**Let's Get Loud, Because Those We Need, Cannot Be What They Cannot See**

Darilyn Moyer, 9/6/20

The imperative has never been greater, the data never more compelling, and the solutions never more daunting. As Covid-19 descended on our population, it amplified the deep and dark underbelly of health inequities, systemic racism, and exacerbation of the unacceptable status quo.

How and why do all the stakeholders in healthcare work together with our patients and communities to correct these inequities for our patients and healthcare workforce? The data for patient-physician racial and gender congruity leading to improved patient outcomes is accumulating. Nonetheless, there has not been a proportional increase in black men entering medical school since 1978. Despite the rapid, recent expansion of new medical schools and medical school classes, none of the last 30 have been in conjunction with a historically black college or university (HBCU).Despite > 30 years of organizations trying to move the needle to ensure that women and others underrepresented in medicine have their proportional representation in chair and impactful dean positions, the needle has barely moved. We should not suffer the tyranny of low expectations of just getting one woman and/or URiM to a position of power, but rather settle only for tectonic shifts that give appropriate representation proportional to patient populations. In 2015, 51%, 17.6%, 13.3%, and 1.2% of the U.S population were women, LatinX, black, and American Indian, respectively.

The tsunami of data regarding systemic disadvantages and barriers to women and others underrepresented in the healthcare workforce is incontrovertible. Now is the time to fix this as potential new physicians, and others in healthcare, cannot be what they cannot see. As the world's largest medical specialty organization with 163,000 members, the American College of Physicians, has a strong voice in representing internal medicine physicians, who comprise ~25% of U.S. practicing physicians. Health justice, becoming an anti-racist organization, and achieving a diverse, equitable, and inclusive healthcare environment are part of ACP's strategic priorities and current goals.

As I stated in a recent interview for the WIM Conference "Every society should do the foundational work of systematically and comprehensively resetting its organizational vision, mission, and goals through a lens of justice, equity, diversity, and inclusion. This foundational work should be directly accountable to the fiduciary board and governance body, and should permeate every structure in the organization including committees, councils, and local chapters. These new structures, informed by metrics, need to be transparent, evaluated, adjusted, and continuously measured. Societies need to generously share their data through publications and presentations. There is excellent language in medical school, graduate medical program, and healthcare environment accreditation and regulatory standards that recognize that more just, diverse, equitable, and inclusive (JEDI) healthcare environments lead to safer and higher quality outcomes for our patients. The Council of Medical Specialty Societies (CMSS), comprised of 45 national physician professional societies representing > 800K physicians, has DEI as one of its top 2 strategic priorities.

In healthcare and life, we need to walk the talk. It's time to communicate, collaborate, and execute a plan to get our healthcare system to a more JEDI place. And while we're on this journey, let's make a difference for those who previously couldn't see what they could be. Let's Get Loud!

**2020 Women in Medicine Summit**
**October 9, 2020**

**Build leadership capacity from within**
**Professor Linda Ginzel**
**The University of Chicago**
**Booth School of Business**

"The Amazing" Shikha Jain MD FACP introduced the goal of the 2020 Women in Medicine Summit by asking each of us to identify barriers facing women in medicine and to create action plans. Toward this goal, you received a copy of *Choosing Leadership.* This workbook serves as a tool that you can use to continuously develop your leadership skills. It provides you with the opportunity to answer questions of yourself, process your own life lessons, reflect on your unique experiences, and empower you to change the future. By writing down your thoughts and reflections in the workbook, you'll begin to grow your own point of view about leadership. To help get started an overview of these activities and their places in the workbook is provided below.

Leadership Myths, pages 118-121
Dismiss all the myths about leadership in the medical community. This activity helps dispel the idea that a leader looks a certain way, is a certain gender, has a certain degree, is a certain age, or behaves in a certain manner. I believe that when you think a leader has to fit certain parameters, you limit your ability to lead.

Juxtaposing Leadership and Management, pages 18-19; 22-25
Discard the word "leader" all together. Instead, focus on the verb "to lead." It is more productive to see leading as action and leadership as something demonstrated by individuals engaged in finding ways to champion a better tomorrow.

Earliest Leadership Story, pages 8-11 and Most Recent Leadership Experience, page 86-88
Write down your earliest leadership story. Next, write down your most recent leadership story. Can you find a common thread? As you do, you are engaging in the process of self-understanding. You are developing your personal take on leadership. Your perspective will evolve with experience and understanding of your own identity.

Your Zero Draft Definition of Leadership, page 20
Create a "zero" draft of your definition of leadership and write it down. Your definition reflects your unique context, and your zero draft is a place to start understanding this context. It is not fully-formed. In fact, it will evolve as you continue to elaborate your definition by articulating when you have had the courage to lead. Note that your first draft is on page 36 and the book ends with your current definition of leadership on page 129.

I believe the best way to build leadership skills is through this process of self-discovery. As you develop leadership capital, you become stronger inside. It's like a skyscraper. Architects and engineers had to understand that if they built from a solid internal core, then their buildings could soar toward the sky. The same is true for you. Your structural integrity determines how high you can go. For people practicing medicine, there's so much pressure, and there are so many demands. How do you build resilience? Build from within.

WOMEN IN MEDICINE

**Allyship: Equity Collaborative**

**Women in Medicine Summit:**

**An Evolution of Empowerment**

**Nancy D. Spector, M.D.**

The Executive Leadership in Academic Medicine (ELAM) Program addresses the challenges of advancing women leaders in academic medicine, dentistry, public health and pharmacy. In its 25 years, the program has had remarkable success with a measurable impact on the number of women in academic leadership positions. More than 1,000 ELAM graduates are leaders at 287 institutions around the world, helping to narrow the gender gap in academic medicine.

But despite the success of many of our graduates, we are a long way off from achieving equity at every level of leadership. We have found that while leadership training and optimizing the network for women is critically important, it is time to move beyond "fixing the woman." It is time to accelerate the impact by making critical systemic change through evidence-based and best practice approaches. This includes establishing policies that ensure equity, analyzing the inequities in our organizations and institutions, engaging male allies in creating supportive institutional and organizational environments, using novel, evidence-based approaches and innovative diffusion techniques though social media, and using sponsorship which is recognized as a critical piece in the puzzle of how to help advance women's careers.

