

WIA – Women In Anesthesiology

WIA – Newsletter

05/2019, Issue 1

Women In Anesthesiology
200 West Arbor Drive, MC 8770, San Diego, CA 92103
www.womeninanesthesiology.org



OUR MISSION

Women in Anesthesiology (WIA) is an organization devoted to the professional development of women physician anesthesiologists. Through both an informal and formal all-physician network, we support the recruitment, retention and job satisfaction of women in anesthesiology.

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Message from the President

Amy Schultz Pearson, MD



Dear supporters of Women in
Anesthesiology

I hope you all are enjoying the spring sunshine. This winter has been very busy for the WIA Board as we have some exciting developments for the coming months - and we are so excited to finally start sharing them with you. This is the inaugural newsletter for WIA, and hopefully the first of many. Kudos to Drs. Malinzak, Ackermann, and Rogers for their hard work on this edition. I am so impressed by the teams of smart, dedicated and efficient women that have risen up to support us as we expand. If you are new to WIA, let me share some background with you:

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Message from the President (continued)

WIA was founded in 2015 to address the barriers women in anesthesiology face in their pursuit of a successful career. In particular, when WIA was originally founded, 4 major factors stood out:

- (1) The lack of professional respect in comparison with male peers.
- (2) The gender-based pay gap.
- (3) Professional leave policies and culture that appear gender-neutral, but disadvantage women, especially during their childbearing or early parenting years.
- (4) The absence of adequate mentorship and sponsorship for female anesthesiologists and subsequent lack of women in leadership roles.

Currently, there is a higher percentage of women in general surgery residencies (38%) than anesthesiology residencies (37%) per the AAMC. Despite an overall increase in women medical school graduates, anesthesiology residents, and anesthesiology faculty members, the rate of increase in anesthesiology residents and female faculty remains low. The percent of women department chairs in anesthesiology is about 12%, which has not significantly changed since 2004. The 2014 RAND study reported a gender pay gap – with all other factors accounted for – of \$33,000 for US anesthesiologists.

But times are changing for our specialty. Forty percent of anesthesiologists under age 36 are now women. The ASA will have had 4 women presidents from 2014-2021. **Movements of women anesthesiologists in leadership, research, and patient care are expanding quickly across the country.** Here are some recent examples:

- A workgroup of women anesthesiologists put forth the ASA Statement on Leave and lobbied the ABA to reconsider its Absence from Training Policy.
- A plethora of research articles have been published this year by anesthesiologists on the subject of women in medicine (see selected articles below), including a special edition of International Anesthesiology Clinics and a planned special edition for the [British Journal of Anaesthesia](#).
- Women anesthesiologists are preparing a task force to look into compensation factors. You may have even participated in the ASA survey a few months ago.
- Women anesthesiologists submitted a significant number of sessions for this year's ASA meeting, many of which were accepted.
- Earlier this month, a group of primarily women anesthesiologists banded together to personally raise more than \$10,000 for the Anesthesia Patient Safety Foundation in less than a week.

Women in Anesthesiology is growing in its influence. Our board has expanded to 10 top-notch professionals ready to work hard for this cause. **We are revamping our website, starting a newsletter, expanding our social media reach, and growing components across the country. We have our sights on our first independent CME conference, but not before first celebrating our 2019 Annual Meeting in Orlando, which will be our best (and biggest) yet!**

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Message from the President (continued)

All of this is to say, we are so grateful for your support. If you would like to volunteer for any of the WIA initiatives listed above, please message info@womeninanesesthesiology.org. We will have Board positions opening soon, as well as a revamped membership website. We hope to make you proud in the coming months.

And we DEFINITELY hope to see you at our annual meeting on October 18.

