

Women in Retina, Leading the Way

Four academic leaders answer questions about their career paths and offer tips for younger women.

In the United States there are 89 chairs of ophthalmology departments.¹ Of these, seven are women, four of whom have vitreoretinal training. These four, profiled below, have worked hard to earn their status. Their accomplishments are impressive, and they have some valuable advice on succeeding in the field.

JULIA A. HALLER, MD

Professor and Chair of the Department of Ophthalmology at Sidney Kimmel Medical College at Thomas Jefferson University; Ophthalmologist-in-Chief and William Tasman, MD, Endowed Chair at Wills Eye Hospital, all in Philadelphia, Pennsylvania

Notable achievements: first female president of the American Society of Retina Specialists; past president of the Retina Society; member of the Board of Trustees of the Association of University Professors of Ophthalmology; first female chief resident at The Johns Hopkins Wilmer Eye Institute in 1986; inaugural Katherine Graham Professor of Ophthalmology at Wilmer in 2002; first holder of the Robert Bond Welch, MD, professorship of ophthalmology at Wilmer in 2006

What are some of the biggest mistakes junior female retina faculty can make?

Julia A. Haller, MD: They have a tendency to wait for someone else to push them forward, they don't raise their hands to put themselves in the running for opportunities, and they defer to others and take a lesser role. Other mistakes include not negotiating in employment and business matters, accepting lower salaries, not asking for a seat at the table, and underestimating their own accomplishments and talents.

What steps can women leaders take to help junior women rise up the ranks in retina?

JH: Nominate women for jobs and positions of leadership, to receive awards, and to serve on boards and lead programs. Encourage and mentor junior women. Educate them about barriers and suggest strategies to mitigate them.



Courtesy Roger Barone/Wills Eye Hospital

What barriers face women interested in becoming chair of an ophthalmology department?

JH: Too few women get to a position to even be considered for chairmanship. They don't put themselves forward, and the old boys' club of chairs tends to nominate those like themselves for consideration. Some women wash out of academic careers before they get to the professorship level. Additionally, qualities that people admire in a chair, such as being decisive, tough, and hardnosed, are often not considered to be good qualities in a woman, which is discouraging.

How do you recommend handling sexist or inappropriate comments from patients or colleagues?

JH: This subject is in the public discourse so much lately that it makes it easier to handle any such situation that arises. You can laugh and say, “Wow, #me too!” A technique I have found useful in awkward situations is to explicitly address it up front: “This is awkward to discuss, but your comment makes me uncomfortable.” I believe we can call people out on this more now than we ever used to, although it is difficult for someone in a position of little power to criticize someone in power. I usually make an effort to laugh these comments off or try to ignore them, but such remarks can make one feel belittled and trivialized, which is a shame. Talking to your female colleagues helps.

What can young women do to make their voices heard in meetings of faculty, practice, advisory board, etc.?

JH: Arrive at meetings well prepared with a few good talking points. Do your homework, confer behind the scenes with colleagues before and after, and learn how to rise above this disadvantage. Men and women of all races, ethnicities, and subgroups need to learn about our innate biases and ways of behaving and resolve to make the playing field level!

Dr. Haller’s advice to future generations of women in the field: Seek out mentorship opportunities and role models, laugh a lot with your friends, and never lose your sense of humor.

JOAN W. MILLER, MD, FARVO

David Glendenning Cogan Professor of Ophthalmology and Chair of the Department of Ophthalmology at Harvard Medical School, and Chief of Ophthalmology at Massachusetts Eye and Ear and Massachusetts General Hospital, all in Boston, Massachusetts

Notable achievements: co-recipient of the 2014 António Champalimaud Vision Award; first woman to receive the Mildred Weisenfeld Award for Excellence in Ophthalmology; honored for commitment to the advancement and mentorship of women in ophthalmology and medicine with the Suzanne Veronneau-Troutman Award from Women in Ophthalmology and the Joseph B. Martin Dean’s Leadership Award for the Advancement of Women Faculty from Harvard Medical School; credited, along with Evangelos S. Gragoudas, MD, with developing photodynamic therapy with verteporfin for injection (Visudyne; Bausch + Lomb); recognized for co-discovering the role of VEGF in eye disease and demonstrating the therapeutic potential of VEGF inhibitors; first female physician to achieve the rank of Professor of Ophthalmology at Harvard Medical School; first woman to serve as chair of the school’s department of Ophthalmology; first woman appointed Chief of Ophthalmology at both Massachusetts Eye and Ear and Massachusetts General Hospital

What is the hardest thing you have had to do professionally?

