

SIU Women in Medicine

May 2016

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Summer is Almost Here!

Greetings Everyone!

It's hard to believe that summer is just around the corner. With breathtaking May flowers all around us, it's easy to reflect on a truly beautiful year so far.

Our Women in Medicine Group is going strong. While the ladies continue to meet regularly for Ladies Night, we have opened up our seminars to the entire department. We had some fun with role play during our Negotiation Seminar and were fortunate to have a powerful session on gender bias with our own

tremendous panel of female leaders.

We continue to contribute to our community, with our most recent project involving Girls on the Run. This issue highlights all of these activities as well the ongoing talent in our department and of course, all of the fun we're having while making a difference!

Wish you a very relaxing and fulfilling summer.

Sincerely,

Vidhya Prakash



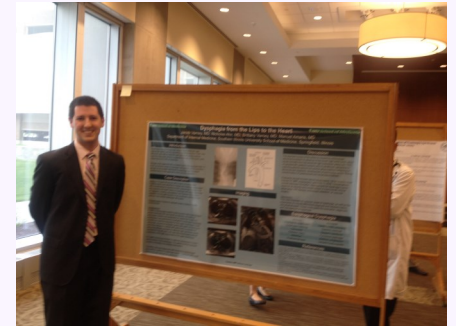
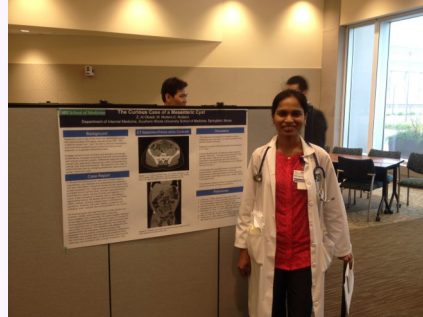
Quotable Quotes

"If you're offered a seat on a rocket ship, don't ask what seat! Just get on." Sheryl Sandberg

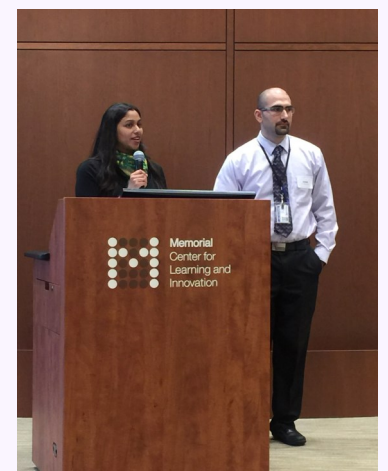
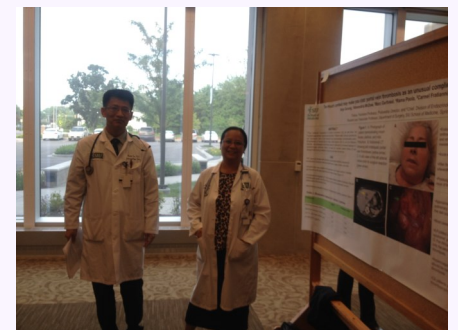
"The most common way people give up their power is by thinking they don't have any." Alice Walker



Department of Medicine Trainee Research Symposium: 2016



Many congratulations to each and every one of our resident and fellow participants in our First Annual Department of Medicine Trainee Research Symposium! We had a great turnout and the posters and presentations were exceptional. It was amazing to be in a room full of subject matter experts on topics ranging from Fabry Disease to narcotic induced SIADH. We are extremely proud of our trainees for their hard work and dedication to research and scholarship.



SIU Women in Medicine

May 2016

Negotiation Seminar Vidhya Prakash

How many of you have attended a negotiation seminar or had this topic built into any part of your medical school or residency curriculum? When I asked that question during our recent negotiation seminar nobody raised his or her hand.