With gratitude,

Amy Pearson, MD

President, Women in Anesthesiology, LLC

Relevant recent articles:

Drs. Chandrabose & Pearson. Organizing Women in Anesthesiology (primary reference for data contained in this message):

<https://www.ncbi.nlm.nih.gov/pubmed/29889123>

Dr. McQueen. Women in Anesthesia. (Dr. McQueen served as guest editor for this special edition of International Anesthesiology Clinics on Women in Anesthesia, the table of contents which can be found [here](#) with articles from many women in anesthesiology ranging from world issues to academic promotion to minority women to the gender pay gap.)

Drs. Bissing, Lang, Davila, Wong, McCarthy, Stock, Toledo. Status of Women in Academic Anesthesiology: A 10-Year Update.

<https://www.ncbi.nlm.nih.gov/pubmed/30096082>

Drs. Fahy, Culley, Sun, Dainer, Lutkoski, Lien. Gender Distribution of the American Board of Anesthesiology Diplomates, Examiners, and Directors (1985-2015).

<https://www.ncbi.nlm.nih.gov/pubmed/29683833>

Speaker Gender Representation at the American Society of Anesthesiology Annual Meeting: 2011-2016.

<https://www.ncbi.nlm.nih.gov/pubmed/30489314>

Drs. Mayes, Wong, Zimmer, Fernandez-Bustamante, Bartels. Gender differences in career development awards in United States' anesthesiology and surgery departments, 2006-2016.

<https://www.ncbi.nlm.nih.gov/pubmed/30049265>

Drs. Shillcutt & Silver. Social Media and Advancement of Women Physicians.

<https://www.ncbi.nlm.nih.gov/pubmed/29897857>

Drs. Pearson, Dodd, Kraus, Ondecko Ligda, Hertzberg, Patel, Chandrabose. Pilot Survey of Female Anesthesiologists' Childbearing and Parental Leave Experiences.

<https://www.ncbi.nlm.nih.gov/pubmed/30273232>

Drs. Leslie, Hopf, Houston, O'Sullivan. Women, Minorities, and Leadership in Anesthesiology: Take the Pledge.

<https://www.ncbi.nlm.nih.gov/pubmed/28426582>

Drs. Moeschler, Warner, Gazelka. #WomeninPainMedicine: We Are Here.

<https://www.ncbi.nlm.nih.gov/pubmed/30234846>

Drs. Doshi & Bicket. Why Aren't There More Female Pain Medicine Physicians?

<https://www.ncbi.nlm.nih.gov/pubmed/29634520>

Drs. Meier, Yang, Liu, Beitler, Tu, Owens, Sundarajan, Malhotra, Sell. Female Physician Leadership During Cardiopulmonary Resuscitation Is Associated With Improved Patient Outcomes.

<https://www.ncbi.nlm.nih.gov/pubmed/30303843>

WIA – Women In Anesthesiology

Greetings from the Newsletter Subcommittee Co-Chairs

Barbara Rogers, MD

Wiebke Ackermann, MD

The time for the very first Women in Anesthesiology Newsletter has come. We are incredibly excited to finally present this to you as an additional mode of connecting all WIA members. This Newsletter is another tool of the Women in Anesthesiology, Inc. to provide updates and information to all members of this nonprofit organization. It stands next to our website (womeninanesesthesiology.org), our Twitter presence (@womenMDinanesth), our Facebook account (Women in Anesthesiology) (<https://www.facebook.com/groups/womeninanesesthesiology/>), as well as our annual meeting.

We have set up a platform for the production of the Newsletter: womeninanesesthesiology.news@gmail.com

We encourage everyone to contribute to the Newsletter via this google account. Please submit suggestions for future Newsletter content. Send us any material that you would like to be published in the Newsletter. We see our Subcommittee Chair role as facilitators who help putting the Newsletter together. We depend on your contributions to the content of this medium. Please let us know if you have had any recent achievements such as academic promotion, ASA speaker, new ASA Board examiner, etc. We would like to highlight this in the Newsletter.

The Newsletter might get distributed from the above Gmail address as well so please check and make sure it doesn't end up in your spam.

