

Please feel free to use these infographics and some common tables and graphs I often use in my talks on equity and leadership. Please make sure you acknowledge the source if you utilize any of these graphics or reference images.

- Shikha Jain MD FACP

Equity and Leadership Infographics

WM
WOMEN IN MEDICINE

TOP 10 TIPS for Advancing Women

- 1** **Promote Women.**
Quote Women
Invite Women
Nominate Women
- 2** **Identify your own implicit/unconscious bias**
- 3** **Be an Upstander not a Bystander**
- 4** **Set up annual reviews with standardized questions**
- 5** **Identify barriers that exist in your system and find solutions to help overcome barriers.**
- 5** **Identify barriers that exist in your system and find solutions to help overcome barriers.**
- 6** **Mentor AND Sponsor**
- 7** **Advocate for pay equity**
- 8** **Fix the system, not the women**
- 9** **Identify your own impostor phenomenon and use it to your advantage to propel yourself upwards.**
- 10** **Don't get discouraged**

Created by: Shikha Jain, MD, FACP



4 FACTS ON GENDER EQUITY



Fact #1

Women made up:

50.5% of US
medical students
enrollees in 2019.

36.3% of physician
workforce in 2019



Fact #2

Women are offered less
in starting salary and
negotiated pay, less
recognition through
awards, speaking
invitations, receive less
research funding.



Fact #3

Women make up 80%
of health care workers,

BUT

Only 40% of
executives



Fact #4

It is imperative to
rectify this gender
imbalance at a
national level.

Not only bc it is
what is right, but bc
it is what is best for
our patients.

Created by: Shikha Jain, MD



COVID-19 AND GENDER EQUITY



Fact #1

Women are 70% of the health workforce and are leading on the frontlines of the COVID-19 pandemic.

World Economic Taskforce



Fact #2

Women are more vulnerable to COVID-19-related economic effects because of existing gender inequalities

McKinsey



Fact #3

This pandemic is already showing signs of impacting the career of women



Fact #4

COVID-19 Fatigue is real. We must look out for one another.

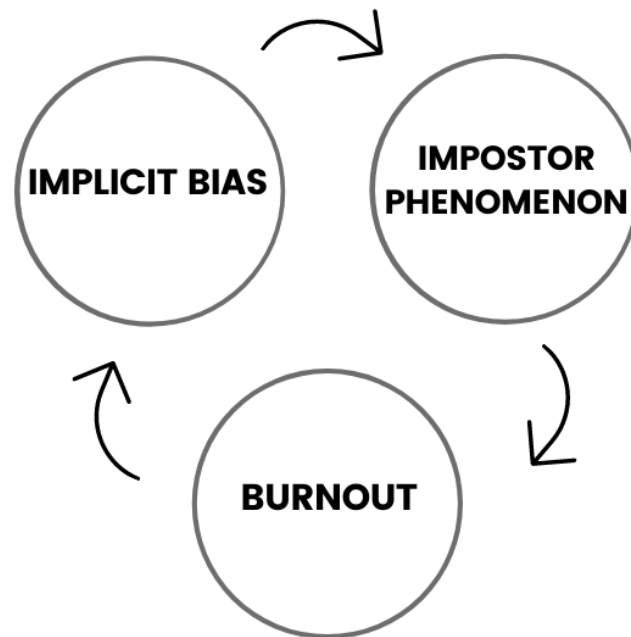
@ShikhaJainMD



THE IP BURNOUT CYCLE

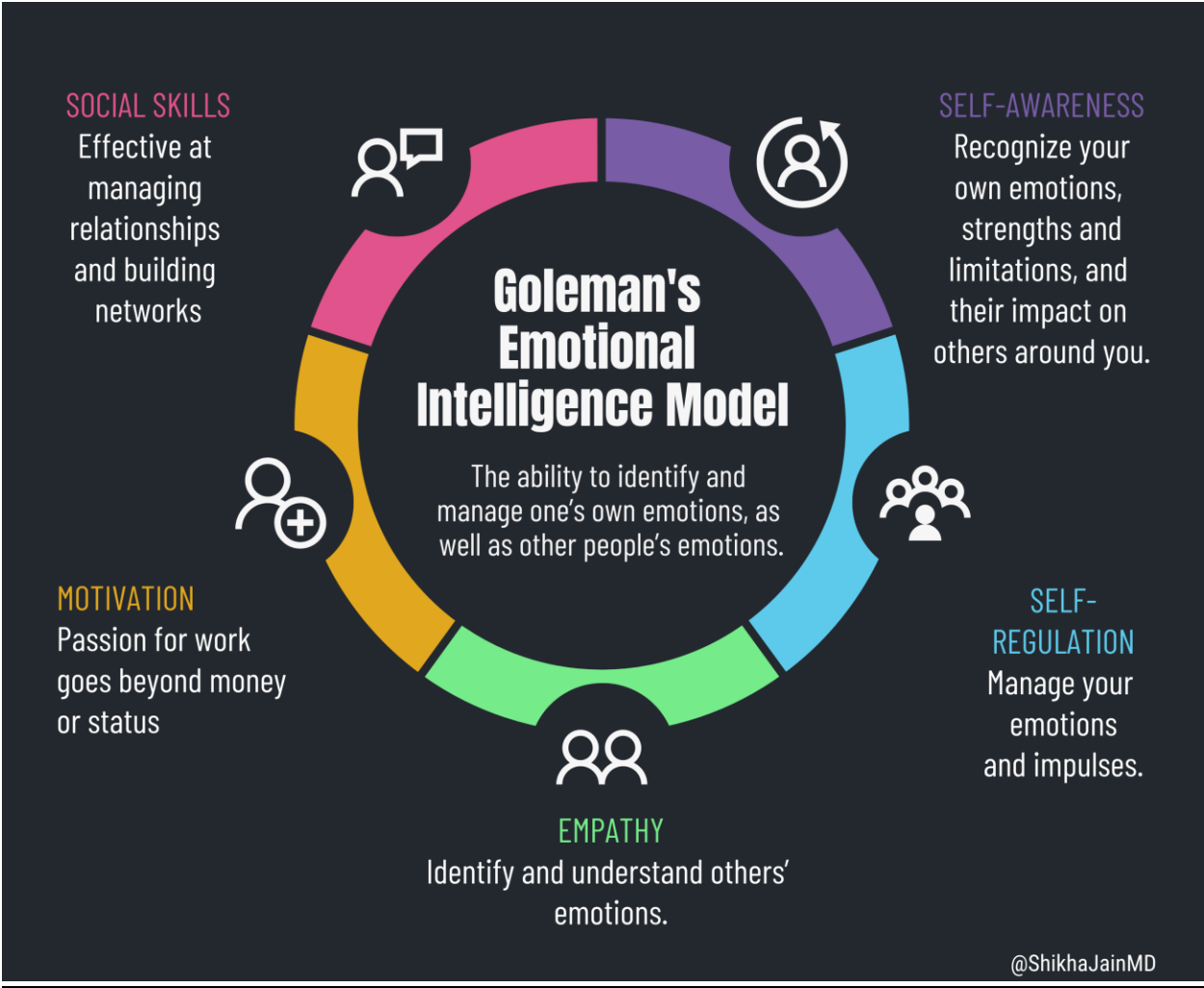
THE IMPOSTOR
PHENOMENON
BURNOUT CYCLE

CYCLE DIAGRAMS
SHOWS THE
INTERPLAY BETWEEN
IMPLICIT BIAS,
IMPOSTOR
PHENOMENON AND
BURNOUT.



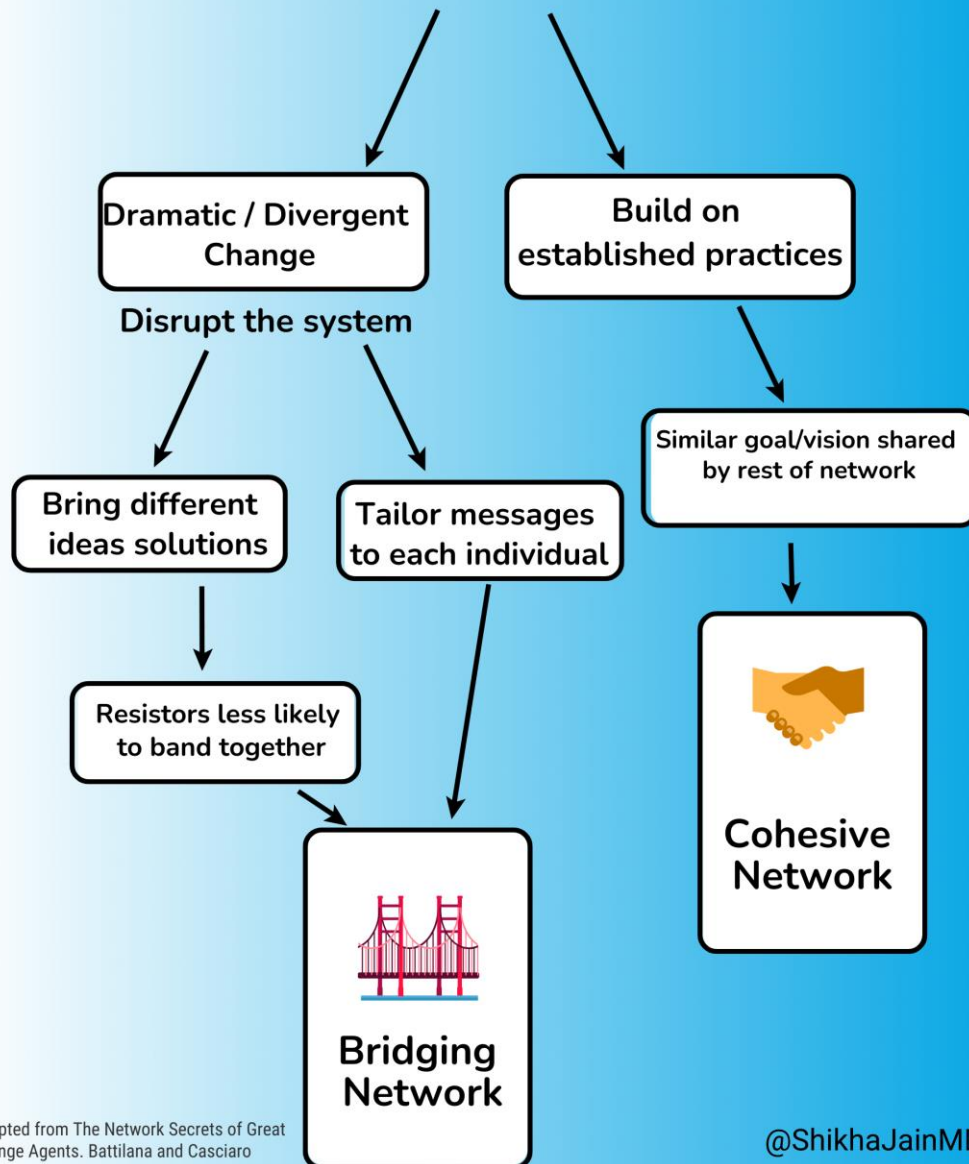
@ShikhaJainMD @KellyCawcuttMD





Create the Right Type of Network

What is your Goal



Adapted from The Network Secrets of Great Change Agents. Battilana and Casciaro

@ShikhaJainMD





6 Leadership Styles

Goleman's Primal Leadership


Commanding:
Best used in crisis when time if of the essence and direction is vital



