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Succeeding in Primary Care and at Home: Advice from 5 Women Clinicians

Relatable stories, compelling advice, and key strategies on how to thrive as a woman in medicine

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Sexism, gender pay gap, balancing a family and patients… women in the primary care community have likely dealt with it all. We want to help women in our primary care community thrive, and there is no better way to accomplish this than with the help of other women. That's why we've asked 5 female clinicians—ranging from those who have been practicing 30+ years to those just starting out—to share advice for fellow women clinicians based on their experiences. Read their advice below.

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Dr. Moms: Lose the Guilt!

Author:
Katherine E. Galluzzi
DO, CMD, FACOFP

A totally unexpected, amazing thing happened a few weeks ago. My daughter, who is starting her child and adolescent psychiatry fellowship, and I were talking about trying to balance the continual pull of work with "having a life." I told her not to worry, that I was certain that she would be able to achieve all her hopes and dreams. She paused, looked at me quizzically, and said, "Well, of course I will. I have you for a role model."

Once I realized that she wasn't being sarcastic, I was speechless.

The Struggles of Dr. Mom – Juggling Three Shifts

When she was born, our second child in under two years, the office staff threw me a party. One of the staff members, also a mother, gave me a photo album with the inscription "Enjoy your baby! It goes so fast." I realize now that she meant only to affirm the joy of a newborn baby, but at the time I was outraged! **Did she think FOR ONE MINUTE that I wasn't enjoying both of my babies?! Was this some kind of guilt trip?**

In hindsight, it may have looked like I wasn't having a wonderful time juggling the demands of a rambunctious toddler, a dependent infant, a marital relationship, and a demanding, yet fulfilling, career.

Years as Dr. Mom were spent juggling "three shifts." First shift: getting everyone off to school and work with lunch and the appropriate outerwear. The next shift, the Day Job being a full-time faculty geriatrician. This meant not only ongoing patient care, nights on call, and weekends rounding in the hospital, but also the crush of academic meetings, deadlines, and lectures. Finally, the third shift: getting dinner on the table, providing encouragement and support for homework, and doing at least a half-hour of kitchen patrol and maybe a load or two of laundry.

Invest in Help and Time-Saving Tools

To achieve Superwomanhood requires the appropriate hardware – a slow cooker and microwave were in constant rotation. I made it a priority to have homemade meals most nights, and thanks to technological ingenuity, the dinner table continues to bring us together as a family.

It also helped that we were able to afford a live-in nanny until the children were in school full time. The downside of some loss of privacy was outweighed by the luxury of not having to rush home on a strict schedule. Our nanny, Beth, became a family member, and although it's been over 25 years, we remain in touch. I also sprang for a cleaning service. I highly endorse this recommendation from a parenting magazine:

> "Buy as much help as you are able to afford."

The Working Mom Dilemma

Still, there were the basketball games or track meets that I couldn't finish rounds early enough to attend, the school trips for which I wasn't able to get away to chaperone, the school plays for which, apparently, I wasn't visible in the audience. My son was relatively easygoing about having a Dr. Mom, but as those of you fortunate enough to have a daughter will attest, daughters are another matter – especially one as intelligent, verbal, and critical as mine. Her friends' moms took them clothes shopping after school or met them at the door with freshly baked cookies. What was she doing in before- and after-school programs through middle school? Talk about a guilt trip!

Journalist Amy Westervelt, author of *Forget Having It All*, succinctly summed up the working mom dilemma: **"We expect women to work like they don't have children, and raise children as if they don't work."**[1] The tension between these demands causes guilt – to the extent that the literature on working mothers has an acronym for it: WIF (work interfering with family) guilt.[2] The converse, FIW (family interfering with work) guilt, can also rear its ugly head.

> **Women physicians confront an additional challenge. "Patient care is number one" and "family comes first" are competing exigencies that dictate how we organize our days.**

Most Dr. Moms strive to excel professionally yet long to be perfect parents. Type A's to the nth degree, we endeavor to be not only as good as, but better than, our male peers.

It turns out that in some ways we are, as the literature regarding the better outcomes for hospitalized patients managed by female versus male physicians affirms.[3,4] Our inherent attention to detail and well-honed organizational skills serve us well in this capacity. We also, of course, give our utmost to create perfect holidays and extensive themed birthday parties for our children – which sometimes proves a "piece of cake" given that we have devoted ourselves to focusing on others.

Repeat After Me: I Am Doing the Best I Can (And the Outcomes Are Pretty Good)

Perhaps because of these guilt-inducing, perfectionistic tendencies, female physicians suffer from "imposter syndrome" at higher rates than their male counterparts. One of my chiefs while I was in training, a Dr. Mom whom I respected and admired, told me that after almost two decades in practice she still laid awake at night pondering whether she had made the right decisions and done everything that she could for her patients. What an eye-opener that was; I thought she always had all the answers at her skillful fingertips!