We hope that this Newsletter will be an opportunity to also reach women in anesthesiology, who may not utilize social media regularly and who are not able to travel to the annual meeting. WIA is aiming to broaden its membership and become a stronger organization in order to fulfill its mission of supporting women physician anesthesiologists in their professional development.

We would like to thank everyone who made any contributions to Women in Anesthesiology, Inc. starting with the founder and first president Rekha Chandrabose, MD, the current president Amy Schultz Pearson, MD, the board members and the many volunteers as well as the WIA members who contribute with their membership payments and the numerous attendees of the annual meetings.

Please enjoy this Newsletter and don't hesitate to give some input to the email address above.

Barbara Rogers and Wiebke Ackermann

Newsletter Subcommittee Co-Chairs

WIA – Women In Anesthesiology

Our voices have been heard

ABA revised absence from training policy for parental leave

Dalia Elmofty, MD



Female physicians struggle to maintain a balance between working and family life, often sacrificing the latter to succeed and gain status within their professional society. Being a physician can become extremely difficult when it comes to having a baby. Many female physicians are afraid of starting a family knowing that their career will most likely be affected and are opting to have children at the end of their childbearing years which is associated with higher complication rates. In 2016, 86% of women ages 40 to 44 gave birth compared to 80% in 2006, according to a Pew Research Center analysis of U.S. Census Bureau

data (1). As more women enter the field of medicine, the medical community needs to support women with childbearing and pregnancy during residency training.

A Personal Note

On March 26, 2006, I was a CA-2 Anesthesiology resident when I gave birth to my precious son, Adam. I clearly remember this day as I had just gotten home after a hectic 24 hour call shift. I had saved my 4 weeks of vacation time in anticipation of his birth along with an additional 4 week leave that would lengthen my total training time to compensate for the absence from training. I wanted to take additional time off to be at home with my little one but felt pressured to return to work because it would further jeopardize my career leading to a delay in my board certification and fellowship training. It was a painful and confusing decision, but I returned 8 weeks later, sleep deprived and in a challenged mental state. I had low energy plus a lack of motivation and concentration that made my dual roles at home and work even tougher. I experienced [separation anxiety](#) from being away from my baby and, of course, [working mom guilt](#). I felt inadequate and unable to measure up, at home or at work. I was in so much pain from breast engorgement with limited break time for pumping and ultimately stopped breastfeeding at 3 months due to lack of production. I was afraid to ask for additional breaks as I didn't want to be perceived as the "lazy resident." With the support of my amazing husband and family, I persevered. I completed my fellowship training, but because of the additional 4 week leave of absence, my eligibility for fellowship board certification was delayed. I did not realize the impact this would have on my progress until I signed my first employment contract that associated salary compensation with board certification. The "domino effect" of having a child during residency training became all too apparent.

A Change Needs to Happen

For years, parental leave of absence for physicians in residency training has been harshly restricted due to time-based training requirements set forth by specialty boards. An additional leave of absence would extend training time and eligibility for board certification. Because of this restriction, many women defer pregnancy during residency training. This leads to having children at advanced maternal age and increases risk for birth defects and complications with pregnancy (2).

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Our voices have been heard (continued)

Female physicians having children later in life leads to a higher use of assisted reproductive technology, lower number of total children, and a higher rate of delivery inductions (3). Childbearing should not be delayed during residency training. Residency programs and specialty boards need to develop strategies to avoid penalizing women for their timing of childbirth.

