**Leading In A Crisis: Why Women Leaders Excel**

*Full Transcript*

JUDY VERSES:

…history books, despite their amazing leadership and breakthrough discoveries. And the interesting part is, although we’ve come a long way towards better gender equity in a lot of fields, in many fields, we’re still not where we need to be. And today we’re going to look specifically at the gender gap that exists across STEM through the lens of really medicine in particular.

And for the last two years, through our Madgex Career Center services—and Madgex for those of you who don’t know is a company that Wiley acquired two years ago—we’ve had the honor of partnering with them in the Women in Medicine Summit. Hopefully you saw the little thing up front, because we encourage everyone to go. And in partnering with the Women in Medicine Summit, we’ve published the *Women in Medicine Compendium*. And the compendium is packed full of resources and insights from leaders in medicine to professionals looking to build their careers and close the gap in healthcare.

And I think we all understand as publishers and leaders of learned societies: We’re at the forefront in helping our communities really navigate through these issues associated with gender equity in our respective fields. And each of you have also had this wonderful “opportunity” of leading your organization through this incredible pandemic. And I . . . who would have ever thought we’d still be in the midst of it? I would have hoped this seminar wouldn’t have been virtual by now.

So today as part of this ongoing virtual Wiley Society Executive Series, we’re going to hear from three exceptional speakers from the Women in Medicine Summit, and including leaders from two very distinguished societies, and they’re going to share their experiences, ideas, and insights and how we can work together to make science and research way more inclusive. And so first what we’ll do is we’ll hear from our keynote speaker, and then we’ll move into an informal discussion with our two other panelists. And really important: We want to make sure when we go to the discussion part with the other panelists that it truly is a conversation. So I’m going to count on you to submit your questions through the Q&A and we’ll work hard to get through as many as possible during the panel.

So let me first by introducing our keynote speaker. We will hear from Dr. Helen Burstin. And Dr. Burstin is the Chief Executive Officer of the Council of Medical Specialty Societies, which is a coalition of 45 specialty societies that represents over 800,000 physicians. She’s the author of over 100 articles and book chapters on quality, on safety, on equity and measurement, and she’s also the Clinical Professor of Medicine at the George Washington University School of Medicine and Health Sciences. And so Dr. Burstin will also be the keynote speaker at the 2021 Women in Medicine Summit, and candidly I cannot be more humbled to be here with her and honored to have her with us today.

And then right after Dr. Burstin’s keynote, we’re going to engage in discussion; I said there’s two other wonderful panelists. We’ll have Dr. Darilyn Moyer, who’s the EVP and CEO of the American College of Physicians and Adjunct Professor of Medicine at the Lewis Katz School of Medicine at Temple University, and she is also Board President of the Council of Specialty Services. And then last but not least, from a panelist perspective, we have Dr. Shikha Jain, who’s the Assistant Professor of Medicine in the Division of Hematology and Oncology at the University of Illinois in Chicago. And amongst her many roles, she’s also the Founder and Chair of the Women in Medicine nonprofit.

So once again, I can’t be more humbled or more honored to be with such an incredible group of female leaders who are just having a huge impact every day in what they do. And with that I am going to turn it over to Dr. Helen Burstin. So Helen.

HELEN BURSTIN:

Thank you so much Judy for that lovely introduction. We’re really excited to be with you today. I think this is a real opportunity to think about an issue that really came to the fore, I think for many of us, having watched COVID unfold over the last 18 months across the US and sadly across the world, as well.

So this is a little bit of a teaser to the full keynote that I will do at the Women in Medicine Summit, but I wanted to at least share some of the ideas and generate some discussion that we’ll have with Drs. Moyer and Jain, to follow, and also the article is in the compendium. So I’ve now plugged the summit and the compendium, so I guess I’m ready to go.

All right, so let me just pull up my slides here.

So really delighted to have this chance to talk with you today about this topic. And, um, sorry I’m just getting . . . the slides are in a weird place on my screen, so I’m looking oddly, my apologies— So when I talked to Dr. Jain about what to talk about at the Summit, and really try to think about what was new and different, this whole concept of thinking about how we might be able to think about what’s really transpired over the course of COVID and really looking at what the evidence says in terms of what we know about women leadership and what we know about women leadership in a crisis in particular, using COVID as the lens for how we consider these questions.

So on this first slide as you can see, hopefully, there we go, there is some really interesting research evidence, since many of you live in the research and publishing space, that in fact women leaders performed better during COVID as an example of a crisis. In fact, a couple different studies, one demonstrated that states in the US run by female governors as well as countries that were led by female presidents had overall lower COVID-19 infection rates and lower COVID-19 mortality rates, which is a really curious finding that I think led me and Dr. Jain to think this was sort of an interesting topic to explore further as part of a summit.

And I think in particular as I started to do some research in this area, and some of that’s outlined in the compendium, there are some really striking papers that were written about this over the course of the pandemic, and I really loved this quote that was in an *Inc* publication last year: “While ‘charm and confidence’ may help leaders achieve top positions, qualities like empathy and humility are critical to leadership.” And interesting, qualities like empathy and humility are often sort of the “soft qualities” that people often associate with women but not necessarily the qualities people associate with being more successful. So the references for those two papers are included here.

Next slide.

