

Women IN NEPHROLOGY



In 2007, only 21 percent of practicing nephrologists were women, and females filled 36 percent of nephrology training slots. We asked three women to talk about gender issues in the profession.

Sharon Anderson, MD, is professor of medicine and vice chair for Veteran Administration Affairs at Oregon Health & Sciences University (OHSU), and chief, medical service, Portland Veterans Administration Medical Center. She is president-elect of the American Society of Nephrology. Lynda Szczech, MD, is an associate professor of medicine and medical director of the clinical research support office at Duke University. She is president-elect of the National Kidney Foundation (NKF). Sharon Silbiger, MD, is currently professor of clinical medicine at the Albert Einstein College of Medicine/Montefiore Medical Center and director of the internal medicine residency program. In July, she will become the associate chair for undergraduate medical education and the site director for the nephrology division at Einstein. Dr. Silbiger currently serves as president of Women in Nephrology.

Why do you think so few women pursue careers in nephrology?

Anderson: The intellectual aspects of nephrology appeal to many women, but the lifestyle looks onerous. Medical students and residents see the renal fellows working long hours and then coming back into the hospital in the middle of the night to perform emergent dialyses, and that does not look like a family-friendly lifestyle.

Furthermore, while about a third of current fellows are women, the percentages of practicing nephrologists and more senior academic faculty who are female are much lower (Figures 1 and 2)—and so there is a dearth of role models for young women in training. When I started my internship at OHSU, there were two women on the nephrology faculty: Marsha Wolfson and Susan Bagby. Given the relatively small size of the division, it probably didn't occur to me to consider women to be a minority in nephrology, and I didn't see that as any sort of barrier; both were wonderful role models for me. Maybe naivete helps!

Szczech: I agree that good mentors are essential in the development of a physician. If we all think back to the first day of medical school and how we have developed and changed since that time, the path that most of us has taken is

seemingly long and quite torturous but also amazing. So many people helped us along the way. Some helped us directly by providing advice and including us in projects. Some helped us indirectly by providing examples of the physicians that we wanted to become. Whether we got direct advice from these people or merely tried to pattern ourselves after them, their presence motivated us.

These role models certainly motivated me to continue down the path that I am currently on. From that perspective, in retrospect, I think it was very helpful to see people with whom I could truly identify succeeding in the way that I wanted to succeed. Whether that is based on gender or age or other demographic factors is probably not as material as the fact that at some level I thought they were like me.

Silbiger: Young trainees are encouraged to enter specific fields in medicine by their direct mentors and role models. Until approximately 25 years ago, there were few female nephrologists to fill those mentorship roles. Therefore, female trainees rarely saw women practicing nephrology, doing research in the field, or creating flexible career tracks for themselves. This situation is changing, and the increase of female nephrologists in practice and in academic roles now gives female trainees the role models they need to envision themselves in a career in nephrology.

What barriers do you see for women entering nephrology?

Szczec: I think the greatest issue for women in academic medicine is related to issues of personal negotiation. In the past, it may not have been possible to explain why attending morning or late evening meetings on a regular basis was onerous due to issues such as child care. In years where this explanation was not possible, women may have merely opted out of an academic career path. Thankfully, for those women who would like to opt into this career path, discussions regarding how to balance both home and career responsibilities are more frequent and comfortable.

Silbiger: I agree that balancing child-rearing and home responsibilities with a rewarding medical career can be challenging. In order to accommodate these responsibilities, some women decelerate from the standard academic career trajectory early in their careers and miss career advancing opportunities. Then they lag behind their male peers in career advancement. As families begin to distribute the “work of home” more equitably, and women who have not followed the traditional career trajectory assume more leadership roles, this situation may change.

Anderson: Another important issue is the perception that academic medicine is a full-time job. I suspect that nephrology lags behind other disciplines in finding ways to create part-time positions, but that doesn’t make any sense. Given our considerable outpatient duties (e.g., clinics, rounding in dialysis units), part-time positions should not be difficult to create. At OHSU, we have been very successful in recruiting some of the very best female fellows into part-time positions, which allow them to be full participants in division activities while having more time at home with their young children, and fewer night and weekend calls. In that respect, I’m not sure issues are all that much different between genders—look at all the males seeking careers in dermatology.

