

[00:00:11] Leung: Welcome to The DEI Shift, a podcast focusing on shifting the way we think and talk about diversity, equity and inclusion in the medical field, my name is Dr. Tiffany Leung. As your co-host today, we're delighted to talk about a topic that impacts us personally and professionally. Career transitions as women physicians. The stats are stark on this: many early career physician women reduce to part time clinical duties or leave the medical profession altogether because of irreconcilable and competing responsibilities in their personal and professional lives. In short, early career for women often coincides with some key life events being in your 30s and 40s, finding a stable long term relationship, having children or experiencing pressures to do so. Caregiving for children and or for aging parents, and so many more things that coincide between these two parts of our lives. So this episode of The DEI Shift is a spotlight episode made possible because of an American Medical Association Joan F. Giambalvo Grant Fund for Women Physicians. Today we want to highlight for you two guests experiences and their views on women physicians who transition from their early to mid career. Joining me today is our guest co-host, Dr. Marianne Parshley. She's a general internist and community primary care with the geriatric focus. She's been working in Portland for more than 30 years and she's governor of the Oregon chapter of the American College of Physicians. She's also an enthusiast for physician advocacy. Thanks for joining us, Dr. Parshley.

[00:01:55] Parshley: Hi, Tiffany. Thanks for asking me to be part of this conversation today.

[00:02:00] Tiffany: This is a really important topic for women in medicine that transition from early career to mid career and the impact it has on our lives, as well as the impact our lives have on the transition. And I'm looking forward to hearing what our guests have to say.

[00:02:14] Tiffany: Let's introduce our guests today. Dr. Parshley, would you like to introduce our first guest?

[00:02:21] Parshley: Sure, Tiffany, I'm happy to welcome and introduce Magali Fassiotto, Ph.D. She's an associate dean for faculty development and diversity at the Stanford University School of Medicine. She's worked in organizational change and organizational management for over 10 years in the private government and educational sectors. She manages the school's professional development activities, strategic initiatives related to recruitment and retention of a diverse and inclusive faculty, unconscious bias awareness and research related to faculty development and diversity. She also leads a team focused on the integration of diversity and inclusion initiatives across the Stanford Medicine Enterprise. Dr. Fassiotto is published widely in the areas of faculty diversity, unconscious bias, professional development and organizational identity. She leads and facilitates workshops for students, trainees, faculty and staff on unconscious bias, effective mentorship, team building, leading inclusive teams and building inclusive classrooms. Welcome.

[00:03:27] Fassiotto: Thank you, Marianne, and thank you, Tiffany. I'm really happy to be here with you today.

[00:03:33] Tiffany: Our second guest is Dr. Shikha Jain. She's an assistant professor of medicine in the Division of Hematology and Oncology at the University of Illinois in Chicago and the Director of Communication Strategies and Medicine. She's also the associate director of Oncology, Communication and Digital Innovation for the U.S. Cancer Center. Dr. Jain is the chief operating officer and co-founder of the covid-19 action group Impact and the founder and chair of the Women in Medicine Summit. She has been appointed to the 2020 American Society for Clinical Oncology, Women's Networking Center Task Force and the Diversity and Inclusion Task Force. She's also been appointed to the Council on Communications and Membership Advocacy, as well as the covid-19 Task Force for the Illinois State Medical Society. She was recently appointed to the editorial board of Healio Women in Oncology today and is the consulting medical editor for Helio Women Oncology. She's also the host of the new podcast Oncology Overdrive. Dr. Jain gave a TED talk in twenty nineteen on the gender moonshot and the importance of gender parity in health care. Welcome to the dayshift, Dr. Jain.

[00:04:50] Jain: Thank you so much for having me on. I'm really excited to be having this conversation with all of you today.

[00:04:56] Leung: Thank you both and to Dr. Parshley for taking the time to join us here today for this important conversation just to check, we've generally used a first name basis here during our DEI Shift episodes. Is this OK for everyone here?

[00:05:10] Fassiotto: Yes, it's fine.

Jain: Absolutely.

[00:05:21] Leung So let's go ahead and get to our first segment, it's a recurring one that we do here on the day shift with our guests called Be the Change. It's an opportunity for our listeners to get to know you. This question is based off the famous quote, "Be the change you wish to see in the world." So the question is, when did you realize that you wanted to or had become part of the change that you wanted to see? Magali, would you like to go first?

[00:05:50] Fassiotto I started in my career as a researcher. I'm a social scientist by training. So when I really started out, I really was taking an outsider perspective of these really interesting, thorny and complex phenomena around diversity in organizations and in particular in academic medicine. So originally, I felt somewhat apart from the whole process because I was really there to be doing serious research about how women are feeling in academic medicine, how those who are underrepresented in medicine face daily challenges. In a sense, I was using my faculty as guinea pigs in my research. This really just became untenable, though, because what I came to realize is that I could describe the issues and I could propose solutions then and an academic theoretical way. But in order to really feel any sense of accomplishment and that change was happening, I had to get in there and really do the work that a colleague who once described this as translational sociology or translational organizational research, the way we talk about translational medicine. So using what we learned from the research side to develop applications and interventions in real time. And you know what? This has been way more fun to get in there

and be the change and do the work. It's been more fun, yet more challenging, more enlightening, often with a few more disappointments, but often also awesome, and it's more than I really could ever have imagined. And I'm just thrilled to be on the path that I'm on every day.

[00:07:20] Leung: Thank you so much for sharing that. It's so important to make these organizational changes at the front end. And it's really just such an inspiration to hear you describe your journey in this process as you've made these changes in this very important space of achieving gender equity. Shikha, what about you?

