

Michigan Surgery Sessions: Michigan Women's Surgical Collaborative – He For She

Speakers: E. Wesley Ely, MD, MPH; Lesly Dossett, MD, MPH; Theodore (Jack) Iwashyna, MD, PhD; Kate Kraft, MD; Todd Morgan, MD

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. Lesly Dossett:

My name is Lesly Dossett and I'm an associate professor of surgery at the University of Michigan. And I'm joined today by my colleague, Kate Kraft, associate professor of urology at Michigan. We'd like to welcome you to this episode of the Michigan Women's Surgical Collaborative podcast on the topic of "He For She." "He For She" is of global effort launched by the United Nations in 2014 as a solidarity movement for the advancement of gender, and its goal is to involve men in promoting gender equity and to engage them in tangible commitments to supporting women. Today, we're really excited to be joined in conversation by our three guests who are all leaders and their respective fields and known as staunch advocates of gender equity. And so, I'd like to turn over to Kate for introductions.

Dr. Kate Kraft:

Thanks, Lesly. I'm really thrilled to moderate this podcast with you and even more thrilled to have our three amazing guests. So first, I want to introduce Jack Iwashyna. Jack, you are a pulmonary critical care specialist here at Michigan, did your training at Penn. You're also an extremely prolific researcher at the Institute for Social Research and Center for Clinical Management Research at the Ann Arbor VA. You study how critical illness influences your patients, and you've always been not only a staunch advocate for your patients, but your compatriots in medicine as well. So, we are really thrilled to have you join us today.

Dr. Jack Iwashyna:

Thanks so much for having me, Kate. I've learned so much from the Michigan Women's Surgical Collaborative over the years that it's an honor to be able to contribute back.

Dr. Kate Kraft:

It's also my pleasure to introduce my partner, friend and colleague, Todd Morgan. So, Todd is in my department of urology here at Michigan. He is the chief of urologic oncology, did his training in his hometown in Seattle, University of Washington, fellowship at Vanderbilt, and then came to join us here at Michigan. He is not only an amazing surgeon, but also an outstanding translational surgeon scientist, has won numerous awards as a young investigator, among many, many professional societies. He is extremely dedicated to caring for patients with urologic cancer, and I can speak from personal

experience, referring friends and family, that he is just an absolutely outstanding clinician and researcher. So, Todd it's great to have you.

Dr. Todd Morgan:

Oh, thank you so much. That was really awfully nice. It's great to be here. And we learned about major Vanderbilt connections among several of us here. So, go 'Dores!

Dr. Kate Kraft:

And last, but certainly not least, we have Dr. Wes Ely. Thank you so much for being here. Dr. Ely is also a pulmonary critical care specialist world renowned in developing protocols that improve healthcare and critically ill patients, extremely prolific researcher and writer, the Grant Little professor of medicine at Vanderbilt, founder and co-director of the Center for Critical Illness, Brain Dysfunction and Survivorship, and author of a brand new book that just got published, *Every Deep-Drawn Breath: A Critical Care Doctor on Healing, Recovery, and Transforming Medicine in the ICU*. So, we are absolutely thrilled to have you with us. Thanks so much for joining us today.

Dr. Wes Ely:

Well, I am so thankful to be here. It's really a privilege to sit next to Jack and Todd, and really to learn from you, Kate and Lesly, as well, and I'm glad to be here for the next hour. Thank you.

Dr. Kate Kraft:

So, I think we'll get right into it. We've got some pretty big questions for all of you, and we're going to start with this. So, what do you see as the major barriers to achievement for women in your field? And maybe, I'll kind of call on each of you to share your thoughts, and I would love to engage in some discussion. So, Wes, maybe we'll start with you. So, major barriers to achievement for women in your field. Thoughts on that.