Visionary:
Inspire and compel actions




Affiliative:
Conflict resolution and direct communication



Democratic:
Embraces listening and consensus-building



Pacesetting:
Less about the process and all about results, prioritizing excellence and expectations



Coaching:
Developing individual team members



Adapted from Daniel Goleman's Primal Leadership

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**TO LEAD
AUTHENTICALLY**

1
**IDENTIFY
YOUR UNIQUE
STRENGTHS
AND TALENTS**



2
**COMPILE A
LIST OF YOUR
CORE VALUES**



3
**ASK
COLLEAGUES OR
YOUR BOSS FOR
THEIR
PERSPECTIVES**



4
**FIND YOUR
AUTHENTIC
VOICE**



5
**CREATE
POWERFUL
STORIES TO
SHARE**



6
**DEVELOP
YOUR
AUTHENTIC
LEADERSHIP
ACTION PLAN**



7
**REEVALAUTE
AND REALIGN
PERIODICALLY**



ADAPTED FROM TERRI KLASS TRAINING INDUSTRY

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7 Strategies to Showcase Your Authentic Leadership

July 2, 2019 • Terri Klass • 4 min read

- 1 IDENTIFY YOUR UNIQUE STRENGTHS AND TALENTS 
- 2 COMPILE A LIST OF YOUR CORE VALUES 
- 3 ASK COLLEAGUES OR YOUR BOSS FOR THEIR PERSPECTIVES 
- 4 FIND YOUR AUTHENTIC VOICE 



ADAPTED FROM TERRI KLASS TRAINING INDUSTRY

- 5 CREATE POWERFUL STORIES TO SHARE 
- 6 DEVELOP YOUR AUTHENTIC LEADERSHIP ACTION PLAN 
- 7 REEVALUATE AND REALIGN PERIODICALLY 

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Leadership Styles: Full Range Leadership Model Transformational - vs - Transactional

 Idealized Influence: Build trust and act with integrity	Contigent Rewards: Use rewards/punishments to achieve compliance from followers. 
 Inspirational Motivation: Creates a shared vision and motivates others towards it.	Relationship, motivated by self-interest rather than a collective good, 
 Intellectual Stimulation: Looks for new ideas and beyond the status quo. Individualized Consideration: Treats and values others as an individual.	Accomplishing tasks, focus on outcomes over process 
 Identified as one of the most effective leadership styles in health services	Supervision, Organization, Performance 

 The impact of Transformational Leadership is recognized by the American Nurses Credentialing Center (ANCC) through the Magnet Recognition Program®

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LEADERSHIP LESSONS LEARNED

**HCW VOICES
HAVE NEVER
BEEN MORE
NEEDED**

**WE'RE
STRONGER
TOGETHER.
FIND YOUR
COMMUNITY.**

**LEAD FROM
WHERE YOU
STAND**

**THINK OUTSIDE
THE BOX
REGARDING
COLLABORATIONS**

**SKATE TO
WHERE THE
PUCK IS
GOING**

**LIFT AS YOU
RISE**

**WHERE WOULD YOUR
PERSPECTIVE, PRIVILEGE,
EXPERTISE SERVE THE
MOST GOOD**

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GOOD LEADER

VS.

GREAT LEADER



Execute someone else's vision well



Has vision, excites & motivate those around them to work towards implementation



Delegate



Motivate



Have good relationships with people similar to themselves



Are able to develop relationships with people different from them



Formal leadership title



Central to an organizations network, do not necessarily need to have a title

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How To Sponsor



Nominate



Encourage for Opportunities, Promotions



Submit name for committees, opportunities, panels



If you can't do something suggest someone else



Quote Them



Brag About Them



Introduce them to the right people.



Be the cheerleader they need



Bring opportunities to them

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5 Tips

Prioritize, Delegate, Motivate; Coach and Sponsor Others

1



Prioritize

Determine what you need to be doing, and what others can be doing to maximize capacity

2



Delegate

Identify the strengths and weaknesses in others

3



Motivate

Help each team member fulfill tasks best suited to their skill sets

4



Set Them Up for Success

Set up objective and attainable goals with deadlines

5



Objective Performance Reviews

Have regular check ins and performance reviews with objective criteria

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Mentor Sponsor Continuum



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LIFT AS YOU RISE

Prioritize

Determine what YOU need
to be doing

Delegate

Identify strengths and
weaknesses in others

Motivate

Help each team member fulfill
tasks best suited to their skill
set

Set Them Up for Success

Set up objective and
attainable goals, deadlines

Objective Reviews

Give regular feedback

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Create an Effective Network: Surround Yourself With Great & Diverse People



Most Successful

Most successful: diverse individuals



Informal and Formal Authority

Work with a network that includes those with informal authority entrenched in the organization



Formal Authority

Formal leadership title can give illusion of power, without the influencers, change will be challenging



Informal Authority

Trusted, respected, known entity can be formal leader's greatest ally



Allies Within the Organization

Centrally positioned individuals use informal connections to further the cause



Diversity of Ideas

The best ideas come from those with diverse experiences

Adapted from Battilana, Casciaro NHS Study Results

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Authentic Leader

1

Self-Aware and Genuine

Aware of strengths, limitations, emotions
Show real self
Acknowledge mistakes

Mission driven,
focused on
results

Goal: results, not
power, money,
ego

2

3

Lead with Heart

Not afraid to show
emotions
Able to be vulnerable
Direct communication
with empathy

Focus on long-
term

Manage short
term challenges
while looking at
the big picture

4

Adapted from Forbes Kevin Kruse
"What Is Authentic Leadership"

@ShikhaJainMD



Resources

Comparing How Male and Female Entrepreneurs Are Described by Venture Capitalists

These gendered personas are illustrated with quotes from Swedish government VCs who were observed discussing a total of 125 applications for funding between 2009 and 2010.

The average **MALE** entrepreneur is described with attributes such as:

- “Young and promising”
- “Arrogant, but very impressive competence”
- “Aggressive, but a really good entrepreneur”
- “Experienced and knowledgeable”
- “Very competent innovator and already has money to play with”
- “Cautious, sensible, and level-headed”
- “Extremely capable and very driven”
- “Educated engineer at a prestigious university and has run businesses before”

The average **FEMALE** entrepreneur is described with attributes such as:

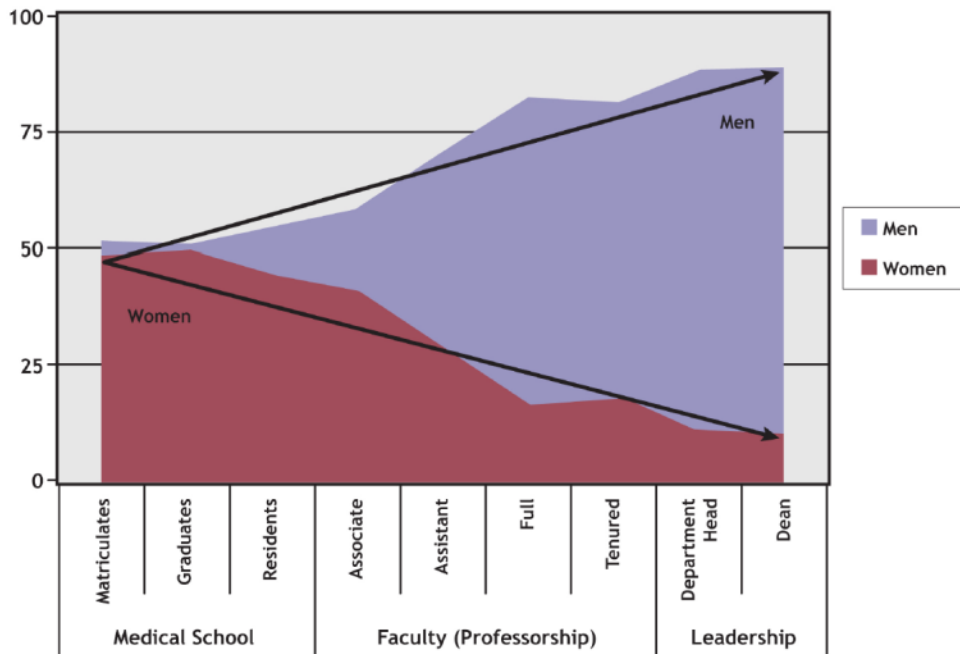
- “Young, but inexperienced”
- “Lacks network contacts and in need of help to develop her business concept”
- “Enthusiastic, but weak”
- “Experienced, but worried”
- “Good-looking and careless with money”
- “Too cautious and does not dare”
- “Lacks ability for venturing and growth”
- “Visionary, but with no knowledge of the market”

NOTE: QUOTES WERE TRANSLATED FROM SWEDISH TO ENGLISH.
SOURCE: “GENDER STEREOTYPES AND VENTURE SUPPORT DECISIONS: HOW GOVERNMENTAL VENTURE CAPITALISTS SOCIALLY CONSTRUCT ENTREPRENEURS’ POTENTIAL,” BY MALIN MALMSTRÖM ET AL., *ENTREPRENEURSHIP THEORY AND PRACTICE*, FEBRUARY 2017