The impetus for the seminar, conducted by Linda Toth and myself, was our attendance at a very effective and thought-provoking negotiation seminar at the 2015 “Learn, Serve, Lead” AAMC meeting, facilitated by Sara Laschever who is the author of “Ask for It” and “Women Don’t Ask.” Dr. Toth and I realized that while neither of us is an expert on the topic, it was important to bring back pearls from the AAMC meeting to SIU.

Our negotiation seminar was very interactive (see right) and participants seemed to have fun in the process! Between our small group sessions we reviewed the Harvard approach to principled negotiation (“Getting to Yes” by Roger Fisher and William Ury) and the power of using emotions to your advantage in negotiation (“Beyond Reason” by Roger Fisher and Daniel Shapiro).

Remember that we use negotiating techniques not only at work but on the home front as well. I negotiate with my children on a daily basis! The more mindful we are of our need to improve these skills, the more likely we will be able to facilitate win-win scenarios in all aspects of our lives.

My sincere thanks to Dr. Toth and all participants.

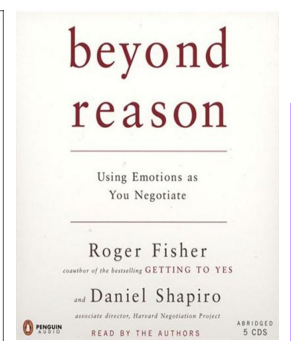
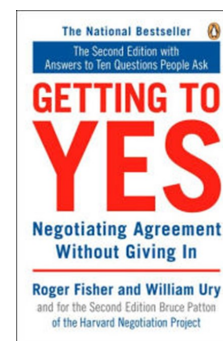
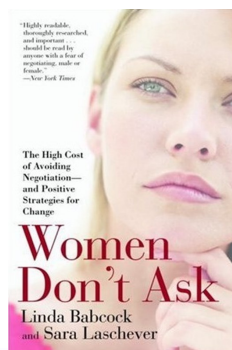
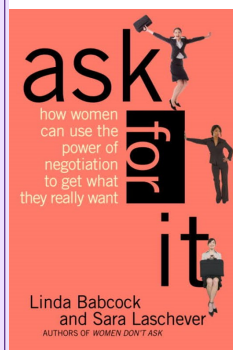
Negotiation Seminar, Feb 18th



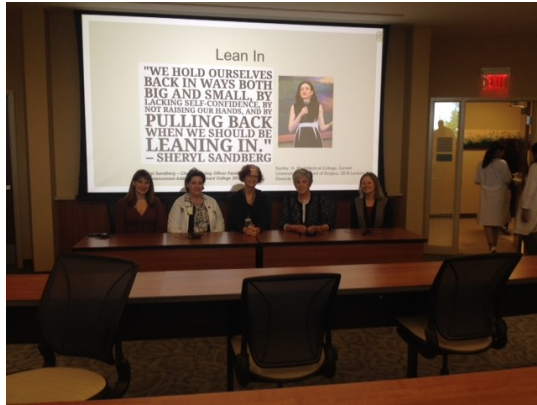
We had participants break up into groups of 2. The first scenario involved a buyer and seller of an old canoe. The second scenario involved an employer and employee for a position in a prestigious laboratory. It was interesting to see how people negotiated.

The most satisfied groups were not the ones with the highest amount of money or conditions met, but in groups where both parties were satisfied in a “win-win” situation.

Suggested Reading on Negotiation



Gender Bias Seminar, May 18th



We were extremely fortunate to have an extraordinary panel to discuss gender bias in academic medicine. Vidhya Prakash introduced the topic by reviewing some of the published data and then moderated the discussion. Our panelists included Careyana Brenham, Jan Rakinic, Karen Broquet, Hilary Sanfey and Linda Toth, (pictured above) who enlightened and enchanted us with their opinions and personal stories. Special thanks to this incredible crew who inspired and taught us so much. Below are some of our audience's comments on how gender bias affects them personally:

"I didn't realize how much bias I would encounter as a resident. It was eye opening and I have learned to not take it personally and try to work around it."

