



**WSMA**

**Washington State  
Medical Association**  
Physician Driven, Patient Focused

# **Women in Medicine Spokane County Medical Society**

Katina Rue, DO, FAAFP, FACOFP | 03.24.23



# Land Acknowledgement

Before we begin today, we want to start by acknowledging that we are meeting on the traditional and sacred homelands of the Spokane Tribe. It is their ancestors who are here and bring forth the power of this place. We pay our respect to tribal elders both past and present as well as to all indigenous people today. We give thanks to the legacy of the original people and their descendants and are grateful to be on this land and for the people who stewarded it.

# Learning Objectives

## **Objective 1**

Describe the current healthcare leadership environment.

## **Objective 2**

Demonstrate value add for women in healthcare leadership.

## **Objective 3**

Inspire and empower women to accept the leadership challenge.



# Introduction: Dr. Katina Rue

- WSMA President
- Where I work; what I do
- “Spare time”
- My motto...

live like  
someone  
left the  
gate  
open!



WSMA

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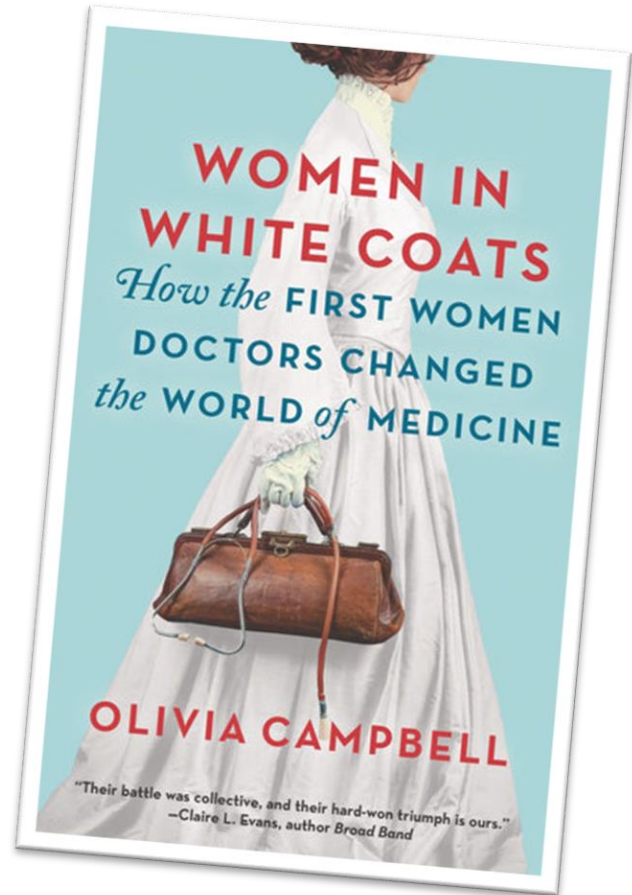
# Women in Medicine: Early days



*Students in the operating amphitheater of the Woman's Medical College of Pennsylvania, 1903. Courtesy: [Drexel University College of Medicine Legacy Center Archives](#)*

# Women in White Coats

*“They received threatening letters, had smoke blown in their faces, obscenities shouted at them in the street.”*





