

Women leaders in medicine: 3 paths to physician success



AMA MOVING MEDICINE

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Replay: Women leaders in medicine, part 1

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Featured topic and speakers

In the first of two “AMA Moving Medicine” podcast episodes featuring a panel discussion from the Women Physicians Section (WPS) Governing Council, the panel members discuss the unique challenges and experiences they faced on their path toward leadership in medicine. Neha Siddiqui moderates the panel with Joanna Bisgrove, MD, Marilyn Heine, MD, and Donna Woodson, MD.

Below is a lightly edited transcript of the presentation. You can tune in on Apple Podcasts, Spotify or anywhere podcasts are available.

Speakers

- Joanna Bisgrove, MD, WPS Governing Council member (2019), AMA
- Marilyn Heine, MD, WPS Governing Council member (2019), AMA
- Donna Woodson, MD, WPS Governing Council member (2019), AMA

Host

- Todd Unger, chief experience officer, American Medical Association

Unger: The path toward a leadership position in medicine isn’t always easy. But it’s important to find—or create—growth experiences and meaningful connections wherever you can in your journey—these women in medicine share their experiences on the subject.

Dr. Bisgrove: Always be a sponge. Always be learning from the people around you. Everyone here comes from different experiences, has different backgrounds, even just as

medical students.

That's Dr. Joanna Bisgrove. In recognition of Women in Medicine month—she joins a panel of women physician leaders in this special replay episode of Moving Medicine, originally aired in 2019.

In this two-part series, Dr. Bisgrove, Dr. Marilyn Heine and Dr. Donna Woodson share their unique challenges and experiences regarding their pathway to leadership in medicine. Here's part one of their discussion.

Siddiqui: One of the first questions that I have for you is just to ask you all about the challenges that you've had as a woman in medicine and what you've done to overcome these challenges. You can go ahead, Dr. Bisgrove.

Dr. Bisgrove: My original challenge when I was young wasn't being female. It was being hard of hearing. From that perspective, a lot of you probably know about the IDEA [Individuals with Disabilities Education] Act—I am pre-IDEA Act, but I was lucky in the sense that my father is a professor emeritus and retired attending at Rush Medical College and my mother was a lawyer. So, I had two very educated parents and I also had sort of a woman empowerment role in my family.

My mother was a lawyer, like I said. She was one of three women in her law school class at Northwestern. And then, even more important, as far as my heritage, my grandmother was one of three women in her pharmacy school class in Chicago. She passed away not that long ago, about six years ago, at the age of 99. But her picture was from the 1920s or 1930s, and there were three women in that pharmacy school class.

That was what I grew up with in terms of leadership roles. So, for me, the women part was always a little more clear cut. But having to advocate for my needs as a hard-of-hearing individual was always really challenging. And having my parents help me through that and building those advocacy skills young helped power me through med school, where I started running into some of the gender biases.

I started as an engineering major in undergrad at Cornell. Every guy in the classroom, they all knew where the women sat. And that was really annoying because, like, "Oh yeah, you sit in this seat." And I'm like, "What?" Because there were so few of us and we would get comments about being the cute engineers and really inappropriate stuff, and so on so forth, through medical school.

Having the hearing stuff helped me overcome the challenges from the women's standpoint because I already had it built in and it powered me from there. But learning those skills early on really helped, at least for me.

Dr. Heine: When I was in medical school, about a quarter of our class was women. So, I wasn't quite much of a pioneer. And we actually had a great relationship with other women who were mentors and

who were practicing physicians. That was very helpful for us. So, we had role models. Because actually, going back to what Joanna was saying, from a women-in-medicine perspective, that was very rare.

The only person that I knew who was a woman in medicine was the physician who took care of us at school. That was it. That person. And she was a really lovely person, but she wasn't someone necessarily that you could look to as a role model for that role. But on the other hand, let's talk about some other women.

My mother, she actually got her EdD [doctor of education], and that was very early when women weren't necessarily going for doctoral degrees. She actually went all through the undergraduate and then the master's in education and subsequently the doctoral degree. She was always a strong woman and inculcated in me that you could do what you wanted to be able to do as long as you worked hard for it. But you had to do it in a way that engaged other people in the conversation. Not overbearing, but simply being part of the conversation, making sure that you were at the table when discussions took place.

Other challenges were actually a little bit later in the career where, for example, I was married. I still am, fortunately, but at the time that was a situation where I said to the person making up the schedule for the emergency departments, "Where are my shifts? I thought I should get this number."

"Oh, well you don't really need that number because you're a spouse."

I'm like, "Hmm, yes I do." And we made sure that it happened, but you had to speak up, otherwise it wouldn't go forward.

Dr. Woodson: I was actually in the very first class of the Medical College of Ohio at Toledo. That was the name of it then. I am very fortunate, after 40-plus years in private practice with eight physicians, that I was able to go back to that very same medical school and work with the medical students. My motto has been, since I've been there, "Keep your eye on the patient, not on the computer screen."

