

ROUNDTABLE: WOMEN IN OPHTHALMOLOGY

An exploration of progress and challenges in the field.

THE PANEL



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There are more women in ophthalmology—and medicine in general—than ever before. Women now make up 20% to 30% of all ophthalmologists, notes Elizabeth Yeu, MD, and nearly half of US medical students and residents are female.¹ Women are increasingly visible in practices, at the podium, and in academia. Times have changed dramatically since a young Marguerite McDonald, MD, heard a senior physician brag to a large group that he liked to hire female doctors because he could pay them so much less, but are these changes enough? *GT* asked some respected female ophthalmologists in the United States as well as the president of Ophthalmic World Leaders (OWL) to share their thoughts and experiences.

To what do you attribute the growing number of women in ophthalmology?

Kendall Donaldson, MD: Aside from the simple increase in numbers, women have taken more leadership positions in ophthalmology and have assumed more of a presence at the podium at regional, national, and international

meetings. I attribute some of these changes to women's becoming better organized with groups that work together to promote women in ophthalmology such as Women in Ophthalmology.

Additionally, with decreasing reimbursement paradigms and the increasing presence of large groups and hospital-based practices, ophthalmology has become less lucrative and possibly less appealing to our male counterparts, who may now pursue more lucrative opportunities outside of medicine.

Rosa Braga-Mele, MD, MEd, FRCSC: Ophthalmology is seen as a great field to pursue. It is very competitive, and the lifestyle is good for men and women.

Soosan Jacob, MD, MS, FRCS, DNB: As world views are changing, many men are more willing to share power and responsibility with women in the office and to share in tasks at home that were traditionally considered to be women's work. This gives a huge opportunity to women

in terms of both time and opportunities that were more difficult to get in the past. This new dynamic helps women advance their learning, be fearless to innovate, network, and follow their passion.

Cynthia Matossian, MD: Decades ago, women became nurses, or those who braved medical school were channeled into pediatrics or family medicine. It took a long time, but fortunately, many of the traditional barriers that prevented women from getting into medical school, let alone into a surgical residency such as ophthalmology, are behind us now.

Lisa Brothers Arbisser, MD: Unfortunately, one reason that ophthalmology does not attract as many men is that remuneration is falling. It is attractive for women, however, because of lifestyle and the ability to care for patients of all genders and ages without their having to disrobe, which reduces the embarrassment factor and self-selection by the patient population.

How is the presence of women at the podium changing?

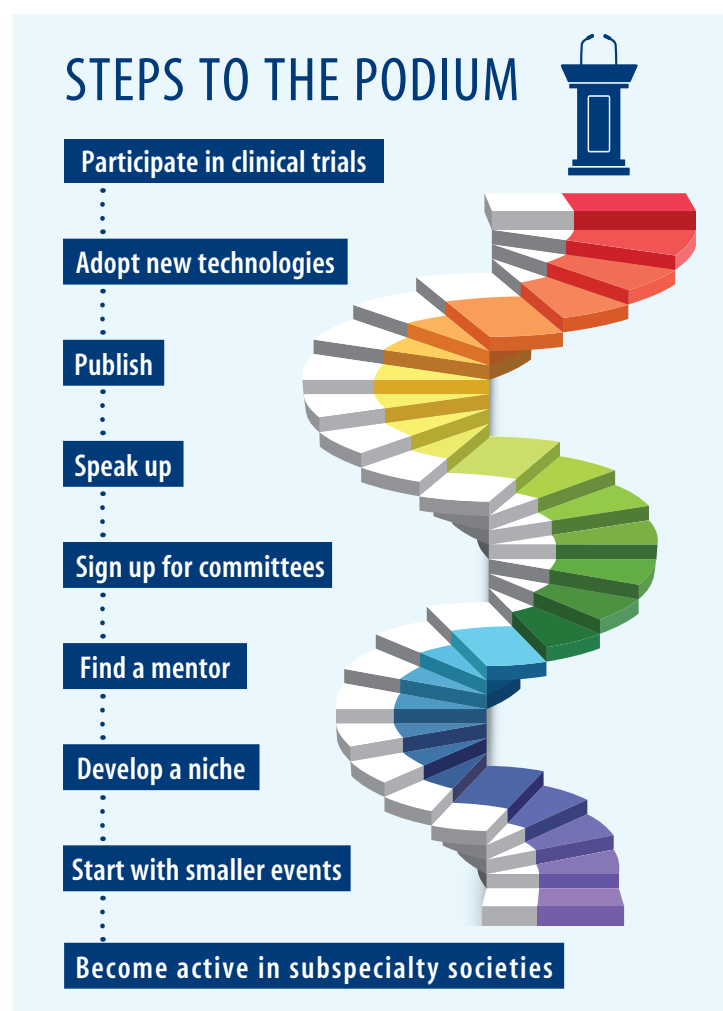
Dr. Arbisser: I was often the only woman at the podium in the field of cataract surgery for many years. It is delightful to see this changing with all the talent represented by the contributors to this article and so many others.