[00:07:41] Jain: So, you know, I was raised in a house where we always were taught to do what's right. I was raised by the Golden Rule. Do unto others as you want to have done and to you. And I have a personality that is very, very focused on doing the right thing. Like if I do something that I think is wrong, it gives me a stomachache. And I've been like that ever since I was a little kid. So I've always been raised with this with this sense of doing what's right and standing up for what's right and standing up for other people. And so as I went through my training when I was at the University of Illinois as a resident, there were a lot of challenges that I saw my patients facing. And then as I went through my fellowship and became an attending, I realized there were a lot of disparities and challenges that people who were already in academia, in health care work physicians were facing that I had always thought were just happening to me. So I had always assumed that the challenges I was facing, the barriers I was facing, the comments that were made to me were because I wasn't doing things good enough, because I wasn't doing the right thing, because I was not working hard enough or I wasn't smart enough. And then I started to talk to other women and realized that it wasn't just me who was having these types of experiences and these types of experiences weren't because I wasn't good enough.

[00:09:12] Jain: It was because there were some systemic challenges and barriers in place that a lot of people had never really spoken about. And the conversations were becoming more and more commonplace as social media became more a part of people in the health care world. And so I decided at that time when I started talking to mentees and mentors and hearing the same challenges they face, I said, well, I should do something about it. And so that's where I started doing a lot of research in the field.

[00:09:43] Jain: I created the Women in Medicine Summit and met with other phenomenal women who were working in the same space and realized that there is a lot of systemic barriers and systemic issues that exist that need to be fixed.

[00:09:57] Jain: And they need people who are passionate about it and who have this kind of sense of right from wrong and the barriers because we face them ourselves. But then we've also seen others facing them as well.

[00:10:10] Jain: So I tried to create kind of a place where people can talk about these things, where people can learn on how to improve themselves, and then also how to improve their own

systems and institutions to try to work towards closing this equity gap that exists in health care. And it's not just women, men. There's a lot of other disparities that exist in the health care system.

[00:10:33] Jain: So I think a lot of the work that we all do is applicable to a lot of different aspects in the health care system and the systemic issues that we are seeing become more and more discussed and more and more relevant in today's today's age, especially in the middle of a global pandemic. So that's kind of the long story of how I realized that I could be a change agent by speaking out and by using my abilities to organize and coordinate people to make changes on a broader level by doing what I thought was right.

[00:11:08] Leung: Thank you again also for your leadership and for everything you've accomplished. I hope in this episode we'll be able to explore more of each of your personal stories and also your experiences as you continue to be the change. Welcome to our listeners and our guests for joining us on our tenth and our final episode of The DEI Shift for Season one, we are so proud of this accomplishment as a team and grateful for all of our supporters and listeners throughout season one.

[00:11:52] Leung: We hope you'll continue to join us for future seasons and episodes to promote diversity, equity and inclusion in medicine. Today, we're going to talk about career transitions for women physicians in their early to mid career phases. The first question I'd like to ask our guests today is, what do you think are some of the signs or signposts of this transition from early to mid career? Shikha, would you like to respond first?

[00:12:22] Jain: Yeah. So I think that's a really hard question because I still think of myself as early career. I think it's hard to really know when you're hitting that mid career point in your life, especially when you're in a field like mine, where after I finished my residency, I had three years of fellowship. So many of my colleagues who stayed in internal medicine and are now hospitalists, they would have hit mid career at a different point in in when they are training completed than me. So I think it's really hard because it's not really based on age or goal posts. Some people use five years as a mark and say this is when you're when you're kind of entering that mid career mark and you should have X amount of publications or X amount of accolades by then. I think it's really to me, mid career is not a number of years, but it's when you start to realize that you're mentoring people as much as you're being mentored, when you are able to sponsor people as much as you're able to be sponsored, and when you're able to kind of navigate things that you might not have known several years earlier. I've learned a lot in my training and in my early attending year, and I would be honored to be considered mid career.

[00:13:42] Jain: Now, I think that it's a personal as well as a professional accomplishment to get to a point where you're saying your career. I don't think there is a specific goal or a signpost or a number of publications or a number of accolades or something that would identify you as mid career. I think it's almost when you get to that level where you feel a little bit comfortable in what

you're doing, you feel like you you belong where you are, and you have a little bit of an idea as to where you want to see your future career path going, whether it's in academia or not.

[00:14:17] Leung: I really appreciate your comments on the roles of mentorship and sponsorship in the career transition, specifically that it may be a sign of a career transition if you're doing more mentoring and more sponsorship of other individuals while you're also on the receiving end of such relationships as well. Magali, Marianne, do you have any thoughts to add?

[00:14:41] Parshley: I wonder if sometimes it's the people outside that are observing us that are able to say that we've made that transition or guide us in our recognition of having that transition. I think that's been very much true in my lifetime. And sometimes it's other people who say, I think you're ready to do this. One of the I would not have thought about it. Magali, you've researched as well as conducted programs regarding career advancement for academic physicians and scientists. What are your observations on the signposts?

[00:15:12] Fassiotto: So I agree with a lot of what you saying, and I think early career is just such a tricky concept in medicine, because as the years of training involve so, you know, in some specialties, you've been an M.D. for eight years before you even become an attending. You don't even talk about, you know, the 21 years of school that you did for that. In the easiest sense of the word, in academic medicine, it's a little more guided. I mean, we have these specific you know, you can be an assistant professor to be an associate professor and you can be a full professor. But those aren't really necessarily signposts either.

[00:15:52] Fassiotto: I think they're their titles and they sort of give you this sense of this transition. But maybe that's not exactly the transition in general. In the working world, we think of early career as the first third of your working life to be anywhere from 10 to 15 years.

[00:16:05] Fassiotto: It could be less. I think emotionally. I think that's sort of what we're identified with this thing.