The double pandemics of Covid-19 and structural racism have exacerbated many of the already glaring racial and gender inequities that are found in medicine and there is concern that the gaps that existed previously will be further amplified. For all of the strides academic medicine has made in recent years in improving gender equity, we run the risk now of sliding backward.

But powerful collaborations and campaigns have formed across the world of academic medicine that are helping to push us forward. The #BeEthical Campaign is a call to action for healthcare leaders to recognize that workforce gender equity is an ethical imperative; the #HerTimeisNow Campaign focuses on the intersecting relationships with three of the gatekeepers to career advancement in academic medicine identified in the Be Ethical Campaign report. Other important collaborations include TIMES UP Healthcare, AMWA, Women's Wellness through Equity and Leadership, FeminEM and #HeForShe.

Allyship to end gender disparities is critical at this time. The time is now to break down silos, build collaborations and create innovative partnerships in order to make the most significant impact.

# Leveraging Twitter to Identify Physician Influencers and Drive Reputation and Rankings

James Sims III
Manager, Social Media
Northwestern Medicine
@jamesissocial

## Why Twitter? Primary Physician Channel

- There is a significant correlation between social media presence and a hospital/division USNWR rankings
- Physicians are the engine and act as content curators, sharers and engagers
- To improve hospital's reputation among physicians who cast ballots in USNWR "Best Hospital" and clinical specialty rankings, hospitals should:
    - Encourage physicians to have a public voice/social presence (Twitter)
    - Train and educate physicians on how to use Twitter safely, responsibly and effectively
    - Follow and mention their physicians' Twitter accounts

## Objective

"In an effort to boost reputation and encourage physicians to vote in the U.S. News & World Report survey, the intent of ***Reputation*** is to raise awareness of the department's physicians, research and clinical accomplishments via social media."

## Optimize Profile for Success

- Identifiable username/hand (first name, last name, MD/PhD)
- Professional headshot and high-quality cover photo
- Complete Twitter bio
- Images, video, infographics are more engaging
- Utilize hashtags to make tweets searchable (think SEO for Twitter)
- Tag, retweet, and reply
- Share profile handle

## Content to Share

- Academic journals
- Research
- Conferences/CMEs
- Breakthroughs in care/medical innovation
- News/industry publications (i.e. JAMA)
- Celebrate and retweet colleagues
- Departmental updates

## Takeaways

- Online/social engagement with physicians/clinicians boosts hospital's reputation
- Identify physicians who are currently active on social and leverage their network(s) to obtain buy-in
- Prove the WHY and benefits of having a social presence
- Provide physicians with support and resources to help them become successful Twitter stewards
- Identify content sources to assist with clinical content curation for service line accounts
- It's a marathon…
- Test, measure, and refine over time

## Resources

- *W20 The Social Oncology Report*
- *Twitter Activity Associated With U.S. News and World Report Reputation Scores for Urology Departments*
- *Correlations Between Hospitals' Social Media Presence and Reputation Score and Ranking: Cross-Sectional Analysis*
- *Association Between Institutional Social Media Involvement and Gastroenterology Divisional Rankings: Cohort Study*

# Retirement Plans 101 By The Frugal Physician

## For Employees

**Defined Contribution Plan**

- **401k** → $19.5k/26k
  - For profit employer
  - Limit $19.5k/$26k Employee contributions
  - Elective defferral
  - Can exclude from taxable income (unless Roth)
  - Employers can contribute (match)
  - Safe Harbor- Employer contribution fully vested, day 1
- **403b** → $19.5k/26k
  - Non-Profit employer
  - Limit $19.5k/$26k Employee contributions
  - Elective defferral
  - Can exclude from taxable income (unless Roth)
  - Employers can contribute (match)
- **457(b)** → $19.5k/26k
  - **Governmental**
    - Deferred compensation- belongs to employer
    - Lowers taxable income
    - Backed by fed gov.
    - Can be rolled to IRA
  - **Non-Governmental**
    - Deferred compensation- belongs to employer
    - Lowers taxable income
    - Depends on solvency of employer
    - Variable distribution options
- **NDQC** → Unlimited
  - Non-qualified deferred compensation
  - -Deferred compensation- belongs to employer
  - Unlimited Contributions

## For Employers/ Businesses/ Sole Proprietors

- **Solo (i) 401k** → $57k/ $63.5k
  - Any size business
  - -Employee contribution limit=$18.5k
  - Employer contribution limit= 25% of W2 wage if S-corp or 20% of net income if sole propiertorship
  - Not subject to pro-rata rule for Backdoor Roth Conversions
- **SEP IRA** → $57k/ $63.5k
  - Traditional IRA
  - Any size business can open
  - Only employer contributions
  - Varying contributions depending on cash flow of business.
  - Must have equal contributions for all employees
- **Simple IRA/401k** → $13.5k
  - Savings Incentive Plan Match for Employees
  - Ideal for small employers <100 employees
- **ESOP (Employee Stock Ownership Plan)**
  - Qualifed defined contribution plan stock bonus plan.
  - Must invest primarily in qualifying employer sercurities.
- **Safe Harbor 401k**
  - -Employer contributions are fully vested day 1
  - -Cheaper than regular 401k
- **Defined Benefit Plan**
  - Traditional pension- fixed preset benefit at retirement for employees
  - Complex and costly for employer
  - Lowers taxable income, grows tax free

| Money Purchase Pension Plan | Profit Sharing Plan (DPSP) | Cash Balance Plan | Pension Equity Plan |
|---|---|---|---|
| - Employer deposits set percentage of employee's salary to account each year.<br>- Employee's may have 401k, too | - Accepts discretionary employer contributions.<br>- Good if cash flow is variable<br>- Can have different vesting schedules and contribution groups | Employee can take anuity or lump sum at retirement | Pension as percentage of pay |

