

Michigan Surgery Sessions: Michigan Women's Surgical Collaborative – Beyond Fixing Women

Featuring: Janet Dombrowski, MHSA; Kate Kraft, MD; Erika Sears, MD, MS

Narrator:

Welcome to Michigan Surgery Sessions, where we discuss the latest in clinical care, education and surgery culture with faculty, residents, and medical students.

Dr. Kate Kraft:

Welcome everyone to Michigan Surgery Sessions, and really in particular to this current group of podcast produced by the Michigan Women's Surgical Collaborative or MWSC. For those of you who may not know, MWSC was created in 2016 to support research and dissemination of best practices to help bring about gender equity in academic surgery.

And so, this current podcast series is a really creative alternative to our well-attended in-person annual conference. In today's podcast, we're going to be talking about creating networks, building coalitions and other individual strategies for closing the gap. I'm really excited to be on a panel here with two of my esteemed colleagues. I'm Kate Kraft. I'm an associate professor in the Department of Urology at University of Michigan, and I'm super excited to be here with Erika and Janet. Erika, I'll let you introduce yourself.

Dr. Erika Sears:

Thanks Kate. Hello, everyone, thanks for being here and listening to this very important topic. My name is Erika Sears, just as Kate said, and I am an associate professor in the Department of Surgery in Section of Plastic Surgery where I practice as a hand surgeon and health services researcher.

Janet Dombrowski:

This is Janet Dombrowski. I'm excited to be here, this is a topic I really enjoy. I'm a former clinician and health system executive in strategy and business development. And I spent the last 13 years as an entrepreneur and an executive coach, running my own business that works exclusively in healthcare. And I've had the privilege over the last... I had to count this morning, I think 10 years of working with the Department of Surgery at the University of Michigan on a variety of things, including the Michigan Women's Surgical Collaborative. I have this weird sub-specialty in surgeons and surgeon culture, and helping to lead change in surgery, which I really, really enjoy. So, my pleasure to be here.

Dr. Erika Sears:

Thank you, Janet, for being here. We know you have a lot to add to our topic strategies, moving beyond fixing women and building networks. I'd like to address the elephant in the room in that some of the time critiques about individual strategies, that we can use to promote our own career advancement, are

about fixing women and potentially ignoring systemic levels of change. So, Janet, how do you think about individual strategies and why are they critical?

Janet Dombrowski:

The research really has proven time and time again, that women don't need to be fixed, right? They're generally better leaders and they're even better surgeons, right? So, there's research behind both of those things. I know there's a 2017 British medical journal article, pretty seminal article, that women surgeons have better post op outcomes. So, let's be clear, not needing to be fixed. And research shows time and time again, that women have significant leadership advantages, actually, over men. I spent my first half of my career in the system and did what I could there. I particularly, individually, enjoy working with building the capacity of individual women so that they can go on to change the system. So that's why I love Michigan's Women's Surgical Collaborative and the work that we've done over the years, which is to help develop women leaders in surgery, to make those culture changes happen.

So, I think there's a lot of things we can talk about, but I think it's a misnomer in a lot of ways to draw this distinction that somehow rather it's an either or. It's either the system strategies or individual strategies. It's clear that both are required, I just sort of lean into, let me help build really strong leaders that can help change the system. How do you two see it though? Where do you see, or do you feel it's about you and that somehow rather this isn't something you need to fix?

Dr. Kate Kraft:

For me, what I've observed, both in myself and in my colleagues, my women colleagues, is that it's all about knowing what opportunities are there for you and putting yourself in a position to take advantage of those opportunities. We get the work done. Like I said, we excel in performance, and we deliver great care, but it's all about advocating for oneself and working together to advocate for each other. And I think, as you said, the Michigan Women's Surgical Collaborative is a really great start to that. I have observed women colleagues across the country at other institutions, where they're really in silos, and they reach out to other women for support and sharing strategies and it doesn't always work out. And so, I think being able to build that support network is crucial in order to further advance women in academic medicine. That's certainly what I've observed.