Dr. Braga-Mele: Despite the growing numbers of women in ophthalmology, we do not see the same percentage at the podium or among the thought leaders. Some women may feel that the podium is an old boy's club and may have the perception that they cannot get in. Traditionally, more men attended the meetings and gave presentations widely. Women who were starting a family or starting a career did not always feel they could just leave and go to all of the meetings; however, recently, more changes have been made with respect to timing and commitment. It is more acceptable to say "no" to some invitations and still rise within the ranks. You do not have to be away from your family all the time to get there. This is not limited to women anymore. Many millennial men are not willing to sacrifice family for career.

Dr. Jacob: It is heartening to see that pure merit, irrespective of gender, is being recognized more and more. Slowly but surely, more women around the world are taking leadership roles, which was previously a male-dominated privilege. We now see more women speaking at podiums and finally getting greater prominence as well as the much-needed platforms to showcase their skills and knowledge. I would still like to see more keynote addresses and named lectureships and orations given by women.

Constance O. Okeke, MD, MSCE: There is still a wide gap between the number of men and women at the podium. It is not that women are not coming to the meetings. It may be either a lack of interest in being at the forefront of those meetings or possibly a lack of understanding or knowledge of how to get asked to speak on the podium. If women take action to show interest that they would like to speak, especially when influential listeners are around, they can often create an opportunity as opposed to waiting for one.

Sarwat Salim, MD: As women acquire more leadership roles, their presence and visibility will continue to increase at the podium. Having organized many national and international meetings, I believe it is very important to the success of the meeting for the program chair to maintain a good balance among speakers in terms of gender, stages of career, geographic locations, and both academic institutions and private practices.



How can women get more podium time?

Mildred M. G. Olivier, MD: The Pathway to the Podium Initiative seeks to work with program committees of national organizations to increase awareness about the lack of women in podium and leadership roles and to offer these organizations resources to fill the gap of women represented. It is within our power to make this change within ophthalmology. If each and every person in the room makes a commitment to add one more qualified woman to a program, panel, or committee that they would not have thought to otherwise, we can achieve this goal.

Heather Ready, MBA: Unfortunately, women have tended to wait for someone to ask us to be presenters. That might have been OK in high school, but it is not necessary when you have a compelling story. Network. Connect with people in the industry. Join groups like OWL and the American Society of Cataract and Refractive Surgery, and look for opportunities to engage with others. Committee work can lead to podium opportunities.

If you want to engage but do not want to speak at the podium, offer to be interviewed for articles, participate in roundtable discussions, or participate in a user meeting if you are using a technology, drug, or product. The more you get out there, the more likely you will be to have speaking opportunities.

Do female ophthalmologists offer a unique skill set?

Dr. McDonald: Generalizations are always dangerous, but it seems that most women are unafraid of showing emotions. Of course, I know lots of touchy-feely male doctors (a good thing in my estimation), and I know women who are not like that, but if a patient needs to communicate on an emotional level, it seems more likely to occur with a female doctor.

Dr. Loh: I think a lot of female patients prefer women ophthalmologists if they have access to one. I always ask all of my patients why they chose me as their doctor, and often, the women will say it is because they wanted a female ophthalmologist. I theorize that perhaps they feel more comfortable with having similar styles of communication with their doctor. In any medical specialty, women physicians are able to bring a different perspective to care.

Ms. Ready: When you have diversity among physicians, you represent your patient base more effectively. You can relate to them and are more likely to address bias and understand issues related to age, gender, and culture.