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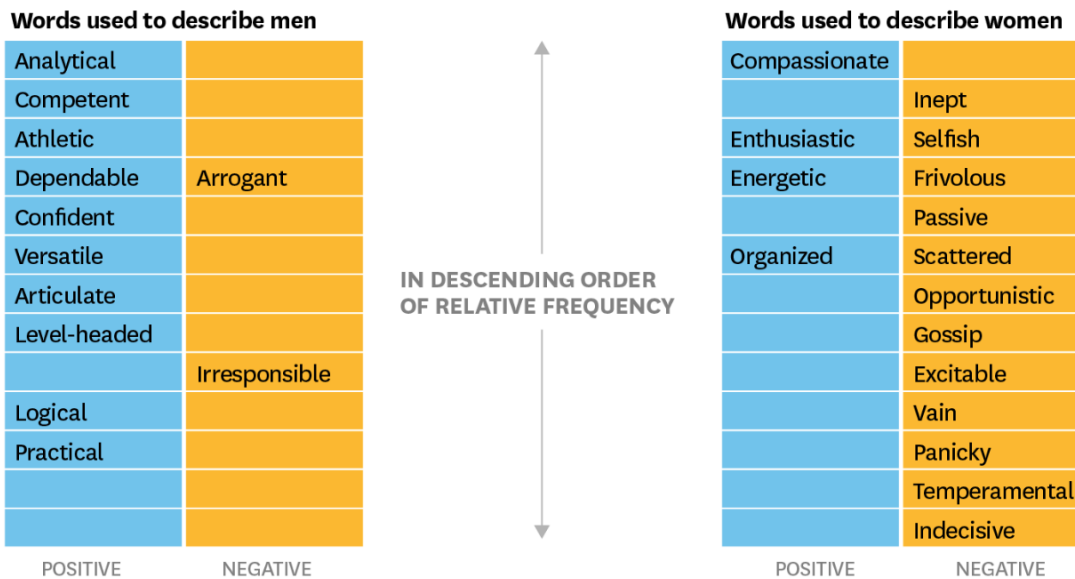
Malmstrom, Joansson, Wincent. HBR. May 17, 2017





* Zhuge, Kaufman, Simeone. Annals of Surgery. 2011. 253(4): 637-647.

Managers Use More Positive Words to Describe Men in Performance Reviews and More Negative Ones to Describe Women



SOURCE AN ANALYSIS OF 81,000 PERFORMANCE EVALUATIONS, DAVID G. SMITH ET AL., 2018

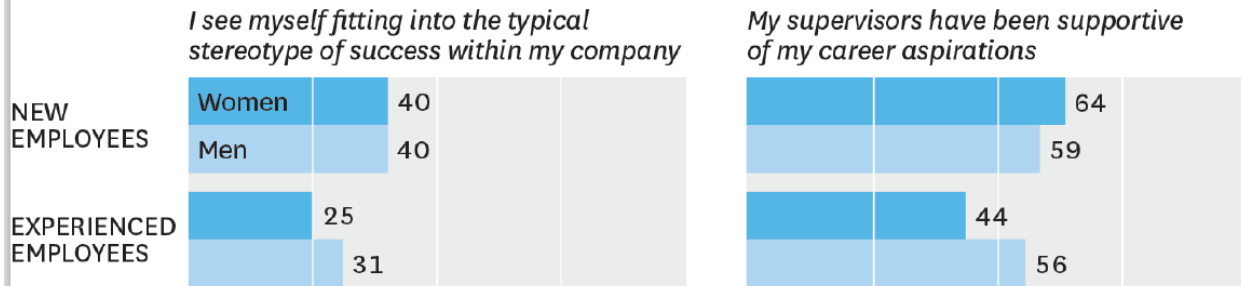
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Why Women Report a Drop in Confidence About Work Opportunities

They say they don't match the stereotypical corporate ideal or have supervisor support.

PERCENTAGE THAT AGREE/STRONGLY AGREE:



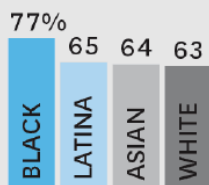
NOTE GRAPHS SHOW EMPLOYEES' ASPIRATIONS AND CONFIDENCE IN THEIR ABILITY TO REACH TOP MANAGEMENT IN A LARGE COMPANY WITH MORE THAN 1,000 EMPLOYEES; NEW EMPLOYEES ARE THOSE WITH LESS THAN TWO YEARS OF EXPERIENCE; EXPERIENCED EMPLOYEES ARE THOSE WITH MORE THAN TWO YEARS OF EXPERIENCE OR WHO ARE JUNIOR MANAGERS

SOURCE BAIN & COMPANY

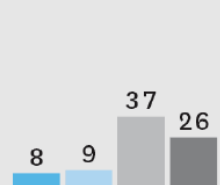
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Percent of U.S. Women in STEM Who Report...

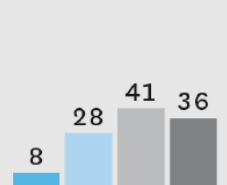
having to provide more evidence of competence than others to prove themselves.



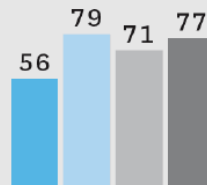
that colleagues have suggested they should work fewer hours after having children.



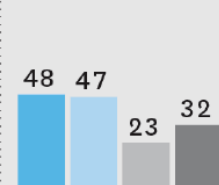
that at work, they find themselves pressured to play a stereotypically feminine role.*



that women in their work environments support one another.



they have been mistaken for either administrative or custodial staff.



*Such as "office mother" or "dutiful daughter."

FROM "THE 5 BIASES PUSHING WOMEN OUT OF STEM," BY JOAN WILLIAMS, MARCH 2015

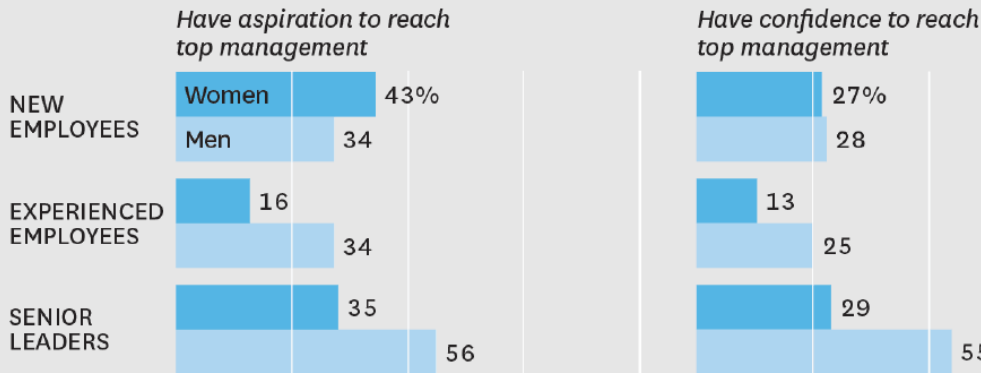
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For Women, Aspiration and Confidence Erode in Mid-Career

But this isn't the case for their male peers.

PERCENTAGE THAT AGREE/STRONGLY AGREE:



NOTE GRAPHS SHOW EMPLOYEES' ASPIRATIONS AND CONFIDENCE IN THEIR ABILITY TO REACH TOP MANAGEMENT IN A LARGE COMPANY WITH MORE THAN 1,000 EMPLOYEES; NEW EMPLOYEES ARE THOSE WITH LESS THAN TWO YEARS OF EXPERIENCE; EXPERIENCED EMPLOYEES ARE THOSE WITH MORE THAN TWO YEARS OF EXPERIENCE OR WHO ARE JUNIOR MANAGERS; SENIOR LEADERS ARE WITHIN THREE LEVELS OF THE CEO

SOURCE BAIN & COMPANY

FROM "COMPANIES DRAIN WOMEN'S AMBITIONS AFTER ONLY 2 YEARS," BY ORIT GADIESH AND JULIE COFFMAN, MAY 2015 © HBR.ORG

Interaction Between Gender and Home Life



Caprice Greenberg. Sticky Floors and Glass Ceilings.

* Elmore, Jeffe, Jin, Awad, Turnbull. SUS and SARS presentation 2016.



#GiveHerAReasonToStay



IN HEALTHCARE

Did you know?

Compared to their male colleagues,
women in medicine:



Were the majority of front-line health workers during the pandemic and had higher rates of COVID-19 infection



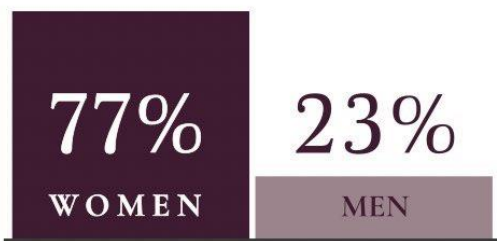
Are not paid or promoted equitably and report high rates of sexual harassment at work



Are encouraged to take on “citizenship” duties at work and are “voluntold” to serve on committees and engage in other unpaid work



Continue to have more responsibilities at home for childcare and elder care



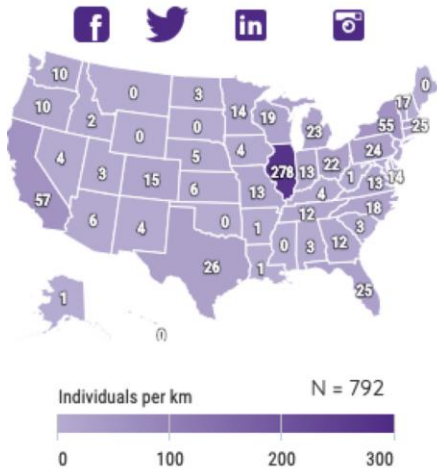
Healthcare and long-term care workers who have direct contact with patients ¹



Support Structures of Female Physicians: Motivations and Barriers to Gender-Specific Conferences and Symposia

@ShikhaJainMD, @DrSGraff, @MamtaSwa, @NikiWoitwich

Online survey distributed nationally via social media



34%
had attended a conference for female physicians



66%
did not attend



Attendees were more likely to hold a leadership position (68% vs 43%) & to receive a professional accolade within the past year (42% vs 28%)



Motivated by the discussion topics, community, and networking, attendees noted improved self-image, self-advocacy, and leadership



Non-attendees were more likely to be a primary caregiver (64% vs 56%)

Limitations included lack of awareness and time to attend

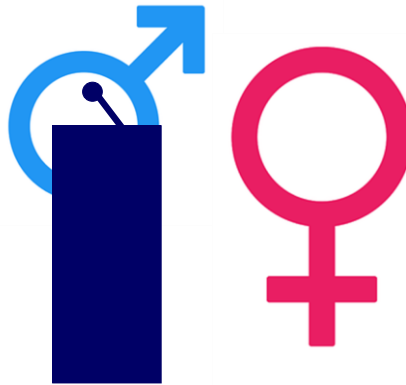
Evaluating Unconscious Bias: Speaker Introductions at an International Oncology Conference