If you actually look at what the literature suggests—so people have sort of pulled out what they’ve learned in terms of the crisis and in general—for COVID, the female leaders who did better in fact had a couple of similar qualities. First they were more likely to have coordinated policy responses. They were more willing to make tough calls pretty early on; many of them had calls for stay-at-home orders when others were not willing to go there. They seemed to have more empathy for their constituents’ wellbeing and pushing what they thought would be right. They were more likely to listen to trusted experts, and I included in quotes here “kitchen cabinet” that a lot of women tend to call their trusted colleagues. And then lastly, they possessed a lot of these qualities of transformational leaders that are known from the literature: vision, inspiration, direction-setting, and really out-of-the-box thinking. The picture that’s included here is the Prime Minister, for example, of New Zealand, who is really credited early on with keeping New Zealand relatively safe.

So on this slide, this is a really interesting slide that is a compilation of some of the data from a *Harvard Business Review* article that was done by Zenger and Folkman just this past year, and what they did that was incredible is they have this assessment of this global database of 360-degree assessments done of leaders—they in fact have thousands of these—and they were able to go in and pull the leaders who had 360 degrees done during the time period, March and June of 2020, and compare it to historical norms to begin to see whether some of these factors that are known to be associated with leadership: How much was there a change pre-pandemic and post-pandemic by gender?

As you can see here, pre-pandemic there was a small difference between women and men, with in fact women generally being more, having higher overall leadership effectiveness ratings, but what was really interesting is that gap increased during the pandemic: There was actually a larger difference between men and women in terms of leadership qualities during the pandemic. And I especially liked where they pulled out which differences were in fact statistically significant by qualities. And if you look at these, some of these line up with what we just talked about: taking initiative, learning agility, inspiring/motivating others, building relationships, communicating powerfully and prolifically, collaboration and teamwork.

So I think what we’re seeing here is that many of the qualities that work really well for women in terms of being effective leaders outside of a crisis were even more magnified and amplified in the context of a crisis. So as I mention at the bottom there, that difference in fact grew larger during a crisis, suggesting that in fact some of these qualities for women are even more important when the tough, when the going really gets tough.

On this slide, this cartoon online from the *New Yorker*, and I think it was sort of in some ways summarizes sometimes what women feel when we sort of get mansplained or explained to by others: “Let me interrupt your expertise with my confidence.”

And just a couple of concepts I want to put in here that we’ll talk more about certainly at the Summit and more description in the compendium, but I was really, I think all of us feel we have heard the term “glass ceiling” repeatedly for a long time, which are what is the set of intangible impediments that prevent women, and really importantly I think keeping in mind women of color and minorities as well, leaders, from achieving high levels of success? What holds you back? I hadn’t really heard as much over the years about this concept of the “glass cliff,” which is when female leaders were often brought in as the “fixers.” They’re brought into the most difficult situations where there’s generally a low chance of success. And I think we saw a lot of that as well during the COVID crisis.

And for those of you who watch a fair amount of Netflix, like me, there’s a new show that’s on—and any of us who live in academic circles, I highly recommend it, it’s quite entertaining—there’s this remarkable new show called *The Chair*, and I pulled this series of just three quotes from it because it so exemplifies exactly what we’re talking about in terms of the “glass cliff.” And Sandra Oh is spectacular in this, if you’re a fan from way back when, for all of us docs who watched *Grey’s Anatomy* obsessively. “I don’t feel like I inherited an English department; I feel like someone handed me a ticking time bomb because they wanted to make sure a woman was holding it when it explodes.” That to me is a perfect representation of what we’re talking about in terms of “glass cliff.” So I think those are things to keep in mind: We have to figure out how to get women to get through the glass ceiling and prevent them from getting into situations where they’re put into these awkward difficult situations where it’s really an opportunity for falling off a cliff. And Darilyn and I have talked a lot about that, about some colleagues who at times we feel like have been put in really difficult situations without a proper safety net underneath them.

So this wonderful paper in 2018, also *Harvard Business Review* by many of our colleagues that we know well who I’m sure have all spoken at the Summit at various points over time, Dr. Mangurian, Dr. Jagsi, and others, which is really what’s holding women back in terms of leadership? Now these, this was written very much from the vantage point of medicine, and I know there’s only about, looks about a third of you are focused exclusively on health care; I think the lessons are very generalizable, then. And I pulled a couple out on this next slide.

Well first, this was what they shared in their article from 2018, so it’s probably a bit outdated, but if we keep in mind that in fact probably half at this point of medical students in the US are women, about 34% of women in medicine are women, in fact there’s a pretty big drop-off: 18% of hospital CEOs are women, 16% of deans and department chairs, 10% of senior authors, really interestingly, and only 7% of editors in chief, just for many of you who live in that space.

So even though there’s a great increase in the ranks of women in medicine, we’re not seeing the diffusion of women into these leadership spots. And I just threw this in here, this was a very recent paper that was done by Chatterjee and Werner in the *JAMA Network Open*, and Dr. Arora and I wrote the editorial about it, looking at yet another example of where journals can play a significant role. And they demonstrated here for example that women who are either primary or senior authors in fact had less citations of their work than men in those same places. And we had a whole series of ideas and ways to challenge this in terms of the editorial that we wrote.

So just lastly, thinking about this, the premise of this is not that we should, that men should be replaced by women in all these roles because women are better. I think it’s just that we know women do this really well and there shouldn’t be impediments to women rising up to executive levels, C-suite levels, where they can make a difference. So some potential ways to increase women in leadership: Certainly sponsorship or mentorship by senior leaders, particularly male leaders who serve as allies, sometimes referred to as “he for she.” Search processes have to be very transparent; you have to have recruitment processes that go beyond the normal, the usual suspects who tend to be people you know or people who others may know with a preponderance of primarily white men. And Dr. Moyer have talked a lot about how we get asked for recommendations, and all they have in front of them is a list of white men, and we’re often the only ones kind of passing along names that are more diverse.

