Featuring Elisabeth Stambaugh, MD, MMM; Keren Rosenblum, MD, FACOG; and Keith (Tony) Jones, MD

AMGA's 2023 Annual Conference in Chicago featured a number of presentations and panels touching on layered topics such as the transition to value-based care, physician burnout, and quality improvement. A breakout session that stood out as one of the most charged discussions of the multiday event was titled "Don't Let Gender Be the Measure of Potential: Recognizing and Elevating Talent in a World with Inherent Gender Bias," featuring Elisabeth Stambaugh, MD, MMM, chief medical officer, Atrium Health Wake Forest Health Network; Keren Rosenblum, MD, FACOG, board chair, Vancouver Clinic; and Keith (Tony) Jones, MD, chief physician executive, University of Alabama Health Services Foundation. The presentation was moderated by Katie Henry, JD, chief administrative officer, Austin Regional Clinic, P.A., and Luis Garcia, MD, FACS, president, Sanford Health Clinic, Sanford Health.

Together, the panel held an engaging, and at times uncomfortable, conversation about the still-evident presence of gender discrimination and prejudice toward the health industry's female workforce.

The Price of Maternity

The panel began with some good, old-fashioned venting with a series of anecdotes of cringe-inducing, backward behavior that would leave anyone with an ounce of empathy frustrated, angry, and in utter disbelief.

Stambaugh kicked things off with a story she admitted would make her tear up in previous tellings. She related how, as a mother of three young children, she was working as an OB/GYN

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in North Carolina, taking significant steps toward obtaining a leadership position within the organization. With this burgeoning career advancement, unfortunately, came a much more substantial workload.

"Because my thought was that my partners were sort of like family, I went to them," Stambaugh admitted. "I said, 'Help me figure this out. I am dying. The call schedule is killing me.' We kept going between five docs and four docs, and as OB/GYNs know, that's a big difference. It was exhausting. And I said, 'I just need to think about how to possibly do something different.' If you have a problem at home, you hopefully have a partner you can go to and say, 'Here's my problem. I don't know what to do here. Let's talk through this.' And that was what I was doing with my colleagues, which turned out to be the wrong thing to do.

"It was a great leadership learning moment, because when I said that to my partners, one of them said, 'We brought you here,' in a way that basically told me, 'How dare you?' Another one said, 'We're going to need to change the contract for new docs so that there's a certain amount of time that you're required to do OB call before you can back out of doing it.' As we're having this conversation, I said to the physician—the male physician—who had pushed me toward leadership, 'But you told me I should be chief of staff.' And he said, 'Yeah, but I didn't tell you to have three kids.' He had three kids, by the way. So I was basically being told you can't make the same choices because you're a woman."

While she was able to relate this memory without tears, Stambaugh said that even today, "It's hard when the expectations are different because you're a woman, yet you're trying to make the same choices that are out there for men."

Finding an Ally

Riding the uncomfortable momentum of Stambaugh's tale, Rosenblum discussed the

Issues

Don't let gender be the measure of success

consequences of her own "audacious choice to have children and have a career." At the time, she was working as the chair of Vancouver Clinic's OB/GYN department, and for those in an administrative position, compensation followed a complicated formula based on individual productivity in the prior year and some percentage of time spent on administrative duties.

"As you can imagine," Rosenblum shared, "in the last month or so prior to my maternity leave, I was not working at the same level I normally was. I was no longer taking call because that was a risk to my partners. What if I went into labor? They didn't want to cover my call. I also couldn't quite do surgery either, because I couldn't reach the table. So I didn't do as much that last month. After giving birth, I then took my full three months of maternity leave. When I came back, I was then committed to breastfeeding for my child's first year, so I was taking pumping breaks. As you can imagine, my productivity was impacted for a significant amount of time."

When it eventually came time to calculate Rosenblum's compensation, she learned she was going to be assessed for an entire 12-month period. "I wasn't there for 12 months," said Rosenblum. "I got no support from the finance department. So I went to higher leadership and said, 'Look, the way that they are calculating this, I'm not going to get paid appropriately for the same quality of leadership that I'm going to provide because I had a child. And the first response I got—and this speaks not just to gender but many axes of identity where we can be marginalized—I was told, 'You're really nickel and diming us here. But that kind of fits, right? Because you're Jewish.'"

Taking a pause from the collective groans and gasps from the crowd, Rosenblum continued, "This is when I realized I needed an ally. I needed somebody else to help. My direct supervisor was a friend of mine. He was also a White man. I took him aside and spoke to him about what happened, and he was incredibly upset. He took the exact same words that I used, went to the same administrative team, and they said, 'Well, oh my gosh, we've never had someone as a department chair take maternity leave. We don't have a policy. Thank you so much for bringing our attention to this important matter. Why don't you figure it out?'