Dr. Wes Ely:

I'm married to a physician. My wife is Kim Ely and she's head of cytopathology at Vanderbilt University and a head and neck pathologist. And I've lived and watched the difficulties that she's experienced as a female physician, working her way through the ranks. And I think it's been very painful for me just to be quite honest. Really, really painful for me to watch times where she would stay late at work for months on end doing research projects, and then be not included as an author at all on the project or watch her colleagues get promoted ahead of her, when she was trying to help raise the three daughters that we have.

And I think that she's also really suffered from people not focusing as much on her mentorship, being her mentor. And I found it very difficult to see how much easier it was for me as a physician to work my ranks through academics than it was for Kim, my wife, which is one of the reasons I'm such an advocate as a "He For She," on Twitter and in academics and why I also cherish, absolutely cherish having female mentors like I have right now, mentees, I have right now about four or five of them that I just consider amazing people that I learn from every day.

Dr. Kate Kraft:

A lot of it resonates with me too. I'm married to a physician too. I also have three daughters and hearing those stories sounds a bit too close to home. So, I'm going to turn it over to Todd. Todd, love to hear your thoughts on this question, barriers to achievement for women in our field, urology.

Dr. Todd Morgan:

Yeah. I think all those things that Wes just highlighted are true obviously. And yet, I think many of us don't see it and actually think that it's gotten so much better, right? Historically, surgical culture is super toxic at lots of places. And at a place like Michigan, it's not and the culture is great. And I think we think it's great here, and we've solved this. And actually, the barriers are still very, very much there. They're just maybe less perceptible or less public and they're kind of behind the scenes, but they're very much there. And so, I think the fact is that it's almost, it's like the seeming invisibility of the barrier that itself is hugely problematic. I think you guys may have couple heard, John Gruden's quotes recently and everybody thought, oh, John Gruden's such a great guy and he's so well spoken and seems like such an advocate for everybody. And then you see what happens behind the scenes. And so that kind of thing exists, and that's a real barrier.

Dr. Kate Kraft:

I'm going to turn it over to Jack. Jack, what do you think? In your field and beyond what are the barriers that you see for women?

Dr. Jack Iwashyna:

I think there are several pieces of this, right? There's obviously the interpersonal component and sort of just the sexist guy who definitely still exists, even if he kind of like goes, "just kidding" afterwards now, right? There's the, I think what Todd talked about, right? So, I'm an ICU doc. So, I spend a lot of time explaining to people that like, "So not being in full organ failure is good, but if you're still on both [inaudible 00:07:34] [vasopressin 00:07:35], even if you're not in for organ failure anymore, that's not better yet. That's just better than it was." I do think there's a little bit that the bar was so low. It was so awful that the like, "Well, we're not quite having faculty meetings of strip clubs anymore," is progress, but maybe we shouldn't be dislocating our shoulders for this.

But I think we really also need to think about sort of the broader structural components of this, right? So, while the interpersonal aspects of the culture have improved, the data on equity and investment, right, are women getting the same startup packages? Are they getting the same salary as men? It remains [inaudible 00:08:21]. Is there equity in time? Is there equity in protection? And so much of the ICU, the weaknesses of the ICU got exposed over the last year. And we saw over and over again, whose time got protected in the lab because they were real physician scientists, and they needed to have investments and who just needed to handle an extra week or who could just cover an extra night on call.

And we saw that those are younger, right? And if you're going to protect the older at the expense of the younger, you're going to disproportionately hurt women. And then within each age cohort, we saw over and over again, women being asked to do just a little bit more each week, which I tell you starts to add up after an 18-month long epidemic that shows no end to stop. So, I think really thinking about sort of those, the equities and investment in protection and in time is really crucial to me right now.

Dr. Kate Kraft:

Jack, you raised the concept of inequities. And obviously there's a lot of disparities in academic medicine for women we know about promotion gaps, pay gaps, distribution of domestic responsibilities, funding, all of it's just not equitable. And so, every journey starts with a step, right? So, what are some, I'm going to ask you all, what are some day-to-day things that you're doing to try to break down these barriers for our women colleagues in academic medicine? And Todd, I think I'll turn this one over to you first.

