband, who is a plastic surgeon, and her two sons.

MAKING AN IMPACT: ADVOCACY AND LEANING INTO THE POWER OF THE PHYSICIAN MOM

By Laura Zimmermann, MD, MS, FACP and Eve Bloomgarden, MD

The COVID-19 pandemic disrupted life for most people in innumerable ways. As physicians, the pandemic demanded our urgent attention and our unique skills to save lives. Simultaneously, we found ourselves facing challenges and obstacles as parents. Overnight, schools closed, childcare disappeared, and many working mothers were put in an impossible position.

IMPACT (Illinois Medical Professionals Action Collaborative Team) was formed in March 2020 by seven physicians wanting to utilize the distinct perspective of doctor parents to identify and address community needs and educate and advocate for public health measures to keep our families, our patients and our communities safe. We quickly identified the need for rapid information gathering and the dissemination of accurate scientific guidance; the typical channels were not rapid enough during a global public health emergency. We appreciated that we had access to information about the virus in real time from our colleagues around the world, we had the skillset to process this information, we had the ability to disseminate scientific guidance quickly to our colleagues on the front line, and we had our own local parenting communities that needed to know what to do to keep themselves safe.

We were watching the crowds gathering to celebrate St Patrick's Day in bars and the travelers packed together at O'Hare Airport trying to make sense of the conflicting travel restrictions, limitations and global lockdowns. Seeing the need for rapid action, we drafted a letter to the governor of Illinois and, in an effort to gain signatures, posted it to a private Facebook group, Physician Mommies Chicago. Within hours, hundreds of physicians had signed on, and the letter promptly landed on the governor's desk.

We had successfully harnessed the power of social media – and the power of the physician mom – to rapidly effect change. Illinois was the second state with a shelter-in-place order.

The power of the physician mom is compelling for many reasons, including:

- **Trust, credibility and expertise:** Physicians and healthcare workers are trusted members of our society. We can leverage our credibility, professional stature and scientific expertise to rapidly appraise new information for the public, reinforce scientifically valid messages, and bear witness to our patients' experiences.
- **Inherently invested in advocacy for the health of children and communities:** Moms make excellent advocates; we are credible, compassionate, strong, driven and protective.
- **Overlapping social support networks:** Physician moms exist in a complex network of personal and professional connections made through schools, places of worship, neighborhoods and professional societies as well as social media and other forums. These grassroots ties can facilitate rapid organizing and advocacy efforts as well as strategic partnerships which can be used to amplify and disseminate high-quality information.

In the tumultuous weeks following the drafting of that letter, we at IMPACT found our purpose: amplify physician voices to advocate for science-based policy, educate the public and promote health equity. We found a practical but novel way to do this by leveraging social media and innovative partnerships.

In subsequent months, we grew our team and our network. We now have more than 40 volunteer health professionals on our team, including pharmacists, public health experts, nurses and physicians representing several specialties. We have partnered with other grassroots organizations, including Dear Pandemic and GetMePPEChicago, and tapped into the reach of social media influencers like Bump Club and Beyond. We have also worked with medical organizations, such as the Illinois State Medical Society and Chicago Medical Society.

One of IMPACT's greatest strengths is the organization's ability to keep pace, almost in real time, with the ever-evolving landscape of the pandemic. Our use of social media and smart devices certainly contributes to this agility, but our strength comes from the work of the many busy but dedicated individuals who contribute a diverse set of skills, talents and resources to the cause, leaning in when they can (during nap time or between patients) and bowing out to let others take the baton when they can't.

The organization identifies initiatives through an approach that balances "skate to the puck" and "lead from where you stand." We have (nearly!) perfected the use of Slack and Google Docs to generate rapid-response letters to the editor and op-ed pieces within days – or even hours – to address the evolving pandemic discourse. As needs arise, we link people to resources in real time – PPE, vaccines, volunteers and even diapers and formula – through social media and our partners.