Are there barriers that are specific to female ophthalmologists?

Dr. Donaldson: Women face unique challenges in balancing their home life with their work life. This is a

constant battle that may tip in one direction or another at various stages throughout a woman's life. With issues centering around maternity leave, children's illnesses, and other family responsibilities, at times, women are unable to devote themselves fully to their work (particularly when their children are young). Also, since historically there have been fewer women in ophthalmology up until now, there are currently fewer mentors in the field for young female ophthalmologists.

Dr. Braga-Mele: Women should not feel guilty if they choose their family or if they choose their career. In reality, a choice does not have to be made. Some women are able to balance both endeavors. It is OK to be an ophthalmologist who goes home at the end of the day, and it is OK to want to do as many surgeries or speak at as many meetings as you can. There is no right or wrong answer, only what is right for the specific person.

Dr. McDonald: Beyond the actual challenges, women face a host of assumptions. People think, "She must be too busy. She is married. She has three kids. She must not be interested in being president of the local society." It is, of course, erroneous and unfair to make this assumption. Having said that, the burden of parenting still falls mostly to the mother, so it is critical that couples work together to support each other.

I see the beginning signs of change in this area. I hear young male MDs talking about what their wife, also an MD, is going through. It seems that the younger male physicians may have a bit more understanding and empathy than some (not all) of the older male physicians. Perhaps this is because their mothers were more likely to have been in the workplace when they were young. [These doctors] understand that a fulfilled mother is a better and more interesting mother (and wife). Regarding older male colleagues, I am delighted to see the transformation that they can undergo when they have daughters who are trying to make it in the workplace. These physicians hear their daughters' stories, their challenges and frustrations. Suddenly, they see their female colleagues with new eyes.

What is the role of mentorship in a woman's career journey?

Dr. Donaldson: The key to the success of women in ophthalmology is our continued efforts to work together as a group. As women assume more leadership roles, this gives them the authority to provide opportunities for other women to take roles in various programs or projects (research, paper writing). Organized mentorship programs may also play a role in fostering the development of women in ophthalmology.

Ms. Ready: It is important to look beyond the idea of mentorship and consider sponsorship instead. When someone sponsors you, he or she is stepping forward and saying,

"I believe this person has skills, ability, and capabilities that we need as an organization to nurture and develop." A sponsor is vested in your success. He or she can engage you in special projects and help you to reach the next level. Sponsorship is a more involved relationship.

Dr. Braga-Mele: We should talk to each other to see how people are managing when they do not want to give up career for family but neither do they want to neglect family. We can share ideas and support.

Dr. Jacob: Mentors are needed at all levels in life. It is important both to have good mentors and to be a good mentor in your career and professional journey. A guide makes the trip easier and more successful. One doesn't need to be a certain age or to have a certain stature to be a mentor. A third-year resident can be a mentor to the second-year resident, who can then mentor the newcomer. Mentoring opens the mind and gives a fresh perspective and is therefore beneficial to both parties while building priceless, lasting relationships.

Dr. Okeke: There can be several different mentors for the various facets of one's career journey. Early on, when a physician is coming out of training, a mentor can help with seeking employment and negotiating a contract. Later, a mentor with experience in business and entrepreneurial endeavors may be beneficial. You should always respect, value, and nurture any opportunity to develop a relationship with someone who is willing to mentor you. You never know when that person may be needed most, and having someone to confide in personally will help avoid future stumbling on your own.

Dr. Salim: Open communication and building a trusting relationship with a mentor can help women recognize their goals, strengths, and weaknesses. In addition to professional guidance, mentoring can also have a positive impact on an individual personally, emotionally, and socially.

Although there is a perception that women tend to mentor other women more frequently, I believe that many men welcome and value the opportunity to mentor women and are extremely supportive in their professional development. I often encourage women to seek guidance and advice from several mentors, men and women, with diverse backgrounds and experiences, and to learn different perspectives and strategies to achieve their ultimate goals.

What can women do to develop career skills?

Ms. Ready: We all need to engage and be active in our own personal development. That could mean taking a course or reaching out to people who have skills we want to learn. We always have to be learning; we never just stop.