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"So many women in this room I see are nodding. It was a wonderful learning moment for me of speaking my truth, understanding my position, being willing to bring something up, but also knowing that I couldn't always do this alone and how important it was to find an ally, someone who believed in me, who for right or wrong reasons, was going to have more of an ability to influence the conversation and was willing to stand there beside me and speak up so that we could both be heard."

Being an Ally

Jumping off this point of male allyship and becoming someone willing to assist in institutionally opening previously barred pathways for women, Jones spoke to his unique perspective with the University of Alabama at Birmingham (UAB). Already making inroads as chair of UAB's Anesthesiology department, improving perspectives toward diversity, equity, and inclusion, Jones attended a workshop on educational opportunities for women and their development as leaders. Jones said that in attending this workshop, he learned it wasn't enough to be receptive and supportive toward his female partners and colleagues. You had to be assertive and go on the offensive.

"Kind of like the concept over the past several years around racism in our country," explained Jones. "It's not enough to be neutral. You have to be antiracist and engage with the issues. It's the same when it comes to diversity, equity, and inclusion at every level."

Jones would go on to use this newfound conviction with UAB's search committee for new hires, which had for some length of time made it nearly impossible for women candidates to even progress to the campus interview stage of the process.

"What I was seeing in the room was flat-out bias," asserted Jones. "And the reason that was happening was because when you just looked at the pedigree of the folks and the accomplishments, etc., yes, it was true that the women who were candidates were less experienced than some of their male counterparts. They hadn't necessarily accomplished quite as much. But the reason is because it's a specialty that has only recently promoted women in leadership. My argument to the rest of the committee was: We may not be making any decisions about who is going to be the new leader of this group, but we want to be inclusive. It was about making sure they had an opportunity to demonstrate their capabilities and earn their job on the basis of their vision, and their skills in terms of leadership management, etc.

"It wasn't, 'Hey, we're going to automatically pick a woman.' The issue was that we wanted to have a diverse candidate pool. We have a role to play if we're really going to be successful in terms of getting the best and brightest in every part of the organization. You have to be able to make sure you have an inclusive process and that you are casting the net wide for the best talent, because it will emerge if you actually do that."

"We're seeing that women are making up the majority of the workforce in healthcare, so it's important to understand what the daily struggles your workforce is navigating are and how we can try as leaders to make them better."
—Katie Henry, JD

Sponsors and Mentors

Taking Jones' talking points of allyship to something deeper, Stambaugh went on to address the concept of sponsors and mentors. She confessed that early in her career, she held some of her own biases and frustration at the thought of needing a man to help her advance in her career. "We should be able to do this on our own, ladies. Right?" she said. "And the truth is, we can. It will take a lot longer, though. So if the goal is to get that seat at the table and to get to true equity, whether it's gender, whether it's racial, whether it's religious, if you have partners, you'll get there a lot more quickly. And the partners that you're going to get are people who see things the same way you do. So why not? I'll admit, it took me a while to figure that out."

Stambaugh went on to clarify that you don't have to rely on a single mentor who provides everything to you. You can have mentors who provide little pieces that you can build into something larger.

Microaggressions

As the conversation between the panelists continued, examples of unfortunate gender bias veered from the more dramatic and overt to the everyday reality of enduring the female experience.

Take, for example, when crying comes to the emotional surface. "Here's some advice that I absolutely love, so I'm sharing it for anybody who has the same experience," Stambaugh said. "I met someone who learned to say, 'You have made me so mad

that I am clearly very upset. I'm going to need to walk away, and we'll need to address this later.' Calling it out and putting it back on the other person, that's now what I do."

Henry chimed in as well: "I do the same thing. But also started pre-warning people. 'If you ever see me crying, it's not because I'm sad. It's because I'm so mad I can't even stand it.'"

