Alexa Kimball, MD, MPH, talks about closing gaps for women in medicine

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, to wrap up the AMA’s Women in Medicine month, AMA Chief Experience Officer Todd Unger talks with Alexa Kimball, MD, MPH, president and CEO of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center in Boston, about her mission to close gaps for women in medicine through mentorship, sponsorship and leadership.

Find more #WIMMonth resources and inspiring #WomenofAMA stories.

Speaker

- Alexa Kimball, MD, MPH, president and CEO, Harvard Medical Faculty Physicians, Beth Israel Deaconess Medical Center

Transcript

Unger: Hello, this is American Medical Association’s Moving Medicine video and podcast. To wrap up AMA’s Women in Medicine Month, we’re talking with Dr. Alexa Kimball, president and CEO of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, and professor of dermatology at Harvard Medical School in Boston, about her mission to close gaps for women in medicine, through mentorship, sponsorship and leadership.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Kimball, thanks so much for joining us today as a leader and a woman in medicine, you've broken a lot of barriers in your career. You're the first woman president of the International Psoriasis Council and the first female CEO of the Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center. How does it feel to be a leader in medicine, and what are some of the challenges you face as a woman in the field?

Kimball: Thank you, Todd. It's truly an honor to be part of this conversation. As a woman in medicine, I've faced many challenges throughout my career. However, the most significant ones have been related to closing gaps in healthcare for women. It's important to recognize that women's health issues are not always addressed in a comprehensive manner, and this gap needs to be bridged.

Unger: That's really interesting. Can you give us an example of how you've addressed this issue in your practice or within your institution?

Kimball: Absolutely. At Harvard Medical Faculty Physicians, we've initiated several initiatives to improve the health and wellness of women. For instance, we've developed a comprehensive Women's Health Program that includes counseling, education, and support services. We've also established a Women's Health Research Network to foster research and innovation in this field.

Unger: That sounds like a great resource for women. What are some of the most important lessons you've learned as a leader in medicine?

Kimball: As a leader, I've learned the importance of mentorship and sponsorship. It's crucial to have role models who can provide guidance and support. Additionally, I've learned the value of meaningful communication and collaboration with colleagues and stakeholders.

Unger: Those are really valuable lessons. What advice do you have for young physicians who aspire to be leaders in their field?

Kimball: My advice would be to never stop learning and growing. Seek out opportunities to develop your skills and expertise, and don't be afraid to take risks. It's also important to build a strong support network and to recognize the value of diversity and inclusion in leadership positions.

Unger: Thank you, Dr. Kimball. It's been a pleasure speaking with you today. Your leadership and commitment to advancing women's health are truly inspiring.

Kimball: Thank you, Todd. It's been a pleasure discussing these topics with you. Together, we can continue to make meaningful progress in closing gaps for women in medicine.


Copyright 1995 - 2021 American Medical Association. All rights reserved.
Medical Faculty Physicians. Let's talk a little bit about the barriers that you've faced and how you overcame them.

Dr. Kimball: Oh, so thanks so much for having me here today. A pleasure to talk about these issues and concepts and progress. For much of my career, I would frankly not have said that I met a lot of barriers but I did find that there was a glass ceiling, especially as I contemplated making it into the C-suite, which was really a wake-up for me in many ways. And there were two pieces of advice that I got along the way that were very helpful in me in reframing how to think about it. The first was, someone reviewed my resume and CV and said, "You are talking about your responsibilities and not about your accomplishments." And I would never have picked that up myself but they were so right. And so that is something I think women sometimes tend to do and something to watch for. And then the second thing was harder but I do recommend this as a result for people, which is that for women in particular, it's very easy to end up in what we'd call support roles, chief medical officer, program director.

And we see this in the rest of the business world as well, where you see women who are in the C-suite but they're in support roles like legal or HR, all incredibly important jobs, and maybe harder in some ways than being the person who is making some of the P&L decisions because you don't have the authority to make some programs work. But that difference was really important in the last piece. And so I do recommend for anyone trying to achieve career advancement, if you want to be in the C-suite, you need to get the P&L experience and direct line experience.

Unger: I'm just curious. Why do you think that women end up in that situation? You talk about these support roles. What was the kind of light bulb that went on? You talked about that light bulb that went on when you had a review of your resume. What was the impetus to move over into kind of a P&L driving role?

Dr. Kimball: So I can't answer why women get offered them. There's probably a lot of different reasons but I think women often take them. And so I do remember I was offered the opportunity to be a program director and I thought about it and I went, that would be so fun and that is a great job, and I'd really enjoy it. And I will never be able to use that job to become a chair of a department. And so I said, no. And so I think women just have to think about ... again, there are choices to be made and think about what the ramifications down the line are of certain choices that they make, that aren't really obvious and no one really talks about.

Unger: So that clearly sounds like a big opportunity. Do you have a view of kind of other key challenges that women still face today in medicine?

