



SEPTEMBER IS WOMEN IN MEDICINE MONTH



WOMEN IN MEDICINE MONTH

September was designated by the American Medical Association to celebrate Women in Medicine, to highlight their achievements, and to recognize their journeys. For the second year, the AUA dedicates its September publication to sharing the stories of women in academic anesthesiology.

The timing of this publication is especially important given the recent [AAMC report](#) “Understanding and Addressing Sexual Harassment in Academic Medicine” which was released in July 2022. The AAMC report found that approximately one in two women faculty—and one in five men faculty—in academic anesthesiology have experienced sexual harassment in the past year, **putting us at the top of all fields in academic medicine**. Gender harassment, the most common form of sexual harassment, can present as “verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status about members of one gender.” Experiencing and witnessing harassment have a negative impact on the individual, their wellbeing, their engagement, and on the organizational climate. The AAMC report is evidence that we are not doing enough within our own institutions to create a safe, supportive, and inclusive environment for all our members. The path forward suggested by the AAMC includes having zero tolerance to such behaviors, holding those in leadership accountable, and managing reported incidents transparently and appropriately.¹

This is also a time to celebrate the professional achievements of our members. When asked to share their stories, our contributors were reluctant to talk about themselves or to dwell on the challenges they faced. Rather, they chose to share messages of empowerment, celebration, and gratitude. They chose to recognize the mentors and sponsors who paved the way for their success, who validated their experiences, and who created the valuable professional network that elevates and supports.

Likewise, we hope that all AUA members continue to establish mentoring relationships, find sponsoring opportunities, and build networks for success within our community. We also hope that leaders in academic anesthesiology heed the call and commit to the necessary work of creating safe and inclusive work environments in their departments.

With gratitude,



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AUA, President



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Society Director, AUA

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¹ Lautenberger DM, Dandar VM, Zhou Y. Understanding and Addressing Sexual Harassment in Academic Medicine. Washington, DC: AAMC; 2022. Accessed September 2022 at URL: https://store.aamc.org/downloadable/download/sample/sample_id/524/

Framing and Constructing Our Own Narratives

At an early stage in my career, I benefitted from women who played vital roles in my development into an academic physician scientist. I chose to do a residency at Columbia University, and at that time, Dr. Margaret Wood was the chair of the department. Given the paucity of female chairs in medicine, I was extremely lucky to have had the support of a highly successful woman in academic medicine early in my career. Dr. Wood had a unique vision for academic anesthesiology that she was cultivating, and her vision drew me to the department for training and eventually, for a faculty position.

Dr. Wood enthusiastically supported my development into a physician scientist and did all the “right” things. She gave me protected non-clinical time to conduct research before I received extramural funding. She supported (with time and money) my education and training in research skills and techniques. She helped me find the right research mentors and network with other

leaders in academic anesthesiology. For these things, I will always be grateful, but I am also thankful for how she concerned herself with other aspects of my life and served as a role model in these areas. I had my first child as a third-year resident, and my second child during my first year as an attending. I remember a particular conversation we had when I returned from maternity leave the second time. She asked me how I was doing, and I told her honestly that I was glad to be back at work because I found taking care of a newborn at home to be so much harder. I still remember how she validated those feelings, and then proceeded to share her own stories of how she handled juggling having a family with both her and her husband’s academic careers (which included her compiling lists of babysitters and childcare in major conference cities!). There was never a mention of “work-life balance”, just a matter-of-fact acknowledgement that as a parent and a physician, you have multiple roles to play and switch between throughout your day, and throughout your life.

While Dr. Wood’s contribution to my success almost certainly depended on her having provided the “right” supports, upon reflecting, it strikes me that some of these less tangible elements were also important in helping me to succeed in all aspects of my life.

One of the most significant things that Dr. Wood did was to connect me with Dr. Hannah Wunsch, a brilliant physician scientist who was and still is one of my primary mentors. Dr. Wunsch is a one-stop shop, the rare person who can provide all the different aspects of mentorship that an aspiring researcher needs to be successful. She is herself a remarkable



May Hua, MD, MS
Associate Professor
of Anesthesiology
Columbia University
New York, NY



**Margaret Wood,
MD, FRCA, MB, ChB**



**Hannah Wunsch,
MD, MSc**

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“I feel incredibly lucky to have been able to benefit from the support of two trailblazing women in anesthesiology”

researcher, and a generous mentor and sponsor who does not hesitate to use whatever resources she has at her disposal to push forward the careers of her mentees. With all her amazing qualities, what I continue to value most about Hannah is her ability to listen and empathize. When I have a quandary or am feeling down, one of my go-to moves is to have a talk with her. In any conversation, she always provides clarity and helps me sort through the issues surrounding any problem. She also helps me be kinder and more forgiving to myself, something I constantly struggle with. While our relationship may now be characterized as one of collaborators and friends, regardless of the label of her role, I will always be grateful to have Hannah in my life.