## For Individuals

**IRA**

- Can be established by any individual with earned income, no age limits.
- $6k/$7k

| Traditional | Roth |
|---|---|
| - Can deduct from income if you and spouse have no employer plan.<br><br>- Required minimum distribution required<br><br>- distributions taxed- both contributions and growth<br><br>- may have penalty for early withdrawal | - Not deductible<br>-Income Limit: MAGI < $139k Single, <$203 married; Higher income can do "backdoor"<br>- No required minimum distribution<br><br>- distributed not taxed if qualifed distribution<br><br>- may have penalty for early withdrawal |

**HSA**

- $3.5k Indiv./ $7.1k family/+1k catchup
- Triple tax advantaged
- Stealth IRA
- Must have High Deductible Health Plan

---

The Frugal Physician

Provided by Women in Medicine Summit 2020

2020 Contribution Limit <50yo/>50yo

Roth vs Not

Pay tax now vs Pay tax later

Qualified= Tax Free Growth, IRS section 401a requirements

WOMEN IN MEDICINE

The Frugal Physician

# Medical Student Loans Cheat Sheet

Grace Period= 6 months
*Except*: Consolidated Loans= 0 months
Plus Loans= 6 month automatic deferment
Perkins Loans= 9 months

**Subsidized:** No interest accures while in school or deferment
-Undergrad loans or Grad loans before 2012
**Unsubsidized:** Interest accrues from Day 1

Index:
Discretionary Income= Adjusted Gross Income- 150% of Poverty Line
IBR: Income Based Repayment
PAYE: Pay As You Earn
REPAYE: Revised Pay As You Earn
ICR: Income Contingent Repayment

## Repayment

### Federal Loans

#### Standard Repayment

Loan Repayment in full with interest over 10 years= 120 payments.

Pro's= Federal Protections
Con's= High Interest Rates, Poor Service

#### Public Service Loan Forgiveness (PSLF)

120 Qualifying Payments
+
Qualifying Loans (Direct)
+
Qualifying Employer (501c3)
+
Qualifying Repayment Plan (IDR)
+
Full Time Work (FMLA ok)
=
Tax Free Loan Forgiveness

*Stay on top of yearly forms and payment count for 10 years.

*Reduce monthly payments as much as possible to maximize forgiveness.

*Reduce income by maxing pre-tax contributions

#### Income Driven Repayment (IDR)

| IBR | PAYE | REPAYE | ICR |
|---|---|---|---|
| Monthly Payment: 15% of Discretionary Income | Monthly Payment: 10% of Discretionary Income | Monthly Payment: 10% of Discretionary Income | Monthly Payment: 20% of Discretionary Income |
| Capped at < Standard Payment | Capped at < Standard Payment | No Cap to Payment | Capped at < 12-year standard payment or 20% of DI, whichever is less |
| Can save money with Married Filing Separately Loophole | Can save money with Married Filing Separately Loophole | Can't use MFS Loophole | |
| Forgiven after 25 years | Forgiven after 20 years | Forgiven after 20 years: Undergrad 25 years: Grad loans | Forgiven after 25 years |
| Need to prove Partial Financial Hardship= Standard repayment would be >10-15% of discretionary income | Need to prove Partial Financial Hardship (PFH)= Standard repayment would be >10-15% of discretionary income | Can Switch back to IBR or PAYE before big income increase if PFH | Only good for FFEL or Parent Plus loans to consolidate them and make them eligible for forgiveness |
| | Capitalized interest Cap= <10% of original principal | Unpaid Interest Subsidy= 1/2 interest left unpaid after monthly payment gets forgiven= Effective Interest Rate is much lower | |

MFS (Married Filing Separately) Loophole: can lower payment by shielding high earning, low debt spouse's income from payment calculation by filing taxes separately.

Caveat: Community property states: Arizona, California, Idaho, Lousiana, Nevada, New Mexio, Texas, Washington, Wisconsin: must divide income equally when filing; may be able to use paystubs. Talk to your accountant and loan servicer.

### Private Loans

Pro's:
Freedom of choice- can work for private sector, don't have to work full time
Lower interest rates generally- good for rapid payoff (compare with REPAYE effective rate)
Can take job sponsored student loan repayment
Better customer service

Con's:
No federal protections
Not eligible for PSLF or long term forgiveness

#### Capitalization

Definition: When accrued interest gets added to loan principal.
Triggers:
- End of grace period/beginning of repayment
- End of forbearance/deferment
- Change in repayment plans/ consolidation/ refinance
- Loss of partial financial hardship in PAYE or IBR
- Failure to submit IDR income certification on time
- Loan default

#### Terminology

**Deferment** vs **Forbearance**
No interest accrues on subsidized loans
Interest accrues and capitalizes

**Delinquency** vs **Default**
*Miss 1 payment
*Reported to credit agencies
*Miss more payments
*credit score shredded
*Penalties,wage garnishing

**PSLF** vs **Long Term Forgiveness**
Tax Free
Tax Bomb

# Retirement Plans 101 By The Frugal Physician

## For Employees

**401k** → $19.5k/26k
- For profit employer
- Limit $19.5k/$26k Employee contributions
- Elective defferral
- Can exclude from taxable income (unless Roth)
- Employers can contribute (match)
- Safe Harbor- Employer contribution fully vested, day 1

**Defined Contribution Plan**

**403b** → $19.5k/26k
- Non-Profit employer
- Limit $19.5k/$26k Employee contributions
- Elective defferral
- Can exclude from taxable income (unless Roth)
- Employers can contribute (match)

**457(b)** → $19.5k/26k

Governmental
- Deferred compensation- belongs to employer
- Lowers taxable income
- Backed by fed gov.
- Can be rolled to IRA

Non-Governmental
- Deferred compensation- belongs to employer
- Lowers taxable income
- Depends on solvency of employer
- Variable distribution options

**NDQC** → Unlimited
- Non-qualified deferred compensation
-Deferred compensation- belongs to employer
- Unlimited Contributions

## For Employers/ Businesses/ Sole Proprietors

**Solo (i) 401k** → $57k/ $63.5k
- Any size business
-Employee contribribution limit=$18.5k
- Employer contribution limit= 25% of W2 wage if S-corp or 20% of net income if sole propiertorship
- Not subject to pro-rata rule for Backdoor Roth Conversions

**SEP IRA** → $57k/ $63.5k
- Traditional IRA
- Any size business can open
- Only employer contributions
- Varying contributions depending on cash flow of business.
- Must have equal contributions for all employees

**Simple IRA/401k** → $13.5k
- Savings Incentive Plan Match for Employees
- Ideal for small employers <100 employees

**ESOP (Employee Stock Ownership Plan)**
- Qualifed defined contribution plan stock bonus plan.
- Must invest primarily in qualifying employer sercurities.