Dr. Kimball: Well, we certainly have not sort of cleared the pipeline and deck in this regard, when you look at the proportion of women who are chairs, the proportion in the C-suite, the proportion who are professors, we have not kept up with what you would expect, given the demographics and age of...
women in the medical field. So there's clearly work to be done. I absolutely still to this day, I'm in rooms where I am the only woman in the room and really that should have changed by now. So what that tells you is that, pipeline is no longer an excuse. And there is a real gap that we need to think about.

I think the barriers are probably most acute in how we set people up for their careers soon after they graduate from residency. And that might've been something that I did very differently that was helpful. When I negotiated for my first job, I really did it with an eye to what I wanted to become, not what I wanted to do that minute. And I made sure I had enough protected time for my research in a way that wasn't typical for someone doing clinical trials or clinically oriented research at the time. So when I recruit in women and talk to them about where they want to be, and I think this goes for men as well, those first five years are critical. It is very hard to change your path after that, you got to set it up right.

Unger: So that sounds like number one on the list of ways to close the gap, which is, very close attention and guidance in those early years, to make sure that you're on the right track. What are the other key strategies that you see for closing the gaps? You said the pipeline made some improvement there. Now what?

Dr. Kimball: Right. So there's both system level things and individual level things. So there are simple things like, you shouldn't have meetings that start at 6:30 in the morning. When you have any type of junior leader who is a young parent, that's almost impossible to manage. There are always ways to manage it but why are we making people try to figure out a way to manage it? You need to make sure as a leader that you are always offering all positions in a much more and transparent and open way. Don't assume who might apply or not apply. Get it out there, see what happens. It might end up as you thought it did but you might in the process actually uncover people who are really talented, who can bring other things to the mix that you hadn't regarded before.

So I think leaders need to cast widely and systematically in order to make sure that they provide different types of opportunities. Then there's the structural things. And then there's making sure you leave time to mentor people and give them those key little pieces of advice that might make them reposition differently, put themselves forward differently or just open up their thinking in some way.

Unger: So do people really ask you to have 6:30 a.m. meetings?

Dr. Kimball: They do. I just got one today. Again, there's always ways to make those things happen but you need a culture that says that is not what we do in this culture because we want to encourage that everyone should be able to participate in these things. The time of the meeting should not be a barrier.

Unger: Well, that gets a little bit to something that you talked about kind of in our pre-discussion
about this idea of women, quote, not pulling their weight as one of the obstacles in the past, is that still something getting in the way of women's advancement in medicine? Do you feel like?

**Dr. Kimball:** Well, I like to think that that has changed but 20 years ago, when I started working on workforce issues, there was a really interesting conversation. So I'm a dermatologist. And at the time there was a talk of a shortage in dermatology, which turned out to be true. But the reason that people were talking about was, and a little bit behind closed doors was well, we're training a lot more women and then when they work, they only work part time. And so we're actually behind in the workforce because they're not contributing up to the same amount.

So I have to say that got me kind of jazzed up, shall we say? And so I thought let's get some data and find out what's happening. And what turned out to be the case was that women were working the same amount in medical dermatology, which is where the shortage was. It was true that they were not working as much in surgical derm but we had plenty of surgical dermatologists. So this was just a really important place of saying, "Hey, let me go get the data, understand what's going on." And let's like do away with this conventional wisdom that turns out not to be true.

**Unger:** I love that approach of getting the data and really challenging the assumption that had gone on about that.

**Dr. Kimball:** And it made a big difference. And I think today people are much more open and thinking about women who are starting young families and recognize that, I made this argument very early in my career, as well as while you may have a young woman who's on maternity leave. I may have an older clinician who also has a medical leave. Things happen in people's lives and we can't predict them. But when you're a physician, you have that career typically for a very long time. So it's not about what happens in any given three months that matters.

**Unger:** Well, speaking of unpredictable, we know the pandemic has had a huge impact of women in the workforce who often have to bear the brunt of childcare and all of this uncertainty that's been thrown up around life today, has that had an impact in medicine that you see the same dynamics occurring?
Dr. Kimball: Oh, I mean, this pandemic obviously has upended everyone but it did lay open, again, that women and women physician parents are shouldering a lot of the homework that they need todo. I do think spouses have picked up some of the slack during this time. Everybody had to be in to make this happen but there’s no question that it caused a lot of concern about, was this going to hold women back further? Could they not get their papers done? Could they not get their scholarships done? We did look at that in our community. And I was very pleased to see that the number and proportion of women who are applying for grants and had success for grants actually hadn’t changed but we need to keep a very careful eye on it to make sure that this has not held people back. I would say there are some positive things though too.

Unger: Yeah. What’s coming out of this because I think, like everywhere people are starting to question things, why am I making that hour long commute? Why do I need to do that from the office? I mean, are there assumptions that are fundamentally being questioned and new opportunities coming out of the pandemic?

