

Gastroenterology's Gender Gap Has Narrowed Slightly – But More Work is Needed

By Amy Karon // Frontline Medical News // DDW



Dr. Zibing Woodward, Dr. Sunanda Kane, Dr. Jamile Wakim-Fleming, Dr. Kimberly Forde

Zibing Woodward, MD, is a female gastroenterologist – and in 2016, that still makes her unusual. “In one fellowship program at which I interviewed, there were nine male faculty members and one female faculty member. She said that to succeed, you just have to become one of the boys,” said Dr. Woodward, who recently completed her fellowship at Oregon Health & Science University and is now at the Oregon Clinic in Portland.

Only about 15% of U.S. gastroenterologists are women, according to the Association of American Medical Colleges. Ironically, that scarcity has fueled demand for female gastroenterologists, said Sunanda Kane, MD, MSPH, of the Mayo Clinic in Rochester, Minn. “There are good data to show that patients perceive that a woman will be ‘gentler’ with colonoscopy, and some will either wait longer or pay more for a woman to do their procedure,” she said. “This is especially true for female patients.”

Dr. Woodward’s experiences led her to analyze the gender breakdown of faculty at 3-year GI fellowship programs across the United States. The results were striking. Not only did men tend to outrank women, but only 18% of program directors and 7% of division chiefs were female. Furthermore, 83% of programs with male division chiefs had male program directors, compared with only about half of programs with female division chiefs.

“[Some] men gastroenterologists do lack awareness about the gender gap, and there is an inherent bias in which they think women do not want to climb the career ladder, or be division chief or department chair, be-

cause they would rather focus on family obligations,” Dr. Woodward said after presenting her findings at Digestive Disease Week® 2016. “I don’t think anybody should make those assumptions. Women should be asked equally as men.”

But promoting deserving female academics is only one step in closing gastroenterology’s gender gap, Dr. Woodward and others said. Early-career women also need to connect with mentors, network, and strengthen leadership skills so they can compete on equal terms with men. Gastroenterology programs also need to take a hard look at how they can better accommodate women who have or want children.

Seeking mentors

Early-career mentoring helps determine long-term success. “When you seek promotion at an academic center, you have to include letters of support from people at other institutions who have worked with you in some fashion – national committees, collaborators on a research project, and so on,” said Sharlene D’Souza, MD, who coauthored the analysis with Dr. Woodward and is an assistant professor of medicine at Oregon Health Sciences University, as well as the director of endoscopy at the Portland Veterans Affairs Medical Center.

The importance of mentoring underscores the need for diverse faculties, Dr. Kane added. “A faculty that has women at all ranks – assistant, associate, and full professor – is essential to helping female trainees fulfill their dreams and expectations. Women trainees feel left out and inadequately mentored about how to succeed in gastroenterology if there are no women to talk to.”

But female trainees may have more “built-in” mentoring opportunities in medical school than during their internal medicine residency or gastroenterology fellowship, Dr. D’Souza said. Therefore, they need to understand the importance of mentors early on and proactively seek them out, she added.

The American Gastroenterological Association now has programs that match female trainees to mentors who can help with career development, Dr. Kane noted. Such efforts may be starting to pay off – in 2014-2015, 34% of first-year gastroenterology fellows were women, up from 27% in 2005-2006, according to the American Board of Internal Medicine’s [workplace survey](#).

But more work is needed. Ideally, fellowship programs should have their own mentorship programs for trainees, said Amy Oxentenko, MD, who is also at Mayo Clinic and has a long track record in medical education. Fellowship programs also should consider allowing fellows to have some say about who is on their advisory committee, Dr. Oxentenko said. “If a trainee is able to see that there are female faculty members who have been well supported

Dr. Woodward agreed. “As women, we are apologizing all the time, saying, for example, ‘I am sorry I took this procedure or opportunity from you.’ My male colleagues don’t do that, so I gave myself permission to stop.”

Attending networking sessions at conferences can help medical students and early fellows build confidence as well as professional relationships, Dr. Woodward and others said. “Male program directors also need to encourage women to network,” added Jamile Wakim-Fleming, MD, of the Cleveland Clinic. “Men need to attend women’s professional meetings in order to hear their concerns. Unless men attend women’s meetings, progress will be slow.”

But in the meantime, female gastroenterologists in community practice and academia are “taking things into their own hands in terms of networking,” Dr. Woodward said. A new Facebook group for women in gastroenterology has attracted about 400 members, she noted. “We discuss clinical dilemmas, the challenges of being in practice, and the challenges of being a woman in GI.”