A Change Happened

In 2018, Pearson et al. conducted a survey of female anesthesiologists' childbearing and parental leave experiences. A majority of the female anesthesiologists who gave birth during residency training had chosen to extend their training, which subsequently delayed board certification (4). Female physicians continue to face long-term consequences for childbearing during training. Members from Women in Anesthesiology (Rekha Chandrabose, MD, University of California San Diego, Sarah Dodd, MD, Mayo Clinic, Linda Hertzberg, MD, FASA, Stanford University, Molly Kraus, MD, Mayo Clinic, Cindy Ku, MD, Beth Israel Deaconess, Elizabeth Malinzak, MD, Duke University, Susan Moeschler, MD, Mayo Clinic, and Amy Pearson, MD, University of Iowa) were determined to end this gender bias and put forth a proposal to the American Board of Anesthesiology (ABA) regarding the parental leave policy. A task force was created, "the parental leave workgroup." In record time and with overwhelming support of the American Society of Anesthesiologists (ASA), the ABA proposed new changes to parental leave that goes into effect July 1, 2019. The changes in the policy allow 40 additional days (8 weeks) away from training over and above the 60 working days (12 weeks) during the CA 1-3 years of training that a candidate may be absent from training for the birth and care of a newborn, adopted or foster child (5).

Women in Anesthesiology (WIA) is committed to defeat the pervasiveness of gender inequities within medicine. A lack of women in leadership positions, a gender pay gap, stereotypes and self-confidence all play a role in gender inequality in medicine. WIA will work to create a future of equal opportunities with an equitable valuation of men and women's skills.

References

1. Livingston, G. (2019). *U.S. Women More Likely to Have Children Than a Decade Ago*. [online] Pew Research Center's Social & Demographic Trends Project. Available at: <https://www.pewsocialtrends.org/2018/01/18/theyre-waiting-longer-but-u-s-women-today-more-likely-to-have-children-than-a-decade-ago/>.
2. Anderson A, Wohlfhart J, Christens P, et al. Maternal age and fetal loss: population based register linkage study. *BMJ* 2000; 320: 1708-1712.
3. Lerner LB, Stolzmann KL, Gulla VD. Birth trends and pregnancy complications among women urologists. *J Am Coll Surg* 2009; 208: 293-297.
4. Pearson ACS, Dodd SE, Kraus MB, et al. Pilot survey of female anesthesiologists' childbearing and parental leave experiences. *Anesth Analg* 2018
5. Theaba.org. (2019). *The American Board of Anesthesiology - Policies/BOI*. [online] Available at: <http://www.theaba.org/ABOUT/Policies-BOI>.

Dalia Elmofly, MD

WIA – Women In Anesthesiology

Board of Directors Update

Elizabeth B. Malinzak, MD

In 2019, the WIA Board of Directors met in February and March to discuss several projects.

- Annual Meeting 2019: This year's WIA Annual Meeting will be on Friday evening, October 18, 2019 at Pointe Orlando. Pointe Orlando is a convenient location to the Orlando Convention Center, where ASA is headquartered. The Board has been brainstorming ideas for a fantastic keynote speaker who can address the issues of diversity and intersectionality. In addition, there will be plenty of time for networking and fun. Mark your calendars and be sure to arrange your travel plans so you can attend that evening. You don't want to miss it!
- Website: A priority for 2019 is the redesign of womeninanesesthesiology.com. Our goal is to provide more functionality and resources for our members. We have signed a contract with a company to assist not only in the redesign, but in regular maintenance of the website, to assure it is reaching the needs of female anesthesiologists.
- Newsletter: Another way to stay connected with you is through a regular newsletter. It also allows our members to contribute to the organization, helps the Board know which issues are a priority, and applauds the achievements of women anesthesiologists. This is our first edition, and we plan to publish at least three per year. We welcome any ideas or contributions for the newsletter, including previously published articles and resources. We celebrate creativity! If you interested, please email womeninanesesthesiology.news@gmail.com.
- Bylaws: As our organization grows, we are updating our Bylaws to reflect the needs of the membership. As we tackle new projects and issues, we are addressing new questions and revising our formal bylaws will allow us to reach our full potential.
- Chapters: The WIA Board is in awe of the phenomenal work many of you are doing in local, state, and organizational chapters. From causal dinners to CME state conferences, there is a tremendous amount of interest in our issues. We want to address the challenges you may face in establishing a chapter and provide guidance and support on maintaining and growing a formal group.
- Social Media: We currently reach our members through Twitter and Facebook, with plans to extend to additional social media platforms.
- Store: WIA swag has been available at previous Annual Meetings and we plan to continue that trend. We would also like to have these fabulous items available to order through an online platform.
- Annual Meeting 2020: We have our hopes that 2020 will allow our first independent CME conference and have already started thinking about the possibility of accomplishing this goal.
- Membership: WIA is a nonprofit organization that continues to grow each year and we are working to define membership and its value. Currently we rely on donations instead of charging a membership fee, so please consider making your donation today at womeninanesesthesiology.org. We are a fully volunteer organization, but our undertakings, including many that are listed above, cannot move forward without your monetary support.

