

UPDATE

Association of University Anesthesiologists UPDATE | 2021 | Fall Issue

PRESIDENT'S MESSAGE

As we all weather the personal and professional storm created by the COVID Pandemic, I would like to thank you for your continued support of the AUA mission and vision (please insert link). While many of us look forward to a return of our lives to normal, the reality of "normal" is also unclear.

For those of you who have suffered loss as a result of the pandemic, please accept my condolences.

For those of you who have enhanced your clinical role to care for the onslaught of critically ill patients resulting from the pandemic; thank you.

For those of you who have assumed increased leadership responsibilities resulting from the pandemic; thank you.

For those of you who have advanced the foundation of our knowledge through either discovery or dissemination of new information to help reduce the consequences of the pandemic; thank you.

For those of you who have served as educators during this time when traditional teaching tools/approaches could no longer be applied; thank you.



Jeffrey R. Kirsch, MD
President, AUA

Medical College
of Wisconsin
Milwaukee, Wisconsin

I am passionate about using the lessons learned by AUA members in the areas of research, education, and leadership during the pandemic to help make AUA more valuable for members and more valuable for our specialty. In order to achieve this goal, I urge you to engage with our strategic planning process. As your President I have asked a small group of members to lead this process and they have committed to helping us define a new "normal" for the AUA, taking advantage of significant member engagement

in the process. So, when you receive an invitation to provide feedback please share your opinion with us so that new AUA "normal" will truly promote excellence in academic anesthesiology. We cannot accept status quo. Our patients and physician trainees who are just entering Anesthesiology now deserve to enter a vibrant specialty where the specialty leaders are aggressively pushing for advancement through innovation and pursuit of excellence. I believe that excellence in perioperative clinical outcomes will only occur through brave strategies for improvements in leadership, inclusion, training/education, and discovery in academic anesthesiology. 

ASSOCIATION
OF UNIVERSITY
ANESTHESIOLOGISTS

ANNUAL MEETING
MARCH 17-18, 2022

SAVE THE DATE

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CALL FOR AUA BOARD & COMMITTEE VOLUNTEERS

Are you looking for a way to share your passion, leadership, and commitment to the academic anesthesia community and the AUA? Are you interested in guiding and leading the next generation of leaders in academic anesthesia? Volunteer with the AUA today!

Applications for the Boards and Committee are open this year from November 1 until December 5 at 11:59 pm PT.

We are seeking diverse candidates to ensure we represent all aspects of the AUA membership. The AUA is making sure to consider qualities such as: age, gender, organization size, position, practice setting, race, and region when reviewing candidates.

Board & Committee Descriptions:

Education Advisory Board (EAB) is responsible for planning the educational program and webinars for the AUA Annual Meeting. Provides content to the AUA Update.

Leadership Advisory Board (LAB) is responsible for professional development of AUA members, so that AUA members will develop as leaders in academic anesthesiology and work to establish an equitable and inclusive environment for AUA members. Provides content to the AUA Update.

Scientific Advisory Board (SAB) is responsible for planning the scientific program for the AUA Annual Meeting and webinars. Provides content to the AUA Update.

Communications and Website Committee is responsible for production of the AUA Update and social media and website to keep AUA members engaged and informed.

Thank you for your interest in volunteering with the AUA. We appreciate your support!



Click here to review full descriptions of the committee and boards and to apply. Applications for the Boards and Committee will remain open this year from November 1 until December 5 at 11:59 pm PT.

AUA COUNCIL NOMINATIONS

AUA Active Members have an opportunity to nominate a colleague, or submit a self-nomination, for the following positions on the AUA Council:

- **Secretary** (*serves 2-year term as Secretary, 2-year term as President-Elect, 2-year term as President, and 2-year term as Past President for a total 8-year term*)
- **Treasurer** (*serves 3-year term*)
- **(2) Councilor-at-Large** (*serves 3-year term*)

The AUA is committed to diversity, equity, and inclusion across race, gender, age, religion, identity, and experience. The volunteers should represent the diversity of our specialty and our society and are selected based on a consistent history of engagement, productivity, and activities to promote the AUA. If you're interested or know someone interested in becoming a volunteer leader, view the [Volunteer Leadership Guide](#).

Active Members interested in becoming a Councilor-at-Large, Treasurer or Secretary should review the characteristics of an actively engaged member, council qualifications considered and ideal candidate attributes desired that are outlined below:

Characteristics of Actively Engaged Member:

- Attendance at the Annual Meeting
- Volunteer for abstract reviews for the Annual Meeting
- Submit a proposal to present at the Annual Meeting or Webinars
- Self-nominate to be on an Advisory or Committee (EAB, LAB, SAB, Communications)
- Serve on a standing committee
- Must be actively involved with the mission of the committees (EAB, LAB, SAB, Communications)
- Volunteer to liaise with other organizations (European Society of Anesthesiology, eSAS, FAER, IARS, Research!America, SAAAPM, SOCCA, and World Congress of Anesthesiology)
- Work to increase international AUA membership and representation

Council Qualifications Considered:

- Number of years as a AUA member
- Volunteer leadership experience with AUA
- Contributions to academic anesthesiology
- Experience with strategic planning and visioning

Ideal Candidate Attributes Desired:

- Values consistent with the organization
- Willingness to serve
- Community leadership
- Ability to meet projected time commitment
- Ability to participate in group decision-making and support Council decisions
- Objectivity
- Communication skills
- Integrity and absence of serious conflicts of interest

Please direct questions to AUA Staff, Vivian Abalama, IOM, CAE, at vabalama@iars.org.



Please send your letter of interest, a copy of the nominee CV and updated photo to Vivian Abalama | vabalama@iars.org by December 5, 2021 at 11:59 pm PT.

EAB REPORT

AUA MEMBERS

(N = 16, 62% women,
15% URiM)

Prior Members

(terms will end 2021):

Christine Park, MD

Mark Stafford-Smith, MD

Manny Vallejo, MD

New members as of August 19, 2018

(Terms end 2021 + 1 = 2022):

Barbara G Jericho, MD

Cynthia A Lien, MD

Susan Marie Martinelli, MD

Edward C Nemergut, MD

Lara Crock, MD, PhD

(eSAS representative)

New members as of September 9, 2019

(Terms end 2022 + 1 = 2023):

Amanda Burden, MD

Daniel Saddawi-Konefka,
MD, MBA

Dawn Dillman, MD

Jeff Berger, MD, MBA

New members as of March 16, 2020

(Terms end 2023 + 1 = 2024):

Arna Banerjee, MD

David Wlody, MD

Kenneth Shelton, MD

Teresa Mulaikal, MD

PLANNED 2022 ANNUAL MEETING PANELS

(60 minutes each) (March 17-18, 2022).

1. Failing to Learn – The evidence

- a. Using Failure to Learn Better
by Sasha Shillcut
- b. Creating a Culture to Make the Most
from Failure by Rebecca Minehart
- c. Discussion

2. Teaching Adults – The evidence

- a. CME: What is the Evidence that
it Works by John Mitchell
- b. Adult Learners – What Works
According to the Evidence
by Matt McEvoy
- c. Discussion

PLANNED NEWSLETTER ARTICLES:

1. Pass-Fail USLME Results and the Impact on Choosing Residency Applicants by Jed Wolpaw

2. Virtual Interviews – Pros, Cons, and Tips by Yvonne Lai

3. Outcomes in Education Research

UPDATES:

- Due to the pandemic, there was no call for new members in spring/summer of 2020. All members had their terms extended by one year. Prior members will rotate off the EAB in September of 2021 leaving us with 13 members.
- A call for 4 members + 1 eSAS representative will be issued in the fall of 2021 so that they can be welcomed for a winter/spring 2022 start.
- The New President of the AUA, Dr. George Mashour will choose a new Chair for the EAB. The new Chair of the EAB will take on the role during the planning meeting at the Annual Meeting so that they can be instrumental in planning all events after the Annual Meeting. 