[00:16:12] Fassiotto: It can kind of be an emotional transition when you start thinking, you know, about the would of the could ever those forks in the road that you didn't take this maybe the Debbie Downer view of the world. But on the positive side, it's the time where you start to identify and solidify leadership goals and leadership opportunities moving forward.

[00:16:35] Fassiotto: And it's a time where you can really start to think about how you're going to be taking specific action towards the goal. I think in the research world, there have been few studies on mid-career transition. A couple of studies show that mid career faculty are the most dissatisfied segment of the academic medicine workforce, unfortunately, but it has not been studied to date.

[00:16:58] Fassiotto: And most programs that are institutions are focused on junior or early career individuals sort of introduce them to the workforce. So possibly another signpost is the fact that you're not being offered entry level programs anymore.

[00:17:13] Parshley: And it sort of it's it's you're figuring out where you are, just thinking about being a community physician, not in academia.

[00:17:23] Parshley: We don't have so many signposts that are really official. And I think it's often in retrospect or as I said before, somebody from outside saying, are you ready for this? And then a significant life events. And sometimes it's just that feeling of dissatisfaction. There's got to be something more or that you want to change and do something different and that marks it.

[00:17:43] Parshley: I really don't find that my colleagues who are in in primary care, for instance, have any kind of concept of moving from early career to mid career. It's just kind of you do your job and you raise your kids. But talking with them and support groups and doing mentoring, there's clearly a definite transition that happens. So thank you.

[00:18:08] Jain: I was also going to add one other thing, I think that when you get to this mid career, people often say, what do you want to do with your future? And when they ask you that as junior faculty or as when you're just starting out in practice, it's a different question than when they ask you five years in. And so I've had people asking me, what do you want to do? And I want to anybody listening out there, I want you to know that you don't need to have a set plan as to whether you want to be a program director or in the suite or a chair of medicine.

[00:18:44] Jain: If you had told me five years ago that I would be doing what I am doing right now with the titles and positions that I have, I would have laughed at you and said, you have no idea what you're talking about. So I think that that's really important, that there's a lot of people who because going through med school, college, med school, residency and sometimes fellowship, our path is so laid out, whether you go into community practice, private practice or attend academic life, there are so many plans that have already been kind of laid out for you up until that point to start as an attending and not have things so structured and laid out where you can be scary. Maybe you know what you want to do, and if you do, fantastic, please teach me how to do that. But if you don't know, I don't think that puts you at a disadvantage. I think if anything, it opens you up to opportunities that you might not have realized we're going to be available to you.

[00:19:37] Parshley: Second, I find it really interesting, you said something earlier that when you move from being a mentee to a mentor, maybe that's where the transition is. And and I think there's a lot of truth to that.

[00:19:49] Jain: Yeah, it's it's funny because I've always tried to mentor people at different levels, even when I was in med school, I tried to mentor, mentor college students. When I was a resident, I tried to mentor med students, but it's a very different level of mentoring. Now I have the opportunity not just to mentor, but because of some of these opportunities that have been given to me. I have the ability, like I was invited to write a paper for a journal and I was able to tell my fellow, I have this opportunity. Would you like to write the paper with me? And then you'll be first author, which is something as a med student, I wouldn't have been able to offer that to a

college student. But now I'm at the point where I am getting the opportunities that I can then sponsor somebody else to help them, which I think mentorship and sponsorship are things you can do throughout your entire career. But the types of opportunities that you're able to provide for others as you go along your career will change.

[00:20:40] Jain: And the value to what you can really provide for others I think also changes.

[00:20:45] Jain: It's not better or worse. It's just different, I think, as you progress through your career.

[00:20:49] Fassiotto: I just wanted to say one more thing that we were talking about that was brought up around. Knowing the signpost or knowing what you want to do next or having this leadership plan, and I think that's so important, I think that could be actually another transition point, an early career. You're sort of taking things that come to you and you're trying to take advantage of anything that comes your way. And you the world is really your oyster. And I think that as you start to transition into mid career, you can be a little more selective about opportunities, or at least that's the goal. We often do take on too much. We can try to be a little more selective or think about how it fits into how we perceive ourselves or how we want others to perceive us as we move forward in our careers.

[00:21:31] Parshley: That was part of that part of the question I was going to ask you, actually. So thank you. The other piece was, do you think women in STEM and academic medicine actually feel like they have to have a plan or actually have a plan and a goal that they're going to by the time they're mid careers? Or do you think that they still have a little bit of freedom to sort of take what comes that's unexpected?

[00:21:54] Fassiotto: I think 100 percent on freedom. I think it's important to set up to think through what your short term and long term goals are. I think it's important to have this mental picture of where might I want to be in five years? How am I going to attain that goal in 10 years? What do I want to do in the next year? It's important to have those mental pictures, but I think that it would be terrible if we then ignored opportunities that came our way because it didn't fit into our plan. There are so many things that, you know, you may be open to you as you move forward, but I think it's important to have a plan. Look, I don't not think don't have a plan. I think it's important to have a plan. I think that we need to be as flexible as possible as we move forward and take advantage of anything that comes our way. There may be lots of this sort of institutional organizational support. I would hope that our institutions are changing that in our providing that support. But I think it really comes back to the topic we've been sort of talking about this whole time is about mentors or it can be senior mentors. It can even be having peers, I think.

[00:22:58] Fassiotto: That's how we sort of face these challenges around feeling this lack of support, I think there's some other challenges that come through.

[00:23:06] Fassiotto: I mean, we talk about mid career faculty as really the hand, which I think they're really a sandwich generation around caregiving. When there are children involved, you still have child care responsibilities. And if they're not super little anymore, but they're still generally at home. But there's also you're sandwiched with elder caregiving. And so that's another challenge that constituents of the home front is harder and harder.

