



American Society of
Anesthesiologists™

Residents In a Room
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VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology Residents.

Those are the things that are going to improve the studies and the policy and the, the bedside care that impacts our patients every day.

If we have that attitude of trying to discover the experiences of other people who are different from us then we can help promote them, and, and lift everyone up.

The antidote to judgment is inquiry.

DR. KANDICE OLSON, HOST:

Well, hello everyone and welcome to Residents in a Room podcast, a podcast by residents for residents. My name is Kandice Olson. I'm a current CA3 resident at Baylor Scott & White in Temple, Texas and I will be the host for this session. We are going to discuss women in residency and the ways that gender shapes our experiences, education and our opportunities. But first, let's introduce the outstanding female residents who are joining me today.

DR. COURTNI SALINAS:

I'm Dr. Courtni Salinas. I am currently a CA3 at University of Washington in Seattle.

DR. SHARRA AZAD:

I'm Sharra Azad. I'm currently a CA3 at Tufts Medical Center in Boston.

DR. KELSEY MCGINNIS:

Um, I'm Kelsey McGuinness. I'm currently a CA2 at Baylor Scott & White, um, in Temple, Texas.

DR. OLSON:

Excellent. Thank you all again for, for joining us. Um, to start off, you know, I did a little research and I learned that roughly one quarter of anesthesiologists are women. And although, you know, that seems to be increasing with a rising percentage of young female anesthesiologists and those in residency, in some ways women are advancing in the field, but I still feel that are some attitudes and, and assumptions that are hard to disrupt. So, let's start off today by sharing some of our experiences as female physicians, and females in anesthesiology.

And I'll start trying to, sharing a brief experience that I've had. I had one morning, I entered a patient's room for preoperative evaluation prior to an elective surgery. After a quite lengthy discussion surrounding the patient's health history, um, and her consent to the anesthetic plan, you know, I talked to her about me being the physician in training who was going to help take care of her. Um, so after this long discussion, the patient's phone rang. Um, they apologize for the interruption, but then answered the phone and said, oh hello son, give me a few moments and I'll call you back. The nurse is just about finished. So I, deep breath there, you know, I, I felt defeated. I'd worked so hard to try and build credibility and trust as a physician, but was still misidentified. And I know, you know, it wasn't the first time that happened, nor the last, but just something that we experience as females.

So, is there anyone here that has an experience you'd like to share? Moments you've been misidentified or singled out because of your gender? Or, you know, in our cases, we're young, young females, also perhaps age, and even discuss like what you did in that moment, or even what you think we should do in moments like that?

DR. SALINAS:

I can start by sharing a, a time when I was assessing a patient postoperatively, um, making sure that his peripheral nerve block was functioning appropriately and my female attending and I decided that he was doing well. She left the room and the patient turned to me and said, someone should tell your boss to smile more. She comes across as way too serious.

I didn't know exactly how to respond to that, how, whether or not, it was pretty early on in my training and I was, I was shocked quite honestly. Um, so I just make sure that his block with working and left the room, but it, that experience never left me and I think

because this attending had such an Ivy League pedigree, she was the head of her subspecialty, she's an excellent physician. But for some reason this patient cared to focus on the fact that she didn't smile throughout her interaction with him and I, I really had to ask myself would he have commented on the lack of smile in their interaction if the attending was male? I really don't think so, and it was a reminder of how we as females filling this role as, you know, a type of caregiver, how sometimes we are sort of boxed into this idea of what that means to certain patients. Not all patients, but some patients. And I think it's important for us, at least in the moment, especially when we're caught off guard like that, to remain professional and sort of give yourself a moment to process because the last thing I want, even though personally, it really affected me, is if, it is for that to affect my care, my patient care. Do you know what I mean?

