



Bouncing Up: Resilience and Women in Academic Medicine

Julie Ann Freischlag, MD, FACS, Michelle M Silva, BA

Lone woman in a sea of suits

It is a miracle I am here. I mean that both figuratively and literally. On a cool March day in Chicago in 1980, I waited anxiously with my Rush University classmates to learn where we matched for residency. Would I match to UCLA? UC San Diego? UCSF? One after one, the names were ticked off—except mine. The speakers made it through the pomp and circumstance of their match list without mentioning me. I was horrified. I asked a friend to check on what was clearly a mistake. Sure enough, my match slip had accidentally dropped to the floor. I learned that I would be heading to UCLA. Thank goodness the Windy City did not blow that slip to oblivion! So it is a miracle I am here.

And if that was not a close call, I learned years later that the probability of my matching to a residency had been reduced, not through lack of merit, and not by an accidental drop of paper on the floor. A vascular surgery fellow who had worked with me as a sub-intern told me that Paul Ebert, then chairman of the Department of Surgery at the University of California San Francisco Medical Center, had removed all women from the UCSF match list because he said he would not accept them into the program. Although that eliminated one of my residency choices, I still succeeded in securing a surgery residency. You could say I beat the odds.

My grandfather told me at a young age that people like Paul Ebert would tell me I cannot do certain things, and that I would need to tell them I can. I was just 6 years old and had skipped the first grade. He passed away a year after he spoke those words of wisdom. Somehow he knew that throughout my life I would encounter obstacles, particularly from people who did not view boys and girls as equal. My grandfather inspired me to forge

ahead years later, when I discovered that some people would not only discourage me but also try to hold me down.

Inspired by my mother's love of teaching, I entered the University of Illinois with the intention of becoming a high school biology teacher, but I switched to premed when the school closed its education program. When I entered Rush Medical School, I had intended to be a pediatrician so I did my surgery clerkship first to get it out of the way. I ended up falling in love with surgery. I knew that I would be part of a very small pool of women in this specialty. My mentors, Stephen Economou, MD and Tom Witt, MD did not seem to notice that I was a female, or perhaps it did not matter to them. They were wonderful supporters.

While interviewing at UCLA for residency, I remember being aware that I was the only woman in a crowd of some 40 to 50 men in black suits. Clearly I stood out in my sea foam green dress, because then-chair of surgery Don Morton warmly welcomed all the fine young men, paused to look at me and said, "...and, uh, one woman."

That was 1979. More than 30 years later, I was once again the lone woman sitting among a group of men in dark suits in a photo taken at Johns Hopkins. However, in that picture I am sitting among my colleagues as the first female chair and surgeon-in-chief of the Department of Surgery. How I ended up in that seat was not a smoothly paved road. I have had to take a lot of chances to get there, and others have had to take chances on me. It has taken a good measure of fearlessness, some wonderful mentors, and an ability to adjust my sails to get here today.

Firsts and onlys

I was only the sixth woman to finish the general surgery program at UCLA, and the second female vascular surgery fellow. And I was the sixth woman to pass her vascular surgery boards.

My first academic position was an assistant professor in residence at UC San Diego (UCSD) in 1987. I was the first woman surgery faculty member there, and there were only 3 people total in the vascular division—one 2 years ahead of me and the other 1 year ahead.

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Office of the Vice Chancellor and Dean, University of California, Davis, Sacramento, CA.

Correspondence address: Julie Ann Freischlag, MD, FACS, UC Davis School of Medicine, 4610 X St, Suite 3101, Sacramento, CA 95826. email: jafreischlag@ucdavis.edu

When I first checked in at UCSD, I had a memorable discussion with the supply man in charge of the operating room. I wear size 5½ gloves because I have small hands. He told me he did not have 5½ gloves. We went back and forth. I broke the news to him that there was no way I could make my hands bigger. I finally won my case and he ordered the gloves in my size. It turned out that many of the female nurses wanted 5½ gloves, too, so I also won a victory for them.