When I think about women in medicine, I feel incredibly lucky to have been able to benefit from the support of two trailblazing women in anesthesiology. For me being a junior faculty member, aspiring researcher, and mother of two young children, it really helped to have the fact that I sometimes needed to be three (or more) people at once be normalized. It also really helped to hear that constant role-switching is hard, and that maybe I needed to give myself a break sometimes. Narratives are important for how we view ourselves, and both Dr. Wood and Dr. Wunsch taught me valuable lessons in how I can best frame and construct my own narrative, and how I have a choice in how to view certain realities. I have found that sometimes it's helpful not to view things as challenges that need to be overcome, but as problems that need solutions; at other times, it's necessary and healthy to be able to yell in frustration and feel heard.

Additionally, I have also benefitted greatly from the sponsorship and mentorship of men who have been incredibly generous with their time and support (Drs. Guohua Li, Chas Emala, Rob Whittington and Vivek Moitra, to name a few). When I reflect on my own journey and see how I have been so heartily supported by both women AND men, it makes me think that there has never been a better time for women in anesthesiology.

An Academic Anesthesiologist: No Less, No More

I am usually a person very much against categorizations that break apart a group, that can subdivide it into cohorts that come to view each other with wariness, paranoia, or animosity. So, to be asked to be part of a newsletter featuring Women, with a capital W, in academic anesthesia, led to an initial overboard knee-jerk reaction of righteous indignation. Women in Anesthesiology!! Why not Left-Handed Islanders with Scars on Their Faces Anesthesiologists? How dare THEY perpetrate this classification that implies an inferior position, one that needs to be bolstered by special marketing? How insulting/silly/condescending!

But really, I am not so strident as all that. I just want to be identified as an academic anesthesiologist, no more, no less. Pure and simple. Evaluated by the same criteria as any of my peers. On equal footing with my colleagues. In no need of special recognition, extra perks, or condescending second class citizen considerations. Part of a strong troop with shared goals, struggles and rewards. Bound together by our desire to contribute to a profession that we love. Comradery that transcends the number of my X chromosomes.



Margaret M. Sedensky, MD
Professor, Department of Anesthesiology
University of Washington
Seattle, WA

“Having wonderful discussions with fellow scientists about how anesthetics work makes me really happy”

So, after my usual rant, I wondered if this attitude is, just like back pain and a bad memory, a symptom of my age, as well as a mirror of the era in which I grew up. Am I pathetically out of touch in 2022? Very possible. Or does it reflect the fact that I never thought that my gender impeded my academic progress? In fact, I think just the opposite. It probably gave me an edge as the token female on NIH study sections or as an invited speaker at a national meeting. Hopefully that was not the only reason for these opportunities, but they certainly did occur. A female researcher in anesthesiology was a rare bird, then perhaps more so than now.

In addition, my senior clinical colleagues were most often highly respected women, who juggled family and career with grace and humor. Incontrovertible biological facts made things complicated – deal with them. Being able to bear children and be a mother was an ineffable joy for me, a bonus to an already full life. My wonderful chair delighted in my weird research and was oblivious to gender in development of his faculty. So maybe I was just lucky. Actually, incredibly lucky. I didn’t have to send my little children to their grandparents on another continent to do my residency. I always had a husband who shared every bit of the mundane responsibilities of raising a family, from doing laundry to running to piano lessons to helping with 4th grade math homework.

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It also may be that I am too simple, naïve, clueless, unaware of the inequities that were dealt me because of my gender. That may be. Actually, most every day (except when I have to do asbestos training) I marvel that I am also very lucky to have been born in a time and at a place that allowed me to be a physician researcher. How incredibly fortunate I am to be able to do a job I love in freedom and in peace. I grew up with a mother and a father, not in a war zone. I could go to school and use a library for free! Many women before me, and unfortunately many women after me, do not share this good luck. That is a very palpable feeling for me. I do not feel put upon or brow beaten.

That is not to say that there are not many issues to consider as a woman in a tough career. No question about that. Yet they are shared in large part by my male colleagues. In some ways men may be under more pressure from historical expectations of their role as the breadwinner and family head. I think that they are under the gun right now for past crimes as well, that have little to do with current realities. This is a very non-PC view I know, and I don't revel in being a contrarian.