PLANNED WEBINARS:

1. **Self-Assessment** – Accuracy, Impact and Ways to Improve it by Cathleen Peterson-Layne
2. **Using Cognitive Load Theory to Design Better Presentations** by Susie Martinelli and a collaborator

CALL FOR EAB AWARDS IS ANTICIPATED THIS FALL (Fall of 2021):

Education Research Award

The EAB Education Research Award is to acknowledge outstanding achievement and success in education research by an anesthesiologist.

Education Innovation Award

The EAB Education Innovation Award celebrates and recognizes new and innovative developments in medical education.

EAB PLANNING MEETING:

- The EAB plans to assemble during the Annual Meeting in Hawaii to plan upcoming events.



Keith Baker, MD, PhD

*Chair, Educational
Advisory Board
Massachusetts
General Hospital
Boston, Massachusetts*

LAB REPORT

LAB Annual Report

October marks the two-year anniversary of the Leadership Advisory Board, created by the vision of AUA Past President, Dr. Jeanine Wiener-Kronish, and with the support of the AUA Council and leadership.

The Leadership Advisory Board (LAB) evolved as a response to two challenges: the perceived lack of diversity among AUA members, and the recognized need for mentorship and sponsorship in academic anesthesiology. In May 2019, a nucleus of AUA members, led by Dr. Wiener-Kronish, started the conversation around diversity within our association. In October, the need and overall vision for the LAB was proposed to the AUA council.

In parallel, a survey was sent to our members to get a better understanding of our membership demographics and our group's ideas about diversity and future direction. We collected 475 responses and received close to 250 comments. The survey results confirmed the prevailing impressions: our membership is predominantly comprised of men (72%), of physicians who identify as white (74%), and who are older than 61 years of age (42%).

Through the comments, we identified key opportunities for the AUA, including:

- 1 Provide mentoring for our members
- 2 Create networking opportunities
- 3 Seek membership input in program planning and design
- 4 Deliberately engage in activities that promote diversity, equity and inclusion

The [mission statement and the goals](#) of the Leadership Advisory Board were formulated around those comments. The LAB was approved by the AUA council in May 2020 and by the membership at large in August 2020. The call for nominations was met with a robust response and the inaugural board of 15 members convened in October 2020. Since then, the LAB has been instrumental in furthering the AUA mission as the academic home of a diverse group of anesthesiologists, dedicated to the advancement of academic anesthesiology and for the professional development of our members.



Maya Hastie, MD, EdD
Chair, Leadership Advisory Board
Columbia University
New York, New York

TOWARD A MORE DIVERSE AND INCLUSIVE SPECIALTY

Publications

During the last year, we all witnessed and some of us experienced the racism-driven violence targeting members of our communities. The LAB and AUA [issued statements](#) that reaffirmed the AUA's position against racism, bias, and violence. Members of the LAB published a joint [letter to the editor](#) emphasizing the importance of language in academic writing and when reporting on racial inequities.

More recently, in collaboration with the Communications Committee, the AUA and LAB celebrated [Women in Medicine month](#) with a dedicated newsletter, highlighting the stories of five women in anesthesiology, their advice, and their insights for a more inclusive specialty.

Meeting Program: 2021

The Leadership Advisory Board contributed two panels to the AUA 2021 annual meeting, held virtually on May 13th.

The first session was moderated by **Dr. Wiener-Kronish** with presentations from Drs. Hastie, Lane-Fall, and Armstead. The session discussed the *why*, *how*, and *what next* on the topic of promoting diversity at the AUA and in academic anesthesiology.

Maya Jalbout Hastie, MD, EdD reviewed the history of discrimination in medicine, the lack of diversity in our health care workforce, as well as the manifestations of lack of inclusion at the individual, organizational and societal levels. The focus was on describing why diversity mattered and the impact on the health outcomes of our patients.

Meghan Lane-Fall, MD, MPH discussed models for promoting diversity in the workplace, anchored in organizational psychology. The session offered a stepwise approach for organizations and societies to recognize the problem, design a strategic approach, implement it, and reevaluate its outcomes.

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Valerie Armstead, MD proposed the next steps for organizations and teams to effectively increase diversity in their workforce. She provided examples of successful models that effectively increased diversity and inclusion in medicine and beyond. Dr. Armstead stressed the importance for organizations to craft a statement that reflects their dedication to diversity and to addressing unconscious bias. She presented strategies to increase diversity within organizations such as the expansion of recruiting initiatives; outreach to groups and societies of underrepresented individuals; publicizing of DEI achievements; and consultation with DEI experts in health care.

A second session led by the LAB featured **Dr. Renee Navarro** as the guest speaker. Renee Navarro, MD, PhD, from the University of California, San Francisco, discussed how to address discrimination in the workplace. In her presentation, Dr. Navarro presented evidence that lack of diversity and equity in a workplace has a negative impact on patients and staff. Specifically relevant to our specialty, she described the inequities in the management of pain between Black and white children. Dr. Navarro presented the audience with a path forward in eliminating health care disparities and to provide optimal care. First, we have to recognize, address, and overcome our inherent unconscious biases. Second, she emphasized the need to increase diversity of the health care workforce. Then finally, she highlighted the importance of mentoring underrepresented minorities in anesthesiology and across academic medicine.

Webinars

Starting in March 2021, the AUA established a series of webinars open to members and non-members, held regularly throughout the year, and available for viewing online. The LAB-sponsored webinars are focused on professional development of academic anesthesiologists. The first webinar—***Women in Leadership: Lessons Learned***—was a moderated conversation with four women who currently serve as chairs of their departments: Drs. Vesna Jevtovic-Todorovic, Jill Mhyre, Holly Muir, and Cynthia Wong. During the one-hour session, the panelists discussed their experiences as women in leadership positions, the challenges they faced, the lessons they learned, and the impact of the pandemic on the workforce.

An upcoming webinar on December 7th, 2021—***Building a Career in Research and the AUA***—highlights the demands and rewards of careers in research, and the role of the AUA in sustaining researchers and scholars.

Members can access the highly engaging sessions or register for the upcoming webinars [at this page](#).