Dr. Kimball: Absolutely. And so this is what makes me both excited and optimistic. So number one, the fact that we can now do so much online and order things and get ... all sorts of things have opened up that give people more flexibility and freedom in terms of how they get sort of daily life accomplished. So there’s just all that tactical stuff that’s in there. Then there’s some really interesting things around promotion. So right, we used to say that to become a professor, you needed an international reputation. Well, if you can now do your video across the globe, can you create your international reputation in a much more family friendly kind of way? I think absolutely. And that’s really important.

And then I think telehealth also gives us a huge opportunity to unhook kind of our clinical practice from the routine of 8 to 5. Do you want to see patients 10 to 3, so you can do something, drop your kids off and pick them up. That might be a possibility. And so I really encourage women and families and everyone to think about the good things that the pandemic has taught us about how to organize our work and our lives to make it more efficient. We also have to make sure that we keep the barrier between the two so that they don’t completely blend into each other, which I think is a risk but there’s some good stuff in here.

Unger: Especially if you’re starting at 6:30 in the morning, that could be for a very long day. I want to talk a little bit back. We mentioned mentorship at the beginning of this and you were the recipient of the 2021 Joseph B. Martin Dean’s Leadership Award for the Advancement of Women Faculty, which is a testimony to all of the mentoring that you’ve done. How do you factor that in to your other responsibilities and why is it so important for leaders to make time for that?

Dr. Kimball: Oh, thanks so much. It was one of the most meaningful professional and personal experiences I had. So it was a great moment. Thank you. One of the things that came so clear in the
process was ... I had trainees and others come forward and say, "You did this one thing and it made such a big difference." And I looked back and I thought, it wasn't that big a thing at least to me but it made me realize how important those little touches, those little pieces of advice, the things that resonate can be for people. And in my own career, that certainly happened. It was the chief of service who I walked into a room, there's a leadership table and an intimidating conference room. And he says, "Alexa, you sit here, right?" Invites me to the leadership table. It's the colleague who credentials me early in a meeting and says, "Alexa is the expert here."

Those little things can make a huge difference for people and leave lasting impact. So as a leader, you need to make sure you leave enough room to have those conversations and do those little things. And so I always try to leave what I call R&D time to make sure that I'm reaching out to people and learning these new things and being in touch.

**Unger:** In those examples you just gave me, I think a lot of people are unclear on the difference between mentorship and sponsorship and they are really different things. How do you think about that difference in your own mind and how does that characterize itself?

**Dr. Kimball:** Yes, I agree. A sponsorship and mentorship are quite different and you can do both at the same time. And sponsorship of course is about, I think, matching opportunities to people, right? It's about putting people forward. And that's a very important thing but also why you need to be out there a little bit to meet people because otherwise you don't know them enough to sponsor them. So you need to have kind of incoming information to do that effectively. For me, mentoring is about helping people think through their own goals. And I think there's always a risk of inserting your own goals as opposed to letting them articulate their own. So that's the first step is helping them figure out who they want to be. And then it's about helping them figure out how to get there. And there may be sponsorship along the way but it's really about connecting them with a pathway that gets them to be who they want to be.

**Unger:** Yeah. Sometimes I think, in just thinking about my own team, the sponsorship is kind of keeping an eye out for people and making sure they get the opportunities that they need where that doesn't always happen because people are really busy. So is that how you're in the background watching out for that too?

**Dr. Kimball:** Oh, absolutely. And as I said, I have recruited people from buffet lines who I have just met. I see junior people and I say, I should just meet them. Even if I don't have the right role for them. I may have the right role for them in a year and I need to know who they are in order to do that. So it's really about keeping all those sort of connections and synthesizing people and opportunities at the same time that I think makes such an important part of sponsorship.
Unger: Just in closing, what advice would you have for leaders who want to prioritize the advancement of women? Any other key strategies you've found to be particularly effective?

Dr. Kimball: So, I think another thing that pandemic taught us is a lot about empathy. Everyone experienced this in a different way. And what I found is I can't necessarily predict what is going to be helpful for a given individual but you have to recognize that everyone has given up things and had things happened. And so meeting people where they are is really important and providing therefore programs flexibility that people can choose as opposed to deciding this is going to be the answer for everybody. So that's really key. I think keeping work in this area top of mind all the time is important. Again, there's structural things around everything from comp to meeting times, then there's individual mentorship. And then there's again, making sure that you match the opportunities but you have to be thinking about that really, as well as all the pieces of diversity, equity and inclusion that are so critical. Those things have to be top of mind all the time.

Unger: Dr. Kimball, thanks so much for being with us here today and helping us celebrate Women in Medicine Month. It's been a pleasure talking to you. That's it for today's Moving Medicine video and podcast. For more great videos and podcasts, subscribe today at ama-assn.org/podcasts. Thanks for joining us, please take care.

Dr. Kimball: Thank you so much. Thank you.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.