@NarjustDuma et al
Visual abstract by @DrSGraff



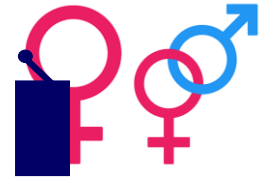
2511 videos reviewed

812 met inclusion criteria

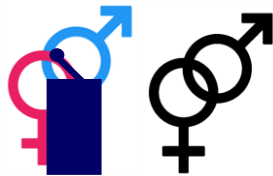


Female speakers were less likely than male speakers to receive a formal address (61% vs 81%)

Female speakers were more likely to be introduced by first name only (17% vs 3%)



No gender differences in professional address were observed for female introducers




Black speakers of both genders were less likely to receive a professional address than non-Hispanic whites

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A Sample Matrix for Individual



Adding/Adjusting for “Covid Time”

Category	Activity	Description
Clinical	None	--
Research	Halted	Reported to NIH
	Collaborator	Vitamin D study, PPE Signage Study
Education	Prep for e-learning	Summer Research Program
Service	Nonprofit	Illinois Medical Professionals Action Collaborative Team
Media/Advocacy	OpEds	USNews , The Hill
Social Media Activity	Twitter, Podcast	Explore the Space, @futuredocs , @IMPACT4hc

*“partial” caregiving 2 children in home (age 5, <1)





White Paper
COVID-19 Contributions on a Residency/Fellowship
ERAS Application
Explore The Space LLC
www.explorethespaceshow.com

Authors:

The Advancing Vitae and Novel Contributions for Everyone (ADVANCE) Group

Avital Y. O'Glasser, MD, FACP, FHM
Associate Professor of Medicine
Medical Director, Pre-Operative Medicine Clinic
Assistant Program Director for Social Media and Scholarship, OHSU Internal Medicine Residency Program
Twitter: @aoglasser; Email: oglassea@ohsu.edu

Shikha Jain, MD, FACP
Assistant Professor of Medicine
University of Illinois at Chicago, Cancer Center
Division of Hematology and Oncology
Director of Communication Strategies in Medicine
Associate Director of Oncology Communication & Digital Innovation
Twitter: @ShikhaJainMD; Email: sjain25@uic.edu

Charlie Wray, DO, MS
Assistant Professor of Medicine
University of California, San Francisco
Deputy Digital Media Editor, Journal of Hospital Medicine (JHM) Director, JHM Editorial Fellowship
Twitter: @WrayCharles; Email: Charlie.Wray@ucsf.edu

Vineet Arora, MD MAPP
Professor of Medicine
Assistant Dean Scholarship & Discovery, Pritzker School of Medicine
Associate CMO-Clinical Learning Environment, University of Chicago Medicine
Deputy Editor, Social Media, Journal of Hospital Medicine
Twitter: @futuredocs; Email: varora@uchicago.edu

Mark Shapiro, MD
Associate Medical Director for Hospital Services, St. Joseph Health Medical Group
Founder: Explore The Space LLC
Creator/Host: Explore The Space Podcast
Twitter: @ETSshow; Email: mark@explorethespaceshow.com



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The Women in Medicine Summit

“Leading Through A Crisis”

Presented by

Ngozi Ezike, M.D., Director

Illinois Department of Public Health

September 24, 2021



An “Evolution of Empowerment,” the theme of the 3rd annual conference references the changes, recognition, and new breed of leadership evidenced in today’s medical profession.

A social crisis within the last decade, brought on by the establishment of the **#Black Lives Matter** movement (July 2013), the Supreme Court ruling on same-sex marriage (June 2015), and the Women’s March on Washington (January 2017), one day after Donald Trump was installed in the White House, caused the medical community to begin to analyze itself and examine its principles, vision and mission.

Hospitals, academic institutions, and governmental agencies began looking at gender equity, systemic discrimination, implicit biases provider bias and prejudice, underrepresentation in the workforce, and barriers to access in care.

And then, we were introduced to the existence of the corona virus.

The Illinois timeline:

On January 24, 2020 the 1st case of COVID-19 was identified in Illinois. It infected a woman who had recently been in Wuhan, China.

On January 26, 2020 the 2nd case was identified in the husband. This was the first recognized human-to-human transmission in the state.

Twenty months later, a total of 1,608,825 cases have been identified in Illinois, along with 27,398 confirmed and probable deaths.

This is what Dr. Ezike encountered, less than a year into her newly appointed role.

The lessons she has learned during the last 20 months include acceptance of the fact that you cannot prepare for a crisis. That prioritization is critical to managing a crisis. Information is fluid and changes often. Be nimble. And, set your moral compass and follow it.

Three key takeaways that she shares:

- Success is all about the team you surround yourself with.
- Even in the worst storm clouds there are silver linings.
- Look to wise advisors for help in navigating the journey.

She closes by encouraging attendees to identify what lessons learned during a crisis can be adapted to serve the medical industry and reminding them that as leaders they have work to do. We must lead the change.

Transitioning into Leadership

Monica Verduzco-Gutierrez, MD

Professor & Chair of Rehabilitation Medicine, UT Health San Antonio
Medical Director, Critical Illness Recovery and NeuroRehabilitation at Warm Springs Rehabilitation Hospitals
Gutierrezm19@uthscsa.edu
@MVGutierrezMD

Promote yourself as a leader

Developing a **personal brand** is valuable since a strong reputation can put you on the radar.

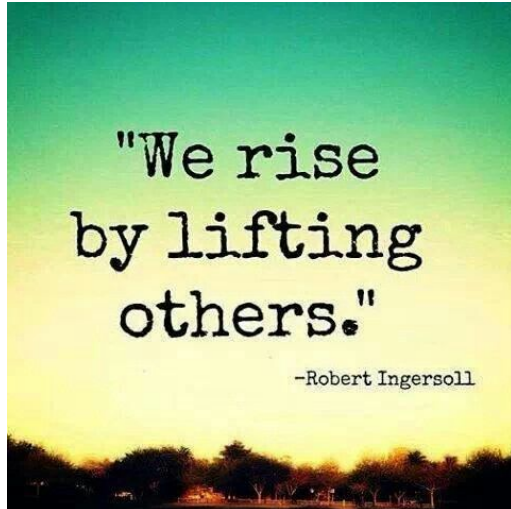
As a leader with “power,” you can assert yourself, push your interests, express an opinion, or make an ambitious ask.

Speaking up is hard to do.

When is it appropriate to speak up?

Need to expand your range to be heard

- You feel powerful in your eyes
- You feel powerful in the eyes of others



So how?

Advocate for others. When you advocate for others, you expand your range in your own mind and become more assertive.

To advocate for yourself, look at the world through another person's eyes.

Have an outward mindset. If you take someone's perspective and think about what they really want, they are more likely to give you what you want.

You must prepare...

Take a listening tour

Network through words and deeds

Build a network of appreciative colleagues and bosses, not just by communicating with them, but by taking on tasks for them and following through on projects with them.

Thank those who you meet or help you. Especially appreciate those on your team!

Continue to Insist on Sponsorship



Changing the Mental Model of Negotiations

- Instead of (oppositional) persuasion, create a third place together.
- Instead of prepping reasons, develop good questions to understand their view and open up the problem.
- Instead of assuming a goal, process, players, seek to understand the hidden players, agendas, process, rules. Boss or ally to help you navigate? How can you fit your goals into their structure/constraints?
- Instead of one answer, think multiple ways to meet your goals. Not single issue, but multi issue. What else can you add—to enlarge the pie?
- Instead of win/lose, also think compatible/ integrative issues.
- Prepare each of these questions with someone who knows your context/culture/constraints (a boss, ally, colleague).

Negotiations resources:

Getting to Yes: Negotiating Agreement Without Giving In by Roger Fisher & William Ury

-summary: Getting to Yes by Roger Fisher, William L. Ury, and Bruce Patton Plot Summary | LitCharts

Getting Past No by William Ury

-Good summary of the book: 5-Book-Review-Getting-Past-No.pdf (palomar.edu)

The Truth About Negotiations by Leigh Thompson

Negotiating the Sweet Spot by Leigh Thompson (harpercollinsleadership.com)

How to Use a Negotiation Preparation Worksheet (harvard.edu)

The Best Types of Questions to Ask in Your Negotiations | Negotiation Experts

Multi party: Managing a Multiparty Negotiation - PON - Program on Negotiation at Harvard Law School

Conversations:

Influence by Robert Cialdini

-video summary of the book: Science Of Persuasion - YouTube

Difficult Conversations. Stone, Patton, Heen

Crucial Conversations. Patterson, Grenny, McMillan, Switzler

-great worksheet to implement it: Microsoft Word - Crucial Conversations Worksheet.docx (multiscreensite.com)



Using Social Media to Revolutionize Medicine - Getting Started

1. **Define your mission and vision for why you want to engage in social media.**
2. **Choose your platform intentionally. Consider your audience & what your intent is for engaging on that platform.**
3. **Develop your brand – this is the framework of where you are headed, not what you have done. Key steps to branding are:**
 - a. **Introspective assessment of your brand** – Take the time to really define who are you, what you value, and what is it you want to do?
 - b. **Develop your brand pitch** – this is the elevator speech of your brand you defined above. Keep it short and be ready to share it!
 - c. **Curate your brand footprint on & offline** – Consider how you show up in person and online (this is the time to Google yourself); does it align with the brand you developed above? If not, what changes do you need to make to do so?
 - d. **Create value** – You will further your brand and your career when you create value that aligns with it. Build and demonstrate your expertise and passion through sharing content (articles, videos, tweetorials, podcasts, etc). Become a trusted resource!
 - e. **Communicate purposefully** – Be authentic, but intentional. Think before you Tweet.
 - f. **Be Consistent** – Show up and be consistent in yourself.
 - g. **Reassess & Realign** – As you evolve and move toward your goals, your brand will realign. Take the time to start from the top again!
4. **Find your voice with the 5 A's of Mission Based Tweeting Framework**
 - a. **Be authentic** – use your voice, do not mimic others.
 - b. **Amplify others**- engage with others with similar missions, share their work, develop collaborations
 - c. **Accelerate your work** – share what you are doing, people want to know!
 - d. **Avoid arguments** – ongoing debate/arguments are rarely helpful in social media.
 - e. **Always be professional** – you represent yourself, your organization, your practice. Protect your reputation, your brand, your expertise & credibility.
5. **Document your efforts professionally on your CV**
6. **Know your organizational policies**
7. **Take a break when you need one!**



@KellyCawcuttMD



Women In Medicine 2021

Goudie Media Communication Coaching

“Turning Words Into Action In One Minute or Less”

Goal: Turn words into action

Use the power of engaging communication to strengthen your leadership voice and create action and impact through the power of story. Define this moment in time by harnessing your relevant knowledge of medical needs along with the passion of your mission.