Networking Opportunities

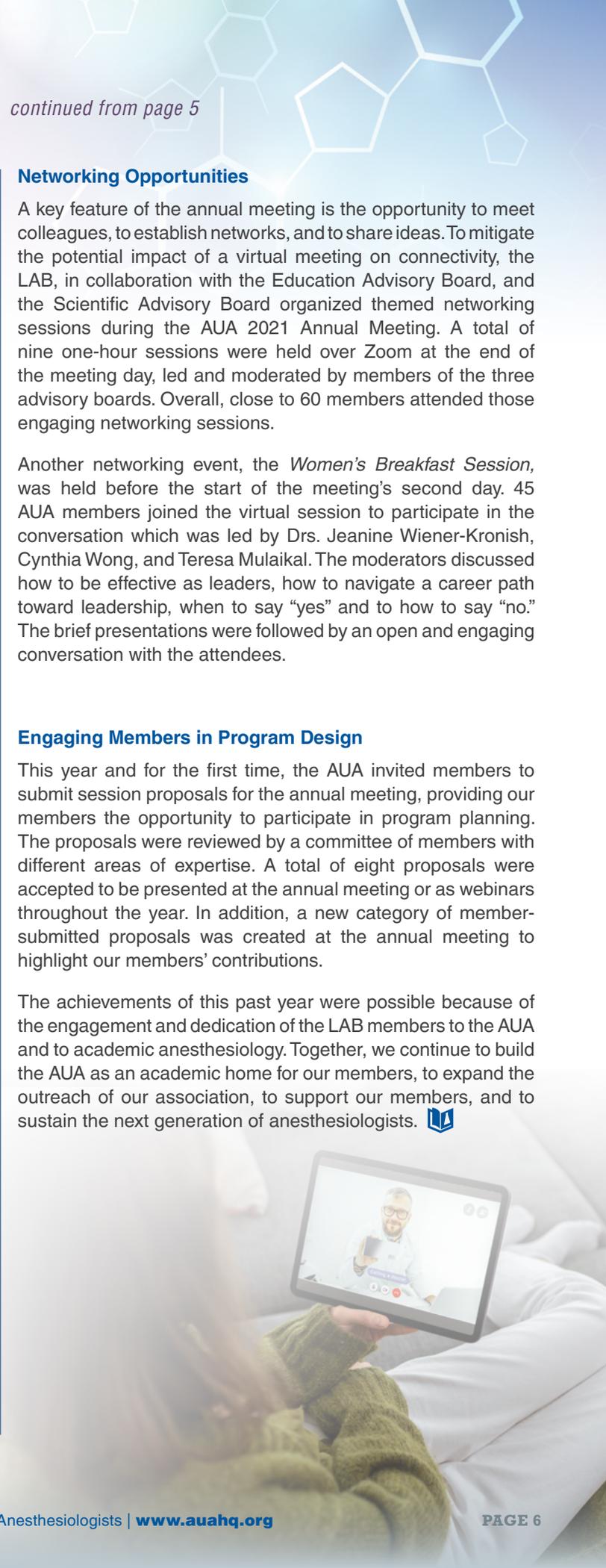
A key feature of the annual meeting is the opportunity to meet colleagues, to establish networks, and to share ideas. To mitigate the potential impact of a virtual meeting on connectivity, the LAB, in collaboration with the Education Advisory Board, and the Scientific Advisory Board organized themed networking sessions during the AUA 2021 Annual Meeting. A total of nine one-hour sessions were held over Zoom at the end of the meeting day, led and moderated by members of the three advisory boards. Overall, close to 60 members attended those engaging networking sessions.

Another networking event, the *Women's Breakfast Session*, was held before the start of the meeting's second day. 45 AUA members joined the virtual session to participate in the conversation which was led by Drs. Jeanine Wiener-Kronish, Cynthia Wong, and Teresa Mulaikal. The moderators discussed how to be effective as leaders, how to navigate a career path toward leadership, when to say "yes" and to how to say "no." The brief presentations were followed by an open and engaging conversation with the attendees.

Engaging Members in Program Design

This year and for the first time, the AUA invited members to submit session proposals for the annual meeting, providing our members the opportunity to participate in program planning. The proposals were reviewed by a committee of members with different areas of expertise. A total of eight proposals were accepted to be presented at the annual meeting or as webinars throughout the year. In addition, a new category of member-submitted proposals was created at the annual meeting to highlight our members' contributions.

The achievements of this past year were possible because of the engagement and dedication of the LAB members to the AUA and to academic anesthesiology. Together, we continue to build the AUA as an academic home for our members, to expand the outreach of our association, to support our members, and to sustain the next generation of anesthesiologists. 



SAB REPORT

2021 AUA Virtual Meeting

SAB members reviewed 270 abstracts submitted to the 2021 AUA annual meeting and selected 260 for presentation. Eight outstanding abstracts were selected for presentation in two hour-long oral sessions and recognized with different awards. In order to maximize exchange and conversation in the virtual environment, we selected an additional 60 high-scoring abstracts that were presented as short oral presentations in parallel sessions moderated by SAB members. The remaining abstracts were presented on a virtual poster board with chat functionality to encourage discussion. The short oral presentation format provided excellent conditions to discuss the science, as all audience members could view the data presented and engage in the discussion without the limits of noise and visibility often encountered in traditional poster board discussions. We plan to maintain this virtual short oral presentation format for the 2022 hybrid annual meeting to provide an optimal poster discussion experience for all attendees, virtual or in-person. Senior AUA members will be invited to join the discussions and provide feedback to the presenters. SAB members also served as moderators for several of the excellent networking sessions during the AUA 2021 annual meeting.

SAB-SPONSORED SESSION AT 2021 IARS VIRTUAL MEETING

The SAB-submitted symposium “Anesthesia and the microbiome – exploring a new frontier in perioperative medicine” was selected for presentation at the 2021 IARS annual meeting. This symposium provided a primer for the anesthesiology practitioner on the intricate connection between perioperative interventions, the patient and their microbiome. The trillions of commensal microorganism that form the human



Ines Koerner, MD, PhD
Chair, Scientific Advisory Board
Oregon Health & Science University
Portland, Oregon

gut microbiome uniquely interact with their host, maintaining health but also contributing to a multitude of pathologic conditions. Many disease states relevant to anesthesiologists and perioperative physicians are distinctly affected by disorders of the microbiome, including chronic pain, critical illness, and postoperative neuroinflammation and cognitive dysfunction. AUA members Drs. Savid Mintz, Shiqian Shen, Niccolo Terrando, and Paul Wishmeyer presented current evidence from their own labs to explain effects of exposure to anesthetics on the gut microbiome, discuss how gut microbiota contribute to the development of different pain conditions, dissect how gut microbiota contribute to neuroinflammation and CNS dysfunction, and

describe how critical illness is influenced by gut dysbiosis. The stimulating presentations provided a timely update on new research in this rapidly moving field, geared towards the practicing anesthesiologist.

SAB-SPONSORED WEBINARS

The AUA established a new series of webinars this year to provide additional scientific content for its members. The SAB sponsored two webinars in the inaugural series, both focusing on new clinical and scientific insights and lessons learned from the COVID-19 pandemic. In March 2021, Drs. Tamara Fong and Phillip Vlisides discussed “COVID-19 and the brain – critical illness and beyond”, moderated by SAB member Niccolo Terrando. The second SAB webinar in August 2021 hosted Drs. Lorraine Ware and Lorenzo Berra, who presented “Acute respiratory failure – lessons learned from COVID-19”, moderated by SAB member Maurizio Cereda. These fantastic webinars remain available on the AUA website [Association of University Anesthesiologists eLearning – Association of University Anesthesiologists \(auahq.org\)](https://www.auahq.org/association-of-university-anesthesiologists-elearning) for asynchronous viewing.

JUNIOR FACULTY SPEAKER EXCHANGE

Providing additional development opportunities for junior scientists is a core goal of the SAB. Realizing that the travel restrictions and loss of in-person presentation opportunities disproportionately affected junior faculty, the SAB initiated a

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new AUA-sponsored junior faculty speaker exchange program [Association of University Anesthesiologists AUA Speaker Exchange — Association of University Anesthesiologists \(auahq.org\)](#). This program provides a platform to match highly accessible virtual speaking engagements with qualified and interested speakers in order to promote interpersonal networking, scientific collaboration, and academic advancement in academic anesthesiology. While open to all, it is designed specifically to focus on junior faculty speakers and smaller, more intimate host venues such as divisional conferences and research seminars. All engagements will be performed remotely to limit barriers associated with travel. In addition to the speaking engagement, host venues will also facilitate one on one meetings between the speaker and host venue faculty with related interests. This program is designed to reflect the AUA principles of diversity and inclusion with respect to speakers and care will be taken to be inclusive of hosts and speakers from small and medium size academic programs. It is open to all individuals who are engaged in the pursuit of discovery in all fields related to anesthesiology, critical care, and pain medicine. The AUA has assembled a Speaker Exchange board to provide oversight for the exchange and to allow for helpful feedback between the involved parties to ensure a high-quality experience for both speakers and host venues.