We are proud of the results we have achieved, which include:

Using social and traditional media to amplify the voices of healthcare workers: IMPACT has published more than 20 op-eds in prominent print and online publications such as the Chicago Tribune, Health Affairs, The Hill, Crain's Chicago Business, Physician Weekly Magazine, Ms. Magazine and KevinMD. The organization was featured in the Chicago Tribune and on local television network news. Our founders have appeared on WTTW Chicago Tonight and Good Morning America and were featured in the Chicago Tribune, Crain's Business Chicago, The Wall Street Journal, Forbes Magazine and TIME Magazine.

Our social media campaigns have resulted in Facebook/Twitter/Instagram pages with nearly 1,500 followers, with individual Facebook posts earning between 1,000 and 7,000 views. Successful campaigns have included: 1) a social-distancing hashtag, #6ftApartNotUnder, with more than 4,000 tweets and millions of impressions; 2) a Change.org petition calling for universal masking with more than 112,000 signatures; 3) a virtual #whitecoatforblacklives march that resulted in more than a million impressions

on a single tweet; and 4) an infographic explaining how mRNA COVID-19 vaccines work that has been viewed more than 42,000 across social media platforms.

Addressing vaccine hesitancy with infographics and Facebook Live Q&A sessions: Using closed Facebook groups in Chicago and Illinois, we collected data on common myths reported by healthcare workers. We then created five debunking infographics in both English and Spanish using climate science principles. Our COVID-19 Myth Debunkers were shared more than 200 times for a total of more than 80,000 impressions. We also held Facebook Live discussions with moms through Chicago-based Bump Club and Beyond; each of these 15-plus Facebook Live events reached more than 1,000 people.

Linking healthcare workers to vaccines: Disparities in vaccination availability for healthcare workers not affiliated with large health systems (HCWs1a) were rapidly identified through multiple sources, including Twitter, Chicago Facebook groups for healthcare workers, emails and messages to IMPACT. An IMPACT clearinghouse for vaccine availability was created by procuring information rapidly through social media and professional networks.

Given high levels of interest (1,342 views/10 days; avg. 127/daily), IMPACT partnered with a local network of primary care clinics, Oak Street Health, which created a vaccination clinic with web-based vaccine registration for non-system affiliated HCWs. Targeted posts on Facebook were used to disseminate clearinghouse and vaccine clinic information. Facebook posts alone reached more than 1,650 healthcare workers; general member group posts reached more than 3,200 in seven days. In the first seven days of the campaign, more than 5,800 healthcare workers signed up for the Oak Street Health vaccine clinic, with more than 1,800 being vaccinated. A survey of a subgroup of vaccinated healthcare workers (N=1,500) showed more than 50 percent reported receiving information through social media or IMPACT's clearinghouse.

While IMPACT was born out of the fight-or-flight response to the COVID-19 crisis, IMPACT's work will persist far beyond the pandemic. With public health measures such as the need to wear masks and the efficacy of vaccines becoming politicized, healthcare voices are needed to guide policymakers and the public. While misinformation and misunderstanding have always occupied space in the public discourse, the last four years have brought an unprecedented, unrelenting war on science and truth. It is now our job to pick up the pieces and restore the public's respect for science, truth and expertise by amplifying the advice from experts and flooding social and traditional media with high-quality information.

Both IMPACT and the Women in Medicine Summit will work together when missions align. IMPACT was built by physician parents, mostly moms, and as such is committed to advancing gender equity in healthcare. The pandemic has taken an enormous toll on healthcare workers in general, and on working moms in particular. The way to advance gender equity, dismantle systems that produce and perpetuate health inequities, and remain a trusted voice in the community is for us to continue using our voices together.

LAURA ZIMMERMANN

MD, MS, FACP

Follow Dr. Zimmermann

A primary care internist and lifestyle medicine physician. She is an Assistant Professor of Internal Medicine and Preventive Medicine at Rush University Medical Center.

Dr. Zimmermann founded the Physician Mommies Chicago Facebook group, which includes more than 2,400 physician mothers from the Chicagoland area. She is also Co-Founder and Chief Medical Officer of the Illinois Medical Professionals Action Collaborative Team (IMPACT), an organization leveraging social and other media to fight misinformation and advocate for science-based policy during the COVID-19 pandemic.