Joan W. Miller, MD, FARVO: Handle difficult personnel issues. In a leadership role, one needs to do what is best for the institution. This is not always a positive experience for the individuals involved. But if you have done your best to set reasonable expectations and to provide support and guidance for the individual, yet he or she remains a problem, then you have to take the action required. As humans, we like to be liked. Unfortunately this isn’t always possible when you are doing your job as a leader. Early in my leadership role it was



difficult and took some effort and time to establish credibility and authority within the institution. Some thought I would be a pushover because I was a young woman clinician-scientist.

What barriers do women who are interested in becoming chair of an ophthalmology department face?

JM: Women are perceived to be too nice or too harsh, and many men—and women—are still uncomfortable with women leaders. There is also the perception that women are considered for leadership roles simply to fill quotas. Additionally, search committees seem to have more difficulty with the “trailing spouse issue” when the candidate is a woman. We tend to look for people who are like us with respect to gender, ideas, beliefs, and training. Given that selection committees are largely composed of older white men, that leads to a selection bias.

How do you recommend handling sexist or inappropriate comments from patients or colleagues?

JM: Sexual harassment should not be tolerated. Protect

yourself, but seek help. In my era, we laughed off a lot of comments and behaviors. Now, in my role as a leader, I find that it's imperative to think about how comments and behaviors are perceived by others, as that may be quite different from what was intended.

What can young women do to make their voices heard in meetings of faculty, practice, advisory board, etc.?

JM: This is an area that I myself need to continue to work on. In large groups, young people, both men and women, may not feel comfortable speaking up. We need to devise settings where young faculty are encouraged to

contribute. This may be in clinical practice work groups, education committees, or the like, where members are then asked to report back to the larger community. Give young people leadership training, opportunity, and responsibility.

If she had a do-over, Dr. Miller said she would: Seek out a coaching program sooner in my career. One of the key areas that I continue to work on is communication, which is a component of building effective relationships with people. These are skills that we never perfect.

JOAN M. O'BRIEN, MD

Chair of the Department of Ophthalmology at the Perelman School of Medicine, University of Pennsylvania; Director, Scheie Eye Institute; William F. Norris and George E. de Schweinitz Professor of Ophthalmology at the Perelman School of Medicine, all in Philadelphia, Pennsylvania

Notable achievements: Dr. O'Brien's laboratory has identified numerous unique pathogenic variants in the retinoblastoma gene (RB1); she and colleagues discovered two oncogenes in ocular melanoma

What major barriers face women interested in becoming chair of an ophthalmology department?

Joan M. O'Brien, MD: Letting others, specifically other chairs, know this is your aspiration can be quite effective. Chairs are frequently asked for suggestions in chair searches, and if you make it known to the right people that this is your career path your name will be mentioned frequently. Ophthalmology needs more women chairs, and this is widely recognized.

How can a female retina specialist applying for a job tell whether an academic or practice setting will be woman-friendly?

JO: Look for places that employ women leaders. Notice whether people seem really happy or if they express frustration. Men can be great mentors too. Ask to meet with junior doctors on interviews and ask them what is good and what is bad about their situations. No place is perfect, but department cultures can vary greatly, so you want to discover the best fit for your goals and strengths.

What can young women do to make their voices heard in meetings of faculty, practice, advisory board, etc.?

JO: It is important to call on women for their opinions, but it is also important to schedule crucial meetings at family-friendly times. My faculty meetings replace grand rounds, so everyone has already planned to attend. Women's voices can't be heard if meetings are scheduled when women



must be home. Appreciate women's opinions in meetings. It is also important to call on junior faculty men. Senior members can dominate discussions, but every opinion is important.