MOCK STUDY SECTION

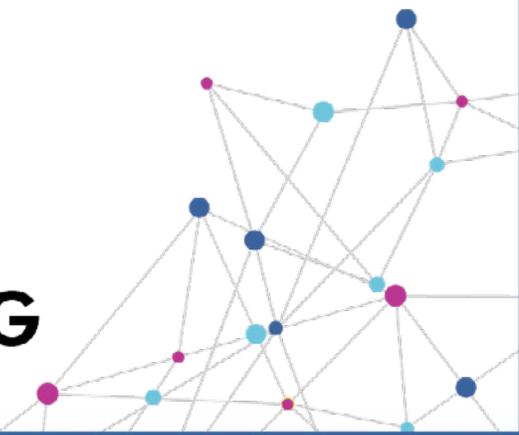
As an additional offering to support junior faculty development, the SAB and eSAS (Early-Stage Anesthesiology Scholars) are co-sponsoring a mock study section, which will take place during the Scholars Day of the 2022 IARS annual meeting. This event is meant to introduce junior scientists to the hidden world of scientific grant review while providing an excellent opportunity to hone grant-writing skills for scientists of all stages. Authentic NIH grant proposals covering a variety of human subject research, clinical trials, and bench science will be reviewed and discussed by a core panel of volunteer reviewers, while additional participants can engage remotely.

NEW MEMBERS FOR SAB

This year's accomplishments were possible because of the enthusiasm and engagement of the SAB members. While all SAB members' terms were extended by one year during the pandemic, we will be recruiting for four new members and an eSAS representative later this year to replace members who will rotate off in spring 2022. Incoming AUA president Dr. Mashour will select a new SAB chair. 



2021 VIRTUAL ANNUAL MEETING



SESSION RECORDINGS NOW AVAILABLE

The AUA Speaker Exchange is now Live

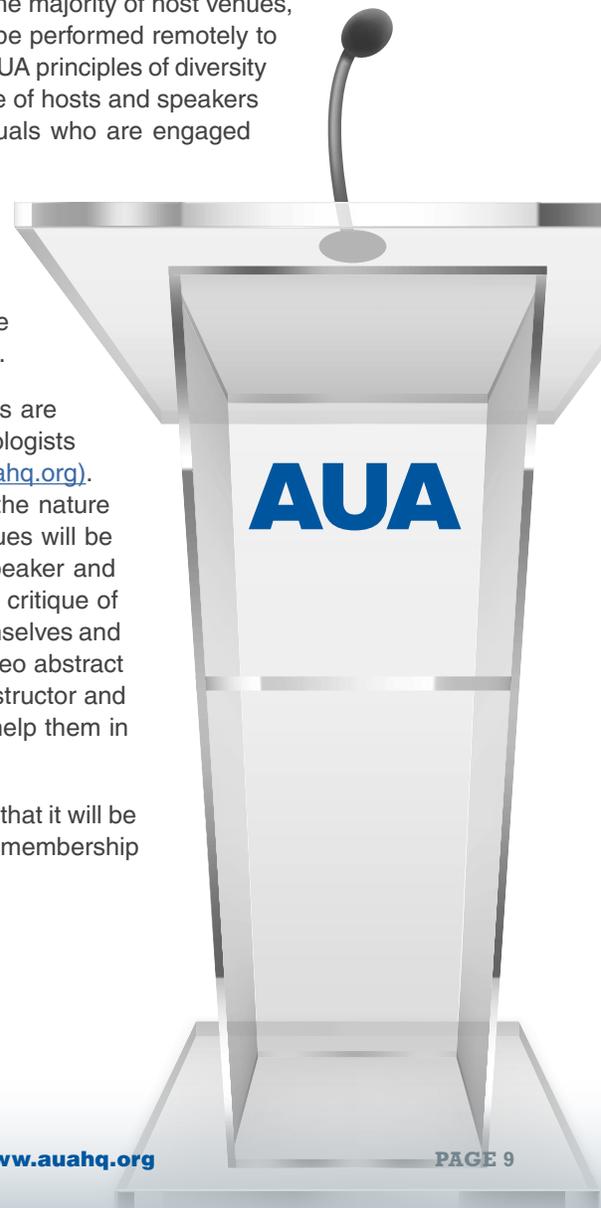
Matching Talented Junior Faculty Speakers with Dynamic Venues

The COVID-19 pandemic has severely disrupted scientific conferences, travel, and exchange. Opportunities to present at other institutions, meet future collaborators and sponsors, and receive constructive feedback have been limited. This disruption hit junior faculty members, who are building their CVs and do not yet have established networks, particularly hard. The AUA Scientific Advisory Board (SAB) has launched a virtual speaker exchange platform to counteract this disruption. We aim to use new technologies to support continued sharing of academic work and engaging in cross-institutional communication and collaboration. The speaker exchange will facilitate virtual or remote presentations to enhance the flow of academic knowledge within our specialty and provide an ongoing opportunity for speaking engagements that do not require the time and material resources for travel. Even as lecture series are beginning to return to in-person presentations, these remote engagements will provide a widely accessible and lasting alternative to more traditional speaking engagements, which will be helpful as clinical pressures increase.

The goal of the AUA Remote Speaker Exchange Platform is to match highly accessible speaking engagements with qualified and interested speakers in order to promote interpersonal networking, scientific collaboration, and academic advancement in academic anesthesiology. While open to all members of the academic anesthesiology community, it is designed to specifically focus on junior faculty speakers. Small, intimate host venues such as divisional conferences and research seminars are anticipated to make up the majority of host venues, although any venue seeking speakers can be listed. All engagements will be performed remotely to limit barriers associated with travel. This program is designed to reflect the AUA principles of diversity and inclusion with respect to speakers and care will be taken to be inclusive of hosts and speakers from small and medium size academic programs. It is open to all individuals who are engaged in the pursuit of discovery in all fields related to anesthesiology, critical care, and pain medicine. While speakers are expected to pursue academic careers in anesthesiology, they need not yet have achieved AUA member status to participate in the speaker exchange. The AUA has assembled a board to provide oversight for both speakers and host venues to allow for helpful feedback between the parties involved and also to ensure a high-quality experience and to engage in process improvement over time.

Those who are interested in speaking or are able to host speakers venues are encouraged to apply via the AUA website Association of University Anesthesiologists [AUA Speaker Exchange — Association of University Anesthesiologists \(auahq.org\)](https://www.auahq.org). Individuals offering host venues will be asked to input information about the nature of their venue and about the topics of interest to their audience. Host venues will be asked to provide a minimum of two one-on-one meetings between the speaker and members of the audience, to facilitate networking and to offer constructive critique of the lecture. Speaker applicants will be asked to input information about themselves and their topics of interest, and will subsequently submit a brief written and video abstract for evaluation by the Remote Speaker Board. Applicants who are at the Instructor and Assistant Professor levels are further asked to identify a mentor who will help them in the preparation of their talk.

The AUA is proud to sponsor the Remote Speaker Platform and anticipates that it will be a lasting contribution to the scientific community, which reaches beyond the membership of the AUA to help promote academic anesthesia everywhere.





AUA

SPEAKER EXCHANGE

The AUA is launching a remote speaker exchange to promote interpersonal networking, scientific collaboration, and academic advancement in academic anesthesiology. The exchange will provide a platform to match highly accessible speaking engagements with qualified and interested speakers.

While open to all, it is designed specifically to focus on junior faculty speakers and smaller, more intimate host venues such as divisional conferences and research seminars. All engagements will be performed remotely to limit barriers associated with travel.

In addition to the speaking engagement, host venues will facilitate one on one meetings between the speaker and host venue faculty with related interests.

This program is designed to reflect the AUA principles of diversity and inclusion with respect to speakers and care will be taken to be inclusive of hosts and speakers from small and medium size academic programs. It is open to all individuals who are engaged in the pursuit of discovery in all fields related to anesthesiology, critical care, and pain medicine. The AUA has assembled a Speaker Exchange board to provide oversight for the exchange and to allow for helpful feedback between the involved parties to ensure a high-quality experience for both speakers and host venues.