Dr. Erika Sears:

Personally, I think we're all works in progress throughout our lives and careers. And I don't think we can just sit there and say that there's not things that we can do to make ourselves more effective, as individuals, so that then we can have the power, the skills to enact the change at a systems level, as you said, Janet. So, I don't think it's about finding things that are wrong with us relative to everyone else as women, but just about ways that we can learn to be more effective to get the things done that we want to get done. So, whatever the individual strategies are, I don't think it's about finding fault with ourselves, but just ways to be more effective.

Janet Dombrowski:

I love what you said, Kate, about put ourselves in a position too. And to me it has two parts to it. One of them is self-management, which is figuring out what's important to you, figuring how to advocate for yourself, getting rid of some of the mental models that keep you in your silo and then advocating means making those connections. So, I think it's going to be a good setup for talking about sort of two key parts of what I think are important in the individual strategies around connection and collaboration and

network building. I will tell you right up front, I hate the word networking, hate it. It's so transactional to me. Collaboration, connection are some of the superpowers that women can have. And let's be careful here to not make this just about gender, but those are two of the things that tend to come out in the literature about why women are more effective in leadership roles.

We're having an author book group discussion with Elizabeth Lesser and the title of her book is *Cassandra Speaks: When Women Are the Storytellers, the Human Story Changes*. And one of the key things that we're going to talk about with her is this difference of how story, told by men, talks about power, meaning something like power over, which is power can control and order and managing the people who are "below you." And how women, when the story's written by women, that it's power with and that means engaging and unleashing the power of other people, rather than creating order and control.

And so, I think that's a critical way of thinking about how we approach things differently as women or can, if we can get some of our own... Some of those barriers that we create for ourselves are imposed mental models from kind of the broad culture where we've bought in to the story, if you will. And so, I think there's that shift in thinking we need to do for ourselves, which is to examine the spaces where we've bought the story and it might be keeping us from reaching out and doing good work around collaboration and connection.

Dr. Erika Sears:

Well, I just love that difference that you presented in how men and women may think [crosstalk 00:08:07].

Janet Dombrowski:

Power over and power with?

Dr. Erika Sears:

Yeah, because it applies to the individual strategies. It's like we may approach things differently, but that's not a bad thing.

Dr. Kate Kraft:

I was thinking about this idea of power that you elaborated on, Janet, and what I've noticed, particularly over the last two years with COVID, is that there's a lot of power and vulnerability because we're just showing everyone our true selves. Right here in zoom, having our children run in the background, our cats run across the desk, and life is tough and we're all in it together. And I think that that has really galvanized a natural collaborative network or coalition, if you will, for everyone, but particularly for women in academics. I mean, I used to perceive it as I've got to hide my home life, I've got to have a veneer when I'm in my professional setting, but now it's all about being human. And it's all about sharing those two sides and the blurred lines between those two facets, the personal and the professional. And I'm okay with it and I think others are too. And just being able to share that with other women in academics is a very powerful way to connect.

Janet Dombrowski:

Collaboration and connection aren't just important for advancing your career and closing the gender gap, they're critical for resilience. And we don't usually think about that, but we've spent so much time

right now talking about resilience, which is a huge individual strategy for just staying in the game long enough to become a leader in order to be able to make some of the changes systemically. So, resilience is critical because there is a lot of it, you hit on it, there is a lot of... I do a lot of my work using neuroscience and part of what's been... this last year has shown us with an actual existential... Well personal and sort of broadly existential threat that many of us shared, although let's be clear, the threat to each of us was at varying levels. And not just the pandemic, but the racial inequity and the sort of awakening of the mass inequities in our country have been a threat at lots of levels.