DR. OLSON:

Wow, you said that so eloquently. I, I'll just kind of piggy back on that, you know, I think that one action, you said you wondered if on the flip side of that was a male provider how that would be interpreted, or even commented on, you know, one action from a male may, may be seen one way, but a female viewed a different, different way. Just the expectations that are, you know, implicitly or explicitly there, and that's, I, I love your response, too, to try and remain professional and, and not let it affect your patient care as much as you can but to be aware of those times and, and your reactions to it.

DR. MCGINNIS:

Um, one situation, I had, um, my first year residency, um, along these same lines where, um, it was actually me and a male colleague, uh, another resident discussing how we do patient interviews and he had seen me perform an interview just moments before and had said that he, you know, prefers not to say I am doctor so-and-so, he likes to use his first name. He was implying that using his first name gives him a better connection with the patients, that brings them, you know, more ease and things like that and kind of thought about it for a second and kind of realized why I never did that, and, um, while what he was saying really made sense and sounded great, I have such a hard time, even when I say I'm a doctor multiple times in the room, getting the patient to believe that and really hear it, that I, I've never felt comfortable doing something like that, that even saying Dr. McGinnis, they sometimes just don't even hear that. That so I thought that was interesting how he didn't really understand that and really didn't even think about that as a possible reason why to say Dr. McGinnis or Dr. Whoever, um, and it was interesting to me to kind of think about how I have thought about that so much, even in my first year, um, as a resident, so I'm not really sure kind of how to convey that to our male colleagues that, um, this is something that we go through literally every day,

um, having patients, fighting to have patients respect us. Um, so that was, um, something that I, that has stuck with me throughout the years.

DR. SALINAS:

I think it's hard for them to know unless they've actually seen it happen.

DR. OLSON:

Yeah, I, I agree and I think it's a huge step to even just have those discussions with them, you know talking about experiences you've had because honestly, often times we as women will act differently to try and compensate for, for some of those things. You know, I've heard women saying that they always try to wear their white coat, or in the operating room they'll change their voice, um, to be like a deeper voice to sound like they're more competent, or have authority, or even you know, just the feeling if you need to prove yourself, it's, it's something that without, you know, expressing those or discussing those with other people, it's hard for, for people to be aware. You know, even, you may not be aware you're doing them. It's just something that you, yeah, that you need to try and compensate for.

DR. SALINAS:

I completely agree and if I may just step in and say that I, I'm sure we've all faced that type of situation. One way that I like to, um, inform my male colleagues or attendings is by letting them know before we enter a patient's room for any type of discussion, hey, can you do me a favor and address me as Dr. Salinas with the patient? It's just an, and important thing for me to maintain credibility. And most of the time they just say yes and, and do so. Other times they say yes, and then introduce me as Courtni, and then I have to remind them. And I will say that no one's really ever asked me why, which is interesting.

DR. OLSON:

Yeah, are there any things that we would ask of our male colleagues on a routine basis? You know, watching the American Society of Anesthesiology Conference, there was a video of kids, there were males and females, and they each got a disproportionate amount of prize in their cup, you know, males and females, and, and how the, the boys in the video where like, this is not right, you know, they were, um, even, even as children they understood like this is, this is not okay, and were like speaking up for them. But at the same time I think it's important to, to highlight that just because, you know, a female, um, gets a promotion or has, has something that's also

not at the expense of males, and for them to realize that or, or understand it and still, you know, use their positions or what ever it is to try and, and support females.

DR. MCGINNIS:

Yeah, I think it's important for them to just understand that promotion of women in medicine and anesthesiology in particular, just benefits everyone, and, um, benefits our colleagues, our patients and that it's not something like us versus them that this is something that is definitely needed in our specialty and I think we'll do great things in the future.

DR. OLSON:

To kind of follow up, you know any kind of situation that we have, uncomfortable times or you know, us in training, I feel like our sense perhaps, of a lack of power, um, have there been any situations where you been so uncomfortable that you felt like it was essential to talk to someone else or someone who had more authority to, um, to speak about any situation or having fear, you know, of, of retribution, um with us in training? Any comments on that?