I think we also just again, back to the COVID example, we have to address the significant childcare needs. Those of us who have been home with school-age kids over this last 18 months and what a hit that’s taken on people’s research careers, and certainly their ability to publish I think is going to be impacted as well, but thinking about what that impact looked like academically or the ability to rise through the ranks, but also publishing and succeeding.

And then finally thinking about what are those policies and processes that counter institutional bias and racism that specifically address the inequities for women from underrepresented groups. Because if we think those numbers on that pyramid are sad for women overall, I don’t have the data, but if we did, I’m sure those data would demonstrate an even more significant drop-off, all just lower numbers across the board, and then an even harder time getting to the higher levels of leadership.

So I’m going to stop there. A bit of a teaser to the full Women in Medicine Summit discussion, and I’m delighted to turn it back over to Judy to introduce our discussion. Thanks again.

JUDY

Thank you so much Dr. Burstin. Oh my god. You’ve really set the stage well. There is so much to dig into here, and I’m very much looking forward to an interactive discussion, more conversation. So once again, I want to remind everyone: Please feel comfortable putting your questions into the chat. And I’ve also asked for the panelists, we can ask each other questions. I really want this to be a conversation.

And you know, it’s so interesting: You’ve presented a lot of great information, Dr. Burstin, and you know for me, whenever I see a problem, I always call it an opportunity, it’s always so important to truly get out the why. And so I’m going to ask you for even a little more detail: Why are there still so few women in leadership, and I’m specifically even thinking just on the medical side, when the majority of doctors are now women?

BURSTIN

Yes it’s a fair question. Now I think it’s important to note the majority of doctors are not yet women; the majority of medical students are. So we’re coming up the ranks. So that’s certainly changing over time. But I think there’s a whole host of reasons. I think women have not often been given the same opportunities to get to the next level. I think when people suggest who’s going to be in leadership, again, I think they go to people they know and the usual suspects. And I think the reality is some women also make a choice that as they go through, it is difficult to—I’ve always hated that question that all women in medicine get of “How do you balance your family and your job?” It’s a hated question because there is no balance, right? It’s a constant juggling game. And I’m sure Dr. Jain with younger kids can speak to this more than Dr. Moyer and I can now, but really recognizing how difficult that is. And I think that’s why we have to be very purposeful and intentional about putting opportunities in front of women in medicine and beyond and give them the support they need to be able to accept that opportunity. And I’d love to hear from Drs. Jain and Moyer.

JAIN

So I absolutely echo what Dr. Burstin said, and I will say, a lot of people say women don’t ask or women don’t go up for those opportunities, and I like to push back on that because I think that a lot of times women do ask and they’re told no. Or they are not even given the opportunity to ask because somebody else was tapped on the shoulder because they had drinks with each other or they went out to the bar or they went out and golfed.

A perfect example of something that happened to me: I created an entire program, and when it was time to launch it, I was told that I wasn’t allowed to represent it because I was too young, and the phrase that was said to me was, “We don’t want just another pretty face out there.” And I said, “Well thank you for calling me pretty, but I orchestrated this and I presented it and I came up with the whole thing; why are you not allowing me to lead it in public?” And they said, “Well think of it like a research project where the junior people do all the work and the senior people get all the credit.” And I said, “That’s not okay and that’s not the way medicine should be going and that’s not the way I operate. When my students and my trainees do the work, they absolutely get the credit.” And I think it’s a mentality that’s existed in medicine, this hierarchal structure that exists, and a lot of times women are at the, get the short end of the stick.

And so I think that there’s a lot of culture change that needs to happen along with a variety of other things that Dr. Burstin covered. So childcare, removing those barriers, talking about implicit bias, realizing that the way we interact with each other is based on years and years and years of stereotypes that we have, kind of, it’s been incorporated into our subconscious and there’s nothing wrong with that, but we need to identify that these problems exist and then come up with intentional solutions, and we need to get both men and women at the table talking about how do we make these changes and how do we make it so our junior faculty or our women faculty aren’t being looked over because they are “too pretty” or “too young” or “too inexperienced” when in actuality their CVs are exceptional, they’re just looking at someone at face value.

MOYER

I think that’s absolutely great and just want to add that you can’t expect to get to a more equitable environment in terms of leadership unless you remove those structural impediments. I remember early on in my career wanting to participate on a clinical service, but again, having 95% of my children, who were very young at the time, care at my feet, I recommended a change in the way that the rounding occurred, a change in the timing, and I was cut off at the knees. So, you know, it’s very clear from examples like that that people have to change their attitude. And I think that COVID really illustrated the issues we have, particularly around women and some men who have the primary caregiving responsibility in their families. And we saw it was women that either exited the health care workforce very quickly because they had no choice; there was no support for helping to create a care of, a system of care for children or dependent adults, etc. by the institutions that they work for. So there are so many barriers here, but we can’t expect change without breaking down those structures and reimagining what it could look like.

JUDY

So how, great comment, so how do we go about breaking down those structures? Because you’re spot-on there. And I feel like there’s been a lot of chipping away, but not broken down. And it’s almost like we don’t have the time. I mean, how do you get there quickly? What are your thoughts there?