[00:23:29] Fassiotto: We talk a little bit about work life, conflict that is really prevalent among the mid career because you make the transition to mid career and actually as a topic research phenomenon that we have worked on in our group at Stanford is this idea of what we call work conflict.

[00:23:47] Fassiottp: And so as you're getting into my career, you're getting more and more responsibility sort of piled on top of you. And we know about work life conflict, which is sort of this perceived inability to manage both work and life demands or specifically trying to find the energy time, all of these things to manage the multiple demands on on your day and your family and work roles that we talk about this idea of work, work, conflict, where so say in academic medicine, you're an educator, you can be a researcher, a clinician, in addition to all the administrative duties that you have. And there are only so many hours in the day. And so trying to find the energy or the time even to do all of those demands well is sort of what we've internalized or what we've talked about, his work, work, conflict. And I think that's another challenge that becomes even stronger at the mid career stage because of just the growing demands on your time.

[00:24:47] Parshley: So thank you for sharing with us the challenges in transition, Shikha, what's your perspective on that?

[00:24:53] Jain: So I have a bit of a unique situation. Well, I guess it's not actually that unique. It's unique in my family. I have twins and then I have a six year old. And so my life is a bit chaotic, kind of at baseline. And a lot of Magali was saying is it resonated with me because she's absolutely right. When I have dedicated more time at work, my family life has suffered.

[00:25:20] Jain: My daughter is six and asked me all the time, Mommy, why are you working?

[00:25:25] Jain: So and I mean, my two year olds, they don't fully understand. They cry when I leave sometimes, but they're usually happy because I get to do fun stuff when I'm gone. But it is it's definitely a challenge.

[00:25:35] Jain: And the pandemic has really brought it right in the forefront in my mind, because I've been doing a lot of working from home and working from home is not really that effective when you have three children running around who also need your attention.

[00:25:49] Jain: So it's challenging to be a mother of young children and to still feel like you want to be productive at work. I was joking with someone that during this pandemic I've been getting all of my most productive work done between the hours of 9:00 p.m. and 1:00 in the morning



because that's when everybody is asleep and that's when I sit on the couch and I do my paper writing in my reviewing.

[00:26:13] Jain: And and that's not sustainable. I mean, I was getting four to five hours of sleep. I was tired during the day. It's making me cranky and irritable with my kids. So even the time I have with them wasn't good quality time.

[00:26:25] Jain: So I think that that idea of work life balance or the new buzzword is work life integration. I think it's really hard. And for anyone who says that they have it down pat, good for you. I'm really happy that you're able to balance everything, but I think that's not the case for most people. And, you know, the challenge also is in your early to mid career, people say yes to everything. You're supposed to say yes to every opportunity you're supposed to say, don't say no. You want to be seen as a team player, but you also want to be doing things that are going to want you on the leadership track. If that's where you want to go, you need to be publishing. If you and when you get to this mid career point, people expect you to know things because you're now mid career. And so you should know how to write a grant or you should know how to manage all these different types of patients, or you should know how to balance things.

[00:27:19]Jain: And I think one thing a lot of people forget is work changes, life changes, your home responsibilities change and your work responsibilities change. So it's not a static thing. If you have it figured out two years into being an attending, it's very possible. Four years into being attending, you're going to be wondering why on earth you thought two years ago you knew what you were doing. And I am constantly struggling with trying to find that balance and trying to find a way where I still feel that I'm fulfilling my passion and my ambition and doing what I think is important while also making sure there's enough of me left for my family. And I think that's something a lot of people struggle with.

[00:28:02] Jain: And, you know, going back to the thought of, we're supposed to know everything or know more when you're mid career and people say to you, oh, well, you're five years out, you should have like I said earlier, this many publications are you should know how to write a grant. I tell my residents and fellows all the time, I say the smartest people I know are very open with the things they don't know. And they surround themselves with smart people who can help them fill in the gaps. Because the only way I've been able to do the things I've been able to do is I have amazing people who work with me and I know where my weaknesses lie. I know where I'm not going. I know where I'm not able to excel, and in those places, I bring people on my team or I ask people for help and I say I am not good at this, can you either teach me or help me or guide me?

[00:28:53]Jain: And I think that's something that people are scared to do when their mid career because they feel like they should know it already. And I think it's really important to remember that this is a constant learning, constant growth, constantly changing life that we live. And we need to give ourselves grace and we need to give ourselves a break because there are so many responsibilities that change. And we need to make sure that we are realizing that we're all

doing the best we can and we have to balance things the best we can for what's right for our lives.

[00:29:23] Parshley: I really appreciate that picture of your three kids and you trying to work from home. My kids are all emerging adults, are grown. And just about the time they all left the house meagerly. The idea of senior care is really big in my mind, in my experience, because my mom had a stroke and my dad developed dementia just as my kids were leaving the house. So I had to actually cut back to half time for a while because of that, rather than my kids, and I think there are a lot more women doing that just as there are a lot more women doing the childcare for their families. Magali, you talked about work work comp integration or conflict. I always make very clear that I have two jobs. One is my family and one is my professional duty and I talk about them both coequal with work and so I see that all of it is work work integration or balance.

[00:29:57] I know that's not official but I think that's important to acknowledge.

[00:30:02] Fassiotto: I love that and it's very much akin to the idea that you know you have these like time management techniques and one of them is make sure you don't keep two separate calendars because there are people who keep their work calendar and their personal calendar separately and say No no you need to make sure that they're all in the same calendar because they're all part of your day it's not like because eventually you know if you miss calendar and you have two things at the same time what's going to take precedence, is it going to be work or is it going to be home? And that answer might be different for different people but to your point about making sure that the two are merged you want that all to be in the same place.