I guess I really don't want special privileges; privilege has never made me happy. Working hard with a group of like-minded individuals makes me happy. Having wonderful discussions with fellow scientists about how anesthetics work makes me really happy. Ditto for discovering something that no one else ever knew. This is not contingent on the gender of the people with whom I work, and I think that those individuals that I most treasure as colleagues share this view. If there are some dinosaurs who think that I am inferior because I am a woman, so what? Who cares? I try not to hang out with them. I don't value their opinion or hold them in esteem. If I do good science it will speak for itself and be evaluated by smart people, people smart enough to judge the work on its merits, not on my hormones.

So that is why I didn't want to be in this newsletter.

Taking the Data Out

The words from the email seemed to be shouting from the screen and, as I read them, I was overtaken by panic:

“Take the Data Out”

My NIH mentored research grant was due in seven days and my former mentor was unsupportive of me including data I had generated in their lab in the grant submission. My family and I were driving home from a morning at the San Francisco Zoo, my sons chatting endlessly about the lions we never quite found in their dens and the penguins who seemed unfazed by the swarms of onlookers.

From the passenger seat I burst into tears. What was I supposed to do? The deadline was only a few days away and I had worked tirelessly to try to tell a story that wove together my PhD and postdoctoral work into a springboard for the new studies on glia and pain that I was proposing in this K08 grant. My husband, looking over at my

tear-stained face, urged me to call my newfound mentor, Dr. Laure

Aurelian. Having held NIH grants for 40+ years of her illustrious career, she had now shifted gears to faculty development. She and her red pen had embraced me and my scientific aspirations

like no one had since my PhD mentor years prior. With no vested interest except teaching junior faculty to write better grants, she went through revision after revision, lovingly yelling at me for having “muddy thinking” and providing gems along the way such as “you have to have courage to have a hypothesis”. But now the deadline was a week away.

I was sure that in spite of her incredible input, without the data my application would fail.

Dr. Aurelian answered the phone in her unmistakable accent, and I sputtered out a few words, trying to complete a coherent sentence. “It doesn’t matter, we can do this without those data and without this unsupportive so-called mentor” she said. “Take a deep breath, enjoy the kids today and then we’ll meet to discuss the plan.” I hung up, thankful that she took my call and grateful for having such a strong female scientist in my life.



**Vivianne L. Tawfik,
MD, PhD**

Assistant Professor
Director, Fellowship in
Anesthesia Research &
Medicine Program
Department of
Anesthesiology,
Perioperative and
Pain Medicine
Stanford University
School of Medicine
Stanford, CA



**Laure Aurelian,
PhD**

*“There is little
doubt in my mind
that I owe much of
my success to her,
for all the reasons
I described”*

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As the first woman to obtain a PhD from the Johns Hopkins University School of Medicine, Dr. Aurelian was no stranger to blatant sexism and the need to constantly prove herself in a man's world. She was one of the first women to receive independent funding from the National Institutes of Health, receiving her first R01 award in 1970. Clearly her science spoke for itself and there was no denying that she contributed seminal work to the fields of virology, immunology, and neuroscience through over 310 peer-reviewed publications. Dr. Aurelian trained over 60 postdoctoral fellows and 37 predoctoral students, many of them women and trainees from groups underrepresented in medicine. Her commitment to mentorship and sponsorship was admirable. Regardless of these accolades, she had endured her share of challenges which she often spoke about during our many "red pen" sessions. The "take the data out" email was additional evidence that progress was slow.

Under her guidance, I "took the data out." She helped me reformulate the grant, and I submitted it that cycle. Unfortunately, it was discussed but not funded. She later helped me address the comments of the reviewers, re-write the grant, fix my "muddy thinking", and have enough courage to have a strong hypothesis. The grant was funded on re-submission, as were my subsequent foundation grants and additional NIH awards since then.

When Dr. Aurelian died suddenly in May 2021, I was devastated. There is little doubt in my mind that I owe much of my success to her, for all the reasons I described, but most importantly because she gave me a reason to stay and supported me with her red pen when I did.

AUA dedicates the "2022 September is Women in Medicine Month" publication to the memory of Dr. Lisa Wise-Faberowski.

[Learn more](#) about Dr. Wise-Faberowski's many contributions to the AUA.



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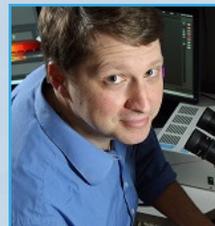
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Mission: To promote excellence in academic anesthesiology through mentorship; promotion of diversity and inclusivity; and professional growth throughout the careers of educators, academic leaders, and researchers.

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

Compelling Purpose: Developing scholars, educators, practitioners, and leaders at the forefront of academic anesthesiology.

Strategic Goals:

- 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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