BURSTIN

I was struck by one of the comments in the chat box by Diane Cushman who said, “Sometimes it’s really a question of needing to change the culture of the organization.” And you know, this is one of those, you know, the old quote of “culture eats strategy for breakfast every time,” and I think this is an example where I was so, really, I was fascinated by this Zenger/Folkman analysis, and we will share that link—somebody was asking about that—and I have not seen it mentioned in the mass media, actually, for that other question. But you know, so many of those qualities that people would have formally associated with being sort of like not leadership qualities—the empathy, the willingness to be collaborative, so many of those things that I think women have traditionally always done—are the very qualities that led them to be better leaders.

So I think some of this is actually changing the mindset of what are the leadership qualities that make you an effective leader? And in fact they’re not the flashy, you know, the sometimes that “charm offensive,” as I thought that quote was wonderful from that *Inc* article. It’s just a very different approach.

JAIN

And I want to add to that. So I think it is a top-down structural change that’s needed, but I am so optimistic for what’s to come, because I will tell you, you know, I’m in academics, and I teach residents and medical students, and I have to say, the next generation of physicians coming forward, they, it’s a totally different ballgame in the way that they interact and the way they think about these things. And I think a part of it is because it’s been discussed so much. I had to step away from rounds because one of my children was children was sick and the school called, and I came back and apologized profusely to my team, and the senior resident, who’s a male, was like, “Dr. Jain, are you kidding? That’s your son. If you need to leave, you can go.” But when I was a resident, I was pumping and I was pregnant and I was told that I couldn’t leave to pump—or not resident, when I was a fellow.

So I think that there’s also a culture change that’s happening because we’re having events where we’re discussing these things. But I think we need to really focus on the top-down kind of structural changes that need to happen.

MOYER

And I think that really has to start with how your organization is governed. And you need to really have oversight. And you can have these broad sweeping statements, but at the end of the day you need to get into the weeds, you need to get granular and move from those broad sweeping statements. You look, you need to look at every policy, every procedure. Understand how committees and task forces and councils are constituted. You need to get in the granularity of job descriptions. I recently sent a job description I saw for a major health care organization who’s recruiting for a new leader and described the leader as someone who can “command the room with gravitas.” And that is implicit bias language for a tall man, typically. And then you need to go to the opposite end and you say: Do we have the right people on our board? Is our board reflective of the people who work in our organization and ultimately reflective of the people that we care for?

So it’s really a, and it’s a journey. You can’t sprinkle some pixie dust on it and think that you have it fixed. And all organizations are at different mileposts on that journey.

JUDY

So a big part, then, truly is how we start changing the mindset. And I’m just curious if there’s any comments or thoughts on how we do that. Again, I think getting away from just chipping away, is there something big and broad that we can start to do differently? Because again, I even think from a corporate side, all of the comments that each of you have made from the medical field apply so much on the corporate side also. And the qualities that Dr. Burstin talked to that actually have made women more effective, those are ones that I have received coaching on during my career in terms of changing. So I’d love to hear any thoughts there on how we change mindset.

JAIN

So Steven Echard actually put something really important in the chat that I think is a really important point. So for those who can’t see the chat, he said, “Culture change is the biggest issue. The people in power need a reason to change. There’s a general lack of humility. And sheer demographics will change the playing field. We need to prepare for and empower those who are open to change.” And I think that’s a really key point, because . . . there’s a couple of really important points in there.

So number one, there are a lot of men who are out there who want to make these changes. And I specifically say men because right now, men are the ones predominantly in those positions of power who have the ability to make these changes. And I’ve had so many men come up to me and say, “I want to make a change. I want to be a better inclusive ally leader. How do I do that?” And so I think we need to not only empower people who are in those positions, we need to teach them how to do it. Because there are different strategies and ways you can do that. We actually launched a longitudinal leadership program this year for men, and it’s called the Women in Medicine Inclusive Leadership Lab for Male Allies. And we did that specifically because there are so many men who want to make these changes, but they don’t know what steps to take and they don’t know how to do it.

So I think that’s number one. I think number two: There also needs to be a huge emphasis on the fact that institutions and organizations that have heterogeneous populations in leadership actually perform better. They have better patient outcomes. They have more money coming in. They get more awards. They have better retention. This has all been studied; it’s not new information. I don’t think it’s amplified as much. I don’t think people realize how important focusing on this is. So even if it’s someone who thinks this is a waste of time, people who think, “Well, I think that this is all just fluff medicine or fluff leadership,” when you show them the nitty gritty and say, “Actually, when you have a more diverse group of people leading, it benefits the organization in all of these ways,” then even those people who don’t actually care about doing this for the right reasons but they care about the bottom line or they care about their institution’s reputation, you’re going to get them to the table as well, and get them invested.

So you need to figure out who the people are, what their motivations are, and then bring them to the table and say, “This is why this should matter to you, and this is how you achieve what you need to achieve.” And I really think it takes that intentional motivation. I tell people all the time: I’m so sick and tired of hearing “this is a problem, this is a problem, this is a problem.” We have so much research and so much data proving that these are all problems. Now we need to be focusing on the solutions, and that requires everybody to be at the table and then having these intentional solutions with skillsets, with tools, in how to implement these things effectively and not just pay lip service to the problem.

MOYER

I said you said it beautifully that yes, there’s been a tsunami of data that Houston, there’s a problem. Unfortunately there’s not a tsunami of solutions. But I do think what, where I’ve seen occasionally organizations get stuck is when they don’t pave that road. And health care, medicine, the worlds that we live in are data-driven and evidence-based, and here is this data, and here are those compelling reasons. And I think presenting that elevator story is really critical. And then we just need to get on with it. We need to stop talking about it, get on with it. I’m happy to say that ACP is sending a couple of our male he-for-she allies to the Women’s Leadership Lab as well, and really looking forward to what they’ll bring back to our organization.