DR. SALINAS:

We must not forget that as women, we are sometimes subjected to uncomfortable situations that involve unwelcome advances or even perhaps touches that are meant to be harmless, harmless, but probably shouldn't happen when, you know, when working with someone of the opposite or even same gendered sex, and so I just wanted to speak to that, and encourage other women out there to feel empowered to speak up if they're, if they find themselves in a situation like that.

And I will share that at one point in my training, I did have to bring up the ladder, um, a concern about inappropriate conduct, and I felt that it was handled to my satisfaction. I was assured that it there would not be any sort of retribution from, for the fact that I brought this to the attention of the administration, and I felt good about it because I, I learned in speaking with one or two of my colleagues at this person's actions had been perceived by other women as perhaps inappropriate or a little too much, if that makes sense. And so I felt good about the fact that this person, that it was brought to this person's attention and that it stopped. And while there may not have been any harm intended, I think that we should all feel empowered to have these, um, to, to bring these issues to the, to light. Because we're probably not experiencing it alone.

DR. OLSON:

Yes. I feel like that, that topic's extremely important to talk about and, and also crucial to have an org, you know, organization in your department, in the, in the work force to be able to have outlets for, for people to speak up when there are uncomfortable situations, or times when they may fear retribution, to have a place that they can turn and raise those concerns is extremely important. So, thank you.

DR. SALINAS:

Thank you.

DR. MCGINNIS:

Um, something along those same lines, um, is that, that I really still struggle with kind of almost on a daily basis is sometimes getting inappropriate comments and things in, of that nature directed towards me from patients. And, um, you know, it's something that I don't think my male colleagues struggle with as much and, uh, in the moment, a lot of times, I feel just uncomfortable and kind of brush over it and I, I think maybe, um need to stick up for myself a little more but I'm very uncomfortable doing that in that setting especially with a patient not wanting to offend them and, you know, make sure that they're still comfortable with me as their physician which is, um, something I think is a lot of women struggle with in medicine. You know, like, I'm uncomfortable but I am much more worried about if the patient's comfortable. Um, and so that's something that I think, um, is important to talk about and how we deal with those kind of situations cuz, it's something I, I still to this day am having problems with and don't necessarily do much about.

DR. OLSON:

Yes, I, I've personally had countless encounters where you know, whether it's advances from a patient waking up or inappropriate comments, you know, offhanded thinking they're funny, but largely inappropriate and have fortunately have had people who have spoken up for me in those situations or, or taken over to remove me from, from the situation or address the issue. It's difficult, and again going back to just trying to create a safe environment for everyone to work in, is, is something that we can all make an effort daily to, to try and create.

DR. AZAD:

Um, I will say that at my residency program, we have had some issue with the (sic) nurses on the OB floor, which is kind of interesting to think about because actually the nurses on OB are predominantly female, um, whereas some of like our OR nurses and

pre-op nurses, etc, are male, but it's a very women-driven atmosphere and, um, as an anesthesia resident, or an anesthesiologist, we're sort of like interlopers in this like, group of people that are there all the time. Like we, as residents, we do like a one month rotation there, and then we sort of like take senior call downstairs like in our second and third years, but at least in like the first month that's not enough time for really like the nurse, all of the nurses, to get to know you immediately.

So we have has some issues, uh, with like that group in particular getting very frustrated, um, with the anesthesiology residents that are down there, um, and it seems to be actually more geared towards the female residents than male residents. Um, they sort of seem to welcome this rare male presence sometimes. Which is, I think somewhat different from what the patients sort of want, because sometimes they request no males in the room, but the nurses like really seem to like our male anesthesiology residents and there's definitely been some swearing and sort of like an us versus them like atmosphere that was created, to the point where we have to have, um, like our Program Director get involved and talk to the charge nurses about sort of, like the anesthesiology residents coming down there for the first time and sort of what the expectations were from the nurses from us and also just being uh, slightly more welcoming to our presence.

