



**AMA Women in Medicine Webinar
Women Physicians Leading During Crisis
Question and Answer Summary**

- Q. How did you hear about the continuing education experience you mentioned in your presentation? Did you have your own mentor, coach or sponsor who told you about it? If you could expand a little more on why it is so valuable and why we might want to consider something similar?**
- A. I personally believe that we never stop learning. A few years ago, one of my mentors mentioned the executive training programs at both the Harvard Kennedy school and Harvard School of Public Health, the Chan School, which focus on women in health care leadership. Also, support from my organization was very important - my chairman saw that my learning would help our whole department and he invested in me. Two things happened - I asked for help and got it from someone who had the foresight to see that investing in me was investing in our department.
- Q. How do you find mentors or sponsors after you are done with your formal training?**
- A. I have had mentors pretty much throughout my life. I have been very lucky to start with coaches when I was younger, really excellent teachers who saw potential in me and encouraged me. There are always those organized mentorships, and they are never quite as good as finding people to mentor you. My recommendation is to have multiple mentors for different aspects of both your career and your life. I embraced my mentor when we were precepting side-by-side because I realized she was further along in her career. She was the kind of doctor and leader that I wanted to be. We kept peppering each other with questions, then it got to the point where we were planning out my entire life - I just had followed her instructions.
- Q. How you feel that leadership intersects with health policy and how your work has changed, particularly in the current political and epidemiological crisis that is happening?**
- A. I would say health policy and being a physician go hand-in-hand. We always talk about the social determinants of health, basically where you live, learn, work and play, plays a larger role in your health care outcomes than what we do in the exam room. As a physician, I feel that it is our role to help advise those policymakers and be a constant resource for them. We decided to have a baseline level of health policy and advocacy knowledge for our residents so they will graduate with the ability to engage with community organizations or policymakers. We want our physicians to be trusted resources so that when decisions are made in our communities, our patients and our members are represented. So, how has this changed in the current environment? It is really important to have trusted, sincere resources. We have engaged in a long-term relationship with policymakers, so we do not have the polarization that might exist. It is all about the long game. We have been talking to them for years, and they know that we are there for our patients and our members. We want our communities to be healthy and our members to be fruitful. I think it is critical that physicians understand that our community impacts our patient's health and we have to help impact the choices in our community.



Q. Do you think that storytelling can help elevate leading in a crisis and improved communication when you are talking about the advocacy work and engagement strategy that you have?

A. I think storytelling is critical. I think it was Maya Angelou who said people will not remember what you say, they remember how you made them feel. You do not get feelings from numbers. You get feelings from the fact that someone told you about a person and whatever was going to happen impacted them. One of the issues that we have been involved with for the last couple of years is insulin pricing. We were testifying in front of our state legislature -- I testified, our residents testified, but the most important the patients were testifying. When we came as physicians, we were there to amplify the patient's voices. As a physician, I think it is critical that we use our stories and our patients' stories to amplify their voice and advocate for things to be better.

Q. What is your approach to prioritization when you are juggling different priorities with family or professional life along with the different hats you wear?

A. My approach is to be as imperfect as possible, constantly fail, and be okay with that. I am not going to do everything exactly right. I have the privilege to co-parent with amazing fathers. Though my son is safe and cared for, I still want to spend time with him. At one point, we were having executive team meetings for our department - every day. There was a time when we were having meetings twice a day and, in the evenings, which was time I set aside to be with my son. Honestly, I would get off the call and say this is the time that I am going to spend with my son. As leaders, modeling this behavior allows other people to do it. We have to give ourselves a little grace and be gentle on ourselves. I am not going to be perfect. I am not going to do things that everyone else can do. I am going to do the best I can.

Q. Can you share how you measure your impact? How you look at the impact of your leadership identity?

A. One of the things that I had to come to grips with is actually I learned from the Bhagavad Gita, which is do your duty and let go of the fruits of that. One of the things I have always tried to do over the last few years is do my duty and let go of the outcomes, examine them, but I am not going to gauge my worth on that. I had times where some of my alumni called to ask advice. I remember one of my alumni saying they heard my podcast and it really helped them. You just want to know that you helped at least one person.