And that’s the other thing is don’t discount the men in the room. Invite them to the talks and the seminars and the panel discussions, and really get them really energized about this. I think that’s absolutely critical.

BURSTIN

Yeah and maybe just to build onto that point as well, I think just a couple things. These are all wonderful comments. We recently had Dr. Clyde Yancy present at our initiative that we’re doing with ACGME on inequity, and he said something that was really powerful: He made the case that equity should really be viewed as an attribute of professionalism. You know, by actually . . . diversity is a pathway to excellence, and we need to do whatever we can to in fact push that as a key element of at least all of our collective professionals.

And I also want to say in addition to training, which I think is really important, I think the other piece of this is that we also have to change the way we do things. We have to have different approaches for calls for nominations, calls for papers, calls for editorial board. If we just put things out passively, they may not get to some of the folks who could really be qualified but just may not have seen that as an opportunity. And anything we can do to actually really also feed the pipeline, the people along the pathway so that we get folks really early in their career and say, “What can we do to bring you up those, very intentional, what can we do to bring you up those next levels?” And actually change the way you do it for calls for nominations. Sometimes it only goes out to the usual suspects and no one else will see it. Intentional about changing your policies, changing your practices, that’s something we think we could do. For example at CMSS, not everybody has to redesign their call for noms processes. We probably could help you come up with a set of best practices that everyone could use to try to push some of those ideas forward.

And then lastly, there’s also a famous dictum in this world that “you cannot be what you cannot see.” And I think the more people get exposed to what’s possible—seeing more women in leadership, seeing more women and men from underrepresented groups in leadership—creates an opportunity to see what’s possible. And in this day, this virtual world has had some negatives—we’re all a little Zoom fatigued—but it’s also created this remarkable ability to have mentoring from afar. Your mentor can be anywhere. So really thinking outside the box about who could mentor somebody coming up to really be a leader, regardless of whether they’re in your institution or not, I think is another way for us to think about it. A lot of our societies, for example, are doing many of these leadership training programs.

JUDY

That’s a really important comment on the mentoring side, and I would love to hear from each of you in terms of mentors in your life, either you fostered that relationship or you benefitted from a mentor you had, and how you pay it forward.

BURSTIN

I’m happy to start. I was much, my beloved mentor unfortunately has passed away that many of you probably knew, John Eisenberg, who was sort of a hero to many of us in patient safety and quality, and I was. . . . I met him the first time because we were actually in the same wedding party for friends of ours who were getting married, and then sort of stayed friends. And then one day out of the blue I was running regression models in my office at the Brigham in Boston at 7:30 pm on a Friday night, which is a whole other conversation, and John called and said, “Why haven’t you applied for the Center Director position at the Agency for Healthcare Research and Quality. Everybody says you’re perfect and you should apply for this.” And I, “I have a job. I have a good job. I just got promoted at Harvard Medical School.” And there just was this remarkable energy and willing to talk to me, and willing to say, “Just come meet with us. There’s nothing that says you have to take this job. You’ll learn from it, we’ll learn from it.” And it became just a . . . obviously he was very convincing because I went to ARQ about six months later for seven years.

Just people like that who help you see the possibilities of what could be, even though sometimes you feel like you’re pretty comfortable where you are. People who can help shape this different worldview. He said to me directly, “I know if you come work with me, I will make your career soar. I will be responsible for it, I will be the person who makes it happen.” And he did. And just that . . . I have always tried to intentionally do the same thing. Some of my former residents who I recruited back when I was at the Brigham tease me about the fact that I have been relentless since I interviewed them for residency. And people like Monica Glibson and Sonia Angel, whom I have privilege to know all these years, you just have to start early and intentionally push.

MOYER

Yeah I think that’s exactly right. You know, my best awards are not things that are hanging up on my wall; they are watching these students, trainees, colleagues get their own awards and leadership positions. And that’s really an amazing thing to have happen.

I was really lucky that I, growing up in rural Pennsylvania, had a rarity in the ‘60s and ‘70s in a female pediatrician. And you know, a lot of people’s careers in healthcare are galvanized because of illness that they either had personally or maybe saw growing up. I was in the hospital a couple times with pneumonia as a kid, and I’ll never forget her coming to my bedside and saying, and talking to me and saying, “You know, Darilyn, I think you would be a great doctor. We need more women doctors.” And it was simple, that simple conversation that galvanized a career.

And you know, and since then, because I’m a woman of a certain age, most of my mentors have been men. And again remember: There’s a difference between a coach, a mentor, and an ally. A coach talks at you, a mentor talks with you, and an ally talks about you. A sponsor talks about you. But I really feel like you have to pay it forward, as Helen talked about. And that is really really critical. And that’s just something I try to wake up and say, “What am I going to do for other people today?” And try to think about that at the end of the day.

JAIN

And I will say, I was very fortunate in that I have grown up with a mentor, a built-in mentor. My dad is a surgeon who was my original he for she, and he continues to be my mentor and sponsor. I mean, he—I was able to speak as a medical student at a surgical conference, a national surgical conference. I was the first student to ever present an abstract there. And that . . . he just really has always supported me and just made me feel like I could do anything. And he always tells me, “I raised you and your brother exactly the same, because there’s no reason, if you’re capable, that you shouldn’t be doing exactly what everybody else is doing, if not more.”