BENEFITS FOR SPEAKERS

- Gain national and international recognition for your work
- No need to ask for time for travel
- Introductions to scientists in your field who may become your collaborators or mentors
- Receive helpful feedback about both the content and presentation of your lecture

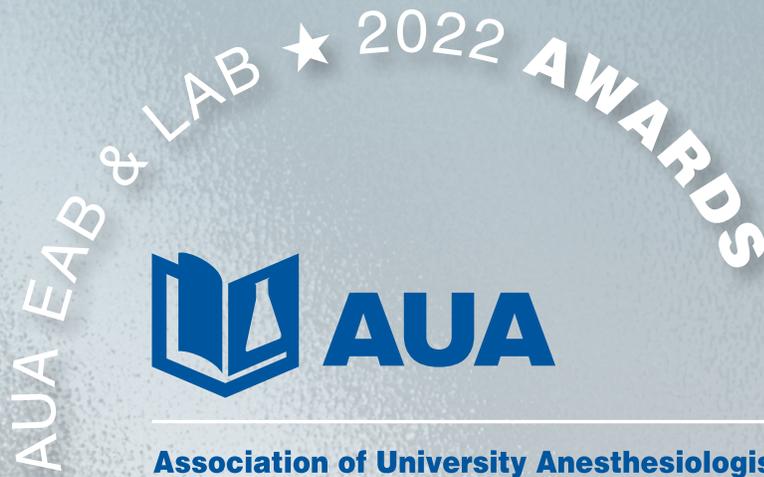
If you are interested in participating as a speaker, please visit [AUA's Speaker portal](#).

BENEFITS FOR HOST VENUES

- A broader and more diverse speaker pool than is available to most smaller venues.
- No budget for travel or stipend required.
- The more host venues are provided by a department, the more opportunities will be opened to department members.

If you are the organizer for a host venue, please visit [AUA's Host Venue portal](#).

For additional information, visit [AUA Speaker Exchange](#).



Education Advisory Board & Leadership Advisory Board 2022 AWARDS

The Association of University Anesthesiologists is delighted to launch four new awards managed by the EAB and the LAB. AUA members may submit the names of individuals for consideration. Members of the AUA are also encouraged to self-nominate.

Please visit the [AUA Awards Portal](#) for general guidelines, a full descriptions of each award, and the application form.

Applications open November 15 and close December 31, 2021

EDUCATION ADVISORY BOARD AWARDS

The EAB Education Research Award

acknowledges outstanding achievement and success in education research by an anesthesiologist. Its purpose is to publicize, motivate, encourage, and suggest models for original education research at its best.

The EAB Education Innovation Award

celebrates and recognizes new and innovative developments in medical education. Impacts may include a policy or programmatic change, a revelation of a pedagogic tool or methodology, increased awareness of an issue, implications for research by other contributors, or a change in thinking among anesthesiology education professionals.

LEADERSHIP ADVISORY AWARDS

Mentoring Award Awarded to an AUA member in recognition of their commitment to mentorship and sponsorship of faculty members in anesthesiology.

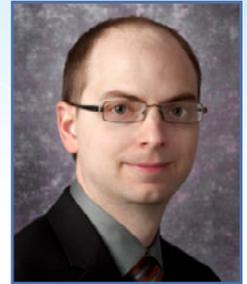
IDEAL Award (*Inclusion, Diversity, Equity, Acceptance, and Leadership*) Awarded to an AUA member in recognition of their commitment and leadership to promote diversity, equity, inclusivity, and belonging at the local or national level. A positive impact on healthcare outcomes is the ultimate goal.

AUA: Strategic Planning

On behalf of the AUA Strategic Planning Task Force, members: Vivian Abalama, IOM, CAE; Jeff Kirsch, MD; Dolores Njoku, MD; Monica S. Vavilala, MD; and Jeanine Weiner-Kronish, MD.

Starting in early 2021, the AUA Council engaged in a formal strategic planning process to chart the future course of the organization. One important goal was to ensure sustainability of the AUA within the dynamic community of academic anesthesiology.

In an experience parallel to many businesses and other organizations, the creation of a formal comprehensive strategic plan required thoughtful reflection on the past, and careful consideration of goals for the future. The process started with a series of three retreats held over the summer of 2021, attended by members of AUA Council, the AUA Advisory Board Chairs, and representatives from leaders in the Early-Stage Anesthesiology Scholars group. This series of meetings was led by volunteer advisors, Jeanine Wiener-Kronish, MD, AUA Past President (2016-2018) and Jesse Ehrenfeld, based on their great experience with similar processes in other organizations. The AUA Council also partnered with .orgSource, a commercial strategic planning firm that has worked with other academic medical societies. Some guiding statements for the AUA, as an organization, have been revised and these were approved earlier in 2021 by the AUA Council and the AUA membership.



**Keith M. Vogt, MD,
PhD**

*Associate Member,
eSAS representative
to AUA Council
University of
Pittsburgh School
of Medicine
Pittsburgh,
Pennsylvania*

The AUA's Compelling Purpose is: Developing scholars, educators, practitioners, and leaders at the forefront of academic anesthesiology.

The AUA's Mission is: To promote excellence in academic anesthesiology through mentorship; promotion of diversity and inclusivity; and professional growth throughout the careers of educators, academic leaders, and researchers.

The Vision for the AUA is: The advancement of academic anesthesiology as a dynamic specialty that makes substantive contributions to medicine, science, and society.

Additionally, the AUA Council recently approved the following **three strategic goals** for the AUA:

- **Promote the development and mentoring of scholars, educators, practitioners, and leaders in academic anesthesiology.**
- **Foster and promote member engagement.**
- **Sustain and support the future of academic anesthesiology.**

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AUA: Strategic Planning *continued from page 12*

In September 2021, the AUA Council asked Monica Vavilala to lead the work of the Strategic Planning Task force. Since then and through a series of weekly meetings, the taskforce has been meeting weekly to advance this work. For example, a series of specific tactics are being developed for each of these goals. These tactics will be revised and updated on a regular basis and will both reflect ongoing activities for the existing committees and boards and provide an aspirational roadmap for expanding the AUA's impact in the future. The AUA Strategic Planning Task Force is working to gather AUA member input and work with the AUA Council and Board chairs to refine and revise these tactics. As noted by the second strategic goal above, greatly expanded opportunities for AUA members to engage with the AUA are anticipated to emerge from this process. The AUA annual meeting has long been the primary event for member engagement, and producing the highest-quality annual meeting will continue to be an important part of the AUA. We have also seen great success of the recurring AUA webinars over this past year, as a member benefit. An emerging speaker-exchange program is also being developed, in which virtual presenters will be matched to institutions (including those underrepresented in academic anesthesiology) with need for speakers in their Grand Rounds series. In addition to being a benefit to members who volunteer to serve as speakers, this provides a great example outreach opportunity for the AUA.

The development of additional programs and possible expansion of AUA working groups to coordinate and facilitate additional offering and activities is anticipated as part of the strategic planning process. Having more AUA members, including junior members, engaging in the development and maintenance of these expanding programs is an opportunity for professional development and mentoring of AUA members. As additional tactics flow from the AUA's revised strategic plan, we anticipate many more opportunities for AUA member engagement, hopefully in the context of a growing AUA membership as well.

The net product of these programs with vibrant engagement of members will help to sustain academic anesthesiology, while promoting diversity and inclusion, as core values of the AUA.

Strategic planning is an ongoing process that requires continued work to ensure organizational alignment with the decided upon mission and goals. As part of this strategic planning process, AUA Councilors, AUA members and other stakeholders recognized the potential for overlap in programs and mission among other organizations and societies. In a new initiative, the AUA has started the process of roundtable discussions with other organizations focused on academic anesthesiology, including: the American Society of Anesthesiologists, the Foundation for Anesthesia Education and Research (FAER), FAER's Academy of Research Mentors in Anesthesiology, the International Anesthesia Research Society, the Society of Academic Associations of Anesthesiology and Perioperative Medicine, Early-Stage Anesthesiology Scholars, and the recently-formed Anesthesia Research Council. The goal of this emerging dialogue is to improve strategic communication between these anesthesiology-based societies. In doing so, each should provide increased value for its members, by all being better able to achieve shared academic goals and decrease costs by reducing waste and redundancy.