"I feel I have to work twice as hard to be twice as great as my peers or male counterparts. I personally have been called bitchy or bossy for standing firm on my position or giving my opinion when I know if a male did the same it would not have been taken so negatively."

"At first I thought that I didn't have much Gender Bias. I thought that being raised by a single mother that I was in a situation that spared me. I took the experiment quiz and found that this did apply to me and that maybe I could do better."

"I don't believe I have been directly impacted by gender bias, however I agree with what someone on the panel said a decent amount of it goes unnoticed."



Gender Bias in Medicine by Christine Todd, MD

I grew up in the 1970's, and back then, it was groovy to be a girl. Women's Lib was here to stay and I heard over and over that girls could do anything boys could. It seemed like the case when I was 9. I rode horses and went to school and played in a band just like the boys. I went to high school and college and medical school just like them, too. There were many points along the way where you could have asked me about gender bias and I would have told you that was a problem that belonged to previous generations. Did patients sometimes think I was a nurse instead of a doctor? Sure. But that was an easy mistake to correct, and didn't feel like an insult, just a vestige from a past way of thinking.

When you're a youngster, and you're up and coming, it isn't hard to get opportunities to show people that you're capable. If you're responsible and enthusiastic and a quick learner, you can rise through educational ranks pretty quickly. There are lots of mentors and peers that will help you and appreciate you. The journey is a lot of fun. Then you become a full-fledged member of the medical system and you look around at some point and realize you are participating in an incredibly sexist enterprise.

Medicine is not nice to female patients. We've pathologized childbirth, blamed childhood difficulties on bad mothering, coined a derisive term (hysteria) after a female body part, and shoe-horned women into treatment plans designed for and tested only on men. Modern medicine is an enterprise that has been run by men from an exclusively male perspective for centuries, and simply admitting more women into medical school isn't going to change that. I challenge you to talk to your female patients about the experiences they've had with the medical system, or go online to a health forum and read what women are subjected to when they seek medical attention. You will find a lot of really disheartening stories, and a lot of familiar stories – we have all seen women treated in degrading or dismissive ways by other doctors. We might not have felt high enough in the hierarchy to speak up about it, but we saw it. This isn't a phenomenon we notice because we're sensitized to it or seeking it out – medical literature suggests that bias against women is ongoing, robust and undeniable. Women get less analgesia, less of the doctor's time, less autonomy in decision making. Women are studied less, so diseases are defined as the male presentation of the disease (see acute coronary syndrome, where the type of discomfort women are more likely to have is termed "atypical." It's not atypical – it's very common. It's atypical only in respect to how the symptom presents in men) and the treatments available are the ones that have been tested primarily on men (and male lab rats, too – gender equality in lab animals used in research only happened in 2014).

If the medical establishment isn't nice to female patients, why in the world would we expect it to be friendly to female physicians? There is objective data to suggest that it is not. Female physicians are 6 times more likely than their male counterparts to commit suicide. They leave the work force in higher numbers than men do, and they are much more likely to work part time. And even when controlling for hours, call duty, job descriptions and geography, women physicians make only 88% of what their male counterparts make in salary – and that salary gap has widened in the last two decades. Even though I am aware of these statistics, I find myself wanting to resist the idea of gender bias in my life, my experience. I have to admit, though – it's there. If I look at who populates the committees and boards that control money and power – it's mostly if not exclusively men. If I look at who populates the groups and committees that have to grind out work that they're not really paid to do – it's mostly if not exclusively women. If I think about who is able to be at work and focus on the work at hand without worrying about home and kids and dinner – it's mostly men. The people I see multitasking domestic and professional duties all day long (and all evening long) – mostly women. It is no wonder that these undercompensated, underpowered, overtasked and underappreciated humans are having a very tough time of it.