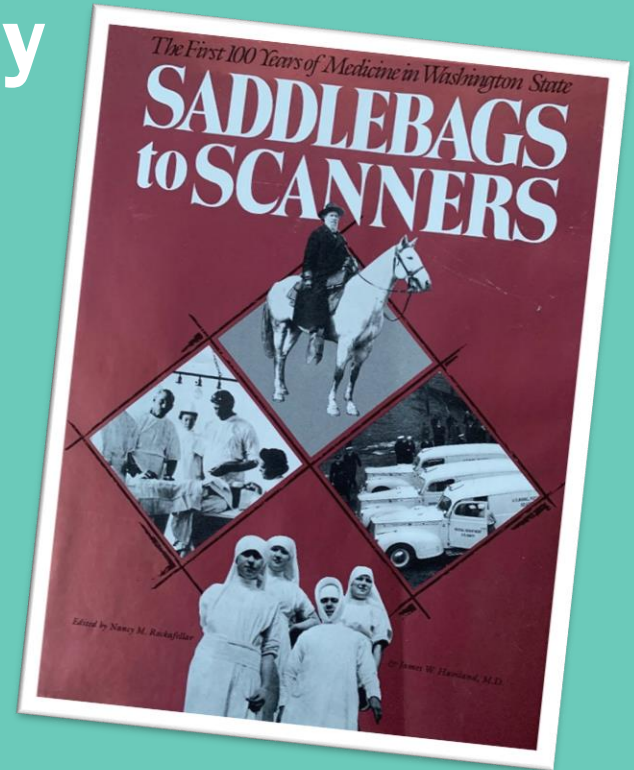
# Women in White Coats

*“...more than 200 men awaited the arrival of the female interlopers. These women needed to be taught a lesson, scared back into their place. The men were passing around bottles of whiskey and smoking cigarettes, howling and singing ... the rowdy group shouted verbal abuse and threw wads of trash and handfuls of mud, rotten eggs, and vegetables at them...”*



# Women in Medicine: History

*“It was very difficult to enter medical school when I attended the University of Michigan in 1879. ‘Hen medics,’ as we were derisively called, were laughed at and scorned by men students...*





# Saddlebags to Scanners

*...Even professors insulted our intelligence and seriousness by giving separate and politely ‘abridged’ lectures to us women; we had no medical classes with the men and could dissect only female cadavers. One professor—new to the school—considered himself quite daring for talking to us openly. In Toronto, he had lectured to the women students who were concealed behind screens.”*