[00:31:32] Leung: This is a really important point in terms of having time and only a finite amount of time in order to be able to accomplish all things, work and life, and family, and otherwise. I'll just mention briefly here, too, that of course our grant-funded project through the AMA Joan F. Giambalvo Grant Fund also is supporting a bit of qualitative research that my team and I are working on with respect to understanding this transition from early to mid-career more. And, indeed this challenge that we've heard so far has a lot to do with managing time and fitting as much as possible into the time we have available in our waking hours. We've already started talking about this a little bit in terms of the key decisions that are being made in order to be able to accommodate children or aging parents, or be able to achieve these solutions for overcoming work-life and work-work conflicts. I'd like to hear a little bit more specifics-focused from Magali and Shikha: What are your thoughts about how gender specifically can influence this early to mid-career transition?

[00:33:00] Jain: So I can start from personal experience. So, when my husband and I were deciding that we wanted to start a family together, we tried to time it according to my career. So his career wasn't as important to time it around because he wasn't the one who was going to be pregnant. So, we were trying to figure out what would make the most sense for me, to take time off and when I would be able to actually be pregnant physically and still be able to fulfill my

duties. So we tried to time our first pregnancy during fellowship, and we were very lucky in that our timing worked, and I ended up getting pregnant and delivering my daughter kind of right in-between the transition from second and third year to fellowship. Now, what that meant was I had to rearrange my entire fellowship schedule, I had to rearrange my call schedule, I had to work with my fellows to figure out how I was going to be on the right blocks at the right time, so nobody else had to pick up the slack from me, so to speak. And my husband didn't really have to think about any of those things because for him, he was going to take paternity leave during his fellowship, it was basically like two weeks vacation time that he was taking, and that was it. So that was one thing that definitely weighed into our minds when we were looking at starting a family. I have looked at a lot of research and, you know, Dr. Sara Gonzalez does quite a bit of research in this field as well, talking about women, and Dr. Ariela Marshall is another one who does quite a bit in this field, looking at infertility, and how women who are in professional careers, like physicians, delay getting pregnant for a long time because of their careers, and because they wouldn't be able to take the time off or it would really affect their professional development. And a lot of those women are now struggling and are more open about the fact that they're struggling with infertility. And so I think that there's a lot to be said for the fact that in healthcare, we don't really have a good way for women to get pregnant and continue their careers. There isn't a maternity leave that's approved. A lot of women, especially those who are in procedural specialties, might be ridiculed or insulted for getting pregnant during their training, or at certain parts in their career. When I found out I was pregnant with twins after becoming an attending, a colleague actually came up to me and said, "well, that wasn't supposed to happen." And my response was, "I'm not really sure what you mean. We were trying to get pregnant, so that was supposed to happen. The twins were a surprise." The fact that someone felt that it was okay to say that to me when I was an attending—and this was supposed to be a colleague—just goes to show that there are so many misperceptions and biases and just stereotypes that go along with being pregnant and training and being a physician. And we are healthcare workers, you would think that we would be well equipped for handling these types of things and understanding the human body and physiology. But I think that a lot of times these types of conversations and these types of infrastructures aren't in place and that forces a lot of women to make decisions where they have to choose between a career and having a family, and that's extremely unfortunate.

[00:36:19] Fassiotto: Thank you for that Shikha. I think that's just so incredibly poignant. And I think in addition to the, just even having the children, there is an incredible amount of research—both within academic medicine, as well as in the U S professional world at large—to point out that, you know, in dual-learning heterosexual, couple families, it's most often the woman who's in charge of childcare and also the regular household duties. And what I find the most distressing is the emotional labor of home life. So you brought in an example earlier of, you know, maybe having your daughter's appointment. And I think the women are responsible oftentimes for making the appointment, deciding when to schedule the kids' swim lessons, keeping track of dentist appointments, figuring out what dinner will be tonight, tomorrow, the night after that, even if you're not cooking it, you can decide what it's going to be, I think it's that

emotional labor and that distress that can often also be a really incredible challenge in addition to the childcare aspect of it. And also very rewarding, not to downplay that, of course, but I think that that can be incredibly challenging and gender-related because it often falls upon the mother. We've also discussed in terms of other gender-related challenges that women are generally charged with elder parent care—not always, but often. And we find, especially that with women physicians, when you are a physician as well, then you are the one that is being called by everyone to handle every issue. And so that is an additional really big responsibility. And something that Shikha mentioned as well, is this idea of bias in the workplace, and that doesn't go away in mid-career...oftentimes, actually that's even when it starts to feel a little more amplified, you're suddenly recognizing, wait, why am I not being treated the same? We have the same experience. You start to notice that colleagues may treat you like the junior person, even though you have suddenly discovered that you're the mid career person. We often hear about women, you know, being mistaken for every other position in the hospital, other than the doctor, and that can be draining at times. You might be excluded from an important committee because you missed the Friday night happy hour or something along those lines. And in our research as well, we found that patients may evaluate women lower based on certain characteristics. Residents may evaluate their women faculty a little lower, particularly in male-dominated fields where the expectation is for these male-dominant traits. And women are charged with presenting as more nurturing because that is the stereotypical expectation that surrounds them. And so these are some of the challenges that we face.