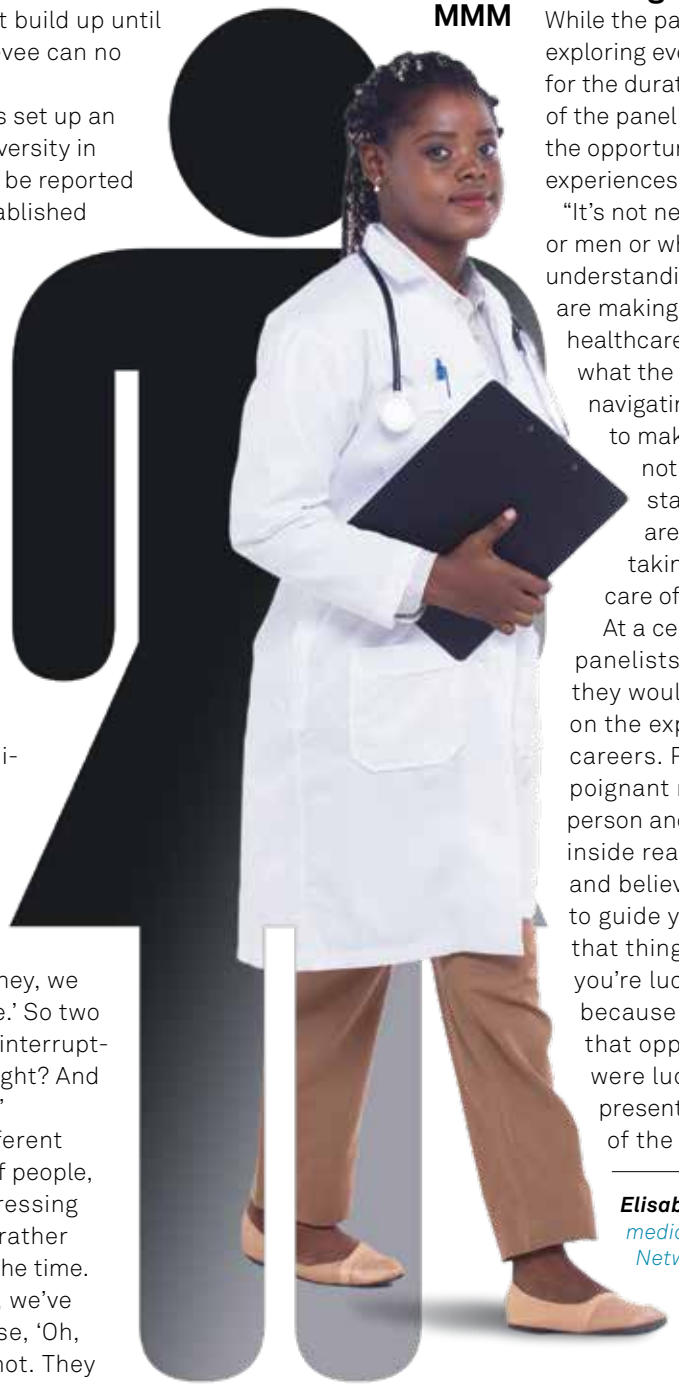
These tears more often than not come as a result of microaggressions, the small but lasting slights and offenses that build up until the emotional and mental levee can no longer hold.

Jones shared how UAB has set up an infrastructure within the university in which microaggressions can be reported anonymously, as well as established educational programs and training within its curricula for providers and faculty to recognize such acts when they are witnessed.

Stambaugh spoke about how she learned to address such derisiveness in the moment: "So here's a scenario: There's a meeting. There's a senior male physician in the meeting and a younger female physician colleague who has just come from an outside organization, and issues are being discussed. And the woman starts saying, 'Well, you know, here's what we did where I came from,' and the older male colleague interrupts and says, 'Oh, honey, we don't have time for that here.' So two microaggressions. One, the interrupting, which never happens, right? And then the other is the 'honey.'

"There are a couple of different ways to address that. A lot of people, I think, would consider addressing the 'honey' comment later, rather than making it a big deal at the time. All these microaggressions, we've all encountered the response, 'Oh, you're overreacting.' We're not. They just add up. I've been practicing saying something I learned from Julie Freischlag, MD [CEO of Atrium Health Wake Forest Baptist]: 'Oh, I'm sorry, I must have misunderstood you. Did you just refer to a colleague as honey?' We have to call it out. You've got to. Calling it out right then, not letting people get away with these little things."

"If the goal is to get that seat at the table... if you have partners, you'll get there a lot more quickly."
—Elisabeth Stambaugh, MD, MMM



Seeking Understanding

While the panel could have easily continued exploring every nuanced corner of gender bias for the duration of the conference, every one of the panelists expressed their gratitude for the opportunity to share their stories and their experiences.

"It's not necessarily just understanding women or men or what have you," said Henry. "It's about understanding people. We're seeing that women are making up the majority of the workforce in healthcare, so it's important to understand what the daily struggles your workforce is navigating are and how we can try as leaders to make them better. What can we do? It's not blame. It's not anger. It's understanding and trying to make sure we are developing our future leaders and taking care of the people who are taking care of our patients."

At a certain point during the session, the panelists were asked what kind of advice they would tell their past selves based on the experience they've had over their careers. Rosenblum had perhaps the most poignant reply: "I would go back to that person and say that the things that are deep inside really matter. Find those strengths and believe in them, because they are going to guide you. I would also tell that person that things don't happen to you because you're lucky. A lot of times things happen because you have worked hard to create that opportunity where it looks like you were lucky, but you worked hard to be present and were able to take advantage of the moment. Keep doing that." GPJ

***Elisabeth Stambaugh, MD, MMM**, is chief medical officer at Atrium Wake Forest Health Network, **Keren Rosenblum, MD, FACOG**, is chairperson of the board at Vancouver Clinic, and **Keith (Tony) Jones, MD**, is chief physician executive at UAB Medicine.*