**Where  
are we  
now?**

# IN 2019, FOR THE FIRST TIME EVER, THE MAJORITY OF MEDICAL STUDENTS ARE WOMEN.



## FOR THE 2019-2020 ACADEMIC YEAR

**6.3%** ↑

in Hispanic, Latino, or  
of Spanish Origin  
matriculants

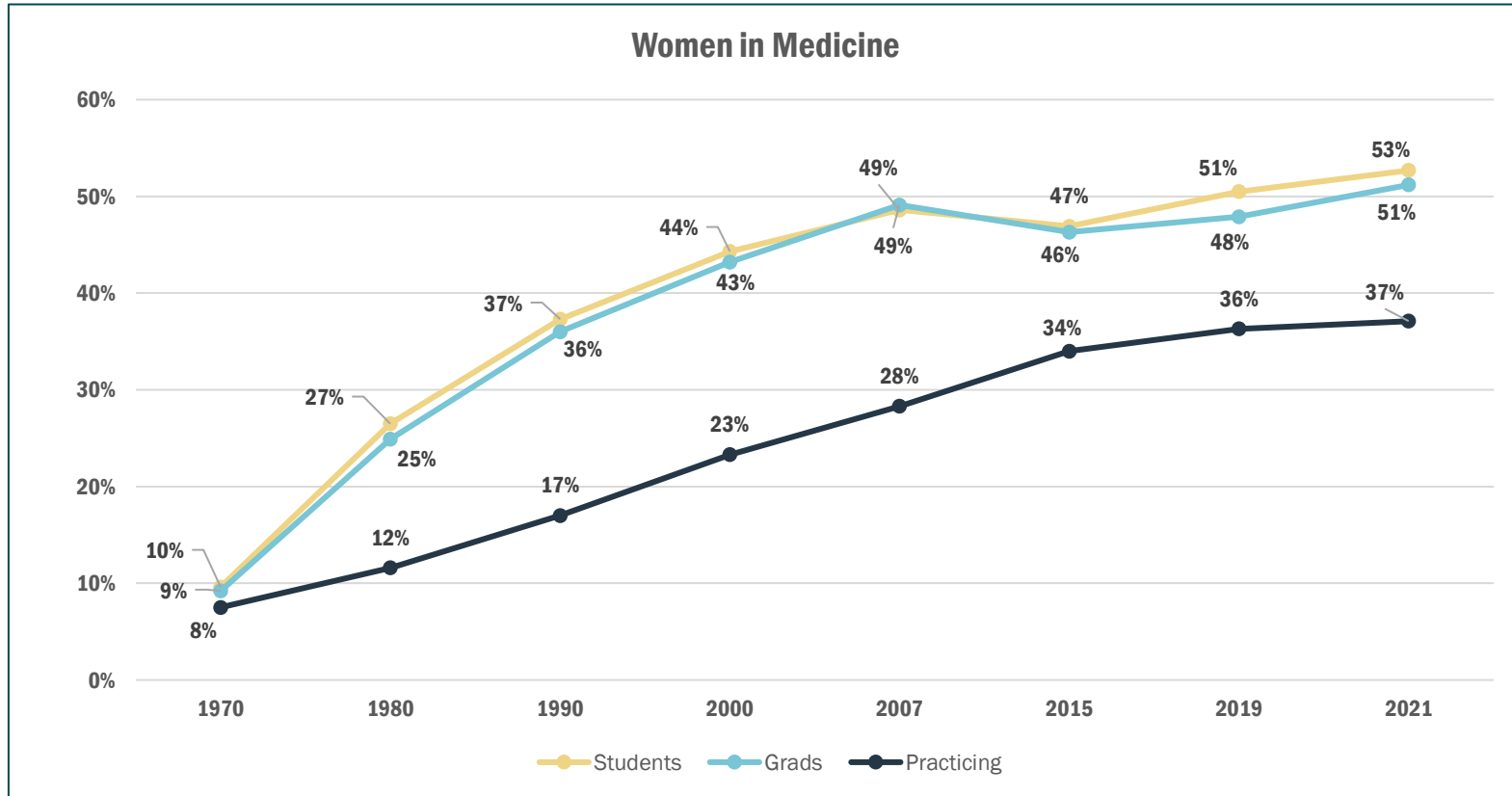
**3.2%** ↑

in black or  
African American  
matriculants

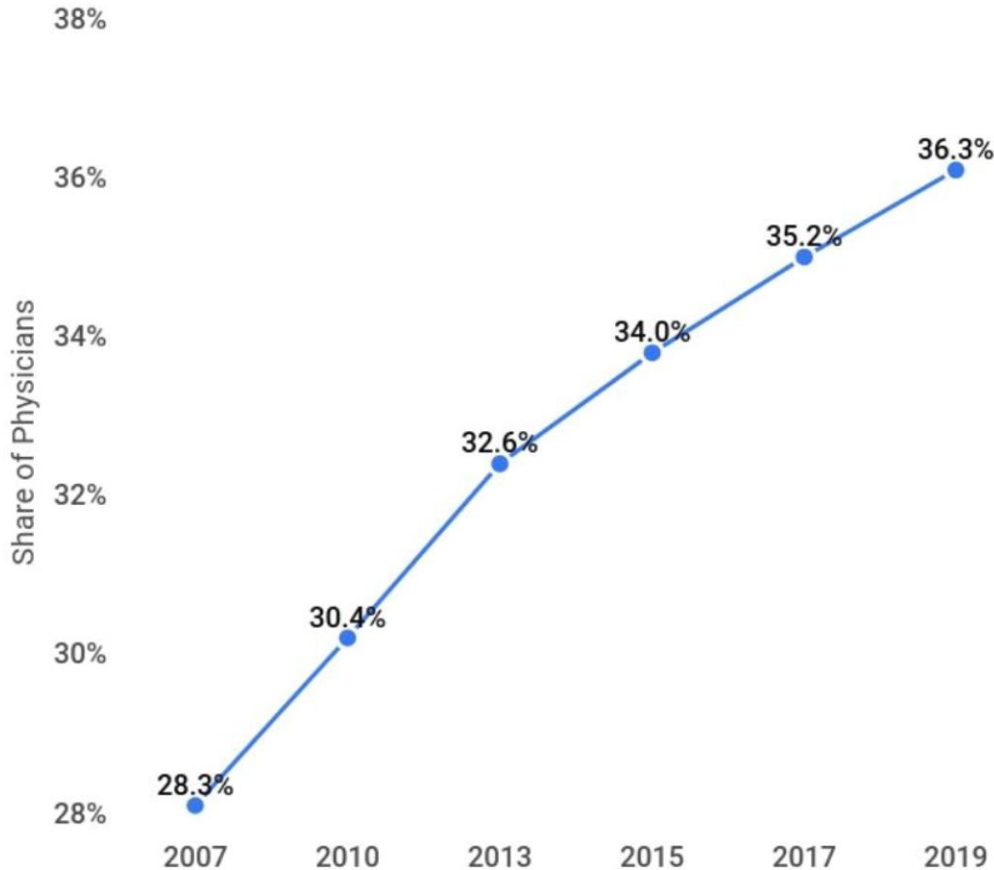
**5.5%** ↑

in American Indian or  
Alaska Native  
matriculants

# Data on Women in Medicine



## INCREASE IN FEMALE PHYSICIANS OVER TIME



Source:  
<https://www.zippia.com/advice/women-in-leadership-statistics/>

# Women in Healthcare Workforce

Study shows to provide  
recommended care to standard  
panel of adult patients  
would require