**Safe Harbor 401k**
-Employer contributions are fully vested day 1
-Cheaper than regular 401k

**Defined Benefit Plan**
- Traditional pension- fixed preset benefit at retirement for employees
- Complex and costly for employer
- Lowers taxable income, grows tax free

| Money Purchase Pension Plan | Profit Sharing Plan (DPSP) | Cash Balance Plan | Pension Equity Plan |
|---|---|---|---|
| - Employer deposits set percentage of employee's salary to account each year.<br>- Employee's may have 401k, too | - Accepts discretionary employer contributions.<br>- Good if cash flow is variable<br>- Can have different vesting schedules and contribution groups | Employee can take anuity or lump sum at retirement | Pension as percentage of pay |

## For Individuals

**IRA**
- Can be established by any individual with earned income, no age limits.

$6k/$7k

| Traditional | Roth |
|---|---|
| - Can deduct from income if you and spouse have no employer plan.<br><br>- Required minimum distribution required<br><br>- distributions taxed- both contributions and growth<br><br>- may have penalty for early withdrawal | - Not deductible<br>-Income Limit: MAGI < $139k Single, <$203 married; Higher income can do "backdoor"<br>- No required minimum distribution<br><br>- distributed not taxed if qualifed distribution<br><br>- may have penalty for early withdrawal |

**HSA**

$3.5k Indiv./ $7.1k family/+1k catchup
- Triple tax advantaged
- Stealth IRA
- Must have High Deductible Health Plan

---

The Frugal Physician

Provided by Women in Medicine Summit 2020

2020 Contribution Limit <50yo/>50yo

Roth vs Not

Pay tax now vs Pay tax later

Qualified= Tax Free Growth, IRS section 401a requirements

WOMEN IN MEDICINE

# Cultivating Intentional Success by

# Applying the Power of a 'Poised Voice'

Women in Medicine Summit, 2020
Stacy Wood, Through the Woods Consulting

- Be in touch with the 5 key attributes that are pivotal to your success as a woman and understand how they may be currently affecting your career.
  - Poised Voice
  - Confidence
  - Fear
  - Grace + Grit
  - Motherhood / Caregiver

- Know what a 'poised voice' is and how to cultivate it.
  - "Poised Voice" is the ability to someone to understand the messages in an effective manner, so that they are heard.
  - It is cultivated by focusing on:
    - Internal vs External Voice
    - Defining goals
    - Measures of success
    - Self-Advocating
    - Deriving purpose from your passions and skills

- Apply these steps to plan for your future success confidently and intentionally.
  - Gain clarity on what is important to you, and what you are working towards
  - Honestly identify where you are with each key steppingstone of success
  - Seek out support to build the skills where they are lacking
  - Stay focused on your True North

**For further help / support/ resources visit**

**www.ttwoods.com**

SIU MEDICINE
ALLIANCE FOR WOMEN IN MEDICINE AND SCIENCE

# From Grassroots to Great Change
# Starting a Women in Medicine Group from the Ground Up

Vidhya Prakash, MD and Najwa Pervin, MD

## Key Takeaways

- **It starts with values!**
  - Humanism, Compassion, Trust, Kindness
- **Start small (Division or Department level)**
  - Virtual meet and greet with icebreaker followed by discussion topic
  - Virtual book or journal club
  - Virtual wellness or mindfulness retreat
- **Organization**
  - Convene an executive committee
  - Retreat to define collective values, mission, vision, strategic plan
  - Assign roles based on your strategic plan
    - Chairs/Co-chairs for Education, Community Engagement, Research, Wellness, Promotion and Tenure, Awards, etc)
    - Recruit local talent to make up committee membership
  - Involve trainees to give them opportunities to lead
- **Budget**
  - Seek grant opportunities targeting major areas in your strategic plan (institutional, community, national)
  - Present strategic plan to division/department leadership, request funding
  - Virtual era will significantly curtail costs associated with events
- **Engage leadership**
  - Make division, department, and institutional leaders aware of your events
  - Work with marketing at your institution to promote events
  - Create and disseminate a quarterly newsletter showcasing your work
  - Invite institutional leadership to speak/attend events
  - Generate annual review summarizing your activities to share with Department Chair, Dean (will be essential to take to schoolwide level)
- **Include male allies early**
  - Intentional messaging: "People of all genders are invited as we are better together."
  - Personal communication
  - Include in executive committee



WOMEN IN MEDICINE

# Use Your Platform to Close the Gap: Creating an Equitable Culture

Christopher J. Sonnenday, MD MHS
University of Michigan

Christy Harris Lemak, PhD
University of Alabama at Birmingham

## Key Takeaways

- To Close the Gap and Create an Equitable Culture, Allies and Organizations:
    1. Stop denying others their lived experience.
    2. Create a listening culture.
    3. Make the work of creating an inclusive environment everyone's responsibility.
    4. Be intentional about culture change.
    5. Consider diversity and excellence by individual.

  There are examples to learn from in academic medicine and in large health systems working to address gender gaps and disparities. The work in your organization must be intentional and strategic.