In summary, this is an exciting time for the AUA. Significant organizational change may sometimes evoke a reaction of surprise from members. Expansion of programs and activities also will require much work to be done. However, this strategic planning process has revealed important insight and many opportunities. There is great potential for the AUA to emerge as a leading professional society that addresses timely and unmet needs of the broader community of academic anesthesiology. This effort will position the AUA for the future and assure that our specialty continues to have a strong and diverse base of remarkable leaders. 

Don't forget to follow AUA on Twitter!

 @AUA_Anesthesia



September 2021 marked “Women in Medicine Month.” In recognition, several of AUA’s female members contributed essays about the past, present, and future of women in medicine, resulting in the production and distribution of AUA’s Women in Medicine Month special publication earlier this year. It is reprinted here in its entirety and [available online](#).

SEPTEMBER IS WOMEN IN MEDICINE MONTH





SEPTEMBER IS WOMEN IN MEDICINE MONTH

SEPTEMBER 2021

September was designated by the American Medical Association to celebrate Women in Medicine. This designation serves to recognize the growing number of women in medicine, to highlight their contributions, advocacy, and mentorship. It also serves to remind us of the ongoing challenges women face in the workplace: the prevalent gender bias, the pay differential, and the lack of representation of women in leadership. We also pause to recognize the disproportionate impact of the pandemic on the careers of women in medicine.

The Association of University Anesthesiologists (AUA) is joining in celebrating Women in Medicine this month. Through the advocacy of AUA Staff, Vivian Abalama, IOM, CAE, and with the support of AUA President Dr. Jeffrey Kirsch, this publication shines a spotlight on the bright work of some of the women in our group. We thank our contributors for their willingness to share their insights, their experiences, and their advice.

With gratitude,



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AMA celebrates women physicians, residents and students throughout the month of September—and all year. [Click here](#) to learn more.

Gender Equity in Anesthesiology: An N of 1

It's three in the morning in an operating room, and I am a junior attending doing a liver transplant. While holding a TEE probe and evaluating right heart function, I looked over the drape at the fury of the team working, and suddenly realized something that caused me to hold my breath. This singular, surreal moment became a powerful part of my story as a tireless advocate for gender equity in medicine. As I glanced around the room, I realized the only person in the room who was a male was our patient. Every single member of the team, from the surgical technician to the anesthesia resident, from the transplant fellow to the head surgeon, was a woman.

I get goose bumps remembering the pause when I announced this fact to the OR team. All chaos stopped for a moment, and the only sound was the pulse oximeter. We stopped our tasks, looked at one another, and in a moment the room was filled with instant smiles, nods, and cheers. Lasting only seconds, we immediately went back to business. But there was an air in the room after that moment; a change. We stood a little taller. Delivering a safe anesthetic for orthotopic liver transplantation is not an easy task; nor is it a straightforward surgery. Here we were, a team of women, working in concert to save a life. Skilled. Trained. Smart. Focused. And empowered.

Years later, I still remember this moment. I have thought of this moment every time I walk into a negotiation where I am advocating to be paid for my work or for a fellow woman to be paid for her work. I remember it each time I am the only woman sitting in a meeting and find my heart racing when I know I must speak up and call out the unconscious bias I am hearing around the table. I recall this moment when I walk up on a national stage to speak, after hearing disparaging remarks and microaggressions from my co-presenters meant to intimidate me as the only woman on the panel. I remember it when I hear the stories, *hundreds of stories*, of women I have coached over the last six years who tell me how they are overlooked, passed over, obstructed, and diminished for their work and are contemplating leaving medicine.

I have this memory in my mind, as a reminder for me to focus on what is true: women in medicine are highly skilled, trained, capable, and brilliant physicians. We lead teams, run labs, innovate, and discover important research. We tirelessly teach the next generation, speak up for the marginalized, whilst balancing motherhood and acting as primary caregivers. And we do so, while being paid on average, 20-30% less than our male colleagues working next to us. I remember this story, so when I find myself war weary in the battle for equity, I can summon the strength and courage to keep speaking up. I remember it, so I can embrace being unpopular while shedding a light on the many inequities we face. Why? *Because women in anesthesiology deserve equity, and our worth is not defined by the limits or the value our specialty has placed on us for decades.*

Women make up 24.9% of the total US workforce in anesthesiology per the AAMC Workforce Data Reports, and anesthesiology as a field is still lagging significantly in gender equity.¹ According to the 2012 AAMC report, women represent 34% of academic anesthesiology faculty, while only 11% of academic anesthesiology chairs.² While the common misconception of "we have a pipeline issue" percolates as an excuse for why we do not have more women at the top, the truth remains that women have been matriculating from medical school at rates near equal to men for twenty-five years. There are over three decades of evidence in the literature demonstrating ongoing inequities, with little gains. The anesthesiology pay gap is estimated to be between 12% to 35% depending on the subspecialty.³⁻⁵ Women in medicine are less likely to be first authors, less likely to receive favorable RO1 scores, less likely to receive distinguished service awards in medical societies, less likely to serve on editorial boards, less likely to be invited to stand on stages, and less likely to be promoted.⁶⁻¹³ Barriers exist, and continue to exist, despite the fact that these barriers are known from decades of data and peer-reviewed publications.



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Gender Equity in Anesthesiology: An N of 1 *continued from page 16*

We do not need more studies, more data, and more proof.

Moving the needle of equity in anesthesiology requires brave allyship; it requires immediate action by trailblazing leaders courageous enough to address their own unconscious bias. Gender inequity in anesthesiology will not be solved with randomized controlled trials and more peer-reviewed publications. It will be righted by top-down decision makers, with those in power in anesthesiology changing the course for those they lead. Gender equity will be changed with an N=1; it starts from within. It begins when one leader decides to change the makeup of a board, one chair decides to sponsor and promote a woman, one editor-in-chief decides to nominate a woman in academia to a position instead of a man. It starts when our male allies call out discrimination and bias, when institutional leaders are transparent on pay practices, and when brave leaders are willing to move the needle, now.

I am a passionate advocate of the advancement of women in anesthesiology because I am passionate about the field of anesthesiology. We are only as good as the diverse thinking and innovation of our team; when we diversify those at the top, we win. When we create and amplify equity, we save lives. When we promote her, we advance the practice of anesthesiology. When we pay her, we elevate the field of anesthesiology. When we publish her, we foster the innovation of anesthesiology. When we put her on a stage, we uplift the practice of anesthesiology.

So I ask you, with your N=1, what will you do?

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Women in Medicine

In 1960 I was working as a medical technologist in Jacksonville, Florida for an outstanding internist. I had worked there for about two years and enjoyed my work; however, I began to feel I should do something more—go back to school and get a PhD. This internist told me I should go to medical school. I had always said that “med” school was too hard, too long and too expensive. He encouraged me and helped me sort through the reasons I should or should not pursue a career in medicine. I, with his help, decided that medical school was a possibility for me and applied to numerous schools. I went to class during the noon hour and then at night to take courses I needed to be competitive. As a result, in 1962 I was accepted at the University of Miami and thus began my voyage into the wonderful world of medicine.

Many people ask me how I overcame the difficulties I was faced with at a time when only a small percentage of students were women. My class started with eighty-five students of which seven were women. Most of those who asked me that question expected me to say it was hard and the women were discriminated against. However, I don't feel I was ever looked upon as inferior to my male colleagues. The anatomy professor was known to be tough and demeaning to the freshmen students—his way of making us “tough.” A group of my male classmates said to me that he would probably single me out to embarrass me. Their solution was to sit with me on the front row of the class and they would be my support when the professor called me onto the stage from which he taught and asked me difficult and sometimes embarrassing questions. They gave me the support I needed to be successful. That same day the professor called on a male student and embarrassed him. This young man was humiliated, left class that day and did not return. So, this professor didn't discriminate based on gender. The professor was very intelligent, but a student had to look beyond his abusive actions and just learn all there was to be learned. Fortunately, he was just one of many professors, and there were more who taught with kindness, encouragement, and concern as the best ways to teach.