Not long after that revelation, my husband and I attended a faculty dinner dance. One of my male colleagues was married to a lawyer with whom I had always felt camaraderie. She and I shared stories about our young families, and at one point in our conversation, **I confided that as wonderful as my life was, I sometimes felt completely overwhelmed. She clapped her hands together, looked deeply into my eyes and said, "Don't let anyone tell you that these are the best years of your life. They are not!"**

I repeated those same words to a younger colleague a few years ago who was then also a new mother of two, and she recently reminded me of it. She confessed that my

sharing that insight had removed a great burden. Her own words were, “Oh, when you said that to me all I could think of was ‘Thank God!’”

It’s true. The balancing act of being a doctor and a mom is no picnic. But guess what. It turns out that the kids are all right!

The literature shows that not only are there no measurable adverse outcomes for children raised by working moms, but there are also some advantages. Specifically, daughters raised by working moms are more likely to excel in school and pursue professional careers. And our sons? Amazingly, it appears that men raised by working mothers spend, on average, at least an additional hour per week on domestic responsibilities.[5] (I know, I know, can we make that an hour a day?) Still, these are positive trends.

This is my message. Don’t be afraid to seek help. Share what you are feeling and experiencing with your female colleagues – they are your biggest advocates and can offer advice, consolation, and wisdom. Cut yourself some slack, perfectionism be damned. And most importantly: lose the guilt.

With a little luck, an amazing and unexpected thing may happen to you too!

Dr. Galluzzi is professor and chair of the Department of Geriatrics and director of Comprehensive Care at the Philadelphia College of Osteopathic Medicine in Pennsylvania.

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“HEpeating:” What It Is, and How It Can Impact Your Career as a Female Clinician

Author:
Pamela Kushner
MD, FAAFP

My first published article in a medical journal was called “Sugar and Spice.” It was about how, as a medical student, I witnessed that the professional respect afforded male students was not always applicable to female students. It was assumed that women would hold back demurely and smile, whereas men were expected to hold their ground. The article’s title, from a popular 19th-century nursery rhyme, reveals a gender bias that reinforces childhood beliefs: that behavior and success are predetermined by gender.

How Gender Bias Affects Us Today

Implicit gender bias continues to exist. In graduate programs, it was revealed that people of both genders favor men in leadership positions.[1] Even in our legal system, juries have found female defendants to be viewed less positively when their traits are described in masculine terms.[2] Characteristics thought of as masculine are more likely associated with leadership and viewed unfavorably when exhibited by women.[3]

These gender biases can also be found today in a practice called “hepeating.” **This term describes when a male repeats an idea that belonged to a female colleague and then**

takes credit for it. The term was first used by friends of astronomer and professor Nicole Gugliucci; her explanation of the term was retweeted over 67,000 times and received 200,000 likes, indicating how relatable this issue is.

There are many examples of hepeating throughout modern history, but one of my favorites is the story of Rosalind Franklin, a British chemist and X-ray crystallographer. She was the first person to make an image of DNA, and her work was crucial to James Watson and Francis Crick's publications. Turns out, Watson and Crick used Rosalind's data without her permission. She received only a "passing reference" when they published the data two years later.

When HEpeating Happens to You

Many women, and perhaps most of us, have experienced hepeating. I know that I have! A few years ago, I participated in a live national panel that discussed cases. I made a good evaluation that was not acknowledged by the two male colleagues on either side of me. To my surprise, one of them later repeated the exact same comment, and the other agreed what a good idea this was. I was stunned. At the end of the panel discussion, I asked both of them whether I was really present. Did they see and hear me? They laughed and, of course, acknowledged my presence. I then explained what they had done, and the most amazing part was that neither of them was even aware of this faux pas. Why bother to inform them? Because I hoped the obstacle presented by this subtle bias would not be repeated.

Many of you may also have been in meetings or on boards where your ideas were literally disregarded until a male repeated them—and suddenly the ideas become astonishing. At this point, you may be wondering why it matters who took credit for the double helix. **It matters because not getting recognition for ideas encourages self-doubt and imposter**

syndrome in women. They become less apt to contribute and less likely to get the respect they deserve. The way we communicate with each other influences how we act going forward.

How to Avoid HEpeating and Make Your Ideas Heard

Women can strive for more leadership positions by speaking up for each other and ourselves. You can also use some of the tips below for making your ideas heard:

- **Use assertive body language skills no matter where you are in your career.**
- **Write notes describing your points if it helps you with clarity.**
- **Emit confidence and stand or sit up straight.**
- **Take a deep breath before you speak.**
- **Look around the room as you speak.**
- **Slow down to make a point.**
- **Lean in, use an enthusiastic voice, and enjoy your contribution.**

Finally, please do not apologize before you speak.