- How is Culture Shaped?
    1. Pay attention to how leadership is granted
    2. Pay attention to how representation is granted
    3. Pay attention to how voices are heard

- Fix "Pink Ghetto Issues" that Have Short- and Long-Term Implications for Women's Careers, including:
    1. Parental Leave
    2. Child Care Availability + Benefits
    3. Flexible Schedules / Job Sharing
    4. Sexual and Gender Harassment
    5. Pay Equity
    6. Resident and Faculty Attrition
    7. Timing of Promotion and Tenure

## Resources:

How the University of Michigan Department of Surgery has been intentional in shaping its culture, including in its recruitment strategies.
https://medicine.umich.edu/dept/surgery/michigan-promise

The Cultural Complications Curriculum leverages the morbidity and mortality conference to create a safe space to address culture.
https://www.culturalcomplications.com

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

UAB SCHOOL OF HEALTH PROFESSIONS
The University of Alabama at Birmingham

Provided by Women in Medicine Summit 2020

WOMEN IN MEDICINE

Social Media as an Ally

Seth Trueger MD MPH FACEP
Emergency Medicine, Northwestern University
Digital Media Editor, *JAMA Network Open*
@MDaware

Mostly boils down to the Golden Rule; I try to be a little thoughtful about how my behavior can be perceived by others.

3 things I try to do to be a good ally:

1) Listen to Women
   There is a ton of data on unequal pay, unequal opportunities, harassment, etc. I don't dismiss others' experience because I may not be able to see it firsthand.

2) Amplify Women
   (but don't steal thunder)
   Share the work of women. Given them credit for it.
   Make sure women are represented.
   When tagging people into a conversation, I try to be thoughtful: are there qualified/relevant women to include? Same with following or selecting images. Easy to default to "traditional" images of what we think a doctor looks like.

3) Don't Punch Down
   I try to be thoughtful of what I share about my wife and daughter; no sit-com jokes about nagging; no "take my wife, please"

   I recognize that sometimes what I think may be friendly conversation can come across (especially in all text/no nonverbal cues) as challenging or patronizing. Same with sarcasm or especially jokes about bias or harassment. If you aren't familiar with Poe's Law, look it up.

   A lot of science communication on social media is a tradeoff between pure science and flashy attention to drive traffic. I strive for a mix in the middle, which includes pandering photos of my daughter.

# Hacking Your Brain To Let The Leader Emerge

Alison Escalante, MD, FAAP

WIM Summit 2020

Women who assert themselves as leaders face a problem, because research shows that both genders possess an unconscious bias against assertive women. When women try to apply the skills they learn at a leadership conference, they often find they don't get the response they want. They also may have an anxious physical response themselves.

Bias triggers our sympathetic nerve and puts us in a state of defense, ready for fight or flight. But that state of defense also makes us a lot less likable. It flattens our voices and faces, and makes us stare intensely. We exude stress or aggression which is contagious to others. And the state of defense also turns down our higher cognitive thinking. We just don't present well.

On the other hand, people trust leaders who make them feel safe. Leaders are confident, think clearly, and communicate with warmth.

All three of these characteristics are naturally available to us in a different state of autonomic nervous system regulation: the social state. To get into the social state, our ventral vagus nerve has to receive cues of safety. When it does, we show up as our best selves.

There are two key goals:
1. To be able to move ourselves out of the state of defense into the social state.
2. To co-regulate with others so that their brains sync up with ours in a way that makes them feel good and want to work with us.

**Before the meeting build your autonomic fitness:**
- Get enough sleep and get regular exercise.
- Spend time with friends who make you feel safe.
- Release oxytocin by hugging someone you care about or spend time with a pet. Practice yoga and meditation. Listen to music in the medium range of the human voice (try Disney music).

**During the meeting, under pressure:**
- Use the Sigh, See and Start technique. Try the "stealth sigh."
- Engage with allies and amplify them. Eye contact and friendly comments help.
- Apply deep pressure. Squeeze the fleshy part of your hand or press on your thighs under the table. Wear a deep pressure vest of a tight piece of shapewear.
- Hack your voice. Pull your voice down onto your diaphragm and then intentionally add musicality.
- Chew. If it's a meeting with food, a nice chewy bite can send a calming message to the vagus.

Most of all be patient with yourself. Because our nervous system is social, it can be hard to show up at our best when we are not getting welcoming signals from the people around us. Practice helps.

**Strategies to improve ergonomics in the operating room**
**By Audrey Tsao and Marissa Pentico**

The challenges female surgeons experience with using surgical instruments that have historically been designed for use by male surgeons with taller, stronger physiques — and often larger-sized hands — have been well documented.

For example, in one study involving laparoscopic surgeons, a majority of the participants identified instrument design as a source of their physical symptoms, which included discomfort in the neck as well as the shoulder area.

In another article, the authors cited concerns regarding the negative impacts that result from the discrepancies between hand and medical device sizes. To accommodate a wider range of surgeons, they recommended that medical device manufacturers refer to anthropometric data and the population when designing devices, utilizing data of physical measurements of the human body.

The Centers for Disease Controls also makes recommendations on tool design. Although generally indicated for non-powered tools, it can be relevant for surgical instruments, as well. Features of ideal tools include reducing applied forces, fitting the hand well, and positioning the body in more neutral postures during usage.

Finally, another study highlighted the importance of involving surgeons in the design process, as this can help with surgeon acceptance of a new device and improve performance, and the safety of the patient and surgeon.  From Dr. Tsao's perspective, hand size and grip strength can also be a factor for a smaller surgeon. For example, instruments that use a wider hand span are difficult for her to use. Therefore, she either use two hands and positions her assistants to help, or she uses a different instrument with a pistol grip. She has changed almost all of her rongeurs from standard ones to a pistol-grip pituitary rongeurs.

Another approach she uses is to grasp an instrument in a different position, which may trigger the need for a stronger grasp strength but allows reasonable excursion of her hand span. However, resulting awkward postures should be monitored for and not maintained.

She will also often use a larger pick-up to allow for greater mechanical strength and decrease her hand fatigue. Surgeon awareness of the mechanical force exerted at the tip of the forceps is important when using potentially oversized instruments.