I graduated in 1966 and went on to train in anesthesiology, pediatrics, and critical care medicine. I always felt that I was an equal with all my peer group. I have no bad memories. The most important thing that I now recognize as I reminisce about all the years past as a student, a resident, and a faculty member is that a mentor is the most important person in your career. This person will teach you, listen to your troubles on days when you feel you are not good enough, and will lift you up to achieve success. My mentors, as a young faculty at University of Florida, were the Chair of Anesthesiology, Chair of Pediatrics, and Chief of Pediatric Surgery. A positive attitude, a caring mentor and hard work will lead to a successful and rewarding career regardless of one's gender.



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Embrace Your Worth

I am incredibly grateful to one man: my new departmental Chair. In just 90 days since joining our department, he assessed *me*: by merit, commitment, dedication, and loyalty. He saw my overwhelming credentials on paper, he saw my rapport with faculty members, he appreciated my energy for change management, and my eagerness for diversity, equity, inclusion and respect. This acknowledgment may not sound in any way amazing, but you see, I was at my institution for twenty-five years, and in that time frame, I was not recognized for my merit or for the value that I bring to a department. Was this race and gender related? Was it ageism? It may well be that all are part of the reason. There are so many “isms” permeating society—and they are tangible and real, but this story is about the role that I played in holding me back.

I tell my story because I am sure that there are anesthesiologists all over the world, men and women, who, regardless of race, feel the same as I do. Through the years, I have experienced moments of doubt in my ability:

Am I the imposter in the room?

What do all these letters after my name really mean?

What do these years of experience and loyal service really mean?

Why am I consistently being overlooked?

Why don't you think that I am good enough?

These questions ran through my mind for years, and yet I did not appreciate my part in the conspiracy.

Mentorship is important, but I was the beneficiary of excellent mentoring in, and outside of my department. I did not have sponsorship, but I was convinced that my credentials would “speak” for me. I was told that I had to meet the “right” people—what does that really mean. If I knew who the “right” people were, perhaps I might not be writing this piece. I was told to “leverage my assets” and, to this day, I do not know what that means or how to do it.

What was so different this time around with a new Chair and what did he see that was not seen before him in twenty-five years? I know this time around there were two differences. First, my new Chair was not afraid to “buck the status quo.” He saw merit and enthusiasm. He was willing to look beyond the hearsay that often greets a new Chair joining a department. He assessed me on merit and chose to see me and the value that I bring. Second, I was no longer willing to wait for the acknowledgment—the complacency of waiting to be seen was gone. I realized that if you choose to wait to be seen, you may never be seen, or worse yet, seen and bypassed.



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I acknowledged my worth and was no longer “shy” about stating my worth. The consistent acknowledgment of my value to my department was evident to me, but because I had not been willing to take a chance and state it—or, more importantly, act on it—there were years of frustration and stagnation in my career.

Moving up sometimes means that you must move out. This was not the case in my situation, but this fact should be kept in the recesses of your mind. You must be mentally prepared to accept that the place where you are now is not the place where you are meant to be. Once you have acknowledged and accepted this possibility, you feel an immediate sense of relief. You have given yourself grace—grace to move beyond the familiar that is cocooning and to embrace the future that you deserve. The generation that I grew from had much more traditional values of department of women in the workplace. I applaud the Millennial and Gen Z ladies who are not afraid to say “this is not acceptable.”

My hope for women anesthesiologists is that they embrace their worth. Embracing your worth brings mental liberation and confidence that is seen by all. Embolden yourselves to speak your truths, display your assets, and rise above the “bullying” of society that seeks to shroud you .

In August of this year, I was named Vice Chair of Clinical Operations and Diversity Officer of my department. This is a title that I deserve, but it took persistence over the years to verbalize my truth. Start verbalizing your truth early, shed complacency, and own your success—if you do not, no one else will.

Making Women's Voices Heard: The Story of a Women Physicians Organization

In an October 2020 post on the California Society of Anesthesiologists blog, a colleague of mine, Ed Riley, reflected on a debriefing he did of a challenging obstetric anesthesia case. The patient had placenta accreta and the operating room had been in its usual state of controlled chaos, but a bit too noisy...that is, until he spoke up and requested quiet in the room so essential conversations could be heard. In the debriefing session after the case, his female colleague pointed out that she had also requested quiet in the room, multiple times, in fact, before he had spoken up. She expressed dismay that her voice and her efforts to control the room somehow did not get the same attention as that of a male attending.

This experience is familiar to many women in our professional environments, not only in the OR but also in academic life. Not only do their voices not get heard, but women also assume it is “their fault” that they are dismissed or ignored. Many women spend their careers trying to adjust themselves—through skill development, special leadership training, and coaching—to “fit in” to the culture and “work within the systems.” But despite investing enormous amounts of time and effort to achieve professional advancement, mid-career women frequently find themselves years into their careers and decades behind their male colleagues professionally.

After a year or two of exploratory, informal meetings of a small group of women in cardiac anesthesiology, led by senior women colleagues, these concerns coalesced into action. On Sunday, April 29, 2018, at the Society of Cardiothoracic Anesthesiologists Annual meeting in Phoenix, Arizona, with just three hours of notice, our nascent group was offered a room to meet within the conference facilities. The small group of us who were spearheading this effort had no email list of women in the SCA; in fact, at that time, the SCA did not even have any gender demographics on its members. We had no official way to contact women in the society who might want to join this meeting. In the next three hours, however, through personal texts, phone calls, and social media, we assembled fifty women cardiac anesthesiologists and three HeForShe supporters to attend what became the founding meeting of the Women in Cardiothoracic Anesthesiology (WICTA). At that founding meeting, we agreed that such a group was needed for women in the SCA and that we wanted to work with and within the SCA to build this community.

The momentum of that first meeting was powerful and launched an organization that was to have an enormous impact on my life, the lives of many of my female colleagues in cardiac anesthesia, and on our professional society as a whole. And while I had been involved in the early efforts to organize and was very enthusiastic about this new group, I, in no way, saw myself as a potential leader for this effort. As is often true for women, I would not have stepped up into this opportunity had it not been for the encouragement of a colleague. At that founding meeting, my colleague, who had already ascended to leadership in the SCA herself, and who was



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Making Women's Voices Heard *continued from page 21*

a developing champion of women in her own right, turned to me and said “you should lead this.” Those magic words—words which women, sadly, are so infrequently told in professional settings—were life changing.

The next day a small group of us met to continue to consolidate the group and to draft the mission statement for WICTA. For the next year, my colleague Emily Methangkool and I worked together to develop the group. At the suggestion of senior women colleagues who were advising the group, we launched a survey of the experience of women in CT anesthesiology. The results of the survey were striking, and strongly reflected the findings of similar studies of women physicians broadly. Although many women in cardiac anesthesiology reported taking on a leadership role, few had protected time for their role. Most women reported that having children negatively affected their careers. Perhaps most disturbing of all, a majority of women reported experiencing derogatory comments, intimidation, or microaggression in the professional work environment.

There was clearly work to do, and now we had a network of over 300 women in cardiothoracic anesthesiology to do it. The first WICTA Executive Board was elected in 2019, and we nominated an Advisory Board of ten senior leaders in cardiac anesthesiology to help guide our efforts. Over the next two years, we initiated a number of programs and innovations, including networking events, mentoring programs, and a SCA-sponsored research grant designed for women and URM physicians, as well as the creation of a database for women speakers in cardiothoracic anesthesiology.

The efforts of this group have made important impacts on our professional community. Since that founding meeting for WICTA, the demographics of the SCA committee leadership have notably shifted and the percentage of SCA committees with substantial representation by women increased two-fold between 2019 and 2021.