**26.7 hours  
per day!**





# Second Shift

*“Even before the pandemic, women were doing what sociologists describe as the “second shift,” where they complete an inordinate amount of household and caregiving chores after they’ve finished their paid labor.*



# Raise your hand...



**... if you  
identify  
with the  
“second  
shift.”**



# Let's take a poll!

Text to: **22333**

Message once to join: **WSMAPOLL586**

Then text your answer to this question:

**In one or two words:  
What is your “second shift”?**

**In one or two words, what is your "second shift"?**



# Women in Healthcare Leadership

- 2012: Women CEOs 11%  
([Pepperdine University study](#))
- 2019: Women CEOs 13%, 19% Deans; 30% executive leadership  
([AMWA whitepaper “Women in Medicine”](#))
- 2021: CEOs 15.3%  
([Beckers; Women CEOs in Healthcare](#))



# AAMC: Why Women Leave Medicine

- Research shows that almost 40% of women physicians go part-time or leave medicine altogether within six years of completing their residencies.
- *“When you invest more than a decade of your life to learn a skill and you’re willing to walk away from that early in your career, that’s more than a red flag. It’s a burning fire.”* —Sasha Shillcutt, MD, Anesthesiologist and founder of Brave Enough



# POLL!

Text your answer to this question:

**What challenges have you faced  
as a women in medicine?**

Respond at [pollev.com/wsmapoll586](https://pollev.com/wsmapoll586)

Text **WSMAPOLL586** to **22333** once to join, then **A, B, C, D, E...**

# What challenges have you faced as a woman in medicine?

A. Microaggressions and/or "gaslighting" **A**

B. Feeling like I'm an imposter **B**

C. Mommy guilt **C**

D. Overwhelm/burnout **D**

E. All of the above **E**

F. None of the above **F**



# Imposter Syndrome

- Feeling incompetent despite track record of competence.
- Doubt and fear of being exposed as a fraud.
- Symptoms:
  - Emotional exhaustion.
  - Questioning one's accomplishments.
- Risk:
  - 30% increased risk compared to non-physicians.
  - 80% increased risk relative to other doctoral or professional degrees.



# Think-Pair-Share: Imposter Syndrome



# Imposter Syndrome

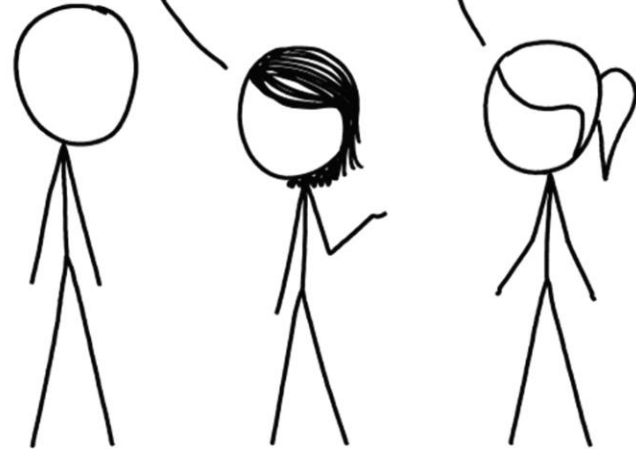
## ... or is it?

*“Our sense that we don’t belong is not imposter syndrome; it’s 1940s gender role conditioning rearing its ugly head to make women feel unwelcome in traditionally male roles.”*

THIS IS DR. ADAMS. SHE’S A SOCIAL PSYCHOLOGIST AND THE WORLD’S TOP EXPERT ON IMPOSTOR SYNDROME.