Gender Bias in Medicine by Christine Todd, MD (cont'd)

Our culture dictates that it be so, of course – and it seems as if we women operate on the idea that we must prove that we can do these jobs and that we must never let anyone see us sweat. But I don't know. Working against the grain of our society in order to be fulfilled in our profession while feeling that we are not allowed to protest or even appear to notice the bias we face is, I think, the direct cause of the suicide, the unhappiness, the dropping out that the statistics record. In addition to that is the pressure to “have it all” and be the best doctor, the best mother and the best spouse – competing and contradictory goals. What is the solution? How do we continue to put pressure to society to open itself to us without killing ourselves in the process? I know for sure that part of the answer is to insist that men help us find the solution. We're talking about a transfer of power, and better communication between the two groups. We need to talk about our circumstance, and men need to hear about it with an open mind.

What do Women want? There is a substantial portion of the Western Literary Canon that is devoted to this very question, because for whatever reason, women and the way they do things and what motivates them to act in the way that they do are mysterious to the opposite sex. This enigmatic circumstance accounts for some of the allure between the sexes, but it accounts for the problems, as well. The light went on for me a few years ago when I attended a leadership conference and was sitting in the audience struggling, as I always did, about what exactly it meant to be a “leader.” Luckily, the conference speaker answered the issue succinctly: “Leadership is about how you make people feel when they are around you.” In understanding this definition, I realized why gender bias was never something I really felt as a student but felt strongly as an attending physician. After you're done being a student, you're supposed to become a leader. That's the path of a physician. And women have a leadership problem, because people don't always feel comfortable around us. Men – men in particular don't always feel comfortable around us. It's not always very clear to them what we want, what motivates us, how we'll act, what we'll decide. So we miss out on a lot of those leadership opportunities, because men are very comfortable around other men, who are more legible and predictable to them. The “Old Boy Network” is more than just the way things were. They are the way things still are, and I think the distrust between the genders is a big reason why. (If you need more convincing about this, look at our current presidential race and the rhetoric around the female candidate, who is, objectively, the most qualified of the bunch to hold the title).

I have seen women try to lead men, or vie for leadership with men, in all sorts of ways. One solution is to reason that if women are opaque and thus untrustworthy, it might benefit a woman on a career path to simply act like a man. I pursued that line of thinking myself. I was tough, I never got offended no matter how sexist the jokes and patter was (I wasn't offended as much as embarrassed, but in any case I hid it and went along with it), I never turned down extra work because I never wanted anyone to think that anything other than work was my priority. I was decisive, tamped down my emotional responses and prided myself on being as tough as any man. I think it worked okay. I advanced. I was considered reliable. I obtained some leadership roles. The problem was that I felt I was in no way free to be myself. I bought in to the idea that there was something wrong with being a woman in medicine by deciding to act like a man in order to be allowed to do it.

The point of being a woman (or any underrepresented minority) in medicine and of supporting diversity in general is the embrace of the idea that different people WILL do things differently and that is what we want. Everyone realizes our system of health care is very broken, with pretty dismal outcomes for many people, especially women and minorities. This will never change if the way the system operates doesn't change. Different perspectives on the practice of medicine is what patients want and what will lead to a healthier society. What is the point of being a woman in medicine if we all just act like men? I had a particular kind of way of connecting with people, an ability to compromise with integrity, and patience to let things happen without always controlling them that I suppressed in order to be one of the guys. That was a mistake. I'm a much better doctor with those facilities pushed to the front, even if it does render me confusing to some of my peers.

Gender Bias in Medicine by Christine Todd, MD (cont'd)

I'll add a personal note here and say that if you add other layers of opacity to your already mysterious gender, it gets even harder to get along in the medical profession. Women who are wives, mothers and who possess physical beauty are legible to the mainstream as "normal" women – deviate from that (and I deviated in every way) and the conversation about your worth as a physician becomes dominated by speculation on the reasons why you don't conform. After I realized this, I made deliberate attempts to "mainstream" myself in order to fit in better – and every time you've seen me wearing a dress, jewelry and makeup, you have seen my attempts at artifice at work.