So, our brains under threat, I always think about the neuroscience of survival of fight or flight, and what's happened for many people is we've really gone into a lot of survival mode, sort of a fight or flight mode. And one of the things that's interesting about neuroscience, I call it the neuroscience of we, our mirror neurons, which people like to think about are the neurons of connection. Those are important, our bodies and our souls and actually our brains don't do well when we are excluded socially, we have sort of a preset healthy setting, if you will, for connection with other people in collaboration. There's people who'd say fight or flight isn't the only choice, tend and befriend, which tends to be the way that women engage under threat, tends to be a better way of survival of the species. If you really think about it, fight or flight is not a great long-term strategy for survival.

So, this idea of it being not just a psychological or a structural problem, but there's actually a neuroscience basis for creating connection as a way of just living, of being more resilient. And then the bonus on top of that for women in academic surgery, advancing your career, being able to stay in the game long enough to change the structures and the culture, so that it is more equitable and more place of belonging for everybody. But yeah, you're right, vulnerability is a key part of doing that, for sure. For sure.

Dr. Erika Sears:

So, we're saying that clearly building networks for our listeners is really a critical strategy, individual strategy, that's important for career advancement of women. Specifically, what should our networks look like? And should we, as women, think of networks any differently than men?

Janet Dombrowski:

I think that's an interesting question. I think the first thing to think about in networking is, "Are there things that get in your way of being a good networker?" So, Kate hit on one of them, which is being willing to be vulnerable. That's kind of the shift in the script because what I've experienced, particularly in academic surgery, is that there are a couple of things that prevent people from, or get in the way of authentic, true connection and collaboration. You said, a lot of us had facades up during this. So much of academic surgery is driven by individual contribution, right? How many surgeries have you done? How many RVs have you done? How many things are you the first author on? So that, in and of itself, is a driver towards more individual success rather than collaborative success. Although, I know you all know that you're much more successful in both of those realms when you're in a team, but generally speaking we reward individual contribution, which then leads to competition. Again, not the greatest when you're always comparing yourself to other people and competing. That's not the fertile ground for creating networks and collaboration.

I think the other... So, here's a couple more mental models, this idea of feeling like we always have to be the knower expert and so no matter what space you show up in, you have to have this veneer of having your stuff together, knowing everything. And vulnerability is in the not knowing and the being willing to ask good questions, really draws people towards you. And then probably the last thing is, and there's a lot of interesting work on this, most of the people I know who are in high powered position, and it's not

just physicians, is there is a lot of insecure overachievers. And insecure overachievers... I know you're laughing, but insecure overachievers get very internally focused, very protective, very much in that fight or flight space, which is a space where you're pretty myopic and you're looking basically at what's right in front of you. When you can get out of that space and be more in your sort of intentional brain, not your reptilian brain, you have a broader perspective, and you can engage with a broader group of people.

So first I think people need to get over that, or at least examine which mental models are getting in their way of true collaboration and connection. I think how women and men engage differently in networking. It's interesting. Women tend to have smaller, deeper, generally more homogenous relationships. And that's sort of what you were saying, Kate, about what you'd seen during the pandemics, where people or other institutions were sort of siloed. I talked to a few people that I know where I feel safe, probably. Men tend to have broader networks, less deep connection. The other thing is there's a lot of commentary around when formal networking happens. A lot of it happens outside of business hours, where women are constrained by other responsibilities, particularly for home and family, and men are able to go out and network away. Again, those things are fairly gender stereotypical, but I think all of it comes down to whether or not people are intentional about building networks, rather than just haphazard.

Dr. Kate Kraft:

Creating networks, it's not a passive process, right? It's all about being proactive and reaching out to those that you want in your corner. And at Michigan, you know, we use a lot of athletic analogies, team analogies, it's about creating that deep bench of talent and expertise. So, when I think about building my network, it's not just my peers, it's not just those that are stationed in life in the same level or same station in terms of their climb in the academic community.

But I want to have those that are more senior. I want men and women. I want people from outside my department, outside of surgery, people who aren't physicians, people who are outside of Michigan medicine. And I want those that are junior to me. I learn a lot... I mean, I'm a residency program director, so I learn so much from my trainees and my students and those that are coming up. So, for me, it's all about thinking of who do I want in my corner and how can I also give back to them? So, it's a two-way street, right? And being really broad thinking about what that looks like.