RESOURCES FOR WOMEN IN OPHTHALMOLOGY

- **American Medical Association Women's Section**
bit.ly/AMAwomen
- **American Medical Women's Association**
www.amwa-doc.org
- **Group on Women in Medicine and Science**
www.aamc.org/members/gwims
- **Lean in Negotiation Information**
leanin.org/education/negotiation
- **Ophthalmic World Leaders (OWL)**
www.owlsite.org
- **Women in Ophthalmology**
www.wioonline.org

It keeps your passion and energy going if you are learning something new. If you feel that there is a weak link in your learning curve, find a way to address it. Let's say you have a fear of speaking in public. You can work to overcome that by presenting in a "safe zone" such as an OWL event. Serve on a panel, join a committee, or lead a group among people who want you to be successful.

Dr. Okeke: Developing any new skill will take effort, and you will have to take extra steps to develop career skills. Be open to opportunities that may come, but also be open to making those opportunities happen.

One great way to develop career skills is to find an area that you are passionate about and make it your niche. Learn as much as you can about the topic. Practice it until you master it. Then, teach about it, write about it, and speak about it. This will help shape your career, because you will become sought after for that specific topic.

It is important to have a mindset of staying in the forefront. Try learning one new surgical or clinical procedure each year so that you are constantly adding to your armamentarium of skills that you can offer.

Dr. Salim: Be ambitious and confident. Women should equally embrace opportunities and challenges in pursuit of their career goals. As long as women remain committed to their passion and combine it with a strong work ethic and integrity, I believe they can be very successful and have a very rewarding career journey.

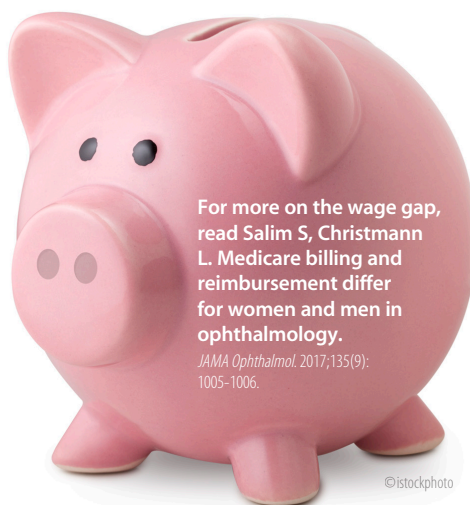
Be an effective communicator. Women should develop excellent communication skills, whether it is speaking or listening. Good communication builds rapport and strengthens professional interactions. These skills become extremely important during negotiations or difficult situations.

Develop time management and organizational skills. We often have many competing responsibilities; therefore, it is crucial to be organized and prioritize tasks without being overwhelmed in order to be more efficient and productive.

A recent study showed that there is a wage gap in ophthalmology and that female ophthalmologists make 58 cents for every \$1 their male counterparts make.² Why do you think that is?

Dr. Arbisser: The report on the salary gap noted that women submit fewer charges.² You have to buy a ticket to win the lottery. Perhaps we should consider aggressive legal coding seminars for meetings along with wet labs.

Dr. McDonald: We need to take a “deep dive” to figure out why women are submitting fewer charges. Are we spending fewer hours in the office and OR in order to take care of our families? Are we not well trained in coding? Are we not coding for some of our procedures because of sympathy for our patients’ financial



plights? Are the high-ticket procedures being directed by the front desk to other members of the practice?

Ms. Ready: Women do not tend to negotiate. I do not know if we are undervaluing ourselves or are not confident at saying we deserve more money. Maybe we are fearful that, if we ask, we may lose the opportunity. The good news is that younger women coming in seem to be more comfortable asking and negotiating.

Dr. Salim: For additional commentary on the wage gap, please see Salim S, Christmann L. Medicare billing and reimbursement differ for women and men in ophthalmology. *JAMA Ophthalmol.* 2017;135(9):1005-1006. ■

1. Chang D. The shortage of women in ophthalmology. *EyeWorld*. <http://bit.ly/shortageofwomen>. Published August 2011. Accessed March 30, 2017.

2. Reddy AK, Bounds GW, Bakri SJ. Differences in clinical activity and Medicare payments for female vs male ophthalmologists. *JAMA Ophthalmol.* 2017;135(3):205-213.

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