Dr. Zimmermann is the Medical Director of the Rush University Prevention Center, a multidisciplinary lifestyle medicine clinic integrating medical and behavioral care for lifestyle change to prevent and manage chronic illness. She is also the Director of Clinical Preventive Medicine for Rush University Medical Group, leading interdepartmental quality improvement initiatives in hypertension control, cancer screening and tobacco cessation.

She lives in Oak Park, Ill., with her partner, science and music writer Rob Mitchum, and their two young sons.

EVE BLOOMGARDEN

MD, MPH, MACP

A board-certified endocrinologist at Northwestern Medicine and Assistant Professor in the Division of Endocrinology, Metabolism and Molecular Medicine at Northwestern University Feinberg School of Medicine. Dr. Bloomgarden received her medical degree from New York University and completed residency and fellowship training at the Hospital of the University of Pennsylvania. Dr. Bloomgarden's clinical expertise is in the diagnosis and management of thyroid disorders and thyroid cancer as well as general endocrinology. She is a clinician educator and contributes to the medical education of students, residents and fellows. She loves spending time with her husband, also a physician, and their two young children. She is the Co-Founder and Chief Development Officer of IMPACT, a volunteer coalition started by seven physicians at the beginning of the pandemic to identify and address community needs, amplify healthcare worker voices and educate and advocate for public health measures.

AMPLIFYING WITH INTENTION

By Mark Shapiro, MD

Amplification starts with a mindset, an intention.

A desire to read, watch and listen to other people – then go farther. To amplify, to cheer, to champion, to lift, to praise.

Without intention, we miss the opportunities all around us.

We all soak up so much information – so much content – every single day. We see people at home, at work, on social media, in print doing things, pushing their limits, excelling, struggling, expressing.

We take it all in and it impacts us. But we often don't do much in response.

This is all quite passive, which is ironic because the barriers to activity, to interaction, to engagement and amplification have never been so easily surmounted.

Which brings us back to mindset and to YOUR intention.

I decided several years ago that I wanted to adjust my interpersonal interactions to be a better reflection of who I am and what is important to me: kindness, compliments, connection, collaboration, work, fun.

I looked at the toolbox in front of me and was intentional about how I might use each element in it – my voice, my pen, my keyboard, my @, my podcast, my title, my privilege – to reflect my values better. None of the tools were very sharp. The muscles to lift and wield them were atrophied.

No matter; I had intention. So do you.

Let's step into that tension because it is meaningful, and it matters. From intention comes decision making: who, what, when, where, why and how. You have determination over each of these and you can formulate your answers, identify your motivations.

Who do you seek to amplify?
What works resonate?
When do you do this?
Where do you take the time to share?
Why are you doing this?
How do you do this amplification work?

I have worked hard to answer these questions for myself. I continually refine, reevaluate, reorganize.

Let's go on an "Amplifying with Intention" journey together at the 2021 Women in Medicine Summit. You can feel comfortable and empowered as an amplifier, too.

MARK SHAPIRO
MD

Follow Dr. Shapiro

Creator, producer and host of Explore The Space Podcast, a show focused on bringing those who provide healthcare and those who seek healthcare closer together through conversations with leaders from across the spectrum. He is also a TEDx speaker, delivering his first TEDx in March 2021, and is a co-author of the "Covid-19 CV Matrix" as seen in the Journal of Hospital Medicine and Proceedings of the National Academy of Sciences.

Dr. Shapiro has been in full-time clinical practice as a hospitalist since 2006 and currently works at Santa Rosa Memorial Hospital with Providence Medical Group, Sonoma County. He earned a BA in history at University of California-Los Angeles, attended medical school at Baylor College of Medicine and completed his Internal Medicine residency at University of California-San Diego.

Dr. Shapiro is an active voice on Twitter and can be followed at @ETSshow. He is also an avid home coffee roaster and Peloton bike rider.

COMBATTING THE INVISIBILITY OF WOMEN IN MEDICINE

By Nancy D. Spector, MD

The phenomenon of women experiencing invisibility is not new. History has often erased the contributions of women. We are told the story of the world within a framework that highlights the achievements of men and that ignores the contributions – and sometimes even the existence – of women. For women with intersectionality, including Black women, Asian and Pacific Islander women and Latina women, the phenomenon can be even more pronounced. So, it should come as no surprise that we find in medicine the risk of invisibility for women (Lewiss, et al, 2020).