Dr. Erika Sears:

When I give advice to our trainees or mentees about finding mentors or just other people about finding mentors... And I think that's the same thing that goes to our networks is what I'm going to say is, you cannot expect to get everything from any one person. And so, you just have to realize everybody's strengths and know that you're going to piece that together with what you need. So, there is definitely some intentionality with figuring out what it is that you need in order to move ahead. And that might be in your personal life, career advice, clinical advice, sort of like strategy thinking, big picture details. So, I think you'll realize naturally over time, all the people that you interact with, what their strengths are and realize that you just cannot get everything from any one person. So, I was curious, Janet, when you were mentioning the stereotypical networks for men and women, I'm trying to think because if one is better than the other, I would guess that they're not, but the broad network versus the more intimate, smaller network and thinking about that and maybe just what works for each individual.

Janet Dombrowski:

I think what's important is a word that you use multiple times, Erika, which is what do you "need" right? What's the need? So, the interesting thing that I've found about working with a lot of powerful people is they've just been doing, doing, doing, and when you say to them, "Well, what do you need?" They're like, "What do you mean what do I need?" Could you stop and see what it is that you need? And not just by that what I need is mentors, right? I need somebody older, more senior to be my sponsor and I might really need the new perspective of trainees, right? The energy that comes with them, or I might... You know what I might really need? I might need another parent in my community who can help me understand what's going on in my kids' classroom, right?

There's lots of different needs. And so, the first thing to do is, again, I'm going to keep talking about this, there's sort of the strategies about how you think, shifting your mindset, and then there's the skillset of things to do differently. I think the first thing is to really examine your own mental models. Do you have a really strong feeling of independence? Like I got to do this on my own, if I don't do it on my own nobody's going to think that I'm successful. That makes it real... Being super independent, makes it really hard to be a great networker because networks depend on connection and connection requires some interaction and vulnerability. So, if your fear of being vulnerable, it's a little hard to say you have needs. If your fear of being rejected, like if I tell people I have this need, but nobody's willing to step up and meet it, or nobody's willing to come in and meet me somewhere, then why would I say I have a need if I can't get it met by myself or in a relationship.

And probably ego, right? I mean, ego can go with independence. There's a lot of, again, not just in surgery, but pretty predominant in surgery, a need to sort of I got my stuff together. I'm the knower, I'm the expert. Why else would you come to me and put your life in my hands? So, I think thought that's the first thing to deal with in terms of looking at your network differently. And then the word that you use, Kate, is one of my favorite words, intentionality. For me, intentionality requires four I's, inventory, initiate, invest and interdependence. And we've hit on some of those in some ways.

I think inventory is a perfect one, which is to just look at what you have already, look at the people who are already in your support system broadly, because sometimes we forget that there are people who are willing to help us and willing to be more deeply connected to us. And like you said, you can't get everything Erika from a few people, you need a broad network. And I'm going to say that in lots of ways. And very much people with diverse views on the world are going to be really helpful and probably help you create connections and solutions that you wouldn't otherwise have.

The second one is initiate, can't wait for people to come to you. You need to know your needs, be vulnerable and make some clear requests for how you'd like to connect with someone. Invest. You have to look beyond the easy small group that's there and really invest and make that interdependent, that's the next one, that interdependent connection with people, where there's some mutuality in the relationship. Because networking to me, like I said, is transactional and one way. I'd like to have your name on my LinkedIn profile as having another one of my connections. To me, I often use the title, for when I do a presentation, Networking on Purpose. And I mean, not on purpose, I mean intentionality, but I also mean with purpose. So, seeking shared purpose with the people in your network. So I think there's the mindset stuff, which is, are you open? Are you vulnerable? Can you set your independence aside and your fear of rejection aside? And there's the skillset of being intentional to inventory, initiate, invest, and recognize that there's an interdependence.