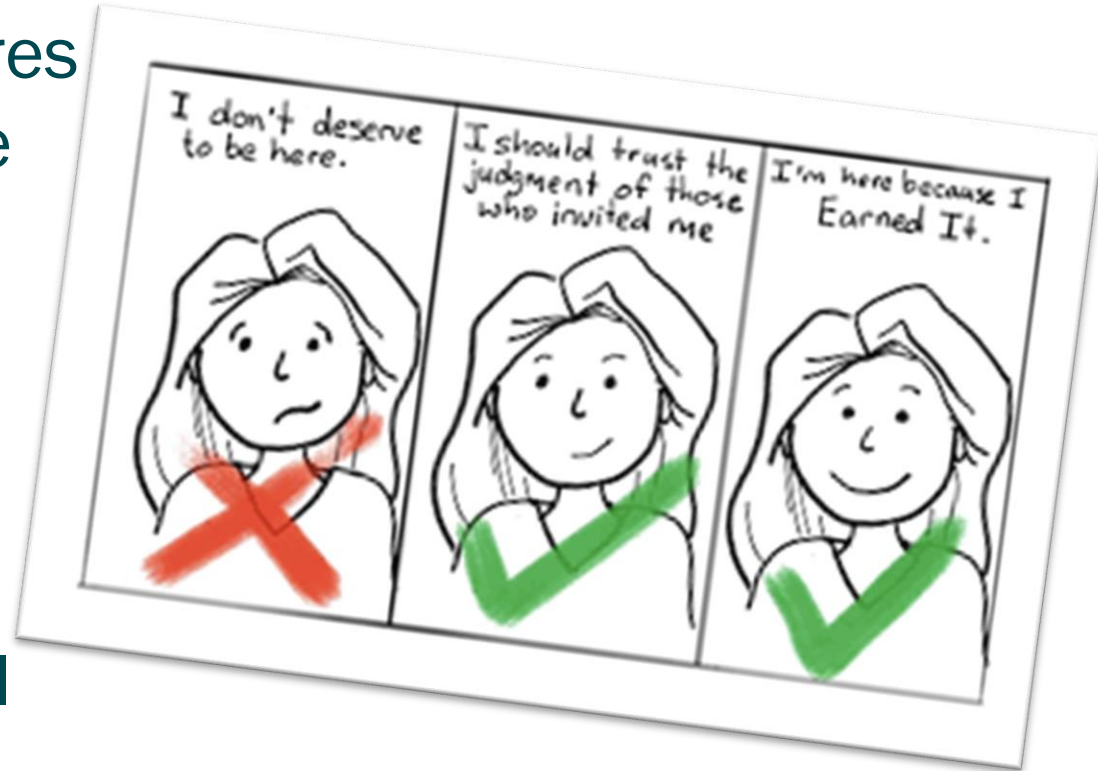
HAHA, DON’T BE SILLY! THERE ARE LOTS OF SCHOLARS WHO HAVE MADE MORE SIGNIFICANT...

...OH MY GOD.