Dr. Todd Morgan:

Part of me is like so embarrassed to be here because this is so important, and yet I think that I fail at so much of this. But you know Wes highlighted the importance of mentorship, right? And I heard once long time ago, and I've really tried to take to heart that if your mentees all look like you, you're probably doing it really wrong, right? And it's so easy to fall into that trap. And so, we need to watch out for that and be really mindful of it. And then you, Kate mentioned domestic work, right? And boy, if my wife listens to this, she's like, I don't know, right, totally inequitable, but that's where it starts, right, in so many ways. And when we talk about work life balance, oftentimes for women surgeons, it's like, oh yeah, right, of course got to get home and whatever. And for guys it's like, well, they can work 'til whenever.

And if that's what we do in society is okay, well, the guys can just work in advance and the women have a different standard, well then, we all fail. And so, in many ways, that's where it starts. And so, that is something, as a division chief, I really try to prioritize and communicate that for everybody that work life balance, right. It's not just for us, it's for our families and our partners. And so, I could keep talking about this for a little while, but I'd love to hear what Jack and Wes have to say.

Dr. Kate Kraft:

Jack, thoughts on this. So, what are you doing day by day, boots on the ground?

Dr. Jack Iwashyna:

So, honestly, the easiest thing is, turns out, be lazy. And whenever you can be lazy and do the right thing at the same time, that seems like a win. And so, that's not go to sexist conferences, right? So, there are lots of conferences in critical care that are notorious for continuing to run all male panels. And if in 2021, you feel like you're at the listening stage to really try to understand if gender's an issue and how that plays, yeah, you can listen on your own time. I'm not going to your conference. And so, for those of us who people want to hear, for whatever reason, making sure that we use that to reinforce conferences that have gender equity as a component of what they do. I think part of it's, like Todd said, when my division chief says, "We're going to have a meeting, and it's going to be at 5:30," and then you go, "Buddy."

And then part of it's also as I've gotten a little older, one of the things I will say my division chief has done for the entire nine years of his term is the Christmas and New Year's block on our step-down unit, which is like the least fun ICU medicine at the least fun time of the year. He takes that block to make sure that his younger faculty who might otherwise end up there for seniority reasons, don't have to do it. So that folks for whom time at home, over the holidays is more precious can spend that time. And so, a little bit of a willingness to serve is great. Wes, what about you? You're a force of nature on these things.

Dr. Wes Ely:

By the way, regarding the holiday thing, about six years ago, I started doing Christmas every year in the ICU. And at first it was because I wanted to make sure that the younger people got to take care of their children. And that includes these younger mom intensivists that are so amazing to me, but it's gotten to be kind of a selfish thing for me now, because even though I started with that altruistic idea, now I've got a series of these ridiculous pictures of me wearing these Christmas suits that my wife gets me, and all my patients crack up laughing. And everybody in the hospital thinks I'm a total insane person because what I wear on those days are so funny. But anyway, I don't mind making a fool out of myself.

One of the things that I think of is that earlier on, as I was a mentor for women, I think before, I kind of really woke up to the "He For She," I was thinking, okay, I'm going to mentor this person, and she might end up leaving academics in mid-career because she wants to be a mom or whatever. And that's exactly why we're sitting here today because mid-career women are so disadvantaged. We see a lot of support at the very beginning. And then once you become a senior person as a woman in medicine, you're obviously, everybody wants to say, "How did you do it? You're amazing." But in mid-career, I've totally adjusted the way I mentor my female colleagues.

And I want to just quote from Ted Lasso. I don't know if any of y'all watch Ted Lasso or #MedLasso, but last week on the finale, Nigel was talking to Keeley and Nigel says, "A good mentor hopes you will move on. A great mentor knows you will." First of all, it's an amazing quote. But secondly, I just absolutely love that concept because that's about in the now, right in the now, how do I view my role in service of this mentee, this woman mentee, so that she absolutely will move on and quit assuming that she might bail out of academics because of kids. Assume that she has absolutely the same commitment to academics that I ever did, and I was never going to bail out.