Dr. Kate Kraft:

What about this idea of asking for help? I think that women, in general, have a difficult time doing so and create barriers for themselves for a variety of reasons. So, I'm curious to hear what both of you think about that and how can we lower those barriers so that women are more ready to ask for help?

Janet Dombrowski:

So, I guess I'll ask you the question, do you think the barriers are more personal, sort of internal barriers? Or do you think those barriers are more external?

Dr. Kate Kraft:

I think they're most definitely internal. I think women don't realize what opportunities lay ahead of them, or don't think about them in the same way that men do. And this is very much anecdotal, but I think women are harsher critics of themselves as well. And so, they want to be able to fix themselves before they reach out to ask for help. It's like, okay, well I got to work on this first before I actually share my vulnerabilities and need for help with others. And I say that, going through that myself, in addition to observing it in my colleagues and friends. Yeah, I definitely think it's primary early internal.

Janet Dombrowski:

Erika, what's your observation? Internal, external, both?

Dr. Erika Sears:

We tailor our behaviors in response to the response we get, right? So, I think to some degree it's a little external and we think that we are supposed to... as you talked about being independent and being successful and doing all these things on our own. But I think we always worry about being told no or feeling that vulnerability, as we talked about before, in asking for help. And I think the times I have asked for help, it's just been such a relief, whether it's asking for more resources, whether it's saying I've got too much on my plate, I need to let some things go. But I do think it's easier to ask for help or resources or advocate for something, for someone over yourself. I think that's always much easier for me to do personally. I don't know if others are in the same boat.

Janet Dombrowski:

That's actually a common strategy that women use. I know I have used it. I certainly used it in the beginning of my career when I was starting to advocate for how much people would pay me for a certain work. I didn't like advocating that I was worth X, I had to think of about my family needs' why or my team needs' why, in order to advocate more effectively. What if you change the word help? Like, "I don't like to ask for help" changes to support. And it goes back to this idea around power, right? So, power with is to support someone, power over is to help someone. It suggests that I have something you don't have for me to help you and support suggests I'm going to come up next to you instead of over you, in order to help you help yourself, potentially.

And it leaves more of the power with the person who's requesting it. So, I often, when I work with leaders, I say to them, "Don't ask your team, how can I help you? Ask, "How can I support you?" And I will tell you that it doesn't just change the dynamic with the person, but it changes the dynamic in your own head, which is not, "I don't have to fix this. I'm not empower here. This person is still empowered,

my job is to support them, help bring out the skills or help them develop the skills they need to be powerful and to help themselves." So, I don't know how that works for you all, but that, for me, is a big shift. I use it with my kids, I use it with my partner. It changes my feeling of responsibility, too, in that dynamic.

Dr. Erika Sears:

I love that. I immediately think support is I'm not failing; I just need a little... There's just something extra that we're going to do together versus help! You feel like something's taking over. I love that.

Dr. Kate Kraft:

Yeah, totally agree. I'm going to definitely use that. That's a great suggestion.

Janet Dombrowski:

Like I said, I think you'll find the shift in the people that you're working with, but the interesting shift will be in the one that happens in you. The other thing around asking for, that will change it to support instead of help, is what I said before about really understanding what is it that you need in the moment? Do you just need somebody to listen to you? Because that's support, right? That's not help. You just need somebody who you can walk in their office and close the door and vent for a while. That's one set of support. And can you ask for that? Do you need something tangible Erika, like you said, some resources? You need somebody to just do something for you. You have to just ask, right? And people, as I say to... you can ask, just be willing that sometimes people might say no, but if you don't ask, you're never really going to know.

And to be clear and powerful in making your request. Then it gets critical. If you're not clear about what your needs are and you're not clear about what you're asking for, then you can end up in this weird dynamic of not really getting what you thought you were getting or getting something you didn't want. And one of my favorite quotes, and I have no idea who this is from, but that "resentment happens when you don't meet a need I didn't tell you I had." So, think about that. Think about whether it's your partner, your life partner, or your partner at work, where you're starting to have this sort of increasing resentment. You're thinking, what the heck? If they were a really good partner, they would know that I needed X. Or if they were a really good partner, they would somehow just read my mind that I needed Y. And so, if you can't make that powerful request up front for what support you need, then you can end up in this bad cycle of resentment.