What will be the impact of women in leadership roles in nephrology, and what goals do each of you have for yourselves?

Silbiger: As women take on more leadership roles, they will be available to serve as role models for young female physicians in the field and also have an impact on the traditional medical career structure. There is an opportunity to change the current paradigm. More flexibility in academic medicine tracks is warranted, and women in leadership roles can help to move this agenda forward.

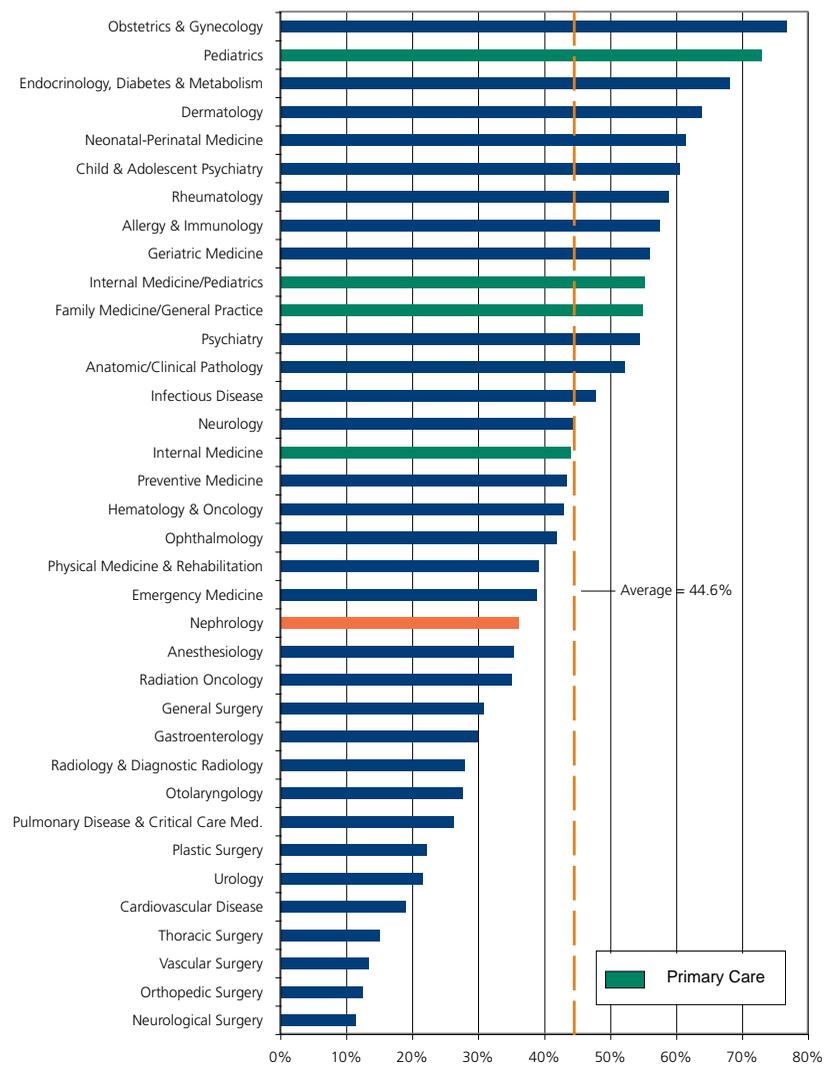
Anderson: You cannot underestimate the importance of visible role models. Again, looking at the example of OHSU, we currently have seven women on the nephrology faculty. Several of us serve in a number of leadership roles both locally and nationally. For students and residents, it looks “normal” for women to be academic nephrologists, and that cannot help but send the message that it can be done. And I think nationally, having more women in leadership roles is serving to change the culture for the better.

Szczec: As president of the NKF, my goals are largely focused on helping everyone who cares for kidney disease patients to see that we are not really in silos. With our focus firmly on providing the best possible care and quality for our patients, it is my desire to discuss and demonstrate that supporting all subgroups of health-care providers—regardless of demographics such as gender—will provide more satisfied practitioners and productive researchers ultimately benefiting patients. In realizing that medicine is truly a team sport, we need to learn how to support all our individual players so that we can accomplish what we set out to do.