So why should I ever think that she wants to bail out? She doesn't. If she chooses to that's fine, but in a sense, wisdom is about being able to figure out the consequences of how I am a mentor now and what those effects will have on the future. And so, I think about how can I engage with my... With [Sheniqua 00:15:38], [Joellen 00:15:38], these women, these amazing women that I get a chance to mentee right now, so that they absolutely will become tenured or senior professors at Vanderbilt University in urology and psychiatry and intensive care medicine. And it's just a mindset shift for me, that they're going to do this. I just better grab onto their coattails and hang on and be there for them every moment that they need me in the present moment. And that being in the now, heck that's another Ted Lasso quote. That's why they call it a present.

Dr. Jack Iwashyna:

In addition to taking moment to love the Ted Lasso and to deeply want to hear Wes Ely doing a Roy Kent impression. So, you can have to edit that out. I think the other thing Wes does brilliantly is learn from his mentees, right? So, he doesn't assume he knows what these women want, right? So instead, I've watched Wes mentor Joanna [Stolling 00:16:33], a brilliant pharmacist. And one of the things about that is Wes really goes out of his way to learn what Joanna has to give and learn what she has to teach. And in that process also learning what she needs. So not assuming that everyone needs what I needed when I was 24, but that people need different things in different parts of their lives and different people are different. So maybe we should personalize our mentoring like personalize our medicine to make sure we hear from them.

Dr. Kate Kraft:

I don't know about you, Lesly. I have goosebumps just hearing all the answers, hearing about the small actions and the big strides. And I don't know which I like better, all your answers are all the Ted Lasso quotes. So, that's pretty sweet. I'm going to ping it back to Lesly. We've got a couple more questions for all of you.

Dr. Lesly Dossett:

Jack, I know that one of the strategies that you've used quite a bit is recommending women to take your place on a panel, or maybe write a commentary and that's maybe easier to do when you're more senior in your career. What advice would all of you have for younger male faculty who might have less social capital to give away, or are still really focused on their own achievement? How can they be “He For She”?

Dr. Todd Morgan:

Turns out that social capital is very easily replenishable. That's one of the secrets I guess you learn that as you advance and maybe, now I've been at this for a long enough, but it's like, I don't remember the very beginning when I just wanted to climb and do more and wanted every possible opportunity. Turns out there are lots and lots of opportunities. And another quote I've heard is that “Academia is more of a jungle gym than a ladder,” which is really true, right? There's just opportunity and more opportunity. And when you give something up, something else is coming and it's maybe even better the next thing. And so, I really try to talk about that with folks that I mentor. And then the other thing that I think is so important for all of us and we all need to be reminded all the time is that you don't lose when other people win, right?

It's just like human nature. And it's like, “Oh, I could have gotten that thing.” And “That other person won an award.” But you don't lose when other people win, and to just like drill that into all of our heads all the time and including our mentees that I think that helps a lot, that yes, we can pass up opportunities. And one more thing is that when you just do the right thing, that gives its own social capital, right? That's like, you're building your own, whatever. Your own reputation, your own capital, that you're somebody that you take a stand for something that you believe in, that's really important to you. And that in and of itself will probably pay dividends to you in the way that you want to in the future.

Dr. Jack Iwashyna:

Yeah, I don't know that we're asking anyone to give things up. We're just asking them to be fair, right? So, I still remember maybe it was, I stayed longer in there that deeply insecure space where like, “Oh my God, if I don't do this, everyone's going to finally discover I'm a fraud.” And honestly, maybe that's still happens periodically to me. So, I understand where that comes from. But the key is to make sure you're in an environment where that's not true. And I think the most important thing men can do is make sure they're not in that kind of space. Right? So, one of the thing that's remarkable about Michigan surgical culture is it has very much created a culture sure that rewards people who help others and disincentivizes people whose climb on other people's backs. That's an institutional choice that at this point helps them attract the best candidates.