And I now I have so many amazing mentors, men and women. Dr. Vineet Arora who was mentioned earlier was one of my most favorite friends and mentors and sponsors, because what she does is she does exactly what Darilyn and Helen mentioned: She thinks of opportunities and she’ll just text you. And she is relentless. She will say, “Have you don't this yet? Have you published this yet? Have you submitted this yet? I saw this opportunity. What do you think about this?” She’s constantly thinking how can she help others, which I think is such an important part of being a mentor and a sponsor, to be perfectly honest.

And for me, when you talk about kind of the next generation, because I have this amazing opportunity in this Women in Medicine nonprofit, Women in Medicine Summit, to really help young women and actually some women who are even older than me, gain success and gain opportunities that they otherwise wouldn’t have had. And so I tell anyone who ever works with me: If I give you a task or I put you on a committee, I’m going to give you a title, it’s going to go on your CV. If you’re working on a paper, you’re going to be an author. I try really hard anytime I have a mentee or a student or a trainee or anybody who I’m working with, I want to make sure I’m not making them on a committee that’s going to benefit me and benefit my organization but not necessarily benefit them.

And so to me, I think that’s also a mind shift change, because in medicine, we’re all taught to do a lot of things because for the good of the patient, for the good of the hospital, for the good of the institution, for your colleagues, which are all very very important. But women especially get roped into doing a lot of that free work that isn’t . . . you’re not able to put it on your CV or you’re not able to use it for promotion. You’re not able to use it for negotiation because no one cares that you’re on 20 committees. But they do care that you published 20 papers. So I think it’s really important that we find ways to allow these women and men—because I mentor men as well—but find ways to make sure that they get credit for all the hard work they’re doing. Because a lot of times in my career, even, to date, I’ve been involved in so many things, my mentors have sat down and said, “Okay, what are you getting return on investment on, and what are you not getting return on investment on? The things you’re not getting return on investment on, are they making you happy? Are they fulfilling your life? Are they giving you something that’s helping you in another way? If not you need to cut some of those things out and give them as opportunities to other people that might need them at that point in their career, but maybe you don’t.”

And so I think having also a mentor who can sit down and help you tailor what you should and shouldn’t be doing, especially for people like me who say yes to everything, like doing a webinar in the middle of me being on service, I think it’s important to have people who can sit down and really help you objectively say, “This is what you should be focusing on. Let’s talk about if this is something you should or shouldn’t be focusing on. And how can I help you make sure you get some benefit from all of the things that you’re involved in?”

MOYER

Just picking up on that, I had mentioned this to Helen the other day, that I’ve been really struck during COVID, of course in addition to seeing how many women we’ve lost in terms of their assistance in health care, is how differently all the academic institutions are dealing with that rapid conversion that happened from face-to-face to virtual. I don’t like the word “housework,” but as Dr. Jain pointed out, that’s sometimes what the stuff that doesn’t, the soft stuff that doesn’t really count is labeled. And some more progressive institutions, as I’ve been asked to write a lot of promotion letters, as I’m a person of a certain age, have been progressive in that and are looking at how that creativity, that flexibility, adaptability, innovation, can count. And so what I’ve been doing for the organizations that I'm writing letters for folks for academic advancement is if they don’t have those in their criteria, I am absolutely putting them in there to help to support the advancement for folks. Because I really do think we need to take a step back and know that we’re really doing a disservice for people.

And I saw there was a question in the Q&A regarding gender and citations. Well it all starts with number one, the amount of time you have during the day. And you need to be able to, in order to get to an equitable environment in terms of publications, you’ve got to start at the home institution, protect, allow that person to have that protected time, get that grant funding. I’ve seen a couple of creative institutions, rather than being beholden to the one star researcher who demands a ridiculous amount of money to stay at that institution, take that money and develop it into seed grants for the up-and-coming folks and to support them in that way. Because we know if you’re not involved in research projects and scholarly activities, you’re not going to have those citations to be able to cite subsequently in a paper.

BURSTIN

And maybe just to build on the citations piece, since I mentioned it, and share the data that was in *JAMA* this year with our editorial, I think there is work. I think there are some interesting theories as to why that happens, and the authors did a nice job describing that, which we talked about, as well. But you know, as we think about especially societies can do and our journals can do, especially societies, you know, can ensure there’s equal opportunities to advancement, to leadership positions, to plenary positions, to whatever the case, all of which help you on your CV, all of which help you to get promoted, all of which help you to be more likely to get a grant, to get, you know, and then to ultimately be a senior author. But I think what was interesting in this particular paper was that even women who were senior authors were less likely to be cited.

And that’s a fascinating question and one issue I think would be really interesting for the journal folks to talk about is: How does that happen? What’s the accountability for journals at the end of the day to ensure there’s equal promotion of the high-profile research that comes out by women—and I would add in here, really importantly, those underrepresented in medicine? And also when there are some degrees of freedom, and I’ve talked a lot about this with journal editors, no one is saying to push through articles that aren’t worthy; those of course need to go through our standards of peer review. But when there’s an opportunity to have an invited commentary, for example, and you have more degrees of freedom, really think about the equity lens there in terms of who you’re inviting, who then gets advanced, and how those papers then get cited.

So the opportunity here I think for us to really think about, particularly those of us who are especially societies with journals, we have some real opportunities and synergy to think about how we advance women and those underrepresented in medicine across the board.

JUDY

I know one of the continual challenges there, too, from a data privacy perspective, especially as you get outside of the US, because a lot of it is to have data to understand where you have inequities, and then having data to be able to track so to make sure you’re driving improvement. And I don’t know if any of you have any thoughts on that. Because that’s a conundrum. That’s a huge conundrum even from a hiring perspective.