Women are sometimes women's worst enemies. Working in a patriarchal system is challenging, particularly if you opt to behave in ways men doesn't expect. But I have to say, that's more of an experience of not fitting in with a culture as opposed to issues with specific people. What is surprising to me is that the specific, in-person conflicts I have had have all been with other women. The only patients I ever have trouble with in terms of not respecting a female doctor's advice are women – a memorable one insisting she would only take advice if it came from our medical student, the only man on an otherwise all-women team. Once, a fellow female physician physically blocked me from entering a room in which a meeting was being held because she did not want me to be part of the discussion. She knew from prior conversations about the topic at hand that I disagreed with her, and she did not want me to voice my viewpoint at the meeting. On another occasion, a female consultant shut the door to my patient's room in my face (I was following her into the room) and then leaned against it, preventing me from opening it, so that she could talk to the patient without my input (the patient had asked me to be there). On neither occasion had my colleague addressed the problem with me directly – they used actual physical aggressiveness to make their point. It's a phenomenon that's fairly commonly described with successful women – that they sabotage each other, or treat each other poorly. I suppose that for women, success and power can seem like a zero sum game – if you think there isn't enough for every woman to get a fair share, you always feel like you're competing against other women for the one spot out of 10 that will go to a woman. Women don't feel like there's an abundance of opportunities to succeed, so they fight each other for them. That's why opportunities to get together and support each other are very important. We should recognize that we are often at odds with each other and work on changing that dynamic.

It's going to be hard for a long while. It takes a long time to change a biased system. I'm glad that there are more women in medicine. With more women in the field, I hope that we will become more empowered to act as women and not feel we have to pretend to go along with the current patriarchal system. It's not so much that we have to reverse it – we have to change it by expanding the definition of the right way to practice medicine. That means questioning the way things are, being authentic to ourselves, and enlarging the definition of "physician." We will meet many people who object, disagree, fight back, resist. I don't think it's going to be a feel-good situation. In fact, it's probably going to feel wrong, awkward, and like we're making trouble for ourselves. We need to support each other so that we can keep climbing the hill.

Sometimes I feel like I have a good life and I should stop complaining because it seems ungrateful. I'm not sure I'm complaining – it's more like I'm just trying to see things clearly. Bias against women is so prevalent that I continue to be surprised even at my advanced age of the bias I myself carry. So here is a story about that. I have a great friend, an older lady who has been my mentor for a long time. I met her when I was a medical student and have kept in touch with her ever since. Just a few months ago, she told me that she had a terminal condition, and last week, she died. One of the things she insisted on was that her pallbearers be women, because she felt women had carried her through life, so it was only fitting that they carry her on her last journey here on Earth. I realized when I heard about that plan that I have never, ever, though it was odd that only men act as pallbearers. Why should that be? Why shouldn't it be the people who you trust, male or female?

Gender Bias in Medicine by Christine Todd, MD (cont'd)

The funeral home objected, saying pallbearers could only be men. Her family had to actually change funeral homes in order to find one that would allow female pallbearers. She got her way, and 8 women carried her through the church and on to her next life. It was the very embodiment of female empowerment, and it was a spectacular thing to see. It made me smile that even after she was dead, she was still teaching me things.