When a woman in medicine is not recognized for her accomplishments, she falls behind not only in her career trajectory but also in the building of wealth through increased compensation.

When women in medicine are invisible, they do not rise to leadership positions, which means that the institutional culture – and the ensuing priorities and funding – remains dominated by men and the lens through which they view the world.

Women become invisible because of barriers and inequities as well as micro- and macroaggressions. Black women in medicine experience this invalidation in heightened ways, as Onyinyechi Eke and the co-authors of "Black Women in Medicine – Rising Above Invisibility" write in the Lancet: "Despite exceptional merits and accolades, today there still exists a cognitive dissonance when a Black woman physician is in a leadership position. In medical institutions, evidence of this can be subtle; the consulting team might request to speak to the attending physician and then communicate through verbal and non-verbal behaviours [sic] their surprise at discovering that the attending physician is a Black woman" (2020).

But these roadblocks can be addressed. Leaders can intervene with a top-down approach designed to improve the status of women in their respective organizations, as Reesa E. Lewiss and her co-authors noted in "Is Academic Medicine Making Mid-Career Women Physicians Invisible?" Leaders – not the women who are impacted by the structural inequities – are charged with this work. Interventions can include gender bias training, mentorship and sponsorship and leadership trainings as well as speaker, author and editorial board invitations.

In "A Targeted Intervention for the Career Development of Women in Academic Medicine," the authors report that institutional financial support for the research efforts of women junior faculty during the child-rearing years resulted in positive outcomes among grant recipients. Gains included increased rates of retention and promotion, optimistic career outlook and success in using the awards as seed funding for later grants.

Other institutional strategies, as outlined in Julie K. Silver's "Her Time is Now Report," include changing the criteria for faculty promotions to place a high value on scholarly and community work in diversity, equity and inclusion (DEI). The goal is to ensure that promotions committees are not only diverse but are also financially prioritizing DEI and focusing on DEI as a core component of professionalism.

Making women in medicine visible will take commitment and transparency from leaders of our institutions, professional societies, journals and organizations. We need policies and accountability, and we need them now.

NANCY D. SPECTOR

MD

Follow Dr. Spector

Follow the Hedwig van Ameringen Executive Leadership in Academic Medicine program

A Professor of Pediatrics and serves in dual roles at the Drexel University College of Medicine (DUCOM): as Executive Director of the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM®) program, a part-time, year long, national leadership fellowship program for women in academic medicine, dentistry, public health, and pharmacy; and as Vice Dean for Faculty. Known for her leadership abilities and her facilitation skills, Dr. Spector is sought after as a speaker and a visiting professor. Her contributions to graduate medical education and academic medicine are in leadership skills development, professional development, gender equity and mentoring and sponsorship as well as curriculum development and implementation. She is a member of PROWD (Promoting and Respecting Our Women Doctors). She has been the educational leader of the I-PASS Handoff Study Group and serves as the Chair of the I-PASS Executive Council and is a co-founder of the I-PASS Safety Institute.

References

- Eke, O., Otugo, O., Isom, J. (2021 February 13) Black Women in Medicine – Rising Above Invisibility. https://doi.org/10.1016/S0140-6736(21)00302-0
- Lewiss, R.E. Silver, J.K., Bernstein, C.A., Mills, A.M., Overholser. B., Spector, N.D. (2020 February 7) Is Academic Medicine Making Mid-Career Women Physicians Invisible? Journal of Women's Health. https://DOI.org/10.1089/jwh.2019.7732
- Jagsi, R., Butterton, J.R., Starr, R., Tarbell, N.J. (2007 February 26) A Targeted Intervention for the Career Development of Women in Academic Medicine. Archives of Internal Medicine. DOI: 10.1001/archinte.167.4.343
- Her Time Is Now Report. Version 2. (2020 September 1) https://sheleadshealthcare.com/wp-content/uploads/2020/09/HerTimeIsNow_Report.pdf

USING THE 3 Rs – RECOGNITION, REPRESENTATION AND RESOURCES – TO ELEVATE WOMEN

By Julie Oyler, MD, Valerie Press, MD, MPH, Anna Volerman, MD, and Vineet Arora, MD, MA

The University of Chicago Department of Medicine Women's Committee (DOM WC) utilizes the 3-Rs approach to elevating women in academic medicine: recognition, representation and resources.