As women physicians advance professionally, they must increasingly assert their clinical judgment and prefer-

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Networking and building confidence

In addition to mentoring, networking before and during fellowship is vital, and starting early is important, Dr. Woodward emphasized. “I began considering gastroenterology during my fourth year of medical school. Looking back, I would have made more of an effort to network early on, both with my peers and with individuals in higher positions.”

But traditional gender roles and expectations may deter some women from networking or competing for training opportunities, according to Dr. D’Souza. “When women ask for something and they are told ‘no,’ they think they had a bad idea. But when men ask and are told ‘no,’ they say ‘why not?’ As women, we need to be more persistent and to promote ourselves.”

ences. This can be discomfiting because it runs against conventional stereotypes, Dr. D’Souza said. “At some point, you have to get over worrying about other people’s perceptions. It gets better with time, but a lot of young female faculty and trainees struggle with it.”

She described asking senior female physicians if the tendency to question oneself fades with time. “They say they still experience it, but they have learned techniques and strategies that help them not show it and deal with it internally. They also stress the importance of having a strong network of friends and colleagues they can turn to if they do have self-doubt.”

Case study

At the University of Pennsylvania Perelman School of Medicine, focused recruitment efforts have attracted female gastroenterology trainees and faculty in numbers well above the national average, said assistant professor of medicine Kimberly Forde, MD, MHS, who chairs the

Women in GI Committee there. About half of incoming gastroenterology fellows and 35% of gastroenterology faculty are now women, she said.

Part of this success stems from promoting women faculty to leadership positions throughout the university, Dr. Forde said. Beyond that, a variety of programs and activi-

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ties at Penn aim to open gastroenterology to women. Each year, an accomplished female gastroenterologist visits campus to describe her research, teaching responsibilities, and tips for career success at an annual professorship and dinner.

The grand rounds series also hosts speakers on women’s health, unconscious bias, and other topics related to recruiting women and minorities, Dr. Forde said. Additionally, women faculty from other academic institutions participate in research seminars and network with medical students, fellows, and faculty.

To foster leadership skills, the committee and the gastroenterology division at Penn also have sponsored participants chosen for the Association of American Medical Colleges professional development seminars for early-career women faculty, as well as the AGA Women’s Leadership Conference, Dr. Forde said. “We also cohost a professional development series that focuses on topics such as career development, grant writing, and presenting or discussing research at national conferences. Such activities target all junior faculty and support a positive institutional culture,” she said.

In pursuit of work-life balance

Gastroenterology remains heavily procedure based, which can deter women who have children or want them, experts noted. “There is the potential for having to work after hours to perform emergency on-call procedures, which would be disruptive to family life,” Dr. Kane said. “A lot of women go into hepatology for this reason.”

There are other problems, too. Heavy lead suits, which must be worn during certain endoscopies, “pose a challenge for pregnant women,” said Dr. Wakim-Fleming. “Women would have to plan their family around this.”

Once again, mentors can help, said Dr. Forde. “Meeting people in the field who have developed strategies for succeeding in gastroenterology shows that there can be balance between work and home. However, it should also be noted that a balance may not always be achieved – sometimes one of these spheres will overshadow the other, and the timing of a career apex may not be traditional. Nevertheless, with good time management skills and a genuine love of the work being done, the challenges of work-life balance seem less pressing.”

Gastroenterology programs would be well advised to do some self-reflection on these topics, Dr. Wakim-Fleming said. “Any program that is not totally focused on physicians’ productivity and understands the responsibilities of women outside of work will permit maternity leave, space for breastfeeding, and day care on site,” she said. “Program directors need to be understanding of family values, permit part-time schedules, and give adequate maternity leave.”

Dr. Oxentenko agreed. “Women who choose to start a family during training need to be shown that they will be supported,” she said. “Offering flexibility for maternity leave or absence if a woman delivers a child during training would certainly be a positive. We may see more female residents entering gastroenterology if they see that they do not have to choose between their career or family, that they can effectively have both.” ■

AGA programs for women

AGA offers a number of programs designed to support women in gastroenterology, including:

- **Women’s Leadership Conference (Feb. 3-4, 2017)**

This 1.5-day conference is sponsored by the AGA Institute Women’s Committee and is targeted toward both early-career and experienced women gastroenterologists in North America. The program focuses on essential supervisory and leadership skills that will help women advance their career in all practice settings.

- **Annual Women in GI Luncheon (DDW® 2017)**

This annual gathering showcases AGA’s activities and commitment to women. It provides the opportunity for the 150 women gastroenterologists in attendance to exchange information, network, and hear from prominent women who are in GI leaders in the field.