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Board of Directors Update (continued)

We are excited about the year ahead and look forward to the amazing things we know we can accomplish with your help! If you would like to be involved with any of the above initiatives or have new ideas, please email info@womeninanesesthesiology.org so we can connect you with the appropriate Board member. As Dr. Pearson mentioned in her President's message, the movements of women anesthesiologists are expanding quickly across the country. The Board of Directors' number one goal is to help women anesthesiologists succeed. We are grateful for your support and your dedication.

Elizabeth B. Malinzak, MD
Communications Chair

Accomplishments/Highlights

--- Kim Strupp MD, Barbara Burian PhD and Anna Clebone MD

They oversaw the development and release of the new PediCrisis checklist app for managing intraop emergencies in children. Great app using human factors based design. Kim, Anna, and Barbara did the heavy lifting! Available for Android and iOS.

--- Lori Kiefer, MD

President of her group (29 docs)

Created and maintains their website.

Initiated and maintains their online schedule platform.

Developed and maintains an online travel reimbursement site.

Has had the role of Vice President, Chief of Anesthesia, recruitment chair, chair of the bylaw committee.

Acts as the medical director of a surgery center.

--- Lauren Fisher

Serves as a Career and Professional Advisor in the Office of Student Affairs, University of Arizona College of Medicine- Phoenix.

--- Kate Ropp

President of the Oregon Society of Anesthesiologists.

--- Congratulations new ASA Board Examiners:

Elizabeth Malinzak, M.D.

Nicole Guinn, M.D.

Tiffany Moon, M.D.

Kelly Machovec, M.D.

This list is not complete. Please let us know if your name should be mentioned here.

WIA – Women In Anesthesiology

Brave Enough

Sasha K. Shillcutt, MD MS



BRAVE ENOUGH®

We are excited to announce that Women In Anesthesia (WIA) has officially endorsed the Brave Enough 2019 Women Physicians CME Conference.

As a token of our appreciation, BE19 organizers are extending a \$50 discount to any WIA member that would like to purchase registration to Brave Enough 2019: Belong in Scottsdale, AZ in September 12 - 15th, 2019 at the Scottsdale Resort at McCormick Ranch. This conference is focused on leadership, gender equity, wellbeing, and growth. You will be connected with other women physicians through our program and leave a better you.

To purchase conference registration, visit: www.braveenoughconference.com. Click on 'I have a discount code' and enter code WIA50off to receive your exclusive discount!

Can't wait to see you there!

Sincerely,

Sasha K. Shillcutt, MD MS

Cardiac Anesthesiologist

Founder, Brave Enough

Conference: BE19

Podcast: Brave Enough Show

Centennial Congress of the Medical Women’s International Association (MWIA)

This is a short notice but exciting announcement we would like to pass on. You can find more information and register for this Congress on their website. amwa-doc.org/MWIA100.

Centennial Congress of the Medical Women’s International Association (MWIA)
hosted by the American Medical Women’s Association (AMWA)
July 25-28, 2019 in New York City.
amwa-doc.org/mwia100

This will be the first time in decades that the MWIA Congress has been hosted in the US.
40 international delegations are expected. Scientific posters are still being accepted.
The code ASSOCIATION will give \$50 off the meeting registration (excluding one-day options).

Wiebke Ackermann, MD