Sources/Readings -

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When Gender Stereotypes Become a Serious Hazard To Women's Health, Tara Culp-Ressler, <http://thinkprogress.org/health/2015/05/11/3654568/gender-roles-women-health/>

A Systematic Review on Gender-Specific Suicide Mortality in Medical Doctors, S. Lindeman, E. Laara, H. Hakko, J. Lonnqvist, <http://www.ncbi.nlm.nih.gov/pubmed/8833679>

Stresses on Women Physicians: Consequences and Coping Techniques, Gail Erlick Robinson, <https://www.med.upenn.edu/gastro/documents/StressesonWomenPhysicians.ConsequencesandCopingTechniques.pdf>

Should Women Be Doctors?, Lisa Belkin, <http://parenting.blogs.nytimes.com/2011/06/13/should-women-be-doctors/>

The Gender Gap in Pain, Laurie Edwards, <http://www.nytimes.com/2013/03/17/opinion/sunday/women-and-the-treatment-of-pain.html>

U.S. To Require Gender Equality For Medical Lab Rats, Francie Diep, <http://www.popsci.com/article/science/us-require-gender-equality-medical-lab-rats>

Up the Career Ladder, Lipstick In Hand, Catherine Saint Louis, <http://www.nytimes.com/2011/10/13/fashion/makeup-makes-women-appear-more-competent-study.html>

GIRLS ON THE RUN 5K

MAY 14, 2016

LINCOLNLAND COMMUNITY COLLEGE



Girls on the Run is a physical activity-based youth program for girls in the 3rd through 8th grade in Central Illinois. The goal of the program is “to unleash confidence through accomplishment while establishing a lifetime appreciation of health and fitness.” The program ends with girls being physically and emotionally prepared to compete in a celebratory 5K running event. Cathy Brower, Vidhya Prakash and Rama Poola (pictured above with Rama’s adorable son) represented SIU’s WIM group by volunteering at the annual Girls on the Run 5K. The ladies exercised their artistic abilities on that chilly Saturday morning, painting a wide variety of pictures on the faces of these determined young runners, including smiley faces, rainbows, puppy dogs, #1, and of course GOTR! Cathy and Rama ran with their children and it was a great race for all!



Left: Cathy Brower busy face painting (multiple girls were delighted by Cathy, Vidhya and Rama’s awesome artwork!)



Right: Rama with her adorable son.

SIU Women in Medicine

May 2016

Polar Plunge Adrienne Stich

On March 5, doctors, nurses, and medical assistants of the Internal Medicine Clinic descended onto Lake Springfield to participate in the Polar Plunge. The Polar Plunge is a national event that raises funds for the Special Olympics where participants dress in costume and plunge into the chilly waters of a local lake. This was the first time any of them had competed in the event. It was Dr. Susan Hingle's idea for SIU IM to send a team. One of the reasons I signed up was to support the Special Olympics, an organization that facilitates individuals showcasing their hard work and talent, who might otherwise, not be given the opportunity. I also thought it would allow for team bonding with my colleagues.

Sticking with a medical theme, the team's name was Code Blue, and the members were dressed in hospital gowns and caps, in addition to a nurse fish (whose costume was handmade!). The team raised over \$2000 to support the cause and took home two trophies. One was awarded to Dr. Hingle for most money raised by an individual, and the other was a team award for best costume. The team plans to attend the event again next year and is hoping to attract additional members. They are also brainstorming next year's costume.

Polar Plunge! March 5th



Top row left to right:
Susan Hingle
Ashley Richno
Adrienne Stich
Sam Smith
Joan Swaar
Rexanne Caga-anan

Lower row:
Jessica Price

From left to right:
Sam Smith
Adrienne Stich
Ashley Richno
Joan Swaar
Susan Hingle



Joan Swaar of the
Coumadin Clinic
dressed as a nurse fish

Articles

Only Women Showed up to Run the Senate: <https://www.washingtonpost.com/news/reliable-source/wp/2016/01/26/post-blizzard-sen-murkowski-notes-that-only-women-turned-up-to-run-the-senate/>

Women in Company Leadership Tied to Stronger Profits: http://www.nytimes.com/2016/02/10/business/women-in-company-leadership-tied-to-stronger-profits.html?smprod=nytcare-iphone&smid=nytco&_r=0

3 Unexpected Gifts from Hardship: <http://insights.ccl.org/articles/leading-effectively-articles/3-unexpected-gifts-from-hardship/>

HAVING FUN!!