[00:39:14] Jain: And I think there's one really good point you brought up, Magali, a lot of great points you brought up, but one in particular, there's a graph that I always show when I give this talk about emotional exhaustion for women and men. And it always gets a bit of a chuckle when I show it, but what it shows is for men and women, when men and women are single, they have similar levels of emotional exhaustion; when they're dating, the woman's level of emotional exhaustion goes up a little bit; and when they get married, the woman's level goes way up and the man's level, mostly exhaustion, it goes down. When you look at the same graph and talk about emotional exhaustion, having children for the women, when the children come into the scenario, their emotional exhaustion goes way up and again, for the men, the emotional exhaustion level goes down. So it's just really interesting. And I think it goes to your point, my husband always jokes, when I show this graph, he says, well, in our house, I think it's pretty equal. And you know, it's not a case-by-case basis. I think that there are some, as you pointed out, there are some families where, the partner is equally responsible, but in the maths, in the majority of them, it's usually the woman, and these studies have shown data that shows this emotional level of exhaustion does definitely go up when you're thinking about all of these things. And I joke all the time that I'm failing at least one aspect of my life on a daily basis, whether it's work or home, it depends on the day. And I think it really depends on what your responsibilities are for that day and what you feel like you needed to accomplish.

[00:40:46] Parshley: Yeah I agree with you. I really appreciate the thought about, I'm going to go back to the, the elder care, but I also want to pull in those women who don't have children and

don't have families, and they are often expected by the larger family, especially if they're physicians or in healthcare to take on the larger responsibility for everybody in the family that needs emotional or physical or professional care. That's not something that the men, our male colleagues, have to deal with nearly as much, unless they're only children. The whole thing about infertility and women in medicine, that's a really big issue. We had a panel called Moments of Courage where one of our professors up at OHSU presented her struggles within fertility, which was really tremendously moving. And those are things that women have to think about when they're transitioning from early-career to mid-career, to the point where I talked to my medical student daughter, who's second year, I actually talked to her about freezing her eggs because she's a little bit older, and by the time she gets through residency, might be an issue.

[00:41:58] Fassiotto: Can I just say, well, kudos to you for having that conversation. That's incredible. What a parent! I'm out here in Silicon Valley where there's a ton of tech companies and a lot of them that are not a lot, there are a handful that have started paying for infertility treatment and egg freezing as an option. And on the one hand, I think that that's tremendous, but on the other hand, and this goes for academic medicine as well, I really feel like we need to actually start intervening on the culture so that we don't even need to do that in the first place.

[00:42:28] Jain: And I think it's, I think the good thing that's happened in the last decade or so, or probably actually even in just the last couple of years is that these conversations are becoming more commonplace, and people are becoming more open to discussing these types of things. My hope is that as these conversations become more commonplace, we're able to change the system and change the structure, so that by the time my kids are old enough to decide if they want to go to medical school or not, these systemic barriers and issues have been changed and improved so that these conversations don't need to happen anymore.

[00:43:04] Parshley: I was the first resident in our program to get pregnant while a resident. And I was the first job-share partnership with another woman in our health system. And it was tough and I'm just disappointed it hasn't gotten better. And so I think you're right, we need to do the culture change. So what role do you think mentorship and sponsorship? We talked a little bit about this earlier, but what role do you think that has in the transition between earlier and mid-careers transition? And more specifically, who are the people that you think women physicians might turn to during the transition?

[00:43:39] Fassiotto: I think it's not one person, it's not even like two people. I think it's important for women to have what we call a stable of mentors—that's multiple people they can turn to in their careers for advice and guidance. That stable should consist of both men and women, and it should include sponsors as well, who can help to open doors or suggest you for that perfect opportunity. And I think it consists of colleagues both within and outside of your department or specialty, colleagues both within and outside of your institution or organization. And again, both men and women, because you need that old boys club to help you out sometimes where, you

know, to provide the things that they know that women often haven't been privy to in the past. And it includes those people that are more senior to you, as well as, you know, peers seeking advice from everywhere. And I think Shikha might've mentioned this earlier as well, but it includes mentees. I think we learn a lot from our mentees as well. And we've found that within our own institution, you know, 65% of people say that having a formal mentor at the institution is important to them. But, then when you look by gender, women are less satisfied in general with the quality of the mentoring relationship that they have. We do have an incredible program that was recently started in the past three years, and it was started by one of our senior neurotherapy/neurosurgery faculty. Her name is Dr. Odette Harris. Here at Stanford, we call it SNAP, the Stanford Network for Advancement and Promotion. And our first cohort consisted of a group of 10, mostly mid-career women faculty. We have an external facilitator who comes in, and the group meets monthly, starts with a check-in about how you're doing both professionally and personally, and then one individually each month presents a case study, and it's a leadership case to discuss challenges they're facing currently in their role and solutions, and then the group comes up with solutions together. I think what's important here is that participants in that group come from all across different departments so that the leadership cases don't necessarily feel too personal. You know, others in the group won't have that much familiarity with who the players are. And so it's really sort of a disinterested, not disinterested, a third-party view of the case to really provide the best level and depth of solutions. And I think what that group has been able to achieve has really been just phenomenal. So we recently made a second cohort and it was actually our vice dean said, you know, I think we should be a coed cohort because the men need to hear about the challenges the women are facing. And the women, you know, hear about what the men are facing and to hear their perspectives as well. And so we've been, we've been doing that and it's been interesting, like it's been an interesting experience. It's very different from the first cohort, but I think it's just important to find these groups wherever you can, that you can discuss challenges together.