The DOM WC was started in 1999 to develop and enhance the academic environment for women faculty and trainees through networking, mentorship, professional development and advocacy. The University of Chicago Department of Medicine (DOM) has 319 faculty members, 43 percent of whom are women. The DOM WC is composed of 25 women (22 faculty, three trainees) and is led by a female faculty member selected by the department chair and supported by subcommittee chairs, including advocacy, professional development, newsletter and awards.

Starting in 2017, we began using a more metric-based approach to the challenges that women in academics face. We developed a 3-Rs approach to elevating women including: recognition, representation and resources.

We started with a local approach to increasing recognition for women faculty by nominating women for local awards within our department and biological sciences division. From 2006 to 2016, 36 percent (range=25-50 percent; n=79/217) of award recipients in the DOM were women. In 2018, the DOM WC began nominating women for every award hospital-wide. The percent of women awardees significantly increased to 56 percent (range=48-65 percent; n=23/41; p=0.02) (Press, et al, 2021; Oyler, 2019). We then expanded into regional and national awards across many subspecialties.

We are also tracking internal and external grand rounds speaking opportunities for women faculty. The data we collect is shared with section chiefs, who will determine speaker invitations for the next academic year. From 2010 to 2020, 29 percent (66/161) of external speakers and 41 percent (111/163) of internal speakers were women. We also measure the number of times women faculty achievements are highlighted and ensure equal representation across sections and report our findings in our biannual newsletter.

For representation, we have focused on making sure that women faculty are represented in the pictures on the walls as well as in leadership positions and within our training programs. We were able to gain support for increasing the visibility of women faculty on the walls while still maintaining respect for the mostly white, male leaders who were already well represented in the DOM (Oyler, 2018). Currently, pictures of women make up 49 percent of the DOM photos; prior to 2017, there weren't any women pictured on the department's walls.

Our committee has also been focusing on the percentage of women in leadership. The DOM maintains a section chief council and an executive council, which are senior leaders who work with the department chair to make high-level decisions and recommendations. In the past, it was not uncommon for these councils to be made up primarily of men. However, with the support of our department chair, search committees and data provided to track leadership, the percentage of women on both of these committees has been increasing. From 2016 to 2021 the percentage of women section chiefs improved from 29 percent to 38 percent (n=16). Over the same time frame the percentage of women on the executive council improved from 31 percent to 50 percent and increased in size from 13 to 18 members. Most recently we have been gathering metrics on the percentage of women trainees in our three main residency programs (internal medicine, dermatology, emergency medicine) and our 10 fellowship programs.

The members of the DOM WC are also working to develop and expand resources for women faculty and trainees. Areas of concern include adequate parental leave, childcare resources, salary equity, grant opportunities, sponsorship opportunities and support for women faculty in other departments across our institution. We examined parental leave policies at local institutions as well as academic medical centers nationally for both faculty and residents and utilized our finding to advocate for policy change at the local and national level (Ortiz Worthington, et al, 2019).

The DOM WC identified available childcare services in close proximity to the university and to areas where faculty traditionally live. We also discussed with faculty the challenges faced in terms of childcare. The committee advocated for the department and institution to conduct an analysis of salary among faculty based on gender and race/ethnicity. In addition, we plan to monitor Research Project Grant (R01) applications to understand the impact of gender on NIH application and awards for physician-scientists. We look forward to continuing the 3-Rs approach to improve the academic environment for women in the years to come.