Dr. Erika Sears:

Yeah. I think taking an inventory of what it is that you need, whether it's to be successful, to have some outcome better than it's currently happening, is the critical step. But it's sometimes very challenging to outline, delineate what you need. I often take a lot of time to do research and talk to a lot of people. I don't know if you have other strategies.

Dr. Kate Kraft:

That's a great point. I think, in general, women don't really take the time they need and set aside thinking about what those needs are. I know for me personally, it's all about giving to others, whether it's at home or to my patients or other features of the professional setting, but it's so crucial to really

step back and take that time to think about your own needs. I always use the oxygen mask analogy. You got to put your own oxygen mask on first, before you put it on others, right? And that works. It's so true.

Dr. Erika Sears:

I think that's a great analogy for this entire podcast on individual strategies is putting our oxygen mask on first. We're building our networks, asking for support.

Janet Dombrowski:

That's the other thing, that people often say is you can't give from what you don't have. And so, when you get depleted, which many, many people are in this sort of, I don't want to say post pandemic, this meta pandemic world, we're so depleted. Understanding needs is really important. I think one of you brought up the idea of imposter syndrome earlier and there has been some really good recent work. Two researchers who've published in the Harvard Business Review, in an article called Stop Telling Women They Have Imposter Syndrome... Imposter syndrome, first and foremost, it is not just a women's thing. I have been in conversations with lots of men and women about the feelings that underlie this. It shows up differently, but here's what happened, in the 1970s, there was this identification that high achieving people find it difficult to accept their accomplishments, right?

That's the core part of imposter syndrome. You're super successful, but you still don't feel like you belong at the table. It's a common feeling. Men and women both have it. How they talk about it or how it shows up in the literature was shaped very much by a couple articles in the 1970s, where it pathologized this issue, this sort of, what I'd call sort of basic human humility, maybe a little bit on overdrive, but made it a women's issue. So, it pathologized it as a women's issue. And basic what they are saying is, listen, stop thinking about this as your problem per se. What we've done... And not too dissimilar to what we've done for racial minorities, for people who are disabled, we have created cultures that don't support belonging. Let's just be really clear. The structure does not support belonging.

The power over structure does not support the belonging of women, minorities, people with disabilities, people who aren't in the majority. So, stop calling it imposter syndrome when you don't feel like you belong at a place that's not inviting to you. I think it's an interesting way to switch. Basically, it's fix the bias, not fix yourself. If we could just fix bias, there are a lot of things would've changed over the last 200, 400, 800 years. But again, this is that both and, so don't just fix women, fix bias in the system that doesn't create a culture of belonging for people who have a breadth of experience, a breadth of perspectives. And we have to individually work on our worthiness to be at the table.

Dr. Kate Kraft:

Different way of reframing things that's right in front of us, but we don't say it, right? I love it.

Dr. Erika Sears:

Definitely. We know it, but we don't say it. So, I love that take on imposter syndrome.

Janet Dombrowski:

They have another article that's got some really tangible strategies on... and the title's called, End Imposter Syndrome in Your Workplace. And it's from the July 2021 Harvard Business Review. It's tangible stuff, much of what we've already talked about, much of what we already know. But we were

applying it, thinking it was fixing other problems, which it is, but it also helps fix the structural bias that contributes to imposter syndrome.

Dr. Erika Sears:

We hope our listeners enjoyed our discussion on individual strategies, moving beyond fixing women. And we hope that everyone out there will join us for our in-person conference, April 21st and 22nd. So be looking for more information about that.

Narrator:

Thanks for listening to the Michigan Surgery Sessions Podcast. To learn more about the Department of Surgery at Michigan Medicine, our people, and our programs, and to find more podcasts, visit our website at medicine.umich.edu/dept/surgery.