Q&A: Pushing the door open for women in medicine to advance

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Long before COVID-19 struck, AMA member Alexa B. Kimball, MD—a dermatologist, CEO and president of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center—worked to create a solid foundation for the organizations that she runs. She set the vision for these organizations and for those in management positions, making it possible to survive, and thrive, during the pandemic. Her leadership and insight have broken barriers for women in medicine, but her work is far from over.

Every September, the AMA celebrates women physicians, residents and medical students during Women in Medicine Month. The pandemic posed another set of challenges for women physicians to surmount. That is why the AMA thanks the women physicians who are tirelessly advancing equity and building on change. This September, the AMA is recognizing the endurance and strength demonstrated by women in medicine through the challenges of the past year while being an advocate and ally.

In a recent interview with the AMA, Dr. Kimball took time to share how she has made it her mission to close gaps for women in medicine through mentorship, sponsorship and leadership.
AMA: What are some ways you have helped with the recruitment, retention and advancement of women?

Dr. Kimball: Very fundamental to my philosophy has been about meeting people where they are. I can't predict what is a stressor, a positive thing or nothing at all for other people because everyone's own personal circumstances and experiences are so different. That, coupled with empathy, has been very effective in helping to design programs to help support women who are navigating the challenges of everything from child care to parent care in addition to trying to get their own careers launched.

It's about providing opportunities, so making sure that nominations for things are widely cast so that women can participate. It's about giving women specific opportunities when it comes to positions, awards, committee presentations, and making sure they're included. It's having a strong senior team with good representation as well as supporting careers throughout. It's mentoring people on a very individual basis to help them figure out how to approach time management to make it through the publication process.
And then it's also about being quantitative with data to make sure that you see where inequities for any group within the workforce are starting to crop up and figuring out ways to address those both with a process—how do we hire people at the beginning and then how do we promote them throughout? So, it's multifactorial.

**AMA:** Is this something that you've been working on before you took on this role of CEO?

**Dr. Kimball:** I got very interested in the physician workforce very early in my career, partially because I was hearing complaints about shortages in our field, but there was really no data. That informed this mentality of: Let's go get information and see what's really happening.

One of the things that I would say piqued my interest was a complaint at the time that women in my field were not pulling their weight. The thought was that we were training a lot of women in dermatology, they weren't working full time and there was a shortage of dermatologists. I was challenged to go answer that question and make sure that the truth was out there.

What turned out to be true is that in the area of shortage—which was medical dermatology—women were actually working as hard if not more. The areas where we had plenty of access, which was surgical and cosmetic—those tended to actually be more male-dominated. That really informed, early in the day, that you've got to challenge the conventional assumptions and go find out what's going on so you could address what was really happening.

**AMA:** We still see those challenges facing women physicians during the pandemic. Is the silver lining that it has emphasized the ongoing work women physicians have been doing?

**Dr. Kimball:** Yes, I do think that COVID really laid bare the amount of work and effort that women do. And spouses have stepped up to the plate. Over time that has changed too. But the many demands all intensified. In some cases, for some people, it was probably overwhelming. Now, again, we went back to look and see how women in our departments are doing in terms of grant applications and other things because of this concern that women were less likely to be able to publish during this time since there were so many other responsibilities that they had.

Unlike some other places, we did not see an imbalance in grant applications or grant success. But that didn't mean that I was going to take that and rest easy with it. There were things that we were doing to support women that were probably helping to mitigate what was being experienced in other ways.

Now the one interesting opportunity COVID has brought is the increase in flexibility in both work hours and the workforce. Things I hope we can capitalize on are telehealth and uncoupling what physicians do from buildings, which means that there could be more flexibility in scheduling. So, if you're a young
parent and you want to see your patients from 10 to two, instead of eight to noon, that opens up the ability to drop them off at school and pick them up. And telehealth gives you that ability—classical ways we rendered care did not—so I hope we'll be able to really optimize those things out of the pandemic and not just revert back because we can really help people in the process.

**AMA:** Is that flexibility a good way to move forward?

**Dr. Kimball:** The risk of things moving remote and the reduced sort of person-to-person contact in some of our settings means that it is easier for leaders to rely on the people who they know and not explore as much all of the amazing potential leaders in academics and clinicians they have in their work environment.

One of the rewarding things that came out of the pandemic was that it gave some junior people some incredible opportunities to really rise to the challenge, take on new tasks and really knock it out of the park. But I worry this sort of hybrid of coming back with less interaction means it's easier for people to fade into the background. We have to be more deliberate about making sure we mentor people, do annual conferences—all those things—to make sure that they’re really thriving.

**AMA:** Is mentorship something that more physicians in leadership positions should make sure that they're doing, regardless gender?

**Dr. Kimball:** Absolutely. I spend a fair amount of time every week mentoring, sponsoring or talking to people. I do try to make sure I leave enough bandwidth to meet with people who I wouldn't necessarily always run into because I feel like I learn a lot and I find new people and opportunities through them and for them. That's just really important to do.

One of the best things about the 2021 Joseph B. Martin Dean’s Leadership Award for the Advancement of Women Faculty that I was honored to receive over this past summer was the comments that people who I'd either mentored or trained contributed to the nomination.

Getting the award was great, but it was the best feeling in the world to see that something I had done that maybe hadn't seemed like a big thing to me, and maybe didn't even take that much of my time, made such a big difference for people.

**AMA:** Like mentorship, is that one-on-one peer support good to have as well?
Dr. Kimball: One of the most challenging things about being a leader is you can't share a lot of things with everybody because that's part of the job. It's about figuring out who you can trust to bounce ideas off of because of course talking through things often makes things much better—it could be a colleague, a colleague at another institution or a person on your team. But having that resource is important.

During the pandemic, the CEOs of all our physician organizations in town got together and it was helpful in thinking through how we were all responding to the very dynamic environment, but it was just also nice to have somebody to talk to about what was happening. These were hard times and hard challenges that all of us had a similar situation.

AMA: You've had a lot of firsts in your career—such as the first woman president of the International Psoriasis Council and first female CEO of the Harvard Medical Faculty Physicians—that help pave the way for other women. What are your hopes for women in medicine?

Dr. Kimball: It was important for me to push through some of these barriers and so I was very deliberate about that, knowing that it did potentially pave the way for others. It's fine if you bust through the door, but if you don't keep it propped open for others, then you haven't really achieved the goal.

I'm very pleased to say that there's now a pipeline of professors at Harvard Medical School, there's more people on boards that I've participated in and there's lots of opportunities there that have developed. One of the things that still concerns me is that if you adjust for the age of leaders in this day and age, we should have a more robust female leadership presence.

There was a point in time when women were only 10% of physicians, so it would be hard to argue that they should be 20% of the leaders. But now, given where we are with most fields at probably 40% to 50%, the leadership should reflect that. There's still definitely a gap, particularly in academic leadership, that we need to close, and the numbers should be higher based on the number of women in the field of comparable age and experience. That's the gap we've got to close.

We need to work the pipeline. We need to work the overall diversity, and then we need to make sure that people aren't getting stuck and that is clearly still a problem.

AMA: How do you keep that door open for women and more diverse populations?

Dr. Kimball: It's both keeping things top of mind and policy. For example, at every meeting I have with my senior team, diversity, equity, and inclusion is a topic. We have to keep it front and center—we have to talk about it all the time.

Then it's about really mentoring individuals to help them get through barriers that they couldn't see. That's kind of keeping the door open once you've learned how to do this. Not every case is the same
but making sure you share what the pathway is and fostering people to navigate and choose among those pathways is important.