JULIE OYLER

MD

Follow Dr. Oyler

An Associate Professor and Associate Program Director at the University of Chicago Internal Medicine Residency Program. She completed her undergraduate education at Stanford University and her medical degree, internal medicine residency and chief residency at the University of Chicago. She developed the University of Chicago Medicine's Quality Assessment and Improvement Curriculum, a two-year curriculum which has been used to teach over 400 Internal Medicine residents Practice-Based Learning and Improvement and Systems-Based Practice. Along with colleagues in General Surgery, Pediatrics and Hospital Administration, Dr. Oyler leads a Graduate Medical Education introductory course for Quality Improvement and Patient Safety. She is currently Co-Director for the HealthCare Delivery Science Track at the University of Chicago's Pritzker School of Medicine, which was developed to train medical student leaders in quality improvement and patient safety. Dr. Oyler also teaches quality improvement and patient safety for the AAMC Teach for Quality program, the Society of Hospital Medicine's Quality and Safety Educator Academy and the American College of Physicians Advance QI program. She practices as a primary care provider on the south side of Chicago. She has been the Chair of the University of Chicago, Department of Medicine Women's Committee since 2017 and has led initiatives like increasing the presence of "Women on the Walls" and "Increasing Awards Given to Female Faculty in Academics."

VALERIE PRESS

MD, MPH

Follow Dr. Press

An Associate Professor of Medicine and Pediatrics and the Executive Medical Director of Specialty Value Based Care at the University of Chicago. Dr. Press received her MD and MPH degrees from the University of Michigan. She then completed her residency training in Internal Medicine and Pediatrics and her Health Services Research Fellowship at the University of Chicago. Since 2010, she has been on the faculty at the University of Chicago, where she has focused her research on developing, implementing and evaluating patient and system-level interventions to improve the quality and value of care for patients with chronic diseases across care settings. In addition to her research program, Dr. Press has roles in clinical administration and medical education and a strong interest in advocacy and equity for patients, learners and clinicians.

ANNA VOLERMAN

MD

Follow Dr. Volerman

An Associate Professor of Medicine and Pediatrics at University of Chicago Medicine. She is a primary care physician for both children and adults, as well as a health services researcher focused on improving systems of care and reducing inequities. She received her Bachelors from Northwestern University and graduated summa cum laude from Boston University School of Medicine. She completed her Internal Medicine / Pediatrics residency training at Brigham and Women's Hospital / Boston Children's Hospital. At University of Chicago, she leads clinical, community, education, research, and advocacy initiatives focused on disparities of patients, trainees, and faculty.

VINEET ARORA

MD, MAPP

Follow Dr. Arora

An academic hospitalist and Dean for Medical Education at the University of Chicago, Biological Sciences Division. As a leader in education and quality improvement, she has spearheaded numerous innovations to engage frontline staff into the institutional quality, safety and value mission. An accomplished researcher, she is PI of numerous NIH grants to evaluate novel interventions that combine systems change with learning theory to improve care, which has resulted in publications that have been cited over 11,000 times. She is an elected member of the National Academy of Medicine and the American Society of Clinical Investigation. As an advocate for women in medicine, she was featured in The New York Times for an editorial that called for an end to the gender pay gap in medicine. She is a Founding Member of Women of Impact, a 501(c)3 dedicated to advancing women leaders in healthcare and is on the leadership group of the National Academy of Science Engineering and Medicine's Action Collaborative to End Sexual Harassment in Higher Education.

References

- Ortiz Worthington, R., Feld, L.D., Volerman, A. (2019 November) Supporting New Physicians and New Parents: A Call to Create a Standard Parental Leave Policy for Residents. Academic Medicine. DOI: 10.1097/ACM.0000000000002862
- Oyler, J.L. (2019 August 9) Increasing Awards Given to Women Physicians: It's as Easy as Nominating. Doximity Op-Med. https://opmed.doximity.com/articles/increasing-awards-given-to-women-physicians-it-s-as-easy-as-nominating?_csrf_attempted=yes
- Oyler, J.L. (2018 October 31) Women on the Walls. Doximity Op-Med. https://opmed.doximity.com/articles/the-women-on-the-walls
- Press, V.G., Huisingh-Scheetz, M. & Oyler, J. (2021 January 26) #SheForShe: Increasing Nominations Significantly Increased Institutional Awards for Deserving Academic Women. Journal of General Internal Medicine. https://doi.org/10.1007/s11606-020-06446-1