Use the power of storytelling structure to create a simple story that can be simply told. A narrative that sweeps people into your journey and creates a cascade of influence. To change perceptions you must offer a new perspective. Your narrative is a tool of perspective.

Teach, don't tell. Share ideas, not just messages. Speak in tight comparisons, not long sentences. Illustrate with verbal pictures. Change the questions people are asking as a way to change outcomes. Always strive for simple, visual and memorable in your communication.

The New Reality: Strengthen Your Leadership Voice

- People are working from a new sense of time. We need to lead with headlines and package with comparisons. The value, and lessons learned, must be obvious and easy to repeat. Simplifying your information will actually give you more strength. Be intentional in your communication. What do you want people to do after you speak?
- People are yearning to know what is outside their front door. They have never been more interested in connecting with others. Take advantage of that by speaking visually. This will demystify the future and create stronger trust in your actions. Connect the verbal picture of “what is” to the picture of “what could be.”
- You can't see the audience response, so you have to create the right tone proactively using your key words and your personal delivery. Make sure you let the audience know how you actually feel about what you are saying. Determine the three words that define how you want people to feel about their experience with you. Those words can be your north star.



- No one knows what will last and that is casting doubt on decision making. Speak with vigor, persuade with proof. Dig deep into your thought leadership, and vast experience, to create trust in the long term value of your specialty. Let people know what motivates you and where your spark comes from.
- Leaders need to have a stronger presence but a softer tone. Smile and share stories that make others smile. When you take a question, acknowledge the emotion of what they said and then bridge to your response. *“Let me answer that as if you were my patient...”* Open the frame of your virtual image, keep your eyes level with the lens and have natural light in your face.

The Core Story: How to create a personal narrative

Anchor Statement: Always work this into the top. This is the core idea. This is the primary lesson you want to teach.

Why listen: Background as credibility. Who have you talked to lately? What kind of experience have you had? What kind of research are you drawing from? Can you define this moment in time? Paint a picture of those in your circle of heroes.

Dilemma: The problem we are trying to solve for. Be specific. Make me think about the topic in a way I never have before.

Theme: Your solution as a key idea and a source of impact.

Examples: Speak in comparisons to be memorable. Speak in “three’s” for a tone of certainty. Create verbal pictures to demystify the future. Share stories of impact.

Teri Goudie
goudie@comcast.net
www.goudiemedi.com
 @terigoudie

Author of the new book:

“The Leadership Renaissance: Blending the Art and Science of You in Five Simple Steps”



For Employees

For Employers/ Businesses/ Sole Proprietors

For Individuals

401k → \$19.5k/26k

- For profit employer
- Limit \$19.5k/\$26k Employee contributions
- Elective deferral
- 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 deferral
- Can exclude from taxable income (unless Roth)
- Employers can contribute (match)

Mega-Backdoor Roth: extra \$37.5k in 401k; Plan must allow: 1) After tax contributions 2) In-service withdrawals to Roth IRA or In plan rollovers to Roth 401k

Governmental

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

457(b) → \$19.5k/26k

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

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 proprietorship
- Not subject to pro-rata rule for Backdoor Roth Conversions

SEP IRA → \$58k/\$64.5k

- 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)

- Qualified defined contribution plan stock bonus plan.
- Must invest primarily in qualifying employer securities.

Safe Harbor 401k

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

Profit Sharing Plan (DPSP)

- Accepts discretionary employer contributions.
- Good if cash flow is variable
- Can have different vesting schedules and contribution groups

Money Purchase Pension Plan

- Employer deposits set percentage of employee's salary to account each year.
- Employee's may have 401k, too

Defined Benefit Plan

- Traditional pension- fixed preset benefit at retirement for employees
- Complex and costly for employer
- Lowers taxable income

Cash Balance Plan

- Employee can take annuity or lump sum at retirement

Pension Equity Plan

- Pension as percentage of pay

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.
- Required minimum distribution required
- distributions taxed- both contributions and growth
- may have penalty for early withdrawal

- Not deductible
- No required minimum distribution
- Distribution generally not taxed
- may have penalty for early withdrawal

Backdoor

- Income Limit: MAGI < \$139k Single, <\$203 married; Higher income can do "backdoor"

HSA

→ \$3.6k Indiv./ \$7.2k family+1k catchup

- Triple tax advantaged
- Stealth IRA
- Must have High Deductible Health Plan

2021 Contribution Limit <50yo/>50yo

Roth vs Not
Pay tax now vs Pay tax later

Qualified= Tax Free Growth, IRS section 401a requirements

Pro-Rata Rule= (total after tax money in all IRAs)/(total value of all IRAs)*amount converted= tax owed

To do backdoor Roth conversions without tax, don't have any other pre-tax money in any IRA's

Courtesy of Women in Medicine, 2021 Summit





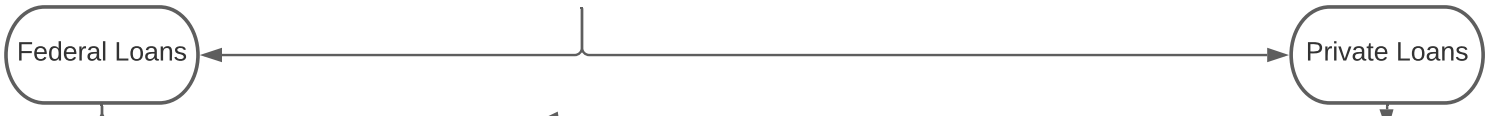
Medical Student Loans Cheat Sheet 2021

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

Subsidized: No interest accrues 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



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 or gvmt.)
- +
- 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.
 *Temporary Expanded PSLF: Includes Graduated, extended, and consolidation repayment plans.

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: Capped at the lesser of:
Capped at < Standard Payment	Capped at < Standard Payment	No Cap to Payment	12-year standard payment with "income adjustment" OR 20% of Discretionary Income
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	May be an option for those whose REPAYE payment is too high and they can't prove PFH.
	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	Good for FFEL or Parent Plus loans to consolidate them and make them eligible for forgiveness

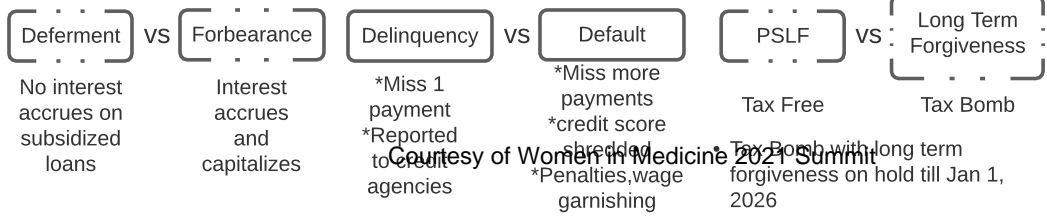
MFS (Married Filing Separately) Loophole: can lower payment by shielding high earning, low debt spouse's income from payment calculation by filing taxes separately.
 Caveat: Community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin: must divide income equally when filing; may be able to use paystubs. Talk to your accountant and loan servicer.

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



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.



Name:

Key Takeaways

Leveraging Media and Marketing to Advance Your Career or Goals

Key Points

- Use PR tools to get eyes and ears on your work
- SEO is key to getting your web content seen
- A social media following/audience can open doors
- Speaking: In person, on podcasts, or on social media
- Create a hub for your content (blog, website, landing page)
- Promote yourself! Nominate yourself!

Space for your notes:

?

To
do

Ideas

“Take-Aways”
COMING OUT OF CRISIS: THE EXPECTATIONS OF LEADERS POST-PANDEMIC
LTG (Retired) Mark Hertling, DBA

Those serving in the healthcare profession have undergone unique experiences during the year of the COVID19 pandemic. Their leadership has been tested as they’ve transitioned from “normal operations” of providing healthcare to their communities to the challenges of working for extended period, and during different and changing phases, in crisis conditions.

During LTG (retired) Hertling’s previous discussion at last year’s Women in Medicine Summit, he discussed the elements of leadership and the requirements of leadership adaptation during a crisis scenario. In this presentation, LTG Hertling will review and expand upon the elements of leadership. He will then reflect and compare the challenges soldiers face in combat – emotional, intellectual and physical fatigue; unrelenting demands on time and shortages of resources; the expansive requirement for honed teamwork; the overwhelming sense of loss and the associated survivor’s guilt; the longing for family, and the sense of accomplishment during these periods of induced stress – with those experienced by physicians and medical professional. He will offer these comparisons as a means of establishing how there are both positive and negative repercussions when living through a crisis.

Following those reflections, LTG (retired) Hertling will compare his experiences “coming home from combat” with what healthcare professionals might also encounter in coming out of the COVID pandemic. He will make recommendations as to how physicians should plan to address – and lead - personal, profession, team and organizational dynamics. He will recommend how to assess a personal assessment, how doctors might contribute to their profession through personal reflection and writing, how women in medicine may address team leadership and management successes and failures, and how healthcare providers might conduct organizational after-action reviews (AARs) to prepare for future pandemics that are predicted.



The Success Factor: The Secret of High Achievers
Ruth Gotian, PhD

Nobody wakes up in the morning aiming to be average. Many people want to be successful but don't know how to approach this path. They have the potential but need a plan. Based on research and in-person interviews with astronauts, Nobel laureates, CEOs, and Olympic champions, this presentation outlines the methodological approach that individuals aspiring to improve their performance can adopt to achieve success.

High achievers share the same four attributes (intrinsic motivation, perseverance, strong foundation, constantly learning through informal means). The key to their success is that they do all four of these things in tandem.

Based on the book *The Success Factor* and using these four shared attributes as a guide, this talk helps you reach peak performance by applying the lessons of high achievers in your own life: identify your passion using a Passion Audit; learn how and where to find a mentor and how to build a mentoring team; develop your own community of practice; pursue your interests through informal learning; and manage your time and energy.



Getting Involved in National Organizations to form Partnerships, Conduct Research, and Develop Leadership Skills to Advance Workplace and Health Equity

When Working with Professional Organizations...