LADIES NIGHT



Great food and company at Pao Bistro! From left to right: Najwa Pervin, Chrystal Joseph, Adrienne Stitch, Vidhya Prakash, and Sharon Onguti

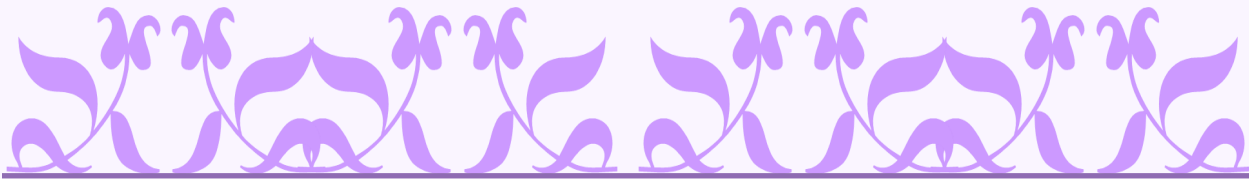
DESSERT AND HOT CHOCOLATE POTLUCK



What a treat! We gathered for scintillating conversation while indulging in a fabulous array of desserts, from Lucinda Buescher's divine pumpkin roll to a chocolate fountain.



From left to right: Eric Black, Sharon Onguti, Sidarth Chandra, Krati Chauhan



Women in Medicine Student Spotlight

Jacqueline Mool



Jacque with her sisters Jessica and Jo



Jacque with her fiancé Sean on the morning of their engagement!

1. **Born and raised:** Peoria, IL

2. **Birthday:** March 22, 1991

3. **Family:** Mother and Step Father: Alan and Kim Scott. Father: Ken Mool (Deceased). 4 Sisters: Angela Scott, Michelle Scott, Jessica Mool, and Jo Leuallen. Fiancé: Sean Murray.

4. **Favorite books:** Lord of the Rings Trilogy, A Song of Ice and Fire Series, any of Jim Butcher's works, and the Green Rider Series.

5. **Hobbies:** Crocheting, reading, running, hiking, and yoga.

6. **Personal hero:** My mom (I know, it's corny) as she was a single mother for much of my life and was an inspiration of what strong, compassionate women are capable of. She is a former cardiac ICU nurse turned diabetes educator, and I believe much of my interest in medicine stems from her.

7. **Most embarrassing moment:** One of my most embarrassing moments was during my undergraduate years, when I was fortunate to have the opportunity to shadow an EM physician. However, instead of showing up bright and early Monday morning as a student, I showed up as a patient with a broken foot (sports injury). The attending joked that I didn't have to break a bone in order to get out of shadowing him.

8. **Proudest moment:** My proudest moments are tied between being accepted to SIU School of Medicine and surviving Step 1.

9. **Why she loves being a Woman in Medicine:** I love being a Woman in Medicine because I believe that we are honoring the women physicians that came before us and fought for our ability to practice in medicine. Women bring a uniquely strong and compassionate perspective to medicine that I feel resonates with many patients and is so needed in our field.



Women in Medicine Resident Spotlight

Adrienne Stich



Adrienne and her mom at the dyeing of the Chicago River



Adrienne's dad, brother Troy, Adrienne, her grandmother holding Penn and brother Denis



Adrienne's brother Troy and family: Troy, Penn, Ryder and Lis

1. **Born and raised:** I was born in Syracuse, NY. We moved a fair amount growing up, but I spent most of my youth between Indianapolis, IN and Columbus, OH.

2. **Birthday:** March 30, 1986

3. **Family:** My parents, Terry and Judy, two older brothers, Troy and Denis, a sister in law, Lis, and two nephews, Penn and Ryder. And of course, my cat Coco.