Co-Editor

SHIKHA JAIN, MD, FACP

Chair, Women In Medicine®

Dr. Shikha Jain is a board-certified hematology and oncology physician. She is an assistant professor of medicine in the Division of Hematology and Oncology at the University of Illinois in Chicago. She is the Director of Communications Strategies in Medicine and the Associate Director of Oncology Communication and Digital Innovation for the University of Illinois Cancer Center. Dr. Jain is the Chief Executive Officer and Co-Founder of the action, advocacy and amplification organization IMPACT and Founder and Chair of the Women in Medicine® nonprofit. Dr. Jain was named one of Medscapes 25 Rising Stars in Medicine in 2020, one of Modern Healthcare's Top 25 Emerging Leaders in 2019, and was also awarded the Rising Star award by the LEAD Oncology Conference in 2019. She was selected as a ResearcHERS ambassador by the American Cancer Society, and was honored by 500 Women in Medicine. She has been appointed as the 2020 and 2021 Lead of the American Society for Clinical Oncology Women's Working Group, is a member of the Diversity and Inclusion taskforce, and appointed to the Illinois State Medical Society's Council on Communications and Membership Advocacy as well as the COVID-19 taskforce. She is on the editorial board of Healio HemOnc Today and is the consulting medical editor for Healio Women in Oncology. She is also the host of the podcast Oncology Overdrive. Dr. Jain's mentorship and sponsorship have resulted in the advancement of numerous young women and men in medicine across the country. She works tirelessly to promote the dissemination of evidence based scientific information through numerous mediums including social media and has been recognized as a thought leader by Doximity and the OpEd project. She lectures nationally on the importance of social media and communication strategies in healthcare. She is also the founder of the social media group Dual Physician Families.

Dr. Jain gave a TEDx talk in 2019 on the gender moonshot and the importance of gender parity in healthcare. She is a nationally renowned speaker and writes for several national publications including USA Today, Scientific American, The Hill, US News, Physician's Weekly, Doximity, KevinMD, and ASCO Connection. She is a regular contributor to FOX 32 and has also been a guest on ABC7 and WGN and quoted in the New York Times and featured in TIME Magazine.

In her clinical practice as an oncologist she tries to incorporate patient education and outreach as often as possible. With the proper tools and guidance, she works with her patients as a team to treat the disease and helps them move through an often difficult process with as little stress as possible. She believes in personalized and individualized care, and also feels the more knowledge a patient has about their own disease, the more informed a decision they are able to make.

Follow Dr. Jain

https://shikhajainmd.com

https://www.womeninmedicinesummit.org

https://www.impact4hc.com

WILEY | Co-Editor

DAVID C. KIM

Partner Development Manager
Wiley Career Center Services

David C. Kim is Partner Development Manager for Wiley's career center business, where he advises society leaders on transforming legacy society job boards into powerful career solutions that elevate member experience and career advancement value, develop strategic and loyal industry partnerships and secure non-dues revenue growth. He leads Wiley's Career Center Diversity, Equity & Inclusion initiatives, involving efforts to improve professional opportunities for historically underrepresented women, BIPOC and LGBTQ+ communities in research, academia and professional practice. David was previously Associate Editor/Journal Publishing Manager at Wiley, responsible for strategic development of high-profile society-owned journals in finance, economics, statistics, demography, geography and health policy. He was a 2020 Fellow of the Society for Scholarly Publishing and serves as Board Advisor to the Women In Science At Columbia group. He received his BA in Political Science from Columbia University and is an active member of the Columbia Dragon Boat racing team of New York.