When we talk about growing into medicine, my everything, my mentor, my inspiration, was my mother. My mother, though, was a nurse. My mother so admired physicians. She didn't tell me about any female physicians because she didn't know any. But she so admired them.

That's what I wanted to be, just because of that. She didn't tell me she wanted me to be a doctor, because the University of Oregon then, of a hundred medical students, there would be one female, and she wore orthopedic Oxfords. That wasn't the image I projected for myself in my white coat with my daring red stethoscope.

I went into other things. I had my mother, one sister was an attorney, another was a nurse. ... I started off in medical technology to pay some money back for schooling, although we didn't have the debt like you have. It was very, very, very different. But following her lead of her caring for patients was really what drove me. I think one of the things, when you're thinking about going down a career path that's very challenging, is that you first must have the dream.

We talk all the time about how people say, "What was your dream?" Or, "When did you start thinking you wanted it to be a physician?" I really don't know. I do remember it transported me to where I was sitting in a chair waiting to be interviewed for medical school, and there were 13 stairs going up to the interview room, and I could hear this person saying, "Oh, you want to know why I wanted to become a doctor? I want to be just like Ben whatever." There was a neurosurgeon who had a TV show.

And I thought, "He's saying that? I'm home free. I could say anything I wanted." But anyway, so it was because she was so proud of being in the medical profession. But she didn't say, "I want you to be a doctor." I knew what she really wanted was someday to be able to say, "My daughter, the doctor." And it happened. I flew her out here from the West Coast and she was able to say that. That's what made it all worthwhile.

I will mention one challenge, because I remember this very clearly. What I did was, fortunately, I was able to turn it into a joke, and I laughed aloud at the attending, which probably wasn't appropriate. But I was so excited. We were starting our clinical clerkships, and I was on OB. I'd never even seen a baby being born. He took us around and showed us to the rooms and where we'd be staying, and he said to the three male interns, "Oh, you can sleep here. Look how nice this is. You get a color TV."

And he goes, "Oh, you." It was really an afterthought. And he said, "Hmm, where can you sleep?"

I said, "I can sleep just about anywhere if I'm really tired."

He goes, "Oh. There is a rollaway bed back in the shower in the nurses lounge, so you can sleep there." And I actually managed to say, I remember it so clearly, "Well, you know, that'll be just great because I'm not going to have to get out of bed in the morning to take my shower." And I wasn't truly like that. I'd had 12 years of the nuns with the ruler. I did truly say that, and I remember that.

But after that, what seemed to me to make the biggest difference was to turn what seemed to be a negative into a positive, and I kept doing that. That isn't always a good way to live, but it worked for me. And there were so few women, it was easy to be first in everything. You just had to volunteer a little bit more. And they go, "Well, look at that. Dr. Woodson, she's this and this and that." So that encouraged me to be first.

But there probably were things said, and I've heard later there were, that might not have been appropriate. I didn't hear them, or I ignored them, and I didn't care. My mother got to say, "My

daughter, the doctor." That was enough for me. Things have changed now and I know as we've moved up higher and higher in medical society that you have many more challenges. So, I hope some of the other things we have to say will help you.

Mainly I found that if you just set your sights on being the best you could be, whether male or female, eventually they're going to have to accept us, right? We still have a little work to do, but I think that philosophy works.

Siddiqui: That actually brings us to our next question. What are some ways that women can be leaders in their specialties? Dr. Heine, do you want to take this one first?

Dr. Heine: Sure. In terms of what Donna had said, be determined at being the best you can be and speaking up when you're interested. I mean, there are different avenues. For example, in the specialty society, or in the state medical society, or in the AMA, there are always opportunities. If you speak up and express interest and show that you're really willing and interested to work and to be a real good contributor, then you will be asked to continue to do different things.

It's really important to have your message, to show your enthusiasm and to connect with others to show that you're genuinely interested in actually having a part in the play and in what goes on. I think that if you look around, you can always see that there are opportunities. If you have a passion, if there's a particular issue on which you want to advocate, there's almost always going to be an opportunity, whether it be a resolution, whether it be a committee, or any other work group. You're going to find that because your antenna will be up and you'll be able to really fit in and make that truly a dedicated input on your part.

That will help you as an individual in terms of your growth, your connections with others in relationships that you form, as well as just being able to say that you have made that contribution. It'll make you feel more worthy in terms of just the contribution. But we all grow as individuals and we learn from each other. Other people will look at you and say, "Hmm, this is really great what you're doing." And they will want to emulate you. So, you'll be in that situation where people will look at you as a role model and that will inspire others.

Dr. Woodson: When I look at so many of you involved in organized medicine—there aren't very many students at the University of Toledo College of Medicine who aren't members of the AMA. So, what I say to those who aren't, or who don't have the time or have other things they're interested in, find something else that is your passion and invest yourself in that. But always—especially when you get out into practice, but you need to start in medical school—stay involved in organized medicine.