DR. OLSON:

You know, I would, I would say you're not alone in that experience. It's, it's kind of funny being in at completely separate places and having similar encounters and, and circumstances. Um, we actually, you know OB is, is one area, but more recently in the, or in the past few years as I've been training, um, there's been issues with nurses in the ICU um, where, you know, notably all, the female residents may have a, a different experience and like nurses will question orders from, from the females and, and not really push back on, on the male colleagues in it. We have, um, an attending, uh, surgeon in the ICU who is, who tried to give advice regarding this, and, um, frame it in a way that, that the female nurses may see us as, oh, they want to talk through things, and they may feel more comfortable to do that with, with a female physician and it may, may seem as pushy or, or that they don't respect us, but on the flipside it might be that they're more comfortable because they see us as female, but they're also could be tension just viewing us, you know, as, as like a, um, hierarchy. When in reality, we're all there to to take care of the patients, and, you know, I feel like once we start getting the discussion out there with some of the, the nurses, and we didn't do it personally cuz it, it felt too uncomfortable but some of the, the attendings and even this, uh, female attending surgeon kind of started having discussions with them and it seemed to improve. To try to just, um, get everyone's perspective and, and understanding that way rather than just reacting to what was happening.

Any advice any of you received regarding situations like this?

DR. SALINAS:

Well, I'd say in general I find it more effective sometimes to address these types of inter professional issues directly with the person involved and it doesn't have to be in a confrontational way. One, um, tactic that works well for me is to in, simply inquire or call attention to the dynamic that's playing out in the room. Hey, I'm sensing some, a bit of, well, I don't want to use the word hostility, but I'm sensing a bit of hesitation on your part. What can I do to address that so that we can both take care of this patient together? We're a team. So let's, let's do this, you know, when I sort of have to call it out and reframe it and sometimes it takes people, it really catches people off-guard. But I think in the end they end up liking it because I'm asking you know, what, what's, what's happening from your perspective? And then, what can I do to sort of alleviate this tension so that we can get things accomplished? Um, that, that tends to work well for me.

DR. OLSON:

I love that. I think it's important to try and gain perspective understanding and, and you know, having a tool set like that to, you know, reframe things and address the issues without it being like a hostile environment is, cuz, I guess this kind of leads into the next, uh, part that I wanted to discuss, cuz there's multiple issues that may be bigger for men or women than just, you know, likeability, feeling like we're apologizing too much or even just how we, how we come across. You know, fear of speaking up, or role of imposter syndrome, you know, there's, there's many things that we kind of deal with but I think, you know, being aware and trying to, um, gain perspective and understanding regarding all those and just how, that those are present.

My next question, talking about other issues that we might have, I'm going into private practice anesthesiology and, um, not going to be working in academic center, but there's a couple of you here that at least trained at large academic centers. And are you wanting to do research or, you know, any academic pursuits and do you feel, you know, as, as females, any disadvantage there? You know, there's plenty of research out there showing even nowadays, you know, discrepancies in, in leadership, in academic, um, advancement and even pay gaps. What are your thoughts or experiences there? And where do you see any difficulties or opportunities to, to improve upon?

DR. SALINAS:

I think you just named the most pressing issues for female anesthesiologists either who are in practice or in training quite well. I think the biggest issues are closing the pay gap, increasing female anesthesiologists who do hold leadership positions, those who win grants, those who publish as first authors or senior authors, and those who affect policy within our field. And I don't think it, that we all have to be actively working towards improving these issues, you know, all the time, because we all have lives, we're all human and our job doesn't have to be, you know, number one, such that we must actively improve these issues. But we must have at least all be aware of the issues.

So for me, as someone who is interested in an academic career or working in a big academic institution, um, as hopefully a clinician educator in pediatric anesthesiology, I've found that it's very helpful for me to talk with people who are practicing in the type of profession that I see myself in one day and I try to take advantage of every encounter with an awesome female anesthesiologist and really pick their brain. Even if I'm just doing one case with them, and I'm rotating at, and you know, some hospital, un, that's not my, my home base, get to know them, ask questions.