What sacrifices have you had to make to get where you are in your career?

JO: My biggest sacrifice has been my free time. My first priority is my family, and my second priority is my patients. In my role as a chairman, the well-being of the faculty, staff, and trainees at our institute is now my foremost career priority. However, this is not really a sacrifice for me, as I get great satisfaction from seeing students, faculty, and staff grow and develop in their careers and their lives.

What advice can you give to younger women in the field?

JO: Follow your passions, and change directions with bravery if your situation does not feel consistent with your priorities in life. Value family, friends, and colleagues. Develop your

career so that you feel fulfilled. Try not to worry; worry saps your energy, and things usually have a way of working out.

The hardest thing Dr. O'Brien has had to do professionally:

SHLOMIT SCHAAL, MD, PhD

Professor and Chair of the Department of Ophthalmology and Visual Sciences at the University of Massachusetts Medical School in Worcester, Massachusetts

Notable achievements: holder of several US patents, some of which have been licensed and commercialized; part of a team of researchers that recently developed a novel automatic algorithm for the early detection of subtle changes in the retinas of patients with diabetes

What is the hardest thing you have had to do professionally?

Shlomit Schaal, MD, PhD: My position as chair brings with it many difficult tasks, including hiring the right people to join our team, and, even harder, letting people go. I have been well trained in almost every aspect of my professional career; however, I was never trained or taught how to be a chair. In the beginning, I was overwhelmed by the fact that I had no idea how I was going to achieve my goals. Thankfully, I got a lot of support from other chairs and leaders at UMass Medical School, who taught me how to become better at what I do.

What can women leaders in retina do to help junior women rise?

SS: My mentors in retina were all men, and they helped me enormously because they provided me with the same opportunities to excel as my male colleagues. Henry J. Kaplan, MD, supported me as a junior and mid-career faculty member. He appointed me director of the vitreoretinal fellowship program and as director of retina at the University of Louisville. He gave me the opportunity, and the rest of the work was up to me. I am deeply grateful for his belief in me and for the professional opportunities for growth that he provided me. Leaders should lend a helping hand to all learners, regardless of gender, race, or religion. Leaders should also provide opportunities and a supportive environment to enable professional success and to allow others to achieve excellence.

What barriers face women interested in becoming a chair?

SS: In 2017 my students and I submitted a paper to the Association for Research in Vision and Ophthalmology that delineates the “face of ophthalmology” (unpublished data). It was curious to see that, although 50% of ophthalmology residents are women, their representation in academic senior leadership hasn’t changed much over the past decade, remaining at less than 10%. One major contributing factor, in my

In caring for patients with retinoblastoma, telling parents that their baby has a genetic form of cancer in his or her eye never gets easier for me. That puts any “difficult” things in my life into perspective.



opinion, is that women in ophthalmology don’t desire such a demanding role as much as their male counterparts. If a woman wants to be a chair, she can certainly be a chair. I am a mother of four and a foreign medical graduate. If I can do it, anyone can.

What advice can you give to younger women in the field?

SS: Form relationships with other professional women who face similar challenges, and openly discuss aspirations, fears, and doubts. As a young faculty member at the University of Louisville I founded Ophthalmology Women in Louisville as a mentorship program and support group for young female ophthalmology residents. I am now a fellow of Executive Leadership in Academic Medicine (ELAM Fellowship, Drexel University 2018), an organization that provides professional support for women who are leaders in academic medicine and who aspire to continue their professional development. I have found this group extremely useful for guidance, advice, and inspiration. ■

When asked what sacrifices she has made to get where she is today, Dr. Schaal said: I regard the demanding lifestyle of an academic physician as a gift. As such, I have viewed anything I have needed to overcome over the years as a challenge rather than a sacrifice.

1. Lautenberger DM, Dandar VM, Raezer CL, Sloane RA. Association of American Medical Colleges. The state of women in academic medicine: The pipeline and pathway to leadership.