This is the power and impact we can have when we give women visibility, a voice, and a community. It is yet another reminder of the often-untapped potential available in our many women professionals; potential, that when supported, can bring critically needed and positive change. And we all can be part of this effort to create a more diverse, equitable and inclusive profession. As leaders, we can sponsor and support women to take on leadership opportunities; we can promote them professionally by citing their work, inviting them to speak, and collaborating with them; we can ensure transparency and equity in professional compensation; we can create flexible work schedules that allow women to maintain professional activities during childbearing and childrearing years; and we can speak up and call out biased narratives that make women “the problem” when they are struggling in our environments.

So this month, as we celebrate the leadership and high-value innovations of Women in Medicine, let's think of what we each will do to help women in our field realize their potential. As I have learned, great things can happen when you reach out to your women colleagues and assure them, “You should lead this.”

Great Expectations

It is my pleasure and honor to participate in this AUA publication celebrating Women in Medicine Month. As I reflect on my experiences, I think on how they played an integral part in shaping my perceptions and influence my views for the roles that women should subsume in medicine both now and in the future.

I am certain that all women physicians who began their careers in the 20th Century can share stories not different from mine. As I embarked in my career in medicine in 1990, I genuinely believed that hard work—no...exceptional hard work—would be the key factor to succeed in medicine, regardless of my gender. I was, perhaps naively, surprised that I was often assumed to be an aide, a nurse, or a medical school student...anyone other than a physician. I rationalized the comments as being attributed to a youthful appearance or my shorter stature and chose to move on. I let it become my expectation that such slights were going to happen, it was the norm, and I took up the challenge to prove my worth through my work and worked even harder. Later, as I thought back upon these encounters, I regretted the missed opportunities to change misguided assumptions of the witnesses of these public slights: the senior physicians, the residents, nurses, and patients. I am pleased that much progress has been made over the past thirty-plus years. Societal norms and perceptions have changed much and are still changing, but there is much more work to be done.

In the United States, the 1970s marked the first wave of significant change for women in medicine. The number of women graduating medical school during the decade increased by more than 40% from the previous forty years.¹ Our numbers have steadily increased ever since. Currently, the 2019 *AAMC Physician Specialty Data Report* showed 36.3% of active physicians in the workforce are women. The percent of females in the top specialties ranged from a high of 64.3% in pediatrics to a low of 5.8% in orthopedic surgery.² The 2019 data also provide a glimpse into future trends from the *ACGME Residents and Fellows Report*, showing 45.8% women in all specialties.³ Demographics trends in higher education also show a higher representation of women in the workforce in the years to come.

A recent *Wall Street Journal* article from September 6th reported that at the close of the 2020-21 academic year, women accounted for 59.5% of college students, which was an all-time high.⁴ Specific to our specialty, an article published in *Anesthesiology* in 2015 indicated that the proportion of female anesthesiologists in the workforce increased from 2007 and 2013. At the same time, it was noted though that employment arrangements, compensation, and work hours were different between men and women, with women lagging behind in compensation primarily due to a flat salary structure.⁵ Furthermore, more recent data highlighted that despite an additional increase of women in anesthesiology up to 36% by 2016, the percentage of women anesthesiology full professors was still substantially less than men (7.4% versus 17.3%) and the percentage of women anesthesiology department chairs has remained stagnant around 14%.⁶



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Great Expectations *continued from page 23*

As the entering cohorts of younger anesthesiologists advance in their careers, I would expect or hope for an ever-increasing number of women preparing to embrace future leadership opportunities for themselves. I believe that it is essential that the more senior women in anesthesiology help in paving the way for the next generation of women anesthesiologists to assume these roles. Early career women should be encouraged and prepared to assume leadership roles by enhancing their self-awareness and realize that these leadership roles are within their reach and should be seriously considered. Becoming a leader should be an expectation within their career goals and leading the discipline is, to some extent, part of our responsibilities.

To facilitate this path, it will be important to identify good role models, mentors, and sponsors. A number of challenges lie ahead including the presence of career-related unconscious bias in faculty recruitment, appointments, and promotions. Current leaders, whether women or men, will need to be sensitive to cultural differences, thoughtful, and empathetic in understanding the unique challenges that women face. The authentic, exemplary leader will reflect with purpose on these issues and be deliberate in choosing a vision that includes the values of diversity, equity and inclusion, and proactively devise strategies to make the vision become a reality. Setting a culture of diversity, inclusivity, and equity is not just about acceptance, but it is about working with a purpose and striving to give the best of ourselves. Extraordinary leaders will shape people careers, can set great expectations, and will create excellent opportunities. Within this framework the next generation of academic leaders will be prepared for the succession.

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FEATURED ARTICLE

The Gap Widened by COVID-19

Before the pandemic there was an unspoken fact: being a woman in academics meant that you were taken less seriously. However, there are several examples of courage, brilliance, and commitment such as in the accomplishments of Dr. Virginia Appgar, among others.

During and after the pandemic there has been a new awakening to this chasm between the genders within academic medicine, and in its reflection, it seems to have widened a great deal. Many leaders and organizations have moved their attention to the important work of fostering diversity and inclusion in the workplace, in order to make the professional and home lives better balanced for women. Examples of these initiatives include the establishment of diversity committees, faculty surveys, inclusion of women in leadership roles dealing with the topic, etc.

However, the new [2021 Women in the Workplace report](#) by LeanIn.org and McKinsey & Company found that the critical work of supporting employees' well-being and promoting diversity and inclusion is being done disproportionately by women, who may not be recognized for it.¹ "Companies are reaping great rewards from these efforts, but compared to men in similar roles, women leaders are more likely to be exhausted and chronically stressed at work." What is more alarming is that more than half of women surveyed who manage teams felt burned out 'often' or 'almost always'. Many have considered leaving these roles or changing careers altogether. Many say that the extra work is not being formally recognized. The importance of gender parity in medicine is emphasized by the words of Catherine DeAngelis, the first female editor-in-chief of the *Journal of the American Medical Association* in its 116-year history, in an editorial: "**We will waste half of our genetic pool of intelligence, creativity and critical insights and experience. Medicine simply cannot afford that loss.**"²

It is a well-known fact that organizations that support DEI (diversity, equity and inclusion) initiatives have happier employees who support and recommend their companies more. This survey showed that at all leadership levels women



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were able to engage and champion these efforts more successfully, were more invested and helped employees navigate work-life challenges and other 'softer issues that are at the core of why academics and employees burn out. They manage relationships better and advocate against bias.

Even though organizations are reaping the benefits of these initiatives there is a disconnect between the effort put in and the recognition given to these women. Social scientists have highlighted, and this is common in academic medicine to put 'skill before relationships', and not to value work towards professionalism or burnout as 'real work'.

In addition women are often part of the *sandwich generation* that has both child and parent care responsibilities at home. Arlene Kaplan Daniels, a famous social scientist coined the term 'invisible work': to describe forms of women's unpaid labor like "housework and volunteer work that, while integral to the functioning of society, is not regarded as work and is culturally and economically devalued".

This disproportionate burden on women has led to worsening academic productivity. In a recent survey among STEM (science, technology, engineering, mathematics, medicine)

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faculty there was no difference in the work hours between men and women, but women with children <5 years of age reported fewer work hours and women's self-reported article submissions decreased significantly during the pandemic; men's productivity metrics did not change.³ The authors suggested that academic institutions should consider these disparities when making decisions regarding funding and hiring as well as promotion and tenure.⁴

When judging academic productivity, the standard is h-index. However, it has been previously reported that women had lower h-indices than men of equivalent rank in ecology and evolutionary science, suggesting that the h-index may have inherent gender bias. Indeed, successful competition for funding is dependent upon generating preliminary data and publishing initial results, which are then cited. Given this disparity we need to quantify and dissect academic anaesthesia productivity over time across different countries, in a way that informs strategic planning in the speciality. 

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