The other day, I was at a, a private hospital doing OB anesthesia, and it took me a while to figure out that I was working with the Chief of the department who was a female. And that was surprising to me. And it shouldn't have been. Why should it surprise me that there is a female who's the Chief of this department? Um, and so for me, it was just a little shock, like, oh yeah, we're still living in this world where we're females in medicine, don't have, not just anesthesiology, in medicine, where we don't always hold positions of leadership. So I took it upon myself to figure out, you know, I asked her what are the issues that you encountered in this position? Did you even want this position? And you'll be surprised how many people get to their current position in roundabout ways and I don't know, I just feel like making the most out of your encounters with people who have been through it before, uh, that's a really, that's a really big one.

Um, and finding great mentors, um, so seeking people out, um, and I think part of that is also deciding whether or not you want to be a mentor for your junior residents. Or, you know, medical students who you meet in the OR who are rotating through, I think creating a network, uh, as leaders and mentors is a big way that we can contribute to the issues that you've raised.

DR. OLSON:

Thank you. So I, I think it's very timely, uh, for, for us recording this podcast right now. There's a few things that have happened just in the last couple weeks that I, I wanted to discuss with you all. One, um you know we're recording this just after the completion of the first ever virtual Annual Meeting of the American Society Anesthesiologists and the

esteemed, uh, Rovenstine Lecture this year was a given by female anesthesiologist Joanne Conroy and actually part of her lecture, she addressed gender equality. You know, something that she highlighted was that uh, companies with a higher percentage of women in leadership have a greater financial performance, but women are 25% less likely be promoted to leadership positions. And so, she really, you know, encouraged anesthesiologists to disrupt this current setting and encourage for a diverse group of leaders to make better decisions so that, you know, we can thrive socially and economically. I thought that was very timely to hear from an esteemed anesthesiologist, and, and urge others to be more aware and do something about it.

So we've been talking about women and anesthesiology today and some of the experiences that have shaped our experiences. But let's just pause for a second and um, talk about why this even matters. Like, why is it important to have gender equality in professionals, and why does gender matter? Is there a value in highlighting gender at all?

DR. AZAD:

Well, I think obviously, um, you know, ster, stereotypically, the field of medicine was not very welcoming towards women or minorities. Uh, so sort of historically, um, there just weren't women. And now that we are starting to have, um, more female anesthesiologists, some of these issues that are coming up are somewhat unprecedented.

Um, so we sort of touched upon mentorship. I know for me personally, um, I'm going into cardiac anesthesiology. Um, we actually only have one female cardiac anesthesiologist on staff uh, from our, like, group of ten cardiac anesthesiologists, and um, like, she's really great and she's an awesome mentor but she's actually not my main mentor, just because, um, they're such a paucity of women in the field. Um, but then she is like very valuable to me because has really explained a lot about like work-life balance, um, since she's fairly young, and has, um, two kids under the age of ten. Um, and that's also like sort of an issue that didn't really come up in the anesthesiology workplace beforehand, um, because having predominantly male attendings meant that like, someone else is at home taking care of the kids and we didn't really think about, um, sort of how to make workplaces more family-friendly in a way that actually would benefit both genders.

So I think, um, like it's sort of more of a modern topic by virtue of the fact that we've let more women in, um, but sort of now, it's opened up like many more things that we have to talk about, which is really probably for sort of the progress of society as a whole though.