- **Before joining any Organization or Committee do a self assessment of:**
 - Your beliefs about working in teams and your past experiences
 - What teams did you work well in, and what was it about that team that made it “flow”
 - Review your strengths and how can you bring those strengths to an Organization?
 - **Review the Professional Organization Structure**
 - Does the Structure, Mission and Values align with most of your interests?
 - What the organization’s commitment to DEI?
 - **What are the “products” of the organization?**
 - Critically assess the diversity of the leadership team through their bios
 - What does the digital platform look like, what is being posted?
 - If diversity is important to you – do you “see it” on the website?
 - **Choose ONE organization to join and pick ONE Committee to engage in based on your interests + strengths**
 - Commit to attending the Interim or National face to face meeting in addition to phone/ web conferences
- @DoctorADDA

Resources for Arts and Humanities in Medical Education

AAMC FRAHME Report: The Fundamental Role of the Arts and Humanities in Medical Education.

<https://www.aamc.org/what-we-do/mission-areas/medical-education/frahme>

My Life, My Story <https://www.va.gov/HEALTHCAREEXCELLENCE/news-room/newsletter/spotlight-on-excellence/2018/special/my-life-my-story.asp>

Media and Medicine Program <https://ghsm.hms.harvard.edu/education/media-and-medicine-certificate-program>

Medical Readers Theatre <https://www.amazon.com/Medical-Readers-Theater-Guide-Scripts/dp/0877457999>

Harvard Macy Institute Museum Based Education Fellowships

<https://www.harvardmacy.org/index.php/hmi-courses/museum-fellowship-course>

The Integration of the Humanities and Arts with Sciences, Engineering, and Medicine in Higher Education: Branches from the Same Tree <https://www.nationalacademies.org/our-work/the-integration-of-the-humanities-and-arts-with-sciences-engineering-and-medicine-in-higher-education>

Longwood Symphony Orchestra <http://longwoodsymphony.org/>

Longwood Chorus <https://www.longwoodchorus.org/>

Scales to Scalpels <https://www.amazon.com/Scales-Scalpels-Doctors-Practice-Medicine/dp/1605984345>

The Soul of a Doctor <https://www.amazon.com/Scales-Scalpels-Doctors-Practice-Medicine/dp/1605984345>

The Soul of a Patient https://www.amazon.com/Soul-Patient-Lessons-Healing-Students-ebook/dp/B07K5Y2BZ1/ref=sr_1_3?dchild=1&qid=1632455308&refinements=p_27%3ASusan+Pories&s=books&sr=1-3

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From the Galleries to the Clinic: Applying Art Museum Lessons to Patient Care. Journal of Medical Humanities 2013, Volume 34: 433-43.8

Formal art observation training improves medical students' visual diagnostic skills. J Gen Intern Med. Jul 2008; 23(7): 991-997



Why Storytelling Matters in Medicine (Why You Should Write a Book)
Women in Medicine Summit
Suzanne Koven MD, MFA
September 24, 2021

- Storytelling has always been fundamental to medicine—just as it’s fundamental to being human! The earliest known medical case histories were recorded in hieroglyphics in recognizable narrative (storytelling) form. Today we tell stories on morning rounds, in grand rounds, and in our medical record notes. There is no need to choose between being a humanities person and a science person, a right or left brain person, a person who tells stories or a doctor. You can be both. You *are* both.
- Not surprising, given how fundamental storytelling is to medicine, there have been many physician (and nurse) writers. Over time, the list of clinician writers has become more female and more diverse. Writing is an excellent way for female voices in medicine to be heard.
- Many of us hesitate to write, though. We worry that what we write might not be good enough, might feel too self-indulgent, not important enough, too “anecdotal.” But even small, personal stories if told with deep honesty can have enormous impact.
- Writing has so many benefits for both the writer and her readers. We may write to heal trauma, to educate and advocate, and even to find beauty in the most difficult subjects.
- Just as there are medical subspecialties, there are medical writing “subspecialties.” Not counting academic writing, you may choose editorial, educational, or personal writing. These may overlap, and you may write in different modes at different times.
- Rana Awdish, Michele Harper, Perri Klass, Danielle Ofri, and Leana Wen are all wonderful female physician writers who have written books using their own personal experiences to explore broad issues of empathy, medical ethics, racism, doctor-patient relationships, and public health.
- What should you write about? There are no “shoulds.” Write about what fascinates you, regardless of your age, medical specialty, or other attribute. For example, if you are an OB GYN you do not *have* to write about being an OB GYN, or about maternal-fetal health.
- Figuring out what I wanted to write about was a multi-year process with lots of trial and error. The main things I learned were: 1) Be honest with yourself about what you really want to write about 2) Don’t be deterred by rejection and failure (which is much more common in writing than in medicine and 3) Find or create a writing community for feedback, deadlines, and encouragement either by taking classes, or joining a writing group.
- How to begin? Start small. Think of something that you’ve wondered about, been moved by, been puzzled by—not something that you already know everything about. Write everything you can remember about it. What is the story hidden there? It may not be what you think it is—and that is a great start! Your sense of discovery and excitement will be communicated to your readers. And that is magic.



NAVIGATING A TOXIC WORK ENVIRONMENT

By Pamela L. Kunz, M.D.

- Recognizing the signs and symptoms of a toxic work environment is the first step in navigating such an environment. Factors that lead to a toxic work environment include various forms of disrespect and discrimination. Many of us are conditioned to accept the hierarchy, power differential, and disrespectful behavior as cultural norms in the medicine. We will discuss examples and cases to illustrate these points.
- A toxic work environment can have a profound toll on one's mental health and lead to depression, anxiety and other conditions. In addition, this toxicity can lead to poor job satisfaction and attrition which creates a cycle of negativity for everyone in that environment.
- There is great value in creating space for self-reflection and self-assessment when experiencing toxicity. This can be in the form of meditation, vacation, a formal leave or sabbatical, and narrative writing. Each of these approaches can provide opportunities for practicing equanimity, determining what matters most, and living in one's values.
- When working within a toxic environment it is easy to feel stuck and like there are no options but to remain in the same toxic situation. I will share skills I learned from personal experience that allowed me to pivot from stuck to empowered through research, education, advocacy, connection and healing (remember REACH!).
- I hope that you leave this breakout session with concrete skills to recognize and navigate toxicity in the workplace, develop skills to protect yourself and others, and emerge successfully through meaningful action and change.



Countering Overcontrol for More Joy

Stephanie Hartselle, MD
Clinical Associate Professor
Brown University



Overcontrol (OC) -Most women in medicine started out as overcontrolled, or have developed and maintained these traits out of necessity for survival in our high stakes field. OC makes us excellent in high stress, high pressure environments where we control most factors. As our worlds expand to include family, friends, colleagues and employees, these traits can make the messiness and unpredictability of life incredibly distressing.

In particular, we can struggle with:

- 1) Trust and delegation
- 2) Routine and productivity
- 3) Mood and anxiety control

At a point, the utility of our overcontrol becomes less critical than our ability to flexibly and warmly respond to our environment.

This presentation first focused on:

- 1) Identifying areas in which we may be overcontrolled Handout 1
- 2) Noticing cognitive errors we may make Handout 2
- 3) Clarifying our values and goals Handout 3

Then we discussed ways to begin to counter our OC tendencies by:

- 1) Reviewing simple and brief meditation techniques Handouts 4 and 5
- 2) Identifying OC habits Handout 6
- 3) Using strategic journaling techniques for honest self-examination and reflection Handouts 7a and 7b
- 4) Engaging in practical techniques to counter OC and increase our flexibility/find joy Handouts 8a, 8b, 8c

Understand that this is a slow process. OC tendencies often make us impatient with our own progress. It's not a race. You took years to become efficient and highly skilled at your job. It will take some time to challenge what is comfortable but no longer working. You've got this!



Getting Women Up to the Digital Medicine Chalkboard: Building a Virtual Playbook

Presented by: Paige Nahod, BS, OMS II, Samantha Santora, BA, OMS II, Regan A. Stiegmann, DO, MPH, FACLM, & Brian D. Schwartz, PhD, MLIS

Takeaways:

- Chalkboard analogy:
 - The chalkboard analogy was utilized to demonstrate women's fears with answering questions or speaking up in front of class or groups
 - "Women were 2.4x more likely than men to report, on average, never asking a question during large-enrollment college science courses throughout a semester."³
- Digital Medicine Discussion:
 - Digital Medicine Definition: "...a field concerned with the use of technologies as tools for measurement and intervention in the service of human health."¹
 - Topics discussed: Electronic Health Records, Wearable technologies, Telehealth, Algorithms, Artificial Intelligence, Clinical Informatics
- Discuss barriers women face in digital medicine²
 - CEOs of Digital Health startups:
 - 10.2% of CEOs are women
 - Digital health Venture Capital firms:
 - 12.2% partners are female
- Creating a virtual playbook:
 - The idea for the playbook is to create a resource for women to gain the necessary knowledge in order to confidently walk into a room and have a place in the conversation. We created the playbook with easy to understand explanations and definitions on digital medicine topics. The Playbook also features the stories of successful women in the digital medicine field. To complete the playbook, we utilized the women present at the summit. We wanted the stories and advice of the multitude of successful women at the conference because the same principles that have allowed them to make those advances in the past can be adapted to help the next generation of women break down barriers in newer fields, including digital medicine.
 - The final draft of the virtual playbook will be sent to any audience member that would like it and shares their email with us, which can be a resource that is shared with friends and colleagues, so that they can further the conversation around digital medicine. To add your email to our list, enter it here:
<https://forms.gle/9pfaxMYrGtZpPQcn8>

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Breaking Glass Ceilings

Leading Through Adversity

Julie Ann Freischlag MD, FACS, FRCEd(Hon), DFSVS
Chief Executive Officer, Atrium Health Wake Forest Baptist
Dean, Wake Forest School of Medicine
Chief Academic Officer, Atrium Health Enterprise

In order to be break your own glass ceiling, one needs to own your own opportunity. This opportunity sometimes is handed to you and other times you have to pursue it. If you fail at achieving one opportunity, you need to realize that you need to pivot and try for another one. A closed door means that another door will open - you need not best form the door! Not go through a window- as 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 these challenges as your own opportunity. Challenges can cause you to be creative and flexible. Flexibility is a key competency for leadership in the future. Flexibility, transparency and excellent communication are so important in being the best leader one can be.