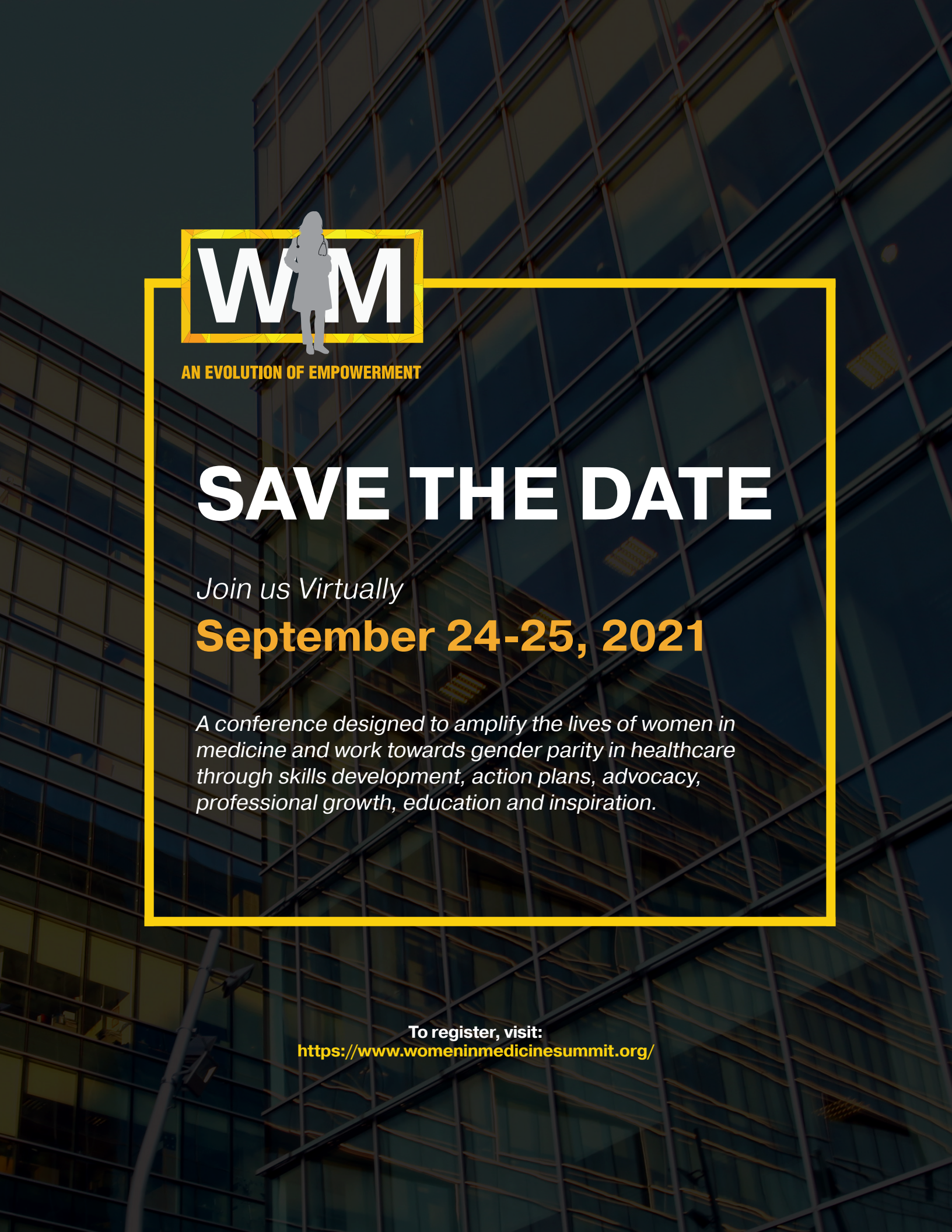
Follow Mr. Kim

DIVERSITY
in Research Jobs

Diversity in Research is your destination for the best jobs in healthcare, the sciences and academia. Access the most up-to-date career opportunities with top-ranking employers, or target a pool of highly-qualified and diverse job candidates by reaching approximately 59 million monthly readers of Wiley's journal content on Wiley Online Library, and other niche sites.

Find out more. Visit diversityinresearch.careers today.

WILEY


WIM
AN EVOLUTION OF EMPOWERMENT
SAVE THE DATE
Join us Virtually
September 24-25, 2021
A conference designed to amplify the lives of women in medicine and work towards gender parity in healthcare through skills development, action plans, advocacy, professional growth, education and inspiration.
To register, visit:
https://www.womeninmedicinesummit.org/

Edited by Shikha Jain, MD & David Kim

WILEY