DR. OLSON:

That, yeah, that's a very important thing I definitely wanted to highlight, you know, what you just hit, um, that us all being females, you know, we have, may have other responsibilities, um, at home. You know, I, I'm the mother of three children. I just had my, um, youngest, um, five months ago and, um, as a woman physician in training and having many of my male colleagues having children, I, I felt, you know, I, that my experience was a little different, um, but also, just, um, being a woman in medicine, you know, it's evolving but starting out when I entered medical school, I remember countless occasions when people told me, oh you, you want to do medicine, well, you must not want to be a mom. Or, oh, you're a mother now, so you probably won't be a very good physician, um, or, you know, tell me that I, I can't be a great physician and a great mother and that home responsibilities would detract from, from work and vice-versa.

You know, I think that women with children, um, may be viewed as like less competent or less committed, um, or even other, you know women who have other responsibilities, even if it's not as a mother. Um, I know some women who are careful how much they actually speak about their families and their roles outside of work because of those, those biases. Um, and it's incredible to see, you know like that a ment, that physician that you have who's the cardiac anesthesiologist, um, to see people there who are working to, to show that, that you can be great and both and, you know, you have support systems otherwise and can build a work-life balance and um, really encourage and empower other women who are trying to chase their dreams as well, both at home and, and at work. So I love just finding those people that you can like look up to and strive, or even being the one to, to pave the way. You know, it's an exciting time to, to be like that but a little scary in, in some instances as well.

DR. SALINAS:

I completely agree with both of you. And I think another part, another reason that gender equity amongst healthcare providers matters is because we're taking care of all types of patients. Um, and so I personally believe that providers should reflect, we should mirror, you know, that diverse pool of patients because it does matter to patients that we can connect and empathize with them or at least try to understand from their perspective. And having a diverse perspective, that includes men, women, but not, not just gender but race, orientation like SES, all the things that, that we all identify with, or as, and that shape, that shape our perspective. Those are the things that are going to improve the studies, and the policies, and the, the bedside care that impacts our patients everyday. So I think it, it matters to our patients as well.

DR. OLSON:

I love that. Well said. So we've talked about how our gender identities and being female has shaped our experience in the field. But how does it affect our patients? You know, you, you started discussing this. Um, do you think that there are gendered healthcare disparities that anesthesiologists specifically should be focused on? Or have there been situations where you saw biases or micro aggressions that negatively impacted patient care?

DR. SALINAS:

I wish I had numbers, statistics to that, that could, at this moment, they could highlight maybe in an, an imbalance between you know, the treatment of pain in male vs. female patients, but I, I will say as an anesthesiologist in training, I, I've seen this imbalance present itself mainly in the treatment of pain, or in how some people identify patients as crazy or as unreasonable. So, if, I, I'll give an example of hearing a colleague present a patient to an attending as, you know, that Miss X is a very reasonable patient who, you know, XYZ. But my question is, why are we are identifying this female patient as reasonable? Does, does that mean that, it, how does that shape our care of the patient?

Um, and, and, and sometimes when patients are presented as unreasonable, I like to model to my colleagues who are less tuned-in, and I'm not going to say that it's male colleagues, I think women do this as well. I like to model to them how I might conceptualize a patient situation, um, by re-presenting it to the attending or to the group as this is someone who maybe has poor coping skills or needs more, does not have a lot of support on board to help them with their, you know, current medical situation.

And so I think reframing it, and turning um, patient scenarios into more, um, giving it a more compassionate lens is really helpful and I've had multiple colleagues comment that, wow, that is a really kind way to put it. And I think that we owe our patients, including our female patients, that type of kindness to not make assumptions about their mental state or stability based on their gender, and I think we do it more than we would like to admit.

DR. MCGINNIS:

Um, yeah, I, I, uh, was going to speak on that kind of as well, that, that the amount of times I've heard of patients described as, like you said "crazy", uh, has been something that I've been thinking about lately, has been kind of upsetting to me, and how I, I tend to find that the majority of those patients that, um, my colleagues find like you said, unreasonable or crazy, uh, not to be taken seriously, are female patients. And I think it's important to kind of highlight that, and I, I love the way that you kind of address that and

how you handled those situations, definitely something that I'll keep in mind going forward.