As more and more physicians become employed—and I wish I could take away some of that fear of not feeling that you had to have a mean uncle taking care of you, telling you how long you had with a patient, telling you how long you could go on vacation—find the way to help others and yourself.

Maybe it's some friendly banker who's going to loan you money and you're going into practice together and have some independence.

If you can't do that, then you need to belong to a specialty society, and hopefully also the AMA. Because, as Marilyn said, there are always opportunities here. What happens sometimes is that you get so good at, "Oh, I think if I volunteer for that, that's going to be, and it often is, a step to doing more." And people see your abilities and your enthusiasm and your passion for things and then they accept you as a physician. It doesn't matter what the gender, ethnicity or what have you.

I think those are things to really remember with organized medicine. And every six months you come back and you see friends. They're not just regular friends like you grew up with in the neighborhood. These are friends who share similar passions in a profession that is like none other. What other profession do you know that allows you to be in someone's personal space like you have? To share with you and maybe nobody else what their hopes and dreams are? And to get to know what makes them tick and follow them along with the continuity of caring?

There's no career like it. And that's why, when you come to other things, persevere, I would say. You have the dream and then you have to persevere. And perseverance is doing something that may be difficult, but you're going to continue to do it until you reach that goal, no matter how long it takes. I think that there's so much importance put on testing these days. I think they're stealing away some good years of your lives.

But when I see you here among your friends with the laughter and the sense of accomplishment, when you present a resolution that may change the policy of American medicine, and I'm looking at one right now, making the steps up the ladder, that excitement, what could be like it? But you can't make it all worry and doom and gloom. Worry steals your time, it steals your enthusiasm and it saps your energy to do the studying you have to do. But have some fun that you must have.

Dr. Bisgrove: Everyone here in this room has already fulfilled the first rule of leadership. Show up. That is huge. You can't be involved in leadership if you're not there. If you're not at the table, you're on the menu. Those are basics. You guys have learned that. Good job. You're on your way. You're leaders already.

The second thing I always started to tell people on a regular basis, at least what I've learned, is to always be a sponge. Always be learning from the people around you. Everyone here comes from different experiences, has different backgrounds, even just as medical students. Also, learn from people who have been in the house for a long time. People who have been in practice like physicians, residents, anyone around you. Because it's amazing what you can learn, not just about policy, but about human interaction and about strategy.

The third thing is also in learning policy, in learning resolution-writing, in learning how to testify and all of that. Also, learn what you're good at, because in that you get further. You want to work on things you're not great at, but in terms of furthering yourself, do something you're naturally good at. Then, hone that skill. One of the things I like to do, both from my undergrad degree being in engineering and coming from a large Jewish family, I like to connect things. I like to problem solve. I like to say, "OK, we've got this. Let's connect it to this."

That's helped me from a political standpoint. I just came off the board of SSM Health, an integrated delivery network and Catholic organization, this past January. I was the only Jew on the board. I was the only non-Christian on the board, period. But I frequently pointed out different viewpoints. I came off the board, not entirely voluntarily. But at the same time, our board is a little more formal than functional. The real power lies on the board subcommittee, particularly the joint finance committee, which I'm still on.

In our organization we have a lot of physician leadership, but the majority of them are really involved in the organization. We only have a few that are on the outside that do advocacy, and I completely think we need more people in advocacy. But being one of the few people, it had its advantages, because I know what's going on here. I know what's going on in the public realm.

I've been able to say, "Hey, this is coming down the pike," because I'm on joint finance because I know public policy, because I know what's going on in the government, and because I can help inform our strategy. So, I bring things in. There was a situation recently where I kept saying, "This is coming." And they are like, "Really? Yeah, no way." And then this big government opportunity came along.

Because SSM isn't just Wisconsin, it's multiple states. But this big opportunity that we could be involved with that I said was coming finally came. I'm on the phone with the president of our region who's our top dog. We're talking about this, and I said, "This is why. This is why we need to be involved. This is why we need more people." And he said to me, "Those are some pretty big promises you're making there." And I just turned right back around and said, "Well, I delivered, didn't I?"

Honing those skills and building those connections, but really doing what you're good at, leads me to my last thing. Always be willing to volunteer, not just for leadership, but for anything. For helping people build capital. Because you've got people trusting you, you help people out, you never know when that's going to come back to help you. And that's important in organized medicine. That's going to be important in your organizations.

If you always try to be the one that's involved, engaged and helpful, that only makes people like you and respect you. So, when that time comes around when you need help, they're a lot more willing to stand up for you, just as you stood up for them.



Unger: Thanks for joining us for part one of this special replay episode. Tune in for part two next week. You can subscribe to Moving Medicine and other great AMA podcasts anywhere you listen to yours or visit ama-assn.org/podcasts. I'm Todd Unger, please take care.

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