[00:46:43] Jain: Yeah. And I think, you know, there's so much that the conversation revolves around women being over-mentored and under-sponsored. And I think that's incredibly important to point out. So I was very fortunate and that I grew up in a house with a mentor, my dad being a vascular surgeon, and in my mind, the original, he for she. He has done so much to mentor and sponsor me throughout my career. And he still guides me and mentors me, but obviously my needs have also changed as I went into a subspecialty that was very different from what he does. And I've been very lucky to find certain mentors along the way who have been able to guide me. But, I will say that it is a challenge oftentimes to find the right mentors and to develop those relationships because it takes time to have a mentor-mentee relationship, and it takes effort on both ends, and when I started my first attending job, I will tell you, I had two phenomenal mentors and they weren't formal mentors. They were just two other hem/onc [hematology/oncology] attending physicians who were also moms. And we became close friends, and I still text them questions periodically. I mean, I wouldn't have made it through my first couple of years as an attending without having them. And now in a leadership position, I've found mentors, not just in my institution, but at other institutions, who've been able to guide me as I've made missteps, as we all do and have been able to give me constructive feedback. At

my current institution, I have a mentor, who is the head of our oncology department. And he has specifically told me, I've seen too many women leave academia because they haven't been properly mentored and sponsored and because they get frustrated; it's not just putting people on committees to put them on committees. It's really being intentional and thinking, what can I do that will actually help this person advance their career? How can I make decisions that will put them in line for what I think speaks to their strengths and will help them amplify what they're already doing so well? And having that type of mentor and sponsor relationship, it's very hard to find. And I think we're getting better at it, but I think there's a lot of work to do, especially in this mid-career time, when sometimes I feel like I'm a rudderless ship where I'm not really sure which direction I'm going, and I need somebody to help me kind of refocus and say, "this is what you should be focusing on, this is important work, but maybe you put this on the back burner until you get this other project completed, because this will help lead you down this path, and this will give you personal satisfaction, but it may not be what you need right now if you're heading towards promotion or whatnot. So I think it's just a really intentional relationship. You need to find those types of people, whether it's within your institution or not.

[00:49:28] Parshley: Thank you, ladies. Shikha, I think it's key to point out the difference between mentoring and sponsoring and warning people about being overly-mentored and underly-sponsored. I like the idea of a stable of advisors, Magali. I like to think of it as my trusted board of advisors. Now, moving from the personal to the systemic, can you tell us about the kinds of programs that you're running or leading towards this goal, this systemic change. In particular, given this year's disruptions with the pandemic, how can we be better prepared in our systems to support women physician career transitions?

[00:50:04] Fassiotto: I love this because I think we often focus so much on fixing the individual. So training our women to be resilient, training our women, to be more powerful, you know, when really, why don't we just change the institution or change the system so that women can be themselves? And so I think that that is just so incredibly important, so thank you for really pushing that. I think we need to be listening to our women constantly. We should be listening to everyone within our organization. We need to be listening to our women to hear what the challenges are so we can make thoughtful systemic changes moving forward. I mentioned our SNAP program is a great example of creating intentional peer mentorship. And another wonderful benefit from that program is that you realize, and Shikha sort of alluded to this in the very beginning, but you realize that other people are actually facing very similar challenges to you. And this can actually be relieving because you suddenly realize, "Oh, it's not just me, this is good." I think the other types of programs that we tried to lead towards this sort of systemic change is in all of our leadership and other cohort based professional development programs. We wanted to be able to bring people from across the institution together. In fact, we did a long-term followup evaluation of one of our coed leadership programs several, a few years ago. And, you know, we interviewed a ton of people and said, you know, "what was the best thing about this program?" And they were like, "yeah, the curriculum was great. The content was cool. The speakers were interesting, but the best thing was being able to meet people from across

the institution.” And I think that sharing challenges can help towards systemic change. And I think the other thing that we really want to do is educate everyone about the challenges that women faced or that other marginalized groups face. Because, you know, you bring a group of women together and they can talk to you about implicit bias. They can often talk to you about work-life conflict. They can talk to you about stereotype threat, but they're often very educated on the leadership. I mean, not the leadership. They're often very educated on the research in these areas. They're very educated on the research in these areas, but we actually need more people to be educated on the research in this area. And so I think one thing we can do is throughout all of the programming that's available, so what we try to do, so we in faculty development and diversity, and so we run faculty development programs for everybody. And in all of those programs, we aim to bring in this diversity lens. So, you know, we're having this negotiation seminar today. The negotiations are the seminar that we're having for both men and women, but let's have a part of the seminar that talks about, oh, what are some of the challenges that women face in negotiation? Because you often hear about that in negotiation seminars that are just for women, but I think it's important for the men to hear about those challenges too. And so I think, I think that that can be really important.

[00:53:10] Jain: So, I run the Women in Medicine Summit, I'm the chair of the Women in Medicine Summit. And when COVID kind of came to our shores, we had the decision to make as to whether we were going to continue or not. And we, very early on, decided that we were going to continue on as a virtual conference. The reason we decided to do that is because there's a lot of evidence that shows that in the face of a global pandemic equity issues get left behind, and we take a hundred steps back, and we're targeting the conference at both men and women specifically because we don't think change will happen unless men are at the table talking about the change and implementing the solutions. We also, when the pandemic happened, we decided that it would be of some benefit to have monthly webinars. So we've had monthly free CME webinars through the Women in Medicine Summit, and those webinars have been highly attended. I think partially because they're free and partially because the content is good, but it's been topics like leading in a crisis or being resilient or we're going to have one on mental health and your mental health through a pandemic and through this public health crisis. So people have really responded positively to that. We've also incorporated, last year, we had mentorship sessions as well, where you could sign up at a time for mentorship sessions and we're going to have those mentorship sessions again this year. We also have a pre-conference that's for medical students, for our medical student volunteers, where they get some one on one time and some lectures from faculty from around the country. And so we decided to continue that this year as well, of course, that's going to be virtual as well. We also are coming out with a compendium that's going to be published through the Wiley platform with articles from women who spoke—either women and men who spoke—last year and this year at the Summit on this evolution of empowerment is what we call it and how gender equity efforts have evolved over the last, you know, century. I'm working with Helio and I'm on the editorial board. We are launching this fall, a women in oncology platform where we will be featuring the voices of women in oncology. Women are really bad at bragging about themselves and talking about how amazing they are. And a lot of times women do amazing things and they aren't recognized for



their work. So one thing that I've tried to do through the awards that we have to the women in medicine summit, and just in my work with communication strategies and in media is I really try to help women learn how to not just humble brag, but brag and talk about their accomplishments and do it in a way that doesn't come across as cocky, but do it in a way where you're disseminating your research, or you are talking about awards you got because you're sponsoring someone else for that same award. So I think that this woman forum that we're developing is going to be a really great way to help feature and spotlight women in the field of oncology who are doing amazing work and also hear the voices of a lot of women who often aren't heard because they don't know how to get their voices out there.