DR. OLSON:

Yes, thank you. So let's talk a little bit about solutions. I know we've, we've mentioned great, you know, solutions to things that we've talked about. But, um, on a larger scale, what is the role of organizations like the ASA or even organizations that we work for, to address these issues surrounding equality? Any thoughts?

DR. MCGINNIS:

I think we kind of, uh, touched on this a little bit already, um, but I think, um, the importance of, uh, female mentors cannot be understated. I think having those role models and people that we can turn to and get advice from and kind of go through this experience together is, is really important, um, and something that I found really helpful throughout my residency and medical school experience.

DR. SALINAS:

I completely agree. I think creating mentorship programs and workshops, resources, that empower women to achieve that promotion, that leadership, and that eq, equity within the field is key.

DR. OLSON:

Absolutely. Yeah, so we have talked a lot about the role that mentors play, um, in our experiences and, and us, um, thriving as female anesthesiologists. Has there been any advice that mentors have given you, or things that you would love to pass along to, to other individuals, individuals?

I guess I can start. Um, one of my role models and I, I don't know that I'd call her a, a mentor because she's never met me. But she's a, a female cardiac anesthesiologist, and ya'll probably know her, um, Sasha Shillcutt. She's an incredible advocate for women and she recently wrote a book entitled 'Between Grit and Grace'. I feel like she poignantly address is a lot of these issues that, uh, women face. And there are many like her, both male and female, who do incredible work in awareness of these issues. Um, but I loved reading her book and hearing about her experiences, how she just talks about being your true self and un, unapologetically being you, really going after your dreams. It's, it's so empowering to, to see women put themselves out there and

encourage other women and, you know, males alike, to do the same. I love following people like that who help me to, to achieve.

DR. MCGINNIS:

Um, this isn't quite advice, but I did think it was very helpful. I actually come from, uh, a long line of doctors in my family, but I'm actually the first female physician to come out of my extended family and so seeing kind of my dad and how his practice has gone and how people treated him at work growing up and things like that, I kind of had always as, you know, just naively assumed my experiences would be the same and so when I was in medical school, I had a really great, uh, pediatric anesthesiologist as one of my mentors when I decided to choose anesthesiology, and um, really just talking with her and her kind of setting my, honestly my expectations, for residency and just, you know, reminding me that it is going to be a different experience because I am a, a female physician, um, and kind of expecting, um, unfortunately, um, some challenges that go with that. I found that really helpful cuz it's something I hadn't yet really thought about, um, and going into residency it was definitely helpful to have already kind of thought about how I felt about how I was going to be treated, and what my expectations were about how I wanted to be perceived in residency. So I thought that was something that was very helpful to me.

DR. SALINAS:

Um, I did have a mentor once tell me, um, it was actually a mentor in medical school. It was the first time I met her and I never forgot when she said to me, the antidote to judgment is inquiry. It's simple but it's something that I keep with me, especially for those times when I find myself becoming frustrated or assuming that someone means to do me wrong because I'm a woman or because I'm Brown or because of this, or that. And so instead of assuming or judging that this person means harm, I ask what did you mean by that? And again, it's really simple, but it's worked for me countless times. And so I, I did want to pass that along as some awesome advice from a mentor.

DR. OLSON:

Yeah, I'm just floored by having you on here. I've learned so much already. One thing I wanted to touch that we talked about the role of organizations like the ASA. I, I feel like strong support by organizations is crucial. You know, the voices of many gathered together to impact policy. Even, you know, in 2019, there was a pilot study of women anesthesiologists, and this goes back to women, mothers, but 50% of women who gave birth during residency or fellowship at that time of that study in 2019 needed to extend their training. And there was actually a policy that was released last year by the ADA

that the ASA helped promote, was an extended, or a leave of absence extension, new policy for leave of absence, to allow for extension of training for situations, like maternity leave, but others that males and females may experience that would have previously extended their, their training and I think it's incredible that organizations on a larger scale are, are working to, you know, support women or men or any, you know, minority or to achieve more equity, all across the board.