But I'm told, I don't know about surgery, but not every medicine program's always been that way. Right? There are medicine programs that reward people who stab each other in the back. Just don't go to

them. You have choices. There's almost no one best program anymore. Go someplace that rewards you for being good to your colleagues because then your colleagues will be good to you, and you'll do better science. And it's so much more fun. Being able to share your drafts with people than being worried they're going to steal your stuff. So, make sure you choose a place that's going to reward you for doing the right thing.

Dr. Wes Ely:

I've been thinking about a woman in critical care named Deborah Cook, and the struggles that she had when she was younger in her field. In my book, *Every Deep-Drawn Breath*, I featured Deborah because she's such a senior leader around the world. And she has tons of social capital from the perspective of anybody's opinion. But when she was younger, she could not get anybody to listen to her. She was interested particularly in developing the field of end of life, and all of the mentors that were around her kept saying, "Oh, that's soft science. That's unsuitable for a serious investigator. It'll be a dead end in your career." Except for one person, and that was her senior advisors, Dr. [Ernly 00:21:50] Young. And he told her, you can marry your science with your humanism, and you can find a way forward. And Deborah did that.

And so, I learned from Deborah telling me that she wouldn't take no for an answer. And so, for my younger male colleagues who maybe don't have the social capital as you put it, Lesly, and they're still trying to promote women, but at the same time, promote their own career. I want to tell them, "Don't take no for an answer," just like young Deborah Cook didn't. Insist that the women next to you and your peers around you, get put on panels, just like Jack has been doing so beautifully. Jack is probably the number one person in critical care in the entire world that has revolted against "manels." And what I've watched in the past couple of years is that all of the, I will say bigoted attendings at our major institutions who were very much on the male, male, male promotion bandwagon, and not promoting females are now forced to listen because they need to learn from Jack, and they want Jack there.

And Jack won't go unless they provide women on the panel. And I will tell you that I was recently at a meeting where I was the only male. There were three other women on the panel, and I just shut up and listened and learned. And it was an amazing experience for me because they were so good, these women and that, I think is partly a result of all of us just saying, "It's not right the way the culture was. We have to change it." And young men, as well as the older men, have to be part of that change.

Dr. Jack Iwashyna:

Oh God. Yeah. There's an app where you can look at. You can download. And, basically, you can say, you can push a button on the left that says, "Is a dude talking?" I have a button on the right that says, "Not a dude" and just use it to track in the faculty meetings. And then, if it turns out that it's all dudes talking, just say, "I'd love to hear what Lesly thinks about this." Provide simple entrees for your superb female colleagues who you all know are smarter than the guys who are talking, to make sure that they get the floor and then give them the floor.

Dr. Lesly Dossett:

What do you think's next in this movement? Where do you see "He For She" in the next five years? It's about a campaign that's about seven or eight years old. Are we getting close to being able to close up shop or what's on the horizon?

Dr. Wes Ely:

I'll start with that. I haven't been on Twitter about just over a year. And when I first got on it, one of my daughters, I have three daughters. One of my daughters saw me on a tweet, put #HeForShe. And they came up and said, "Dad, that's like an old hashtag nobody's using that anymore." So, I really had to go back to some of my female colleagues. I said, "Oh, am I like a total dinosaur?" And they said, "We wish it was an old hashtag, but we still need it." And so, I found out, over this past year that I've been on Twitter, that it's not over, and it can't be over yet. The pandemic isn't over either, by the way. We still need to vaccinate people and get rid of Ivermectin, but I won't go there. But no, I don't think it's over, Lesly.

