Departmental Leadership

Retina Today Guest Editor Judy Kim, MD, sat down with two women who lead academic departments to discuss the view from the top.

INTERVIEW BY JUDY E. KIM, MD; WITH JULIA A. HALLER, MD; AND JOAN W. MILLER, MD

When I sketched out the topics for this issue of *Retina Today,* I wanted to include women in leadership roles commenting on how they achieved professional success, the price of their ambition, and their proposed solutions for both real and perceived barriers. Julia A. Haller, MD, is Ophthalmologist-in-Chief and William Tasman, MD, Endowed Chair at Wills Eye Hospital and Professor and Chair of Ophthalmology at Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. Joan W. Miller, MD, is the David Glendenning Cogan Professor of Ophthalmology and Chair of the Department of Ophthalmology at Harvard Medical School and is Chief of Ophthalmology at Mass Eye and Ear and Mass General, and Ophthalmologist-in-Chief at Brigham and Women's Hospital in Boston.

I was fortunate to have these amazing women share their insights on these topics of interest. We had so much to talk about! Therefore, the interview has been edited for brevity and clarity. I hope you enjoy learning from their perspectives as much as I did!

—Judy E. Kim, MD

PATHWAY TO LEADERSHIP

Judy E. Kim, MD: No two leaders arrive in their positions via identical paths. How did you wind up a chairperson?

Julia A. Haller, MD: Well, I can't claim that I ever set out to be the Ophthalmologist-in-Chief at Wills Eye Hospital, although in retrospect, had I known I would love my job this much, I certainly would have made it a goal! The opportunity to fill this role arose, as many opportunities do, by my just putting one foot in front of the other—sometimes with missteps—and working hard, trying to make contributions where I could, and then having chance favor the prepared woman!

There are many routes to leadership positions in academic medicine, and everyone's path is different, but there are some basic common denominators. Mine included clinical research productivity and the lucky opportunity to work with teams advancing the field in many groundbreaking

projects—which were exciting in and of themselves! That also gave me experience with academic teamwork in an environment in which teaching and mentoring were prioritized at every level, and fed excellence and breakthroughs in patient care.

Alternatively, some people follow paths through basic research or educational and administrative leadership roles, on to departmental vice chair and ultimately chair positions. I was drawn to the technical surgical excitement and trajectory of the field of retina, and the hugely valuable experience of serving as Chief Resident at the Wilmer Eye Institute after my fellowship with Ron Michels, MD. That was great preparation for being a department chair! I then had many opportunities to be involved in numerous trials and projects in which I could move into leadership roles, and moved up the professorial ladder, and eventually had the huge honor of Morton Goldberg, MD, a wonderful mentor, naming me the inaugural Katharine Graham Chair in Ophthalmology at Wilmer—what a thrill!

Meanwhile I found opportunities in important organizations in our field, such as the Retina Society and the American Society of Retina Specialists. I served on the first planning committee for AAO Retina Subspecialty Day and helped launch organizations such as the Diabetic Retinopathy Clinical Research Network. So much transformational work has been done in our field during my career, and it has been a privilege to be associated with that evolution. When the chance came to interview for the Wills Eye Hospital position, it was the opportunity of a lifetime. I threw my hat in the ring, and I was lucky enough that they picked it up.

Joan W. Miller, MD: I'm Canadian, and most Canadians stay in Canada for university. But I considered the United States because a good friend was applying for golf scholarships there. I wouldn't describe my decision-making at that time as a well-thought-out process.

I knew of only three schools—Princeton, Yale, and MIT—and put those three down on my SAT application. I heard back from MIT and thought that it looked like a great place. I was admitted and moved in without ever having seen it. I ended up at Harvard Medical School and was drawn to retina because the surgery was fascinating—you had to think on your feet in the OR—and because the research opportunities were plenty. I was involved in developing photodynamic therapy and the foundational work on anti-VEGF technology.

I enjoyed my life as a clinician-scientist and retina surgeon, and I wasn't looking for leadership opportunities. But in the late 1990s and early 2000s, there were some leadership opportunities at Harvard Medical School. One of my mentors, Ephraim Friedman, MD, told me it was my turn to give back to the institution, and to build an environment for young people that fostered success. That appealed to me, and I was chosen to lead the organization. I have really enjoyed my role, but a department chair position was certainly not the plan.

Dr. Kim: When you move from a clinician-scientist-surgeon to department chair, there are personal and professional sacrifices. What adjustments did you make when becoming a department leader?

Dr. Miller: Before adopting a role like department chairperson, you need to understand that it's a service role. You're leading a department, and it's all about the success of faculty and trainees.

When accepting a department chair position, you need to be at a stage where you've met your personal satisfaction and professional goals. Your decision must be a thoughtful one.