My first case at UCSD was placement of a Greenfield filter. I arrived at the operating room early and sat in the back of the room, virtually anonymous in my scrubs and mask. The nurses mainly ignored me. They said to each other, "There will be a new surgeon here today: Freischlag. I wonder what he is like." I immediately stood up and introduced myself to solve the mystery. From that day forward, I have always introduced myself up front to make sure I am visible.

In 1989 I was recruited back to UCLA as the first woman surgery faculty member, working with Michael Zinner, MD, chair of surgery. I was also made chief of vascular surgery at Wadsworth VA medical center, where I worked for 2½ years. In 1992, I was offered a job at the Medical College of Wisconsin in Milwaukee as the number 2 person in a 3-person group that became 4 the following year. During an exploratory visit there, I was having a great conversation about the position with Jonathan Towne, then division chief of vascular surgery, when he said to me, "You don't remind me of a woman." I asked him what, exactly, did he mean by that? He said that I acted and spoke like a vascular surgeon, so he thought this arrangement—me, a woman surgeon and professor at Medical College of Wisconsin—could work out. He also asked me if I would be comfortable with his inviting spouses to dinners because I was recently divorced and single. I told him that I was sure I would like many of the spouses better than the husbands! Jonathan turned out to be a really good friend and champion in my career.

I was made an associate professor on arrival at Medical College of Milwaukee, and became a professor 4 years later—the first woman surgeon to be an associate professor and full professor there. I also became chief of the vascular service at the Zablocki VA, and became chair of surgery there 4 years later. I was only the second woman hired in the department of surgery.

When I returned to UCLA in 1998, I was the first division chief who was a woman. I also was the only woman vascular surgery division chief in the country at that time. I remained in that job for 5 years. In 2001, I was contacted by George Sheldon, MD, about his chair position at the University of North Carolina, from which

he was stepping down. It was the first time I had ever thought about being a department chair. Sheldon told me that I had the requisite leadership qualities. Jonathan Towne strongly supported my pursuit of a chair of surgery position, as did Michael Zinner. Ultimately, the University of North Carolina dean decided to keep his inside candidate because they did not want the department of surgery to do research. However, my interest in an academic leadership role was piqued and I continued my pursuit.

I explored many chair positions in the country. I was offered a chair of surgery position at the University of Colorado, but the dean rescinded his offer 2 weeks later because he did not have the resources to support me in that role. When I had considered throwing my hat in the ring for a surgical chair position at the University of Michigan, no women chairs existed at the school at the time. The dean called me up to tell me the school was just not ready for its first female chair, especially in surgery. This was 2002. He kept his inside candidate. He later wrote a letter to Hopkins when I was looking at that job and said that he should have hired me. When I took the chair of surgery position at Johns Hopkins in 2003, I was the first woman to hold that title there and also 1 of only 4 female chairs of surgery—5 ever. Now there are 10 women chairs of surgery in our country. There were no other women chairs of clinical departments during my 11-year tenure at Hopkins.

Invisibility

Olga Jonasson was the first woman to chair an academic surgery department through her role at Ohio State University. That was in 1987, the year I finished training. Less than 30 years ago. Since then, only a handful of women have been chairs of surgery, including Nancy Ascher, Barbara Bass, Diana Farmer, Mary Hawn, Mary McCarthy, Ann Mosenthal, Heidi Nelson, Carol Scott-Conner, Susan Reid, and Patricia Roberts. (Since this lecture was given in October 2015, additional women have been named chairs of surgery, including Sharmila Dissanaik, Amy Goldberg, Melina Kibbe, Leigh Neumayer, Betsy Tuttle-Newhall, Omaid Velasquez, and Sandra Wong. At the time of this publication, there are 16 women heading surgery departments in the United States and Canada.)

I am one of a comparatively small number of women academic medicine leaders in this country. According to the 2013–2014 State of Women in Academic Medicine report by the Association of American Medical Colleges, I am part of a meager 16% of female medical school deans. Only one-third of our country's senior associate and vice deans are women. Nearly one-quarter are division chiefs, and a mere 15% of department chairs are

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