4. **Favorite books:** And the Band Played On by Randy Shilts, Stiff by Mary Roach

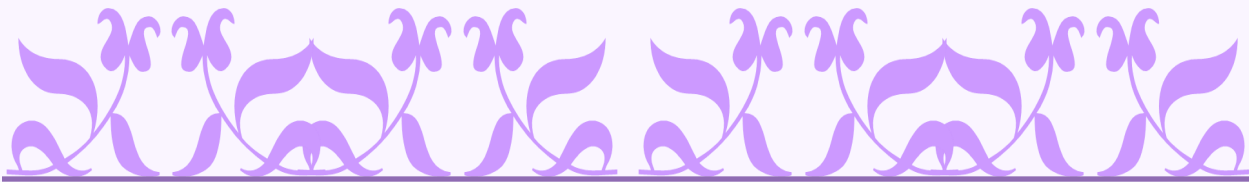
5. **Hobbies:** Building jigsaw puzzles, entertaining my cat

6. **Personal hero:** Anyone who did not let a momentary misstep prevent them from achieving personal success.

7. **Most embarrassing moment:** Probably the most amusing was when I gave my brother my phone to hold for the graduation ceremony. Afterwards, he told me he started playing with some of my games and beat my top score on his second try. He said he was sorry, but there was no remorse.

8. **Proudest moment:** I would say Match Week. Everyone said interview season would be fun because you got to visit all these places and meet tons of new people. I found the whole thing nerve wracking. I happened to be off from school during match week so my mother came to Chicago. That Monday I learned I had matched. We spent the week celebrating. We went to nice restaurants that I could otherwise not afford on my nonexistent med student budget, saw Blue Man Group, and the Joffrey Ballet (I'm not a ballet person, but my mother is).

9. **Why she loves being a Woman in Medicine:** During my childhood, my father was a restaurant manager and my mother was working at an insurance call center. She was given the opportunity to climb the corporate ladder. My mother took the offer, which required us to move, and my parents decided my dad would stay home with the kids. After a few years my father went back to work and started his own business, but my mother continued to be the main wage earner for the family. My mother's success motivated me to have a career. I chose medicine because it is interesting. I view diagnostics as a puzzle, which is something I've always enjoyed, and I like having a direct impact on patients' daily lives.



Women in Medicine Faculty Spotlight

Sharon Onguti



Sharon and her mum



Sharon with her parents and her sisters



Sharon and her siblings

1. Born and raised:

Interestingly I was born in Bangalore, India and as such my Indian name is Bharathi. My parents and I moved back to Nairobi, Kenya before my first birthday which is where I grew up.

2. Birthday: August 18

3. **Family:** I am the eldest of 6. I have 2 sisters and 3 brothers. We have amazing parents who have sacrificed deeply for each of us. As the saying goes “Home is where the heart is”, this has been so true for me. Spending time with my family allows me to truly experience the real meaning of life, touching lives and making a difference through the little things we do. Isaac Newton said “If I have seen further it is by standing on the shoulders of giants”, by standing on the shoulders of my family I have been able to see further than I could have imagined. I am forever grateful for the role each one has played in who I am today.

4. **Favorite books:** Fervent by Priscilla Shirer, Total Money Makeover by Dave Ramsey.

5. **Hobbies:** Cooking, Decorating, Travel and Adventure with my family

6. **Personal hero:** My grandmother, beautiful inside and out, strong in character with great resilience

7. **Most embarrassing moment:** My first time skating, let’s just say it didn’t end well.

8. **Proudest moment:** Graduating from medical school and having my parents and grandparents with me.

9. **Why she loves being a Woman in Medicine:** Wow this is a profound question whose response I am not sure I can fully exhaust. For me being in medicine offers a unique opportunity to serve. What I have found most satisfying is the act of serving others. I also enjoy the continual learning process and the unique challenges each day has to offer. It means I am constantly challenged to seek answers and find ways of adapting to the constant change.