> **Remember, you have a right to be respected in the way you want to be respected.**

Stand Up for Yourself and Your Colleagues

I know this is a difficult issue. However, unless the culture changes, the gender leadership and pay gaps will be passed down to future generations. A recent study of residency teaching conferences revealed that male residents interrupted more often than females, and these interruptions were augmented by male faculty discussants.[4] Clinicians in positions of leadership must learn to recognize the role of gender bias in communication.

What if you do everything right and hepeating happens anyway? This is when we have an opportunity to try to make the world a better place for all our colleagues, regardless of gender. We need to stand up for professionals who are ignored or interrupted. It helps to be a team player and to prevent the hepeater from doing the same thing to someone else, even unintentionally. **Yes, you can ask respectfully for what you or your patient wants or needs. Speaking up for yourself will help you learn to lead.**

Pamela R. Kushner, MD, FAAFP, has had a private practice specializing in preventive medical care for the entire patient for 20+ years. She is a clinical professor of family medicine at the University of California, Irvine. She is on the staff of UCI Medical Center and a trustee of Long Beach Memorial Medical Center.

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The Evolving Role of Women in Healthcare:

A Discussion With a Mother-Daughter Pair of Physicians


Authors:
Diana McNeill, MD, and
Jenna McNeill, MD

This article is a transcript of a discussion with a mother-daughter pair of physicians, Drs. Diana and Jenna McNeill, on the changing role of women in the healthcare profession. The transcript has been condensed from its original format.

This article highlights the evolving role of women in healthcare with a mother-daughter pair of physicians, each of whom brings a different perspective to this important topic. Dr. Diana McNeill is a professor of medicine in the Division of Endocrinology and Metabolism at Duke University Medical Center. Diana's daughter, Dr. Jenna McNeill, will be a pulmonary critical care physician at Massachusetts General Hospital this summer after completing her fellowship at that institution.

How has the gender landscape in healthcare changed from 30 years ago to now?

DIANA (Mother): The landscape has changed dramatically in that we now have more women entering the field of medicine than ever before. Women now make up more than 50% of the students entering any medical school class.[1] This of course will change the

perspective of the work environment as we move forward. When I was first starting out, it was an anomaly to consider going into medicine if you were a woman. In my own medical school class, we probably had only 10% to 15% women. This had a significant impact on a lot of our career decisions since many of us did not have any role models to help us decide about entering a certain field. It's changed quite a bit, don't you think, Jenna, since you've entered?

JENNA (Daughter): I agree that there are more women in medicine than there have been previously. But I think we still don't see much diversity in subspecialties. It seems that women are gravitating toward primary care, dermatology, radiology, and specialties of that nature, but there are still fields—for example, orthopedic surgery—where women are still underrepresented.

DIANA: Jenna, you were thinking of going into orthopedic surgery, and then you decided to become a critical care specialist. What made you change your mind?

JENNA: I felt I had a lack of role models in orthopedic surgery, and there was no maternity leave policy in the areas I was looking at for orthopedic surgery. I thought that was bizarre in the 21st century, and so I didn't gravitate toward that field.

What do you see as the keys to continuing to develop female physician leaders?

As you both noted, female physicians are far more prevalent now than in years past; however, the number of women in leadership roles does not fully reflect that shift.

DIANA: There was a wonderful article in the *Harvard Business Review* in 2018 that discussed why many women did not choose to be leaders in their professions.[2] It wasn't specific to medicine, but there were points that can be applied to medicine. Most of the

time women felt they were in situations where there was implicit bias. The way that women typically lead—working in groups rather than using a dogmatic approach—was not accepted, and so this review suggested that we can increase women's leadership roles by encouraging organizations to value unconventional leadership styles, fight implicit bias, and balance women's career and home life, since many women are still their family's primary caretaker.

JENNA: One of the ways to increase the number of women leaders in medicine is to examine our promotion scale and understand why many women are getting stuck at the instructor or assistant professor level and not reaching the professor level. I've noticed that one of the keys to becoming a professor is to be published or well known within your field. We have to help women reach those goals if they want to be promoted. That may mean increasing their recognition among peers so they can become tenured or giving them more opportunities to publish.

DIANA: Another idea is to allow for the definition of scholarship to include things other than just publications. Many women are educators and develop curriculum and teach around the country. I know that my own institution—Duke—is in the process of reevaluating the requirements and definition for rigorous scholarship to benefit physