ROUNDTABLE: WOMEN OF RETINA

An exploration of challenges and progress in the field.

THE PANEL

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There are more women in ophthalmology—and medicine in general—than ever before. In fact, women now make up more than 20% of ophthalmologists, and nearly half of US medical students and residents are women.[1] Women are increasingly visible in practices, at the podium, and in academia. Times have changed since, as Maria H. Berrocal, MD, recalls, women were commonly told when hired that they would be paid less than their male colleagues because they didn't have to support a family. But are these changes enough? *Retina Today* gathered a panel of respected female retina specialists and asked them to discuss their thoughts and experiences. An edited version of their conversation is shared below.

What challenges have you faced professionally that are specific to your being a woman?

Amy C. Schefler, MD: There are overt and unconscious biases from patients, colleagues, and co-workers. Some patients assume that women are nurses, assistants, or technicians and don't afford them the same respect they do male physicians. Some female employees can be respectful of their male physician bosses but less deferential to their female physician supervisors. Most female physicians I know have occasionally over the course of their careers experienced inappropriate physical contact from male colleagues and/or from patients.

In competitions for academic positions, grants, or awards, I believe that male judges sometimes grade female applicants more harshly than male applicants with similar credentials.

Maria H. Berrocal, MD: When I started in retina, there were very few women in the field. Male ophthalmologists preferred referring patients to other men, and some patients were skeptical of being treated surgically by a woman, particularly a young woman. I learned that treating patients with kindness and empathy, gaining exposure through presenting and publishing, and working hard can help women to be recognized.

Caroline R. Baumal, MD: My personal struggle has always been finding a balance of work and life responsibilities. It is even more challenging now as the mother of three small children and a clinician in an academic ophthalmology practice with personal goals to conduct research and teach. I have learned to prioritize my goals, and I have realized that it is not always possible to do everything.

Jennifer I. Lim, MD: I was the first woman in my department to require maternity leave, and I had to negotiate time off and call schedules. I learned that open and early communication works in negotiating these details. When my daughter was young and I wanted to be at her daytime school events during grade school and middle school, I learned to schedule time off for the events I chose to attend.

Susan B. Bressler, MD: Many studies have confirmed inequity in compensation for women relative to their male peers, and I believe this is an ongoing challenge. Another challenge for me, when I was a resident several decades ago, was that there weren't clear policies for maternity leave and family illness. Improvements have been made in these areas, at least in terms of clarification and expectations.

Nancy M. Holekamp, MD: In the spirit of the #MeToo movement, I will say that I was sexually harassed by male retina colleagues on two occasions. In each case I was able to defuse the situation and prevent escalation, but I learned that both of the male "harassers" were troubled individuals with significant problems of their own. I also learned to identify who these people are to and stay away. We are fortunate to have so many smart, talented, and genuinely good people in our profession—hang out with them!

Ursula M. Schmidt-Erfurth, MD: I have been excluded from boards, committees, and professional promotions, but as a result I have learned to be tolerant and resilient.

Anne E. Fung, MD: In my first year of practice, a patient commented that she did not think I could be a capable surgeon because I paid attention to my appearance. I also faced the challenge of supposedly "looking too young." As a result, I deemphasized wearing makeup to work for the first 5 years or so of practice.

Lejla Vajzovic, MD: Something that I see play out every day, not only in my practice but also across all fields, is unequal naming practices. That is, women are often introduced by their first name without their title, while their male colleagues are introduced with full titles and even academic ranks. I think this subtly reinforces the perception of lower status, and therefore I never introduce female colleagues without a proper title.

Has the presence of women at the podium changed since you entered ophthalmology?

Carol L. Shields, MD: The presence of women in medicine overall has gradually increased over the years, which signifies their acceptance into retina and reflects their abilities for leadership. This is simply the evolution of the field to be more diverse and to include people with great minds who can significantly add to our knowledge and achievements.

Audina M. Berrocal, MD: It has changed, but unfortunately I still attend meetings where all the speakers are men. There are many qualified women who could be on the podium, but there needs to be a desire to be up there.

GIVE YOUR CAREER A BOOST

Panelists suggest ways to develop career skills.

Dr. Schefler: Work hard. Answer emails promptly, follow through on promises, and don't take on projects that you can't complete. Also, it's important to stay current. Attend meetings, present at conferences, and participate in the conversation. Finally, take a seat at the table. That is, when asked to be part of an editorial board, departmental committee, etc., be prepared and don't be afraid to speak up with thoughtful comments.

Dr. Lim: Attend professional development meetings such as Women in Ophthalmology, where career advice, podium skills, and communication skills are addressed. Get out to local and national meetings and observe the speakers and the interactions of others. Attend Women in Retina mentoring meetings. Practice your presentation skills, give talks when asked, and submit abstracts to meetings.

Dr. Fung: Communicate to lead. Communication requires that you understand the point of view of your audience. Once you do, choose your words carefully. Some of the most common comments I hear are, "They just won't listen to me," or, "Our leadership is terrible, and I can't take charge."

Dr. Bressler: The number of women in ophthalmology, and in retina in particular, has really increased during my career, and as such the number of times women are at the podium has grown. However, as Dr. Berrocal suggests, I still encounter programs that are heavily male-dominated despite there being equally qualified female candidates available.

Dr. Vajzovic: The situation is changing, but slowly.

Dr. Holekamp: I attribute the increasing presence of women at the podium at major meetings to three factors: 1) There are now women in society leadership positions who put more women on podium; 2) there are men in society leadership positions who get it and also put women on podium; and 3) there is an amazing number of smart, articulate women doing interesting research who deserve to be heard!

Dr. Maria Berrocal: There are almost equal numbers of men and women now being trained in retina every year. Although there are more women at the podium now than ever before, as others have already said, the disparity is still significant.

How can women gain more podium time?

Kimberly A. Drenser, MD, PhD: For starters, women have to assess their own desire to be on the podium. Just as with any other goal, there is a degree of commitment and diligence required to earn and maintain time at the podium.

Dr. Lim: Women should continue to participate in research and to submit their work to scientific meetings. This will allow meeting planners to get to know them and their research, so that they will be considered when speaking opportunities arise.

Anat Loewenstein, MD: The key to getting on the podium is to have solid data and research to present. It is also helpful to have female representation on the meeting program committee.

Dr. Schmidt-Erfurth: Women who want to present data must raise awareness of their work among male leaders and introduce innovative approaches and topics.

Dr. Shields: As I see it, podium time is a special aspect of being a doctor. It allows one to verbally present one's research or to moderate sessions during research presentations. Podium time is mostly earned by one's desire and ability to conduct and present new scientific data and is granted, in part, based on one's previous contributions. Having a woman at the podium is a stimulus for more women to develop interest in research and to find the confidence that they too can serve this role. Women can gain more podium time through dedicated research that reveals useful scientific information, by collaborating with female and male colleagues, and through leadership.

Dr. Baumal: I recommend presenting at case conferences and at local meetings, submitting abstracts, writing papers, and participating in research. Do not be afraid to ask meeting coordinators to present or be on a panel. By becoming involved in program committees and meetings, you may also have the opportunity to recommend other women you would like to see at the podium.

A recent study revealed a wage gap in ophthalmology: Women make 58 cents for every $1 their male counterparts make.[2] Why do you think this gap exists?

Dr. Baumal: The wage difference is not just in ophthalmology but seems to be universal. When it comes to salary, I think we need more advocates from both genders for pay equality.

THE MEANING OF MENTORSHIP

Members of the roundtable panel discuss the role of mentors in a woman's career journey.

Adrienne W. Scott, MD: Mentorship is invaluable, as it allows women to benefit from the guidance of others, particularly those with whom they can identify, who have been successful in navigating the same career path as clinicians, surgeons, academics and researchers, and leaders.

Dr. Lim: A mentor can offer advice and share valuable insights to help women learn without having to suffer the same setbacks the mentor may have experienced. If a setback occurs, a mentor can help the mentee handle the situation, sharing similar scenarios or providing a fresh viewpoint and advice. Such mentors can be men or women. Having both provides a nice balance and perspective.

Dr. Bressler: It is helpful for all mentors, irrespective of gender, to recognize the challenges that professional women frequently face related to child bearing, child care, elder care, and inequities in opportunity and compensation.

Dr. Fung: Over the years, my mentors have been crucial in trusting me to help with their research, which opened doors for me to get published and to present information. This, in turn, helped to build my academic credibility, and now mentors help further grow my network by introducing me to key contacts who have new ideas. Through proximity with other mentors, I can observe, emulate, and study what it is that makes them successful. I also have one particular mentor who asks me thought-provoking questions that make me pause to consider what it is that I want to accomplish or the method by which I do it. I am grateful to them all.

Individuals should be compensated similarly for the same work. More transparency is needed to fully understand this issue.

Dr. Maria Berrocal: Sadly, women are paid less across the board in most fields, and this is definitely the case in academia. This may be because women take more time with patients, and therefore see fewer patients, or because they choose not to work full-time during childbearing years.

Dr. Lim: The number-one reason for the disparity is likely related to the fact that women in general are not as aggressive as men when negotiating for a job. Social science studies have shown that, if a man and woman are offered the same job, the man is more likely to negotiate his salary and benefits to higher levels than the woman.[3,4]

Dr. Shields: There is no wage gap in our ocular oncology practice! Pay is based on performance. I suspect some of the prevailing wage gap reflects who is in the leadership of corporations, and it also reflects the performance of the employees. Some of this, as Dr. Berrocal suggested, might be due to intermittent part-time work of women physicians during childbearing years. But I have always felt that if one works efficiently and diligently, the practice will understand when time off is necessary.

Dr. Schefler: When women in the profession slow down or work part-time during early child-rearing years, this results in lower pay and/or lower rank in the long term. Many women also choose not to pursue more aggressive, busy,

WILL THERE BE A TIME IN THE FUTURE WHEN THERE IS NO NEED TO DISCUSS THE DIFFERENCES BETWEEN MEN AND WOMEN IN THE FIELD OF MEDICINE? HERE'S WHAT THE PANELISTS THINK.

YES: 6 NO: 5 MAYBE: 3

A FEMININE TOUCH

Panelists weigh in on whether women retina specialists offer a unique skill set.

Dr. Loewenstein: I think we do have special skills. We are more open to feedback and advice and are less ego-driven.

Dr. Shields: Women in medicine possess some unique qualities, including determination, resiliency, and compassion. Women physicians tend to have excellent surgical hands, to remember patient details, and to have a good understanding of medical conditions. On the other hand, they may be more apprehensive about challenging surgeries and may shy away from leadership positions, mostly due to time constraints because of family commitments.

Dr. Scott: In addition to bringing a delicate hand to retina surgery and injections, women are natural multitaskers. We often juggle busy clinical practices, research programs, and leadership positions while managing the demands of being mothers, running households, and serving as caretakers for aging family members. We tend to be more empathetic and better communicators—a part of our skillset that is useful when treating patients with vision-threatening diseases. We are also mentally tough!

Dr. Audina Berrocal: I don't think the differences are in the clinical and surgical skills, but in the patient-doctor relationship. Studies have shown that female doctors spend more time with patients.[1]

Dr. Vajzovic: Women face more barriers when entering ophthalmology and the field of retina, and it takes a strong, hardworking woman to overcome these challenges. Women physicians are also better communicators with their patients and families.

Dr. Schefler: We possess the same skill set as our male counterparts. The challenge is for patients and colleagues to recognize this.

1. Peckham C. Medscape female physician compensation report 2016. www.medscape.com/features/slideshow/compensation/2016/female-physician. Accessed February 21, 2018.

and therefore high-paying careers, but instead choose lower-paying subspecialties within ophthalmology, such as pediatrics or comprehensive ophthalmology, which are perceived as more family-friendly.

Dr. Audina Berrocal: It's been noted that women physicians see fewer patients and have higher patient satisfaction ratings than their male peers. In medical school we aren't taught how to negotiate, and we often end up starting out with lower salaries than our male peers. Asking for a raise can be difficult because it involves negotiation skills.

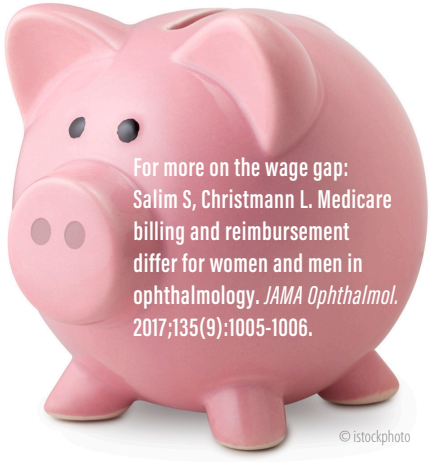
Another recent study showed that women were underrepresented and received lower mean payments from industry in research, consulting, honoraria, grants, faculty or speaking roles, and royalites.[5] What are your thoughts on this?

Dr. Loewenstein: There are many reasons behind this trend, some of which have to do with culture. That is to say, research shows that women do not negotiate payment as well as men. Raising awareness of one's work is an important first step, but providing good mentorship to young women physicians may also help to spark change in the future.

Dr. Fung: Since joining the pharmaceutical industry, I have observed that more male retina specialists than female retina specialists propose research ideas and openly ask for speaking opportunities. Additionally, in contract negotiations it is much more common for men to ask for higher honoraria or better accommodations. This trend can definitely be balanced by raising awareness of standard rates and asking for them, by encouraging greater numbers of women to submit research ideas, and by volunteering for collaborations.

Dr. Drenser: A recent study revealed that different advice is given to girls and boys in high school.[6] Because it is assumed that the boys will eventually be financially responsible for a family, they are advised to think about careers in science, technology, engineering, math, and business. Girls, on the other hand, are advised to pursue their dreams and passions and not to worry about the salary associated with their path. I think women demand less for their payment because they are uneducated about how to address the subject.

Dr. Maria Berrocal: Many European countries have adopted transparency in salaries and remunerations, and the same is needed in the United States. Industry, sadly, has a dearth of women in leadership positions. Hopefully, as this changes, so too will female representation and remuneration.



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

Dr. Scott: The more visible women are, for example achieving leadership positions in their institutions or practices, giving podium talks at large national and international conferences, participating in and being vocal during industry and/or research meetings, the more likely their accomplishments will be noticed, and the more likely they will be to receive invitations to similar opportunities in the future.

If you could offer advice to your younger self, what would it be?

Dr. Schefler: Choose a supportive partner. My husband has been my single strongest source of support throughout my entire medical education and career, and his advice and partnership have been invaluable.

Dr. Scott: Pursue your dreams and forge your own path. Do what you love, even if there are not many people in the field who look like you. Don't let anyone tell you no, including yourself.

Dr. Maria Berrocal: I would concentrate more on publishing early in my career.

Dr. Loewenstein: I would tell myself to primarily invest in research, which is the only way to distinguish yourself as an expert in a specific field.

Dr. Bressler: I would tell my young self that one really needs to choose the right partner and the right specialty, so do so wisely.

Dr. Holekamp: Enjoy the journey! It's a marathon, not a sprint. Money isn't everything. What's most important is the difference you make in the lives of people with retinal disease, the reputation you create for yourself over years of honest, hard work, and the relationships you form with colleagues, friends in the field, and patients.

Dr. Schmidt-Erfurth: Resist, but be flexible. Trust in your own expertise, and speak up.

Dr. Fung: I used to worry about offending other people or making them uncomfortable when calling out inferior work, or that having difficult conversations would be perceived as personal attacks. I have since learned that it is helpful to use the tool known as SBR (situation, behavior, and result). Objectively stating these three factors puts the focus on finding ways to avoid repeating undesirable situations rather than blaming anyone or creating drama.

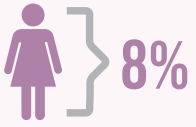
DISTRIBUTION OF WOMEN IN US OPHTHALMOLOGY DEPARTMENTS IN 2017

Number of female/male professors[1]

Number of female/male associate professors[1]

Number of female/male assistant professors[1]

Number of female/male instructors[1]



Percentage of female department chairs of US ophthalmology departments[2]

1. Association of American Medical Colleges. U.S. medical school faculty, 2017. Table 13. www.aamc.org/data/facultyroster/reports/486050/usmsf17.html. Accessed February 21, 2018.
2. 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. https://members.aamc.org/eweb/upload/The%20State%20of%20Women%20in%20Academic%20Medicine%202013-2014%20FINAL.pdf. Accessed February 21, 2018.

Dr. Audina Berrocal: Learn to negotiate and to be your best advocate because no one is going to do it for you. Also, although you don't have to support just any woman, be sure to support competent women who work hard. Become the female mentor you wanted to have. ■

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