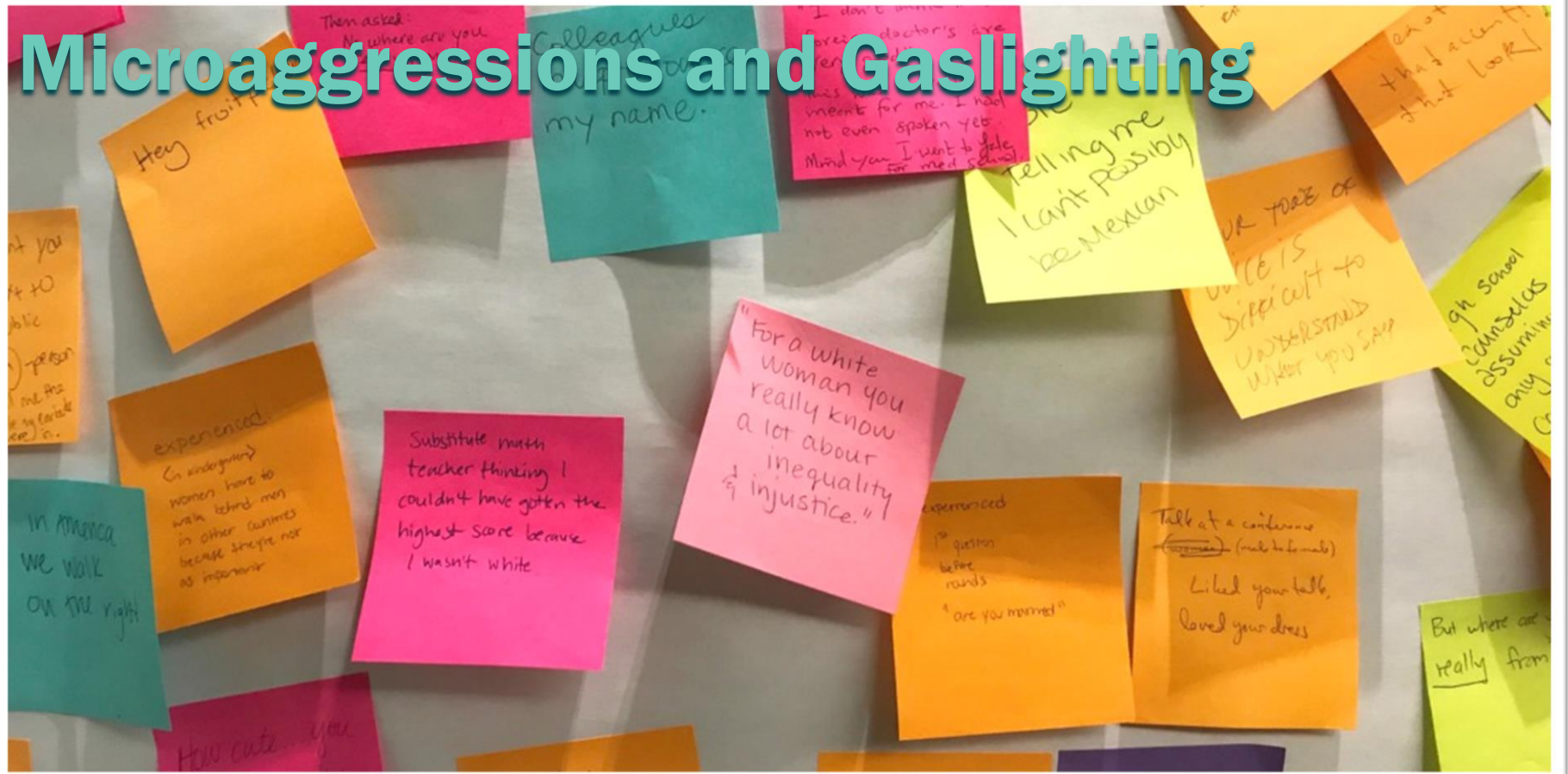


# Imposter Syndrome...or is it?

After repetitive exposures to the message that we don't belong at the table, why are we labelled with a syndrome when we unsurprisingly feel like we don't have a rightful seat.