All department chair positions differ, and mine includes serving on the Board of Directors of Mass Eye and Ear, involved in institutional strategy as well as the financial wellbeing of Mass Eye and Ear. It's no small task. When I took on the role, I stopped taking retina call, limited my practice hours, and transferred a number of my patients to other doctors. About 7 years ago, I stopped operating as well, choosing to focus on medical retina for clinical work.

Those were big changes, and they aren't something to think about when you're coming out of training and passionate about performing surgery. Still, the challenges you encounter when moving into a new role keep your career exciting.

Dr. Haller: Everything has a price. Henry David Thoreau said something like, "The value of anything is the amount of life you exchange for it." Bullseye there. And as Teddy Roosevelt said, "Far and away the best prize that life has to offer is the chance to work hard at work worth doing." The cause of preserving and restoring vision (and with it, our patients' quality of life) is a noble one, and well worth the price we pay for it in years of training and hard work and sacrifices that we and our families make. I truly believe that.

Moving into my new chair role meant leaving behind an institution and a city that I knew and loved, as well as cutting back on a large surgical practice that was in many ways my identity, and changing gears into strategic planning and recruitment and fundraising. But part of the rewarding challenge of life is reinvention, and one of the really special aspects of academic medicine is that there are so many different roles and contributions to make. It keeps us engaged and energized.

Dr. Miller: Having difficult conversations with people is a challenge. And when you mentor physicians and train them for leadership, sometimes you

feel like you take two steps forward and one step back. Attending long institutional logistics meetings is not always a good use of one's time, and in the meetings I convene and run, I really try never to waste people's time. Managing difficult human resources– related issues is not invigorating, and you need to balance it with fun tasks such as mentoring emerging leaders.

Dr. Haller: Timing is part of the problem that women face as they advance through the academic ranks. The period of our life when we'd most like to start a family often coincides with the period of our professional careers that requires the most hours and where there is the least flexibility. Woman are joining as junior faculty or still in training in their mid 20s through early 30s, which is when many women consider having children. Thus their timeline is compressed and the challenges for balance can become more concentrated as these competing interests intensify. This is probably the time point at which the personal and professional sacrifices to which you allude are most obvious and need the most intentional thought.

Dr. Kim: How does one balance professional ambitions with family needs?

Dr. Haller: I don't think any of us ever feel like we've achieved perfect balance. I am lucky to have a husband who is also in academic ophthalmology, who understands the stresses of my lifestyle, and who is a great friend and partner. We were also fortunate in having great kids, and finding wonderful childcare helped bolster our support system; my parents, who were both local physicians, were wonderful grandparent resources. But there were plenty of times when the kids got packed up and dragged into the hospital for a few hours on weekends—I hope it was character-building!

EGALITARIAN ASPIRATIONS IN RETINA LEADERSHIP

Dr. Kim: What institutional barriers to success have you identified that may affect women in retina who seek to become leaders?

Dr. Haller: Mentorship is a major factor in the success of anyone. I see a lot of well-trained women get to the assistant professor level and then step off the track. They don't get the encouragement and mentoring and support that they need. They know that they can still be a good doctor, but they feel that they must choose between spending time with their family and dedicating time to ambitions.

Some academic institutions have dedicated themselves to figuring out how to solve some institutional barriers. Johns Hopkins Medicine was an early proponent of strategically restructuring the work week. Historically, Hopkins grand rounds in medicine and surgery were held on Saturday morning, which meant that that time could not be spent with family. After moving grand rounds to a weekday morning, more woman began participating and getting recognized as clinical leaders.

Hopkins also made an effort to delineate the steps of academic progress. The team there clearly defined deadlines, steps, and milestones of academic promotion. If there were an old boys' club membership that previously had been key to department leadership, it was rendered moot—at least a good bit—by this transparency.

Dr. Kim: Do the barriers become less obstructive as your career advances and you take on leadership roles?

Dr. Miller: It wasn't until I was actually in a leadership role that I paid much attention to being a woman professional. I realized that there is a representation problem at the leadership level. I found even within my own organization that sometimes it was hard to be heard. At other times, ideas that I articulated were attributed to others; I had heard about this happening, but it was something else to actually experience it. I also learned that, as a woman academic leader, I had a new role in advocating for women as speakers, as award recipients, and for leadership roles.

The lack of women in leadership positions is not, in my estimation, an issue with the talent pipeline. There is a bias in how we select leaders, and hopefully it will change. Having women leaders is the first fix, and having women leaders and male colleagues advocating for the development of women in leadership positions is an important next step.

Dr. Kim: During your training, did you experience the biases you have observed in your role as chairperson?