[00:56:19] Parshley: Thank you guys. Talk about amazing women. We've got you guys here. I think what's going on in the Women in Medicine Summit sounds fascinating. And I also resonated, Magali when you said the best part was meeting all these people across the institution and it's that networking and connecting with each other that supports us and having more opportunity to do that. And even, and especially maybe for people who are out in community medicine, because they don't have the formal connections; they tend to stay in their clinics and offices. So, you know, we're running out of time, and I want to just to ask you guys in closing, what final words of advice you would offer, and for women going through or finishing an early to mid-career transition and/or for those who are teaching and coaching and mentoring people who are approaching or in the middle of, or finishing the transition, so that they can be ready for it, and they can move through it with confidence?

[00:57:24] Fassiotto: So we talked about this briefly in the beginning, but I would say, you know, make a, it doesn't have to be in depth, but make a short-term and a long-term career plan. And you don't have to stick to it as we talked about, oh my gosh, please do change it constantly and adapt it to ever-evolving needs. But I think you, you want to know at most moments, you know, what you want next year? What do you want in five years? And it helps you to prioritize, to battle some of that work-life conflict and work-work conflict that we were talking about. So it helps you to prioritize what's important and to seek opportunities that might help you get where you need to go. Of course, there are also a lot of opportunities that are serendipitous or, you know, can feel random and you should absolutely take them when they fit in well with what you want to do. But you do have a certain amount of control over which opportunities you say "yes" to and what you really want to be intentional about. And then the other thing I would just say that has sort of been a running theme is to find your people, whether it's a group of peers at your institution or within your discipline, nationally, whether it's a more senior mentor or sponsor who you can call up with any question, or, you know, peers, whatever works for you, find that group, find those people. I think that's just really important.

[00:58:37] Parshley: Shikha, an amazing woman. What do you have to offer for final words of advice?

[00:58:43] Jain: You are far too kind. So I would say, um, if you're looking for mentors or sponsors, find people who are doing things that you want to be doing, or who live life similar to your life. Like if you want to talk to somebody who has a family or who doesn't have a family, if you want to talk to somebody who is doing innovative work that you're really excited about find people who are doing what you want to be doing and talk to them, don't be scared because the worst they can say is "no, I don't have time." If they don't have time, they may be able to direct you to somebody else that you may not have known about that might be able to give you some guidance. So I think that's #1, make sure you find people, find your people. As Magali said, I think that's really important, and be very cognizant of what you think you want, and finding the people who you think are doing the things that you want to get advice from them. And I think the thing that I am really bad at—but is really important—is curating the "no." So Magali made this point of not saying yes to everything, which I have a tendency to say yes to everything. And then, because I get excited and passionate about so many things, but what I realized is it's really important to say "yes" to things that are either for the greater good, so something that you're going to be doing good work that is important to you and helps others. If it's going to help your career in some way, if it gives you personal satisfaction or personal happiness, if it's something that you have to do because it's a part of your job, or because you're your senior leadership or your bosses, basically telling you, you have to do it. But there's a lot of things that we get asked to do that you can politely decline, or offer to somebody else, or sponsor somebody else for that opportunity, especially if you don't feel like you have the bandwidth, because what you don't want to happen is that you say yes to everything and you ended up not succeeding at anything because you're spread so thin and you burn yourself out. And it's something, it's a gift that some people have. I am learning how to do it. And it's very hard for me to say no, but I have done it a couple of times this year, and I was very proud of myself for doing it. So I think that is one of the most important lessons to learn as you're transitioning to mid-career, that you don't need to be saying "yes" to everything. You need to be more critical in what you're saying "yes" to and things that are going to help you in some way, shape or form.

[01:01:08] Parshley: Wonderful, ladies, Tiffany and I are so privileged to be able to work with you guys today and have this conversation. We're really happy to have you, and I am continually learning, and I'm continually needing to remind myself of things, and you have given me additional things to think about. So thank you.

[01:01:32] Leung: Thank you all for your time today. And thank you so much for such an engaging discussion on career transitions for women physicians. I just want to take a moment here to give a huge thank you and kudos to Maryanne for her skillful guest co-hosting of today's episode. During the episode, unbeknownst to our listeners, I experienced my own work-work conflict when it comes to the usage of bandwidth for the purposes of our podcast recording today. So I just want to say thank you again to Marianne for such a wonderful job co-hosting with me today on this episode. And thank you also very much to our special guests, Dr. Shikha Jain and Dr. Magali Fassiotto for joining us.

[01:02:19] Jain: Thank you so much for having me on. I really had a great time. This was a great conversation. So thanks for inviting me to this amazing podcast.

[01:02:26] Leung: To our listeners as usual, we'll also have a transcript of today's episode and also a summary of the discussion in our show notes that will be posted on our website. We'll also include links to additional resources that have been mentioned during the episode. And you can always as usual, get in touch with us through our website, follow us on social media @thedeishift. That's @thedeishift on Instagram and Twitter. Thanks so much for listening. And that's a wrap for Season 1 of The DEI Shift. We'll see you back for Season 2 coming soon.

**[01:03:00] Outro**