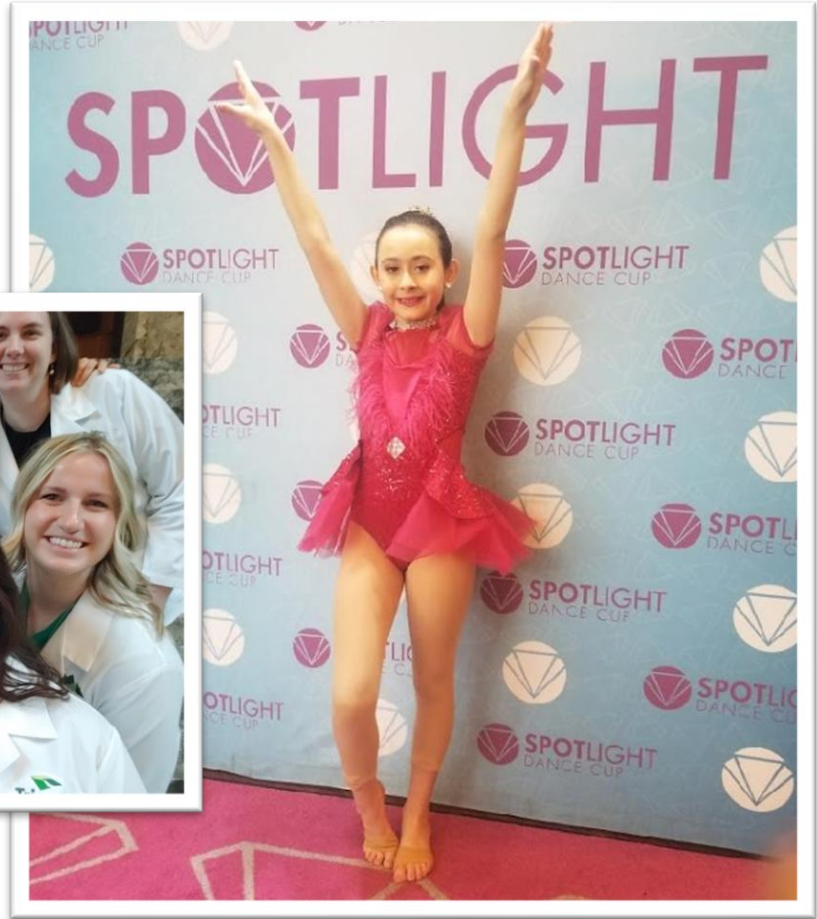


# Microaggressions and Gaslighting





# Mommy Guilt



**Raise your hand...**



**... if you have  
experienced  
“mommy  
guilt”**

# Better care, better outcomes

- Patients get better care from doctors who are women.
- Women physicians are more likely to adhere to clinical guidelines, provide preventive care and psychosocial counseling, and spend more time with their patients





# Unique perspectives & contributions

*“I was the only woman in my oncology fellowship class, so they had me attend the breast cancer clinic.”*

The old boys’ club gets a pass this time because Dr. Nora Disis, director of the Cancer Vaccine Institute at UW Medicine and a UW and Fred Hutch Cancer Center faculty member, **is on the verge of the greatest accomplishment of her 30-plus-year career: a breast cancer vaccine.**

[Seattle Met Magazine](#)





# Strengthens the healthcare ecosystem

## McKinsey report:

- Greater diversity throughout the organization can help healthcare companies more closely reflect the patients and customers they serve, thus improving the ecosystem.
- And ... what else?



# Improves the bottom line

## Furst report on women in healthcare leadership:

- For every 1 percent increase in gender diversity, company revenue increases by 3 percent.
- High levels of ethnic diversity increase revenue by a whopping 15 percent.

# My story...





# QUESTION

**Why do you aspire to leadership?**

**Get ready to text your answer to 22333!**

# Why do you aspire to leadership?

# Women in healthcare leadership



**Women  
physicians  
remain  
determined  
despite the  
obstacles!**

**Think-  
Pair-  
Share:  
Leadership  
Journey**



*Photo by [Clemens van Lay](#) on [Unsplash](#)*

# You are a leader at every level





# Next steps

- Develop personal leadership goals.
- Leadership skill building.
- Mentorship.
- Sponsorship.



Photo by [Kelly Sikkema](#) on [Unsplash](#)



# Resources

- **AAMC:** [Medical Students 1965-2015](#)
- **AAMC:** [Physician Specialty Data Reports 2008-2022](#)
- **AMWA:** [Women in Medicine](#)
- **JAMA:** [Patient Sex Concordance With Postoperative Outcomes](#)
- **Emergency Medicine News:** [It's Not Imposter Syndrome—It's Gender Bias](#)
- **Stanford Medicine:** [Physicians Experience Imposter Syndrome More Often than Other U.S. workers](#)
- **FeminEM:** [Women In Medicine Modules: Imposter Syndrome](#)
- **Women's Health Reports:** [The Only Woman in the Room](#)
- **AAFP:** [How Much Time Is Needed to Provide Primary Care?](#)
- **Vox:** [For Women, Remote Work is a Blessing and a Curse](#)
- **AAMC:** [Why Women Leave Medicine](#)



# Recommended reading

- ✓ [Women in White Coats](#) by Olivia Campbell
- ✓ [How Women Rise](#) by Sally Helgesen and Marshall Goldsmith
- ✓ [What Got You Here Won't Get You There](#) by Marshall Goldsmith
- ✓ [Dare to Lead](#) by Brené Brown
- ✓ [Fierce Self Compassion](#) by Kristin Neff
- ✓ Saddlebags to Scanners: First 100 Years of Medicine in Washington State (*available at WSMA—email [wsma@wsma.org](mailto:wsma@wsma.org)*)



# Get in touch!

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# Thank you!

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**CALL** 206.441.9762

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