Anderson: I believe the ASN has traditionally been viewed by many of its members as having just two goals: increasing NIH funding for research and putting on a spectacular annual scientific meeting. Over the past few years, ASN has dramatically increased its portfolio of activities, from greatly expanding its educational activities and publications portfolio, to taking an active role in public advocacy far beyond research funding. I would hope to see ASN continue to work to understand the needs of all its members and develop career development tools and public advocacy mechanisms to both improve our performance in our various missions, and to help improve and sustain job satisfaction for members.

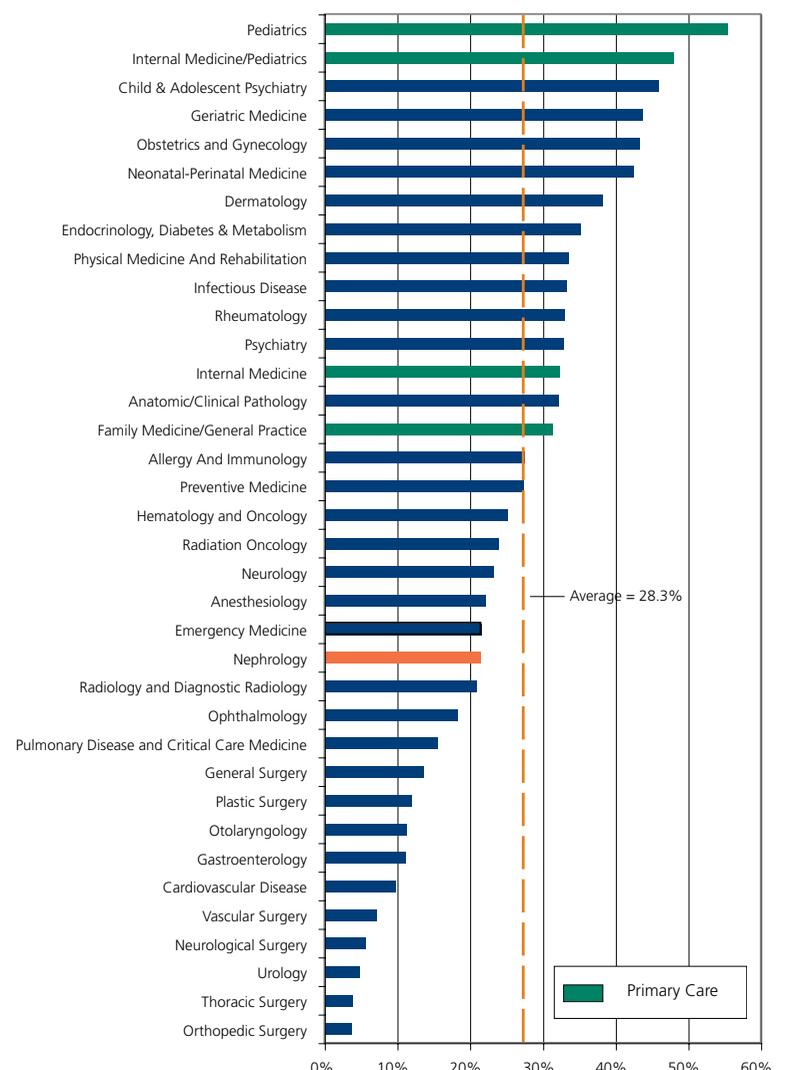
Silbiger: As president of Women in Nephrology, I hope to continue the commitment of the organization to mentoring young trainees and faculty, to advocate for education and research relevant to women, and to work toward increasing the diversity of our nephrology community. ●

Figure 1. Percentage of ACGME resident/fellows who are female by specialty, August 2007



Source: American Association of Medical Colleges/AMA National GME census as of October 14, 2008

Figure 2. Percentage of active physicians who are female by specialty, 2007



Source: AMA Physician Masterfile (January 2008)