Since she is unable to palm instruments due to her smaller hand size, she often uses sterile rubber bands to attach her forceps and place her fingers through the loop so her hands are not trying to tie and grip the forceps. This allows her to avoid repetitively putting down and picking up the instrument while tying sutures.

To increase the friction between her gloved hand and an instrument, she wraps coban around a grip, which increases the stickiness of the handle, requiring less power to grip it.

In addition to instrument designers adjusting their approach to designing tools, surgeons can also adapt their operating environment to improve ergonomics. One of the things she is very aware of is that, given her height, there is an advantage to focus the work she does so that it is below shoulder level. This reduces strain on the muscles around her shoulders and allows for less fatigue throughout the day.

To accomplish this she:

- Uses two risers, side by side, to provide larger platforms to work on (if she is unable to lower the table further), and always adjust the equipment in the operating room to avoid awkward postures.
- Ask a taller assistant to move the lights — but always in the same trajectory that he/she pre-positioned them so that no light obstruction occurs.
- Remove the elevated platforms on the operating room table that are designed to allow for placement of radiographic plates, as this decreases the height of the space she is operating in.

She also prefers to pick up her own instruments instead of waiting for an assistant to hand them to her. She modified her work space to accommodate this approach to surgery in the following ways:

- She uses a second mayo stand and allows large instruments to be placed on and off, with handles positioned for her. She also standardizes where the instruments are on the mayo stand for muscle memory.
- She uses additional surgical pockets and places her pickups and cautery into these pockets directly across from her. She provides her assistants with additional pockets and allow them to maintain their own commonly used instruments.

SESSION SUMMARY

WOMEN WRITERS
IN MEDICINE

# Burnout, Intersectionality and Wellness


## ELIZABETH MÉTRAUX


While scholarship has explored the prevalence and myriad sources of burnout among the healthcare workforce broadly, few studies exist on the varied experiences of individuals by gender, age, race and the intersections both therein and in addition to. Moreover, the emphasis on causes for the high rates of professional dissatisfaction and depersonalization have largely omitted important investigation into drivers of wellness and personal fulfilment.

In this session, I posit that (1) the pursuit of equality has undermined the reality of equity. Evaluating and addressing burnout is no different than employing a patient-centered approach to care; individualized understanding and corresponding interventions are essential to wellness. And (2) the loss of connection and peer support both within the clinic and within our own communities has been a leading cause of burnout, moral distress, and an impaired sense of meaning. In order to cultivate wellness and inspire the kind of collective action necessary to make systems-level change, it's imperative to create the conditions to enable community to thrive.


elizabeth@womenwritersinmedicine.com | @elizabeth_pcp | womenwritersinmedicine.com



Provided by Women in Medicine Summit 2020


WOMEN IN MEDICINE

# Resolution Revolution Takeaways

1. Objective #1  Identify ways to get involved with healthcare policy making.
    a. Organized Medicine: AMWA, AMA (Women Physicians Section), National Medical Association, Specialty Societies, State Societies, etc)
    b. Grassroots organizations (Doctors for America, National Physicians Alliance, Physicians Antiracism Network, etc).
2. Objective #2  Understand the basics of how to write a resolution and get it turned into policy.
    a. What a resolutions accomplishes
    b. Structure of a resolution
    c. Getting a resolution made into policy
    d. What happens once a resolution becomes policy
3. Objective #3  Identify other avenues for healthcare advocacy
    a. OpEds (Opinion/Editorials), Letters to the Editor
    b. Interviews: television, journals
    c. Policy and legislative briefs
    d. Policy write ups in medical journals
    e. Writing model legislation.

# Legislative Advocacy for Physicians

Use available resources for help in putting your ideas into action

- Use USA.gov to find out who represents you
- Use phone calls, emails, social media posts and office visits to contact with them, depending on your goals
- Establish relationships with your legislators, so they can better represent your positions on the issues

**How Mentors Help You Succeed**
**Dr. Ruth Gotian**

## Presentation description

Dr. Ruth Gotian will take participants through a crash course in mentoring with tips for both mentors and mentees. Learn how a mentor can optimize your success and who should be on your mentoring team.

## Learning Objectives

Optimizing Success – Leveraging Mentoring

Learning objectives:

1. Learners will be able to pinpoint at least three people who should be on their mentoring team.
2. Learners will be able to identify at least four methods of networking.
3. Learners will be able to describe at least two ways to approach someone to be their mentor/mentee.

# Cluing Into Confidence
# Developing the Confidence to Lead

**Sarah Unterman MD FACEP**
Sunter1@gmail.com

Confidence is "a feeling or consciousness of one's power or of reliance on one's circumstances." Also, a "faith or belief that one will act in a right, proper, or effective way."

**The Confidence Gap** by Katty Kay and Claire Shipman

Even accomplished women experience self-doubt – may feel like a "fraud" or like they were "just lucky."

- Success correlates with confidence and competence. Women generally value competence over confidence.
- Study: Men initiate salary negotiations more frequently than women, and women ask for 30% less money.
- Study: Women report deserving 20% less money than men.
- The more competent women are, the less confidence we have.
- Women only apply for promotions when they meet 100% of the job's qualifications. Men apply when they meet only 60%.

**Lean In** by Sheryl Sandberg

- Sit at the table – makes you an insider, easier for your voice to be heard
- Don't leave before you leave – don't limit yourself from trying for new opportunities because you may have a baby or kids will be starting high school, etc. Use that as a negotiation point with your supervisor.
- What would you do if you weren't afraid? – usually you're just lost time or money but you gained experience and showed people you are interested in growing.

**The Confidence Code** by Katty Kay and Claire Shipman

- Don't be afraid to make mistakes
- Do more, think less
- Confidence is a double-edged sword for women
    - Hold your head high
    - Ask the hard questions
- Fail fast, fail forward
- Leave your comfort zone

Leadership is often described in stereotypically masculine terms but men and women actually exhibit similar behaviors when leading. Perception does not equal reality.

Encourage other women to sit at the table and make their voices heard.