Dr. Miller: When I was in my training, I never framed the field in terms of a male-to-female ratio. There were many more men than women, but I never felt like I was treated differently. I took the attitude that you should work hard, be yourself, do a good job, and things will work out on a merit basis. That held true for me through those stages. But again, my perspective shifted somewhat after I moved into leadership.

Dr. Haller: Absolutely true—having women in leadership positions is very important, and it is our responsibility to pay it forward. When a young person sees a woman in a position of responsibility, then it becomes clear that she can do it, too.

I recently heard a talk by Jeffrey Goldberg, MD, PhD, at Stanford that made some great points about leveling the playing field for recruiting and interviewing. Let's say a department head (or someone in a similar position

of power) is meeting a potential new colleague for dinner. If it's someone you know or someone from a similar background, then you might talk about mutual friends or experiences. If it's someone you don't know or someone who has less societal overlap with you, then you might restrict conversation to research and professional accomplishments. Obviously the more engaging social conversation is more appealing than the more stilted professional one, and the interviewer may end up feeling that they have a closer connection with the person whose background and life mirrors theirs, and that they would be a better choice for the job. We tend to choose and promote and recommend people like ourselves; seeking diversity and inclusiveness requires intentional thought and preparation and practice in order to really compare apples to apples professionally.

FINDING THE NEXT GENERATION OF LEADERS

Dr. Kim: What qualities do you look for in potential leaders while you're mentoring them?

Dr. Miller: First and foremost, you want physicians who care about patients. Then, identifying future leaders is about finding people who are willing to engage outside of their comfort zone. This could start with leading a program or a group, and their leadership potential can be assessed on how they handle these assignments. If the emerging leaders enjoy the assignment, and use it as an opportunity to grow, then you might have a future leader on your hands.

Communication skills are also important. This includes the ability to communicate one's ideas and thoughts, but also the ability to listen, digest, and respond to others. If they can generate a plan and execute it based on input, then their communication skills are high.

Over time, I've challenged my own preconceived notions of what I'm looking for—just as I want to see potential mentees outside of their comfort zone, I have to be outside of mine from time to time.

Dr. Haller: A future leader must have a stick-to-it-iveness to be successful. When I see superb physicians who also have grit, drive, tenacity, and ambition, I try to find opportunities for them to grow and lead. These are the people who do twice as much work as you ask, who finish projects, for whom it is an absolute pleasure to write letters of recommendation and to nominate for awards and committees and jobs—those for whom you will pick up the phone and call a fellowship director or a chair.

Everyone has different talents. Some strengths are obvious from the beginning of our interactions, even with medical students, and I'm sure everyone has experienced this. You might see right away after one wet lab who in a group of residents or fellows will be a crackerjack surgeon, or who has the temperament to laugh off setbacks, dust themselves off, and get back into the fray. The pressures of a busy residency like the one we have at Wills bring out the diplomats and the negotiators, the clinicians who get to the bottom line immediately, the insightful questioners with a flair for the key research question. One of the joys of this job is getting to know these brilliant young people, and helping launch them into the most rewarding field in the world.

Dr. Miller: I have a final note about leadership. Leadership is engaging, and it gives you a different perspective on the field of retina. Being a chairperson has encouraged me to improve my communication skills and to seek out advice on areas where I need improvement. If you're considering leadership, know that it's an exciting opportunity that will keep you interested in retina in a new way.

Dr. Kim: Thank you, Joan and Julia! I am certain that many will appreciate your wonderful wisdom and candor on leadership. I hope you continue to be successful and enjoy the view from the top! ■

GUEST EDITOR JUDY E. KIM, MD
- Professor of Ophthalmology, Medical College of Wisconsin, Milwaukee
- Director, Teleophthalmology and Research, Medical College of Wisconsin, Milwaukee
- Jekim@mcw.edu
- Financial disclosure: None relevant

JULIA A. HALLER, MD
- Ophthalmologist-in-Chief and William Tasman, MD, Endowed Chair, Wills Eye Hospital, Philadelphia
- Professor and Chair of Ophthalmology, Thomas Jefferson University, Philadelphia
- Editorial Advisory Board Member, *Retina Today*
- jhaller@willseye.org; Twitter: @JuliaHallerMD
- Financial disclosure: None relevant

JOAN W. MILLER, MD
- David Glendenning Cogan Professor of Ophthalmology and Chair of the Department of Ophthalmology, Harvard Medical School, Boston
- Chief of Ophthalmology, Mass Eye and Ear and Mass General, Boston
- Ophthalmologist-in-Chief, Brigham and Women's Hospital, Boston
- Joan_Miller@meei.harvard.edu
- Financial disclosure: None relevant