One way to achieve your goals is to team together. Putting a team together which is inclusive of gender, race, age, background and interest can improve the quality of the decisions that your team makes.

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

Ruth Bader Ginsburg

What Guides You?

What did I learn today?

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

Those 3 questions can help you formulate your plan. You need to ask yourself those questions frequently- sometimes almost every day!

One always needs to follow your North Star.

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

Stevie Wonder

One needs to brave your own way. One can do that by using self-reflection and talking with others. A coach can be helpful as well. Taking a leadership course and/or reading leadership books or watching leadership podcasts can be motivating.



Follow your fear.

Tina Foy

One needs also to celebrate your victories. If you only focus on your failures, your energy to go forward will be less.

True heroes are made of hard work and integrity.

Hope Solo, World Class Soccer

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?

Always Remember Your “Why”. Why do you come to work? What gives you joy? What gives you purpose?

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

Phil Jackson

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



Taking Your Leadership To The Next Level

Alison Escalante, MD, FAAP

WIM Summit 2021

Women who assert themselves as leaders face a problem, because research shows that both genders possess an unconscious bias against assertive women. Also, people are more less likely to believe something when a woman says it than when a man does. 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.

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.
- Hack your voice. Pull your voice down onto your diaphragm and then intentionally add musicality.

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.



Combatting the Invisibility of Women in Medicine Women in Medicine Summit 2021

Nancy D. Spector, M.D.
Professor of Pediatrics
Vice Dean for Faculty
Drexel University College of Medicine
Executive Director, Executive Leadership in Academic Medicine

Key Takeaways

Leaders – not the women who are impacted by inequities – are charged with the work of improving the status of women.

- Women in medicine during mid-career are vulnerable to the phenomenon of invisibility
- This phenomenon maintains the status quo of gender inequity in academic medicine
- In addition, women with intersectionality have unique career challenges during this mid-career period
- COVID-19 has amplified the impact of the phenomenon of invisibility
- **Interventions to combat invisibility must include:**
 - Gender bias training
 - Mentorship and sponsorship
 - Leadership training
 - Ally training
 - Meaningful implementation of policies that will promote diversity, equity and inclusion
 - Institutional financial support for research efforts of women junior faculty during the child-rearing years
 - Change in criteria for faculty promotions to place a high value on scholarly and community work in diversity, equity and inclusion
 - Ensure that women researchers receive adequate funding to mitigate any longer-term impacts of the COVID-19 pandemic on their contributions to medical science
 - Proactively address workplace gender bias and sexual harassment
 - Intentionally implement best practices to recruit, select, retain, and promote women to help them regain career footing lost during the pandemic and improve diversity in leadership positions
 - Promotions committees that are diverse and that financially prioritize DEI
 - Speaker, author and editorial board invitations



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Making an IMPACT:

Advocacy and Leaning in to the Power of the Physician Mom

1) The intersection of “physician” and “mom (parent)” is increasingly relevant during the COVID-19 pandemic.

- Physicians and healthcare workers can fight the “infodemic” by
 - Appraising new information for the public
 - Reinforcing scientifically-valid messages
 - Bearing witness to the experiences of our patients
- Moms make excellent advocates
 - Moms are credible, compassionate, strong, driven, protective
 - Our mom connections: facilitated rapid organizing and advocacy, led to strategic partnerships, created pathways to policy makers, expanded our reach

2) IMPACT amplifies healthcare worker voices to fight the “infodemic” and promote racial and gender equity by leveraging social/ traditional media and novel partnerships.

- The “IMPACT Recipe”
 - Ear-to-ground in social media circles to identify advocacy targets
 - Rapid response using Slack/Google Docs/Facebook to produce
 - Letter to lawmakers with science-based recommendations
 - OpED/Letter to the Editor for local and/or national media
 - PLUS: Hashtag, Infographic, Petition, Blog post, Impactul Chat, FBLive with Bump Club, virtual event, cosponsored event, podcasts appearances, professional society webinars, media interviews, etc.
 - Disseminate and amplify via social media and partners

3) Get Involved!

- Follow any and all of us on social media.
- Amplify IMPACT on your personal social media accounts and with local physician and mom groups.
- Form your own group of activists, and follow the IMPACT recipe.

BASRAN LAW OFFICE

Asset Protection, Estate Planning & Real Estate Law
www.basranlaw.com

Sandeep Basran, Attorney at Law
2543 N. Milwaukee Ave., 2nd Fl., Chicago IL 60647
773.661.6248 (p); 773.687.8782 (f)
sbasran@basranlawoffice.com

WOMEN IN MEDICINE SUMMIT 2021:

ASSET PROTECTION AND ESTATE PLANNING FOR PHYSICIANS

Dear Attendee:

Thank you for attending the WIM Summit 2021 and my breakout session, Asset Protection and Estate Planning for Physicians.

Some of the topics and questions covered during the session were the following:

Why is asset protection and estate planning important for me as a physician?

Asset protection reduces your risk of forfeiting your personal assets to satisfy a legal judgment issued against you. The most common scenario of a legal judgment being issued against a physician involves a medical malpractice lawsuit that results in a settlement or judgment that exceeds your medical malpractice coverage.

Estate planning, when executed properly, works in conjunction with asset protection in ensuring that your assets are properly managed and eventually distributed to the people you desire upon your death.

How do I obtain an asset protection and estate plan?

The actual substantive work of obtaining an asset protection and estate plan requires an exhaustive analysis and accounting of one's assets in possession today and those that will be reasonably accumulated in the future. It is recommended that one uses an asset protection and estate planning attorney for these matters to maximize efficiency and accuracy.

Please feel free to contact me by email or phone to discuss asset protection and estate planning both in general and in terms of your specific needs.

Sincerely,
Sandeep Basran
Attorney-at-Law



Practical Skills for Next Level Leaders Takeaways

Alison Escalante, MD, FAAP

WIM Summit 2021

How can women leaders overcome the fight or flight response that the bias we face triggers? How can we show up in our most effective state of regulation? And then, how can we communicate in a way that overcomes unconscious bias against women in those we work with?

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

There are three 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.
3. To use communicate tactics to increase buy-in from others.

The Sigh, See, and Start Technique

- We often fail to show up as our best selves because we are caught in a “ShouldStorm”
- The cure is to use this simple technique to regulate the autonomic nervous system and to engage mindfulness.
- The more you practice the method, the more you internalize it, and the ShouldStorm loses power.

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).
- Practice self-compassion. Self-compassion is an act of leadership and mindfulness. If you are having trouble use the Sigh, See and Start technique.

During the meeting, under pressure:

- Use the Sigh, See and Start technique. Try the “stealth sigh.”
- Engage with allies and **amplify** them. Refer to what they say respectfully, which both amplifies them and demonstrates your own role as a leader. Eye contact and friendly comments help.
- Apply deep pressure. Squeeze the fleshy part of your hand or press on your thighs under the table. Or wear a therapy vest or tight shapewear under your clothes.
- Chew. If it’s a meeting with food, a nice chewy bite can send a calming message to the vagus.
- Hack your voice. Pull your voice down onto your diaphragm and then intentionally add musicality.
- When you get really good at this, you can learn to alter the energy in the room, to cut through chatter and silence a room, or to either calm things down or rev things up depending on your goals.

Communication Tips

- Answer quickly. Pauses or slow answers communicate dishonesty or uncertainty. (Don’t have an answer? Confidently speak a “placeholder”)
- Use “cheap talk” to highlight your abilities. Women rarely do this, but research shows it helps.



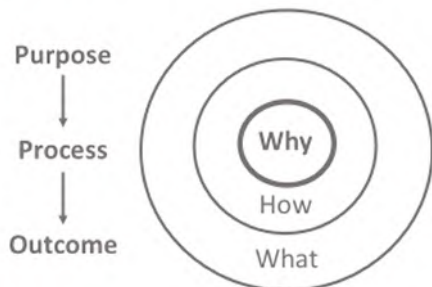
Bridging the knowledge to action gap in leadership and career development: A model for implementing behavior change

Dr. Laura Desveaux PhD, PT
laura@lauradesveaux.com

1. Define your target

"It's not what you plan to do that makes you successful. It's why you plan to do it."

Start with why



Define your 2-3 core values

(google Brene Brown's *Dare to Lead* values resource)

2. Take your career to the bank

Name the professional account you want to open.

What is the skill or leadership competency you want to develop? _____

3. Articulate your plan

What opportunities will help you develop the above skill or competency?

Action – What is the action or discrete behavior you need to undertake?

Actor – Consider whether you need others to act as mentors or sponsors.

Context – In what setting (physical, emotional, social) should the action occur?

Target – What is the intended outcome or impact of the action?

Time – When will this happen? *(be as specific as possible and leverage fresh starts)*

4. Mitigate threats

What is likely to get in the way of your desired action?

IF [fill in obstacle], THEN [how will you overcome it]

IF _____, THEN _____

IF _____, THEN _____

IF _____, THEN _____

The Pursuit of Wellness: Adding More to the To-Do List?

Anuradha R. Bhamra, MD, FACS, FASCRS

Department of Colorectal Surgery

Digestive Disease and Surgery Institute

Cleveland, Ohio

Women in Medicine Summit; September 24-25, 2021

Take home messages:

1. Current paradigm of wellness
 - a. Feels like a competition
 - b. Feels like we are both being blamed for being unwell but also being held responsible for becoming well
2. Current prescription for wellness
 - a. Recommends changing things that are typically out of your control
 - b. Must find ways to find wellness without complete overhaul of the system, as the system won't change
3. Eliminating unnecessary negativity
4. Toxic positivity
 - a. How to recognize toxic positivity
 - b. How to handle toxic positivity once it is recognized
 - c. Transforming toxic positivity into validation and hope
5. Cognitive distortions and cognitive reframing
 - a. Defining cognitive distortions
 - b. Recognizing cognitive distortions
 - c. Learning techniques for cognitive reframing
6. Wow that was great, what's the next step?



Creating Intentional Success

Finding the Voice & Vision to Support your Journey

Women in Medicine Summit, 2021

Presented by: Stacy Wood, founder Through the Woods Consulting

Learning Objectives:

1. Participants will clearly identify what Intentional Success is.
2. Participants will understand why your Vision of success is imperative in creating it.
3. Participants will understand the tools to improve your Voice when pursuing Intentional Success.

Steppingstones of Success include:

Voice. Confidence. Fear. Resilience. Focus. Balance.