BURSTIN

Yeah, it’s . . . I’m happy to start. The DE&I directors, especially across the societies within CMSS have been working on this question and sharing, for example, how they ask about demographics, what do they ask in terms of gender, race, ethnicity, etc. And I think what’s interesting is you can’t just put it out there without explaining how you’re going to use it. I think people are much more likely to share those data if they know you’re going to use it to track equity as opposed to something that may seem sort of nefarious.

So I think there are strategies our groups are working on that. There’s also an ongoing effort between the AAMC, AMA, and ACGME to see if we can actually harmonize some of it, at least from a medical perspective, the way we ask those data track across time. So you can really begin to see what that trajectory looks like from a woman from medical school or somebody, a minority, all the way through to leadership positions.

JUDY

And I’m going to ask one other comment that more tied on the personal side, and it comes, Dr. Burstin, from your presentation when you talk about the glass cliff. And I was just curious if any of you have ever experienced a glass cliff? And how did you handle it?

MOYER

Well I can tell you that any leader who is at a healthcare institution that is truly a nonprofit and works on the margins constantly, we always felt like we were on glass cliffs. But it’s actually been pretty well documented that if you take a look at where women are chairs of departments and the big deans at medical schools—not the medical education or the student affairs deans, because we know those are more likely to be women—that there seems to be a higher proportionality of women put into those more precarious leadership positions. So that absolutely happens. And so I think that that’s something again we need to really to be able to you know to figure out what the solutions are there, as well.

BURSTIN

I turned down a position that I knew was a glass cliff, and I just said, I explicitly said I wasn’t going to come in and clean up what I knew was there. I wanted to be able to advance something forward. But it is interesting. I think people gave me a little bit of stink-eye when I did that, but I think sometimes people need to do what’s right, and sometimes it doesn’t make sense to take a position that you know will not allow you to really advance the cause; you’ll just be stuck cleaning up a mess. But it’s real. It happens all the time, and women seem to get into that position very commonly.

JAIN

I’ve definitely been given leadership titles without any support and without any possibility of success. And then you do what you can, you do as much as you can, you work 200%, and then when the return on investment they want isn’t there and they’re wondering why not, the question is: Well, what support did you give me to actually be successful in this “leadership role” that doesn’t actually have any leadership ability?

So I think it’s, I think there’s also a lot to be said. You learn this as you go along. I’m learning as I go through my career, navigating what I need to ask for and what my absolute stops are where I will and will not doing things, but I also think a lot of times women. . . Because we don’t get that type of training, you don’t get leadership training as to how do you navigate a path to leadership? How do you avoid those glass cliffs? How do you break those glass ceilings? And so we need more of that to prevent that from happening.

MOYER

And the one thing I want to say is that I feel like one of the things that I hope that I’ve been helpful is in helping people navigate that. What are the questions you need to ask? There was for a while sort of an epidemic of these Chief Wellness Officer positions that were being offered to people, but yet the office wasn’t resourced, there was really no power for that position, and they just weren’t given any money. And you know, so helping people sort of ask the right questions when they’re looking at positions I think is something that those of us that have sort of been in this game for a while can be really helpful for.

And the other thought I wanted to really leave everybody with is: Don’t be afraid to ask people. Go up to people that you’ve heard give a talk at a meeting, email them, connect with them. I think that’s what women do really really well. Again, one of the reasons why probably you’ve seen the leadership of women really move through this pandemic and don’t . . . whether you’re a man or a woman and whether the person is a man or a woman, just, we’re all really approachable. Just reach out to us.

JAIN

And one thing that I’ll say that we created with the Women in Medicine Summit is we’ve created a community where people can do that. And, you know, because there’s no handbook for how you can go up for promotion or how you can negotiate a job to CEO. We’ve created a lot of programming and programming is good and important, and those skills are important, but like Darilyn said, you need the people to ask. I’ve emailed both Darilyn and Helen before and said, “What do I do in this situation?” And so those communities are there. And if you don’t know people, like Darilyn said, email them. Social media is the easiest way to reach out to people. There’s a whole host of people out there who are just dying to give you their opinion. So I think it’s a really great way to connect with a lot of people who, you know, you may not otherwise see. People have come to the Women in Medicine webinars we’ve had, and they say to me, “This is the only place where I can get that connection, because I’m in a male-dominated specialty,” or “I’m in a rural area where there’s nobody else I can talk to.” So you may be in a situation where you don’t have that large institution or other mentors or sponsors or colleagues you can talk to.

So the world has become much smaller with social media and with the internet and with opportunities like this panel that’s happening today, like the Women in Medicine Summit. So I would say look outside of where you normally would look and ask people for help, because that’s how we move the needle; that’s how we help everybody. And we’re all interested in helping each other, so please feel free to reach out to any of us or anyone you find that you think might be able to help you navigate.

JUDY

And Dr. Jain, that is such exceptional advice, because your personal network is so important. And I have never found in my career if I’ve gone to someone and said, “I could use your help, can you help me,” I mean it’s inhuman not to respond to that. So a great opportunity. But I do have another question, probably more specifically for you, Dr. Jain, is: How can we make sure that the programs designed to improve gender equity include transgender women, women of color, and others who need to be better represented in leadership roles?