# EMPOWERMENT THROUGH ALTERNATIVE INCOME STREAMS

## WOMEN IN MEDICINE SUMMIT, 10/10/20

NISHA MEHTA, MD (WWW.NISHAMEHTAMD.COM)

## WHY?

- Career longevity in medicine requires satisfaction in both the personal and professional realms.
- It's important to take a step back and ask yourself what your goals are, personally and professionally, and make sure your career is in line with that.
- Increasingly, physicians are finding that they want something different from a traditional pathway as they look to ensure sustainability of their careers while also fulfilling other life goals.
- Finances are often a barrier to creating the life in medicine that you want, and alternative income streams can help to address that and empower you with the ability to say no or to change your situation.

## WHAT?

- There are side income opportunities related to medicine and outside of medicine. The possibilities are endless. Pick a pathway that interests you and that you're passionate about.
- Know your why.
- Allow yourself to think outside of the traditional box when assessing which one is right for you.

## CORE PRINCIPLES:

- You graduated medical school - there's not very many things harder than that.
- You have more qualifications than you think.
- Know your worth, and don't be afraid to ask for it.
- Your network is key.
- Building a brand is a core part of many side income streams.
- Your money can be used to make more money.
- Never stop learning.
- Don't be afraid to invest in yourself.
- Time is your Achilles' heel. Be intentional with it.
- Analysis paralysis and perfection are your enemy. Just take steps forward.
- Don't lose sight of the goals you initially set. It's easy to get caught up in things. Make sure they're in alignment with your why.

## RESOURCES:

- Feel free to contact me if you think I can help. www.nishamehtamd.com
- Physician Side Gigs
  - Website: www.physiciansidegigs.com
  - Online Community: www.facebook.com/groups/PhysicianSideGigs

---

**YOU CAN CREATE THE LIFE IN MEDICINE THAT YOU WANT.**

---

# Physician Leadership

Christy Harris Lemak, PhD FACHE
University of Alabama at Birmingham

## Key Takeaways

### The Fundamental State of Leadership: *You've Already Been There*

- *When have you been there?*

1. Results-Centered
2. Internally-Driven
3. Other-Focused
4. Externally-Open
   *(See:* Robert Quinn, for example: *Harvard Business Review 2006)*

- *Leading Means Thinking Differently*

1. Usually need a cognitive shift – from technical to more human and conceptual
2. Unfortunately, often observe "leaders" who may not be great leaders
3. Be a "Multiplier"
   *(See Multipliers by Liz Wiseman)*

- *Leadership Means Behaving Differently*

1. Develop a Repertoire of Leadership Styles
   (See: Goleman, for example: *Harvard Business Review 2000*)
2. Clarify Your Values
   *(See The Leadership Challenge by Kouzes and Posner)*
3. Enable Others to Act and Tell Them
   a. Build self-efficacy in those around you
   b. Coach others for awareness and commitment
   *(See Leadership From the Inside Out by Kevin Cashman)*
4. Listen and Seek Feedback
5. Translate Meaning for Others

### Make Leadership Development a Priority

- *Leaders Use Tools*

1. Reflection
2. Plans
3. Colleagues
4. Mentors
5. Sponsor
6. Will, Motivation
7. Luck!

UAB SCHOOL OF HEALTH PROFESSIONS
The University of Alabama at Birmingham

WOMEN IN MEDICINE

Provided by Women in Medicine Summit 2020

WOMEN WRITERS IN MEDICINE

St. Michael's
Inspired Care.
Inspiring Science.

# EXPLORING AND ADDRESSING BIAS

CHERYL PRITLOVE, PhD
ELIZABETH MÉTRAUX

## KEY TAKEAWAYS

- There is a persistent gender gap in medicine.
- Implicit bias (IB) testing and training have dominated efforts to reduce gender inequity.
- IB has had some success in producing individual-level change, but little impact on narrowing the gender gap.
- The current focus on IB fails to adequately engage with broader systems of gender bias and marginalization.
- Commitment to data, collaboration and bold change are warranted.
- More robust engagement at the individual level (micro) paired with changes to social (macro) and institutional (meso) culture and policy are needed to advance the gender equity agenda and begin to close the gap.

WOMEN IN MEDICINE

Private Practice 101

Krishna M Jain MD FACS

Most medical care is provided in one of the following practice models: a) Private practice, b) Hospital employed, c) Academic and, d) VA employment. The purpose of my presentation is to make physicians familiar with private practice models.

In private practice physicians have the following choices: solo private practice or group practice which can be single specialty or multispecialty. There are advantages and disadvantages in each model. It is always more difficult to set up solo practice as compared to joining an existing practice. But the advantage of setting up a new private practice is that the practitioner can determine the best way of providing care to patients based on the practitioner's training, beliefs and ethics. The practice can be academically oriented if so desired. The practice can grow and hire more physicians. The senior partner, that is you, is able to define the soul and philosophy of the practice and determine what to prioritize. The future members of the practice follow in your footsteps. In my practice, I ensured family was a priority and all of our partners were responsible for covering each other if someone had a family event or responsibility. That was not the norm for vascular surgery when I started my practice, but I ensured it was the culture of our group, and I hired other surgeons and staff members who believed in those shared values until the day I retired from clinical practice. Other guiding principle was, money is a by product of what we do and patient care always came first. I have written about solo practice in the free WIMS Wiley compendium available for download on the WIMS website.

One must carefully examine a practice before joining an existing practice. Some of the things to consider are:

**Size of the practice:** a very large practice can be a source of conflicts

**Mentoring:** are the senior partners willing to mentor?

**Reputation of the practice:** reputation among colleagues, hospital administration and patients

**Malpractice suits in last five years:** multiple law suits may raise a red flag

**Turnover of physicians in the practice:** Rapid turnover may suggest unhealthy environment.

**Call schedule:** though a younger partner may take more call, it should be a fair system.

**Years to becoming a full partner and the cost of buying in the practice:** the process may be so onerous that younger associates may never have a voice in the practice or may have to pay too much. You may already have significant financial burden because of student loans.