Define Intentional Success:

Recall why you decided to practice medicine, and what lights you up.

Clarify what success looks like in your own eyes.

Craft a Clear Vision:

Your vision of success gives you guiderails from which to base choices on your focus and where to put your efforts.

Define it, Protect it, Clarify it, Practice it, Reward it.

Develop a Poised Voice:

Your voice is the communication tool that lends support to your vision and pursuit of intentional success.

Say it, Share it, Use it, Reward it.

For more information:

www.ttwoods.com

stacy@ttwoods.com

<https://bit.ly/stacy-book>

About the presenter:

Stacy Wood, founder of Through the Woods Consulting, is an 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 clientele list boasts firms such as KPMG, Becton Dickenson, Dominion Energy, Markel, and many more.

Stacy 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.



Me, Myself, and I...Hate Updating my CV: Reclaiming the Professional Document

Avital O'Glasser, MD, FACP, FHM

Twitter: @aoglasser

The challenge:

- The CV is a cut-and-dry professional document, which carries a lot of weight in medicine but likely does not tell someone's entire story
- Professional accomplishments listed on the CV, as well as other long standing surrogate markers for impact and influence (citations, H-index) are the currency of academic medicine. BUT...
- Even when our CV's are updated and robust (and identical to men's), [women's CVs are scored lower than men's](#) with regards to scientific contributions, leadership potential, teamwork abilities, and international experience
- When women do successfully publish as primary or senior authors, their work is [less likely to be cited than men authors](#), especially when woman are both primary and senior authors on a publication
- Now more than ever, after nearly 1.5 years of living and working during a global pandemic, women are more likely to have published less, taken on unacknowledged responsibilities, and have gaps in their CV

What else "counts" and "belongs" on a CV?

- [Digital scholarship](#)
 - Social media
 - Podcasts
 - blogs
- Advocacy efforts
- OpEds and lay media appearances
- Be aware of novel metrics of impact and reach (beyond citations) as captures by Almetric or other companies, such as social media dissemination, media attention, global readership, and journal rankings—and know how to reference these on CVs or in discussions!
- Novel tools such as the [COVID CV Matrix](#) empower women in healthcare to articulate non-traditional efforts, especially during the pandemic—AND create shared language to better articulate effort, impact, and influence of "non-traditional" CV entries

Reclaiming the CV as a Gender Equity and Diversity Ally:

- The CV may be heavily emphasized in job applications, leadership position applications, promotion pathways, awards, and salary negotiations. Acknowledging the inherent inequity that a traditional CV may lead to will hopefully empower DEI allies to empower the narrative about individuals' unique strengths and skills in medicine. This includes:
 - Annual reviews
 - Job applications
 - Cover letters
 - Personal statements
 - Letters of recommendations
 - Conversations with mentors, sponsors, and allies
- [Seize this disruptive time](#) to be creative and innovative with what you enter on a static CV document, and feel empowered to articulate your full set of strengths and accomplishments



An Ergonomic Day in the Life of a Surgeon **Audrey Tsao and Marissa Pentico**

We introduce the topic by first reviewing ergonomic risk factors that applies to surgery, such as exertional force, repetition, and sustained awkward postures. We emphasize the goal of working in neutral postures as much as possible, as awkward positions are commonly observed. Neutral postures are positions that provides the most strength, stability and the least stress to the joints. Although they may be difficult to achieve on a consistent basis, increasing the surgeon's self-awareness to awkward postures is a crucial factor in identifying and correcting them, as they are able to.

In this presentation we follow Dr. Tsao's journey to implementing simple ergonomic modifications in the OR, as she performs surgery. For Dr. Tsao, hand size and grip strength are factors to consider for a smaller surgeon. She reviews various modifications she implements to improve her ability to grasp instruments more effectively, such as varying her grasping patterns, using instruments with pistol grips as well as using rubber bands and Coban.

Surgeons can also adapt their operating environment to reduce fatigue and maximize their working postures. Dr. Tsao describes various methods for accomplishing this, such as using risers, a second mayo stand, and additional surgical pockets; positioning the overhead surgical lights; and removing the elevated platforms on the operating table to optimize the table height.

Lastly, she also modifies certain work practices, such picking up her own instruments and standardizing where the instruments are on the mayo stand for muscle memory.



To settle or not to settle

When I was sued 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.

Women physicians get sued less than male counterparts. As the physicians get older likelihood of a lawsuit increases.

Majority of claims are dropped, dismissed or withdrawn, and a small percent of claims that are decided by a trial, greater than 80 percent are won by the defendant

If you get sued, educate your attorney, do not alter records, go through the whole record including other doctor's notes, nurses' notes, lab values and other reports in the chart, prepare as if you are having your final exam, read other doctors' depositions, if time permits attend the plaintiff's expert witness's deposition.

Before deciding on a medical liability policy to buy, look for a policy that lets you make the final decision to settle. Listen to your defense attorney's advice if you should settle. If you are not sure about your defense attorney's advice, seek your personal attorney's advice if you are being pushed into a settlement.

Above all do not be despondent. It is not end of the world. Share your feelings with family. Share your feelings with associates without sharing details of the case. You have not committed a crime. Do not let the plaintiff's attorney define you. In a long carrier there are bound to be unsatisfactory outcomes. If a harm is caused to a patient by your action, accept it and move on.

Believe in yourself. You have worked hard to reach where you are in your career path. Poor outcome is not synonymous with medical negligence.



How do I maximize my social media engagement at conferences?

Presented by: Tricia Rae Pendergrast, BA

She/her/hers

@traependergrast

The NODES of Social Media Engagement at Conferences

Networking

Open Discussion

Live Engagement

Self-promotion

Tweet structure is key:

- Name and updated photo
- Body text without any blue text
- Hashtags
- Media with tagged stakeholders

Etiquette of Direct Messaging

Follow First

Introduce yourself + one liner

Make a conference connection

One clear ask

Sign off with contact information (transition the relationship off social media)

Why discuss conferences on social media?

- Amplify/communicate content to those who cannot attend
- Provide a forum for continued discussion of ideas presented
- Interactions between participants/hosts/experts/etc.

Why live-tweet?

- Forum for interaction regarding topic being discussed
- Contribute knowledge to those not in attendance
- “Backchannel” for alternative discussions
- Networking

How to live-tweet a conference?

- Recruit a team of volunteers
- Stick to you brand
- Rehearse with your team
- Identify important aspects of session beforehand
- Do your research – arrive prepared





Male Ally Actions

Personal/Relational Actions

Start at home: To be legit as an ally, share 50/50 in all domestic duties, including emotional labor. Take time off & leave loudly.

Break the ice: *Notice* high-potential junior women and initiate mentoring conversations (JP Morgan's 30-5-1 pledge).

Demonstrate cultural humility: Appreciate that you don't fully understand her experience(s) in the workplace or the identities that matter to her. Show genuine interest in her experiences and identities.

Listen generously: Listen to her with the intent to understand her experience, not the intent to "fix" her or her "problem."

Avoid assumptions: Ask her about *her* career aspirations, ideal jobs, interest in opportunities, don't assume (and don't attempt to clone her in your image).

Get over the tears & emotions: It's a fact. Women tear up more often than men. Tears have no bearing on intelligence & creativity.

Honor her approach to leadership: Women often employ more democratic and inclusive approaches to leadership. Learn from her leadership style, don't press her to lead like a man.

Respond well to feedback: Foster trust-based friendships with women at work who will give them honest, unvarnished feedback about any bias or sexism. They respond with humility and gratitude.

Public/Systemic Actions

Engage in gender inclusion initiatives and events: Show up, stay the whole time, listen, learn, and ask how you can contribute.

Make sure she is included: Notice who is not present at key meetings and social events where business is discussed. Be an advocate for insuring women are invited.

Provide transparency: Push back on secrecy around salaries, promotions, and benefits. Give her the inside scoop and advocate for organizational transparency.

Call out *manteruptions* and *bro-propriations*. In meetings, be hyper-alert to women being interrupted, having their ideas taken, or being assigned office housework.

Call out her expertise: De-center so women have more time to talk and more physical space in meetings. Ask for her perspective and give a testimonial about what you've learned from her.

Practice watchdog behaviors: Be ever alert to sexist, biased, or harassing comments or behaviors. Immediately address them (practice the 3-second rule) and *own* it!

Confront other men: Use good judgment regarding public or private confrontation of bad behavior by other men, #BroNo! Then, reinforce men for allyship, #GoBroGo!

Sponsor women loudly: Boldly push women forward for opportunities.

Adapted from Smith, D. & Johnson, B. (2020). *Good guys: How men can be better allies for women in the workplace*. Boston: Harvard Business Review Press.

Courtesy of Women in Medicine 2021 Summit

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

Provided by Women in Medicine Summit 2020





AT THE FOREFRONT
UChicago
Medicine

Institutional Stories: Changing the Culture at your Organization

University of Chicago - Using the 3 R's to Elevate Women: Recognition, Representation, and Resources

The University of Chicago Department of Medicine Women's Committee (DOM WC) utilizes the 3R's 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 DOM has 43% women out of 319 total faculty members. The DOM WC is composed of 25 women, including 22 faculty and 3 trainees. The DOM WC is led by a chair and supported by subcommittee chairs including an advocacy committee, a professional development committee, a newsletter committee, and an awards committee.

Starting in 2017, we began using a more metric based approach to the challenges that women in academics face. At this time, we focused on the 3R's approach.

Increased **Recognition** for women faculty by:

- Nominating women for local, regional and national awards
- Tracking internal and external grand rounds speaking opportunities for women faculty
- Highlighting women's accomplishments in a newsletter and website (www.wc.uchicago.edu)

Increased **Representation**, for women faculty by making sure they are:

- Represented in the pictures on the walls
- Represented in leadership positions, and within our training programs.

Developed and expanded **Resources** for women faculty and trainees including:

- Adequate parental leave, childcare resources, salary equity, grant opportunities, sponsorship opportunities, and support for women faculty in other departments across our institution.

Contact Us:

Julie Oyler, MD
Associate Professor
Associate Program Director, Internal Medicine Residency Program
Chair, Department of Medicine Women's Committee
Section of General Internal Medicine
Department of Medicine
Email: joyler@medicine.bsd.uchicago.edu
Office 773-834-1808
5841 S. Maryland Ave, MC 3051 Chicago, IL 60637

AT THE FOREFRONT@ uchicagomedicine.org
facebook.com/UChicagoMed
Twitter: @JOylerMD, @UChicagoMed