And so I think, you know, for us, you know, just speaking up and, and making things known, I love that you were saying, asking questions to, to learn more like if we have that attitude of trying to discover the experience of, of other people who are different from us, then we can help promote them and, and lift everyone, everyone up. You know, I think that, you know, we can in turn, become our own mentors, or sponsors, friends or advisors of other people and, and help them advance as well.

So we started to address this, but are there any other comments? You know, um, us as individuals, what can we do to address inequalities and help lift other women up? Or, you know, as a female, uh, in training, do you feel an extra responsibility to speak up for other women?

DR. SALINAS:

I absolutely do, and I think a big one is making sure that we speak impeccably about our colleagues, especially our female colleagues. And I like to remind my colleagues and my mentees, think before you speak because the ramifications of a biased story can irreparable harm someone's reputation. We might think that we're just venting or letting off steam about an encounter that we had with someone, but that news can get around, that information can get around pretty quickly, and it could impact how others view this person who's worked so hard and, and, and perhaps overcome things that we'll never understand, and so I think choosing our words wisely, um, when it comes to our awesome female colleagues is key.

DR. OLSON:

Thank you. Another question, you know, although we are all women our listeners are almost certainly not, so what do you wish, you know, your male colleagues, um, or those listening, um, what do you wish they understood better and how they all can be better allies for us?

DR. AZAD:

Well, I will say that most of my mentors are male, um, with the exception of the lone female cardiac anesthesiologist I mentioned. Um, and I feel very grateful that they took me under their wing, because I definitely don't look like them. I don't necessarily have the same career ambitions at them, but they were willing to, um, sort of get me into their subspecialty and sort of put me on the path, um, of research and making connections in the field and being like really stellar mentors, even though, um, they aren't female. And I think that's really the case for a lot of people, um, because if there are only, sort of 25% of practicing anesthesiologists are female, most of us trainees right now are going to have to find non-female mentors. So we really appreciate sort of the men that take us under their wing.

DR. OLSON:

Absolutely. Well said. Are there any resources that you women have that you rely on to either stay educated, motivated or plugged in, like any books, blogs, social media personalities, or other resources that are worth tuning in to? We can give resources to people listening.

You know, one resource that I've used quite heavily, um, is social media. I've, I've followed many, um, female physicians on social media and they often have very empowering and educational posts, as well as groups, you know, like on Facebook there's a group for like female physicians, um, and female anesthesiology mom groups, different places like that, um, to kind of band together as women, you know, with certain identities, whatever intersectional identities that may be, to try and support each other and discuss things that are affecting us and have people to connect with. And that's been an incredible resource for me to have.

DR. MCGINNIS:

Um, I think something that was a great resource for me as a medical student in particular were, um, the American Medical Women's Association. I think a lot of medical schools and academic centers across the country have, um, groups through that organization and at, at my medical school, at the University of Oklahoma, um, we had like an underrepresented fields, like, meeting. So women that were underrepresented in certain fields, so like anesthesiology in particular, um, and now, like that I'm in residency, I act as somewhat of a mentor to those medical students. So I think that's a, a great opportunity there. I think they also do, um, great, like, career building, um, opportunities and mentorships and networking through that association of women for women so I think that's a great resource as well.

DR. OLSON:

Thank you. I've been blown away spending this time with you. Um, my vision for this podcast as the host was to, you know, candidly share our experiences and information regarding women in anesthesiology in hopes that someone will benefit, and in turn, improve the environment that we're creating for each other and future individuals, both male and female, and any, however we identify. You know, I, I've felt extremely empowered by each of you and I really thank you all for, for joining me today.

I'm Kandice Olson, and this is the conclusion of the episode of Residents in a Room on women in anesthesiology. Thank you all for listening and we hope that you can tune in for future episodes.

(MUSIC)

VOICE OVER:

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(Chatter and laughter)