**Restrictive covenant:** it should be reasonable. Different states have different laws.

**Ease of leaving the practice if it does not work out:** it is important to pay careful attention to buy and sell agreement. Usually everyone pays a lot of attention to buy-in and very little attention to selling.

**What is the driving force behind the practice?** is it financially driven or patient care driven? Ideally the practice should be able to create a balance between these two forces.

**Patient satisfaction:** social media does a very poor job of correctly portraying the patient satisfaction. However, if there are many negative comments one should investigate it.

Joining a multispecialty group depends greatly upon your specialty. A specialist can benefit from built in referrals from the group if there are primary care physicians in the group. There are pros and cons of being in a multispecialty practice one should carefully consider before deciding to join.

Good luck and I hope you make a decision that is right for you. If you want to contact me you can reach me at dockrishna1@gmail.com

1. Wixon CL, Jain KM, Satiani B. Single-specialty versus multispecialty vascular surgery group model. *J Vasc Surg*. 2013;57(6). doi:10.1016/j.jvs.2012.12.045

# Learn How to Make Your Elevator Pitch

Christy Harris Lemak, PhD FACHE
University of Alabama at Birmingham

## Key Takeaways

Women Leaders Have a Complex and Nuanced Challenge: Find a way to express power and expertise that is good, strong and helpful – yet decidedly female. *This* requires you to choose a persona, a "story" you identify with authentically.

## First: Find Your Story

- Define Your "Thought Leadership Niche" by examining your areas of credentials, commitment and expertise. (*See: Ready to be a Thought Leader by Denise Brousseau)*
- Uncover Your "Burning Passion" by exploring what is really important to you, what gives passion and meaning to your life. *(See: Leadership from the Inside Out by Kevin Cashman)*

## Next: Tell Your Story Well

### ➢ Think Like an Agent

1. Accentuate the Positive
2. Play Your Part in Meetings
3. Hone Presentation Skills
4. Network "Up"
5. Perception is Everything: Appearance, Voice, Body Language, Transparency, Emotion

### ➢ Telling Your Story With Others (in Meetings)

1. The "Before/After" Meeting
2. Meeting Prep is Essential
3. Use Evidence to Support your Position
4. Embrace Conflict

### ➢ Put Yourself in "the Room Where it Happens"

1. Socialize One Level Up
2. Ask for High Profile Projects
3. Volunteer with Industry Groups
4. Develop Speaking Topics that are Uniquely You

### ➢ Learn to Tell Stories to Advance Team Goals

1. Storytelling as a Leadership Skill
2. Develop Ability to Speak Directly (*See: Radical Candor by Kim Scott*)

***Practice! Practice! Practice!***

UAB SCHOOL OF HEALTH PROFESSIONS
The University of Alabama at Birmingham

WOMEN IN MEDICINE

Provided by Women in Medicine Summit 2020

Breaking Barriers for Diverse Women  Women in Medicine Summit

Niva Lubin-Johnson MD FACP  Saturday, October 10, 2020

Women of Color in Medicine have had to deal with the challenges of racism, sexism, bias, and discrimination for hundreds of years but many events in 2020 have brought these challenges to the forefront.

Several events of the past 30 days have been especially difficult for the mental health and well-being of Black women. With a historical overview, including the challenges that exist for African American girls and women specifically, Dr Lubin-Johnson explains the percentage of why and how the number of African American women physicians is so much lower than the percentage of the population.

No presentation is complete without sharing solutions. There are many presented from high school through post-training that should help to increase the numbers of African American girls going to medical school, training and beyond. The conclusion from this presentation is that for barriers to be broken for diverse women solutions will have to include all women and men.

**Understand the basics of trust for leadership success**
**By Omayra Mansfield**

We know that individuals with strong trusting relationships live longer, healthier lives, and have a greater sense of fulfillment and peace. Professional environments with high levels of trust have greater employee satisfaction, lower rates of turnover, and in the clinical setting, demonstrate better clinical outcomes and higher levels of teamwork.

In the trust transformation, we focus on the importance of taking time and identifying strategies to help us start with ourselves and do everything possible to become a trustworthy individual. This is not an act of selfishness. If you are to live up to your maximum potential, caring for your physical and mental well-being is essential. Give yourself permission to reflect and grow.

As a place to begin this reflection, look at the relationships in your life. We were made for relationships; they are essential to our lives. Relationships contribute to our physical and emotional well-being, and they contribute to an organizational culture of professionalism.

How often do you stop to reflect on whether the relationships in your life are filled with trust or where trust may be lacking? Think of someone in your life that is particularly close to you, that you trust. Why do you trust that person? Are they reliable, authentic, honest, respectful? Now consider someone who you distrust. What are the qualities they lack that inform that opinion? Once you look at relationships through the lens of trust, whether it is present or absent, it is difficult to undo.

There are four attributes of trust: trustworthiness, authenticity, dependability, and influence. Each of these attributes is aligned with a guiding principle. We must build trust from the inside out, take responsibility for our relationships, communicate consistently and keep our promises, and be good stewards of our trust. It moves from “me” where you first work on trusting yourself, then to “we” where you cultivate a strong relationship with another person, and finally to “us” that involves building relationships and extending trust and influencing a group.

There are several characteristics of trustworthiness that are foundational to growing as an individual. Of these, the two most important are integrity and attitude. Without integrity, there can never be trust. This implies a firm adherence to a set of moral standards, and always doing the right and honest thing. Attitude is paramount to communicating a message effectively, and as leaders to our ability to successfully lead. Psychologist Carol Dweck has observed that your attitude is a greater predictor of success than your IQ. Being cognizant of our attitude and behaving with integrity are essential first steps in achieving transformational trust.

Once we are trustworthy we can then focus on fostering authentic relationships. The ultimate goal of authenticity, where we can be our most sincere selves, is transparency. To achieve this we must be present, use active listening, demonstrate candor and respect, be willing to forgive and have a clear purpose. Every day we are faced with opportunities to either strengthen or weaken our one on one relationships. Being intentional about focusing on these elements of authenticity will build and solidify these relationships.