There's too much going on. And some institutions like Michigan we've gotten way better. I think Vanderbilt's got a better culture than it used to, but I don't think we're finished where I am either, but there's lots of other places that there is still a true patriarchy, which has got to be quelled. And we need you women to teach us the important aspects of your insights and your lens. The lens you have on your camera is different than the lens I have on my camera. And I've got to see things through your lens to understand not even just what you're going through, but how to be a better physician. I want to become a better physician. And when I'm kneel down my patient's bedside and look in the eye and hold their hand, I will become a better physician if I take on traits that you, Lesly and Kate, teach me about how to become a better doctor.

Dr. Todd Morgan:

Such awesome points by Wes. The amount of data there is at this point, surrounding rates of promotion for women opportunities at the podium for women, income, totally inequitable. And in urology, a recent paper showed that something like 9%, over like lots of conferences, 9% of presentations were given by female urologists. 9%. So yes, there's like more. The trend is upward for women urologists, but I don't know. It's like 15% or something, now we're getting like quarter of residents or something. Kate knows this data really well, and it's like, well, we're on the right track. And if we continue at this pace by 2060, we'll have reached equity. We're a long way from being where we need to be. And if we continue to just play the well, it's getting better, let's do this, we'll be dead by the time things are better. Any opportunity to make dramatic change, if you're deciding between dramatic change and incremental change, the answer is dramatic change. And we need to continue to look for those opportunities and take advantage of them.

Dr. Jack Iwashyna:

I think the future of this is at some point, we're going to remember that there aren't just men and women. There's actually an incredible diversity of gender in this country. And if you compare the sophistication that the average middle school is having about gender conversations, to the sophistication that a medical school is having about gender conversations, we don't come out looking good right? Now, you don't get to skip ahead, right? You don't get to say gender's a continuum. So, I'm just going to have to have only old white male cis guys at the end, because like, gender's an illusion. You have to fix the inequities in the binary part before you get to non-binary. But at some point, medicine's going to have to deal with the fact that in the rest of the Western world, this conversation is 25, 30 years farther ahead thinking about the much more interesting ways that our children are thinking about gender than the way we are. And we're going to have to figure out how to incorporate that into our great profession.

Dr. Kate Kraft:

I just want to say huge word of thanks on behalf of the Michigan women surgical collaborative. Jack, Todd, Wes for joining us and for your candor and for your support and advocacy of women. Any quick closing thoughts, as we say goodbye.

Dr. Jack Iwashyna:

Thank you, guys. I feel like the way MWC has advanced the conversation has been remarkable, and the way you guys, y'all have consistently moved us past a set of relatively shallow conversations to a set of much deeper conversations is the kind of surgical leadership that I come to expect from Michigan. But it's really wonderful, the institutions you're building to raise all of us.

Dr. Todd Morgan:

Yeah. I'll just chime in that. I really appreciate this opportunity to be on this panel with Wes and Jack and you, Kate and Lesly. I've learned a lot. I think that the critique that sometimes comes out of this is people will say, well, that sounds like a whole lot of virtue signaling, right? And I sometimes think that's absolutely fair if we don't take leadership in action, like actual action. And so, that's always, that's the mission, and that's the challenge. And it really, when we fall short of that, it is just virtue signaling. And so that's what it comes down to, I think, for all of us.

Dr. Wes Ely:

And I want to thank everybody for allowing us all to get together, to have these conversations today and end with a hat tip to my own mentor, Joan Wennstrom Bennett, who is an amazing woman, microbiologist. She's in the National Academy of Sciences. When I was an undergrad at Tulane and fell in love with genetics, she, as a geneticist, took me under her wing, and after I would go out and get drunk at night, I'd come in and do my microbiological plating. We came up with mutations that understood better the biochemical pathway, aflatoxin, and she taught me about science and the way to pursue the path of discovery and having, I think, a female mentor has made a whole difference in my life that I did not deserve. It was a gift that I never earned, and she served really to pave the way for me in medicine. And so, I feel extremely fortunate that I had a primary woman mentor in my life, and I want to do everything I can to pay that back.

Narrator:

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