JAIN

That is such a great question. And it is a really easy answer, to be honest. You need to think about it. You need to think about it, because if you think about it then you’re going to figure out creative ways to implement it. So you need to be strategic in how you’re reaching out to these people. Maybe you don’t know anybody who’s transgender. I have friends who have never met somebody who is transgender, and they come to me and they say, “I’m creating this programming. How do I even find somebody who could speak?” And I say, “Well that’s why you come to me. I will connect you with who you need to be connected to.”

So I think the first step in making sure that women, underrepresented minorities, transgender women, any of those women who have intersectionality, you really need to make sure that you’re focusing on them. So whenever you’re putting together a program, whenever you’re looking for candidates for something, whenever you’re nominating someone for an award or looking for someone to collaborate with, you need to think outside of your circle. And I think this applies to any opportunity. You really need to be thinking: Who’s missing? Who is not at the table? Whose voice needs to be heard, and who do we need to be representing?

And I think especially if you’re in leadership, it’s a big job to think about everybody, but that’s what you get for being a leader right? You want to lead, so you need to lead everybody. And when you think about leading everybody, that means you need to think about the person whose voice you’re not hearing for whatever reason that might be. And that’s a hard thing to think about, because it’s like asking what’s missing. You leave the house and you’re like, “I’m missing something in my purse, what is it?” It’s hard to think about these things, so you need to be intentional. You need to realize that those are the people who need the most help, and so you need to really be thinking about how do I find those people? And don’t give up!

I mean the other problem, and this is really important, and it happened a lot over the last year and a half for, especially for our colleagues of color, if there is a problem that is specific to one population of individuals, that population gets tapped out like that. I reached out to so many of my colleagues who are African American women in medicine to speak at a rally we were doing, to speak on George Floyd, to speak about racism in medicine, and they are exhausted. They are spent, and they say, “You know we love you and we would say yes to anything you ask, but we do not have the time or the bandwidth or really the emotional strength or capacity to do that right now.” So I think that’s another really important thing: You can’t go to one person and ask them and when they say no say, oh, well, I tried. You have to realize there’s a lot of people out there doing this work, but we often go back to the same well over and over again, and when we do that well eventually will be tapped dry.

So you need to be intentional, you need to be looking outside of your circles, and you need to realize it might take five or six phone calls or emails, but it’s so worth it at the end, because you’re doing such important work in helping those people who really need it the most.

JUDY

And given that we’re right at the end, I do have one really important question before I close out. Given all the societies that have joined this here, is, what, and I’ll, just quick answers from each of you: How can societies better work together to drive positive change for a more inclusive future?

So I’m going to start with Dr. Moyer.

MOYER

I just think that again, we need to be intentional and deliberate about having these discussions, sharing best practices, recognizing that people are going to be at different places on the continuum, and all rowing in the boat together and working to get there.

JUDY

Dr. Burstin?

BURSTIN

Yeah Dr. Moyer stole my thunder. I agree completely. I think there’s a real opportunity to share what we’re all learning. I also think we have to be intentional and actually measure impact. I’m a measurement wonk, but I think so many times we throw out these programs as if we think they’re going to work. We actually need to know that they work. We need to ask those who go through them, as we’re putting forward leadership opportunities or things like that, there has to be a real evaluation at the end of the day and share what works.

JUDY

Agree. And Dr. Jain, any last comments there?

JAIN

Totally agree with what Dr. Moyer and Dr. Burstin said, and I will say, I think it’s really important to tailor your messaging. Because again, everyone doesn’t care about the same things. You need to think about how are you going to change someone’s mind? And a lot of times it’s not because they’re going to care what you care about. You need to think about what they care about and then make the position point, make your argument based on what is going to change their minds and make them do something different. Because again, to be a good leader you need to be agile, you need to be nimble, and you need to figure out how to target your messaging to the people to actually change their minds and make strategic changes.

JUDY

Completely agree. Gets to the whole mindset change. You know, Dr. Burstin I’m also a data wonk, too, and you have to be able to, and that’s why I even asked the question on data earlier on, because you have to able to measure it so you can understand progress here. And it becomes much more of a factual discussion versus an emotional discussion, which I think is critically important to our future.

So with that, I mean we’re at the very end. I can’t think of a better panel and a more impactful discussion. I think we could have gone on for a long long time. So I obviously strongly encourage everyone to take advantage and join the Women in Medicine Summit, because there will be more discussion there. Very much thank all three of you. Your comments and wisdom is just invaluable for so many reasons. And candidly, this is a topic that is so personally important to me. I mean, I’m a woman who, I didn’t grow up in medicine, clearly, but grew up in telecom and just age telecom and what it was like, and lots of stories. The good news is we’ve come a long way as a society. We just need to work together so much more to drive change. And we owe that to the younger generation coming up, which I think will make a huge difference.

So I want to close by just reminding everyone: This is a journey we all need to be on together, and hopefully just through this panel making connection to the network point, leverage your network so we can work together to drive the future. So key thing: If you enjoyed the discussion today, which I’m sure you did, make sure you check out the *Women in Medicine Compendium*, which you can download for absolutely free, and I see Dr. Jain smiling, and you can do that directly from the QR code that’s on the screen or through the link that we put in the chat. And as I think I mentioned earlier, the compendium is just a great preview of the topics that speakers will be coming at this upcoming 2021 Women in Medicine Summit that’s at the end of September, which is scary to me that it’s almost September here, and pretty soon it will be Christmas. So if you’re interested in learning more, also you can go to their website.

So with that, we’re right at the kind of the end of the session. I can’t thank the panelists enough, I can’t thank the audience, and I am really looking forward to all of us being on this journey together to drive to a much better future. So thank you all, appreciate it.