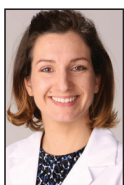


## AN INTERVIEW WITH...

# Barbara Hamilton, MD

The Chair of Women in IR discusses the goals and actions of this section of SIR and how these efforts will spread throughout the field to increase equality and diversity.



**As Chair of the Women in IR (WIR) Section of the Society of Interventional Radiology (SIR), can you tell us about some of your objectives in this role and any ongoing initiatives of the group?**

In my previous role as Vice Chair, I saw the establishment of WIR as a formal section within our society and had the opportunity to learn about its function under the former Chair, Dr. Meridith Englander. Our group wrote a position statement on parental leave, which was endorsed by the society and published in *Journal of Vascular and Interventional Radiology*.<sup>1</sup> Building on that work, we are constructing an online Pregnancy Toolkit, which will serve as a resource for trainees and attendings alike. We hope to launch the toolkit by February 2019, in time for promotion at the SIR 2019 annual scientific meeting in Austin, Texas.

WIR fosters career development of women in the field. We encourage eligible women to apply for the SIR Fellowship. We are also working to get more female experts engaged as invited speakers at various national meetings. WIR encourages the next generation and helps recruitment efforts by working with the Resident, Fellow, and Students Section of SIR. We are working to include women at all medical student society symposia planned around the country. We also take part in mentorship and webinars to help students hone their IR program applications and future careers.

**Will there be any WIR-focused sessions or events taking place at the previously mentioned SIR meeting in March?**

During the first evening of the meeting (Saturday, March 23, 2019), WIR will host a networking reception that is open to all SIR members. Last year, we had a fantastic turnout of male and female trainees, attendings, and students. The WIR reception precedes the general

opening reception and is an inclusive, informal, and fun event with refreshments provided.

WIR also organizes an annual InspiRed lecture given by an outstanding leader in medicine. This year, we are proud to feature Dr. Sasha Shillcutt, an academic cardiac anesthesiologist and expert in career balance and burnout. The lunchtime event requires preregistration but is free due to industry sponsorship this year.

A session on navigating industry relationships will follow the InspiRed lecture. This session is geared toward women, early career interventional radiologists, and others who wish to learn how to get started working with industry. These events will take place on Monday, March 25th.

**Can you tell us more about the impetus for SIR to publish a formal position statement on parental leave?**

There are no guaranteed parental leave benefits for many IR doctors. Observance of the Family and Medical Leave Act depends on various factors and only guarantees a worker's position will remain intact; there is no stipulation for pay or benefits during leave. Widespread lack of parental leave benefits places new parents under duress from financial and health care coverage concerns, as well as practice-related concerns. Some interventional radiologists have even been forced to repay or make up call accrued from their medical leave. The parental leave document makes clear that interventional radiologists who choose to have children, whether by pregnancy or adoption, should not face discrimination or punitive consequences of any kind. We believed it was important to join other medical specialty organizations that have similar policy statements supporting members who choose to become parents. IR is an agile, innovative field. Therefore, it should be near the forefront on such topics. Inclusivity and, ultimately, the competitiveness of our specialty will be determined by how we handle such policies going forward.

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**According to a recent survey by Englander and O'Horo in *American Journal of Roentgenology*,<sup>2</sup> many of the female IR respondents reported experiences of gender bias, discrimination, and sexual harassment. How might further research elucidate these findings, and what practical steps might be taken to reverse this ongoing trend in the workplace?**

It is important to draw attention to the current state of these matters so that people do not think these are issues of the past that have been dealt with. SIR is working on various projects to promote diversity and inclusion within the specialty, including data and benchmarking to monitor our progress over time.

In my opinion, the increased number of female trainees coming through the pipeline, as evidenced by our recent IR/diagnostic radiology pathway match, will help to push this culture shift. It will happen out of necessity. That said, proactive measures should be taken at the local and national levels to work on these points as they stand. We cannot accept mistreatment or impeded career progress of one-third of our future interventional radiologists. Implicit bias can be insidious, and so, attention paid to this phenomenon (eg, through the actions of SIR) can help to open people's eyes to their actions, large and small.

**In addition to working to resolve the previously mentioned workplace issues, what else can the IR field do to attract a more diverse pool of physicians to this specialty?**

Displaying a broad range of role models, from leadership to speaking roles, will allow women and underrepresented minority groups to see themselves as IR candidates. We are working on outreach programs so that women and underrepresented minorities are exposed to the field in areas where IR is not prevalent or not represented at all.

On a society level, we are working on targeted recruitment efforts to increase the diversity of our specialty. Along with concerted efforts, the increased diversity coming through the training pipeline will help to change the culture of IR over time. I am very excited about the increasing number of female trainees coming into our specialty in the near future. However, a gender gap still remains between the number of female medical students and the number of radiology and IR trainees. There are forces keeping this number lower than it could be, such as ongoing misconceptions about occupational radiation risk or about the ability to have a family as an interventional radiologist. These perceptions will take time and concerted educational campaigns to correct.

**Does WIR have any plans to collaborate with other women-focused medical societies to achieve goals across the spectrum of clinical specialties?**

Our first InspiRed lecturer was Dr. Patricia Numann, Founder of the Association of Women Surgeons. She discussed her tireless efforts throughout her career, which helped to improve the status of women in surgery over decades. We can look to pioneers in other fields for ideas to achieve similar strides in IR. It is important that we look to fields that have made great progress in closing the gender divide, like surgery.

We also engage with other radiology societies, from getting involved as liaisons to helping organize networking and social events for WIR at various national meetings and beyond. These opportunities are the seeds for intersociety connections and synergy.

Dr. Geraldine McGinty, the first female Chair of the American College of Radiology, will attend our annual meeting in Austin. We hope to engage and share ideas with her during the meeting. We will look for ways to enhance intersociety efforts together, harnessing the power of WIR.

**What was the most enjoyable thing that you did in 2018?**

Aside from watching my son grow through his first year and becoming Chief of IR at my institution, I have started a blog with the purpose of showcasing professional women and all they can achieve (read more at <https://tiredsuperheroine.com>). I want to build a resource for those who wonder what it takes to be an interventional radiologist and have a family and what that actually looks like. My writing is focused on career development, home life, and financial empowerment, especially as they relate to aspiring and training interventional radiologists. ■

1. Englander MJ, Ghatan CE, Hamilton BN, et al. Society of Interventional Radiology position statement on parental leave. *J Vasc Interv Radiol*. 2017;28:993-994.

2. Englander MJ, O'Horo SK. Journal Club: Women in interventional radiology: how are we doing? *AJR Am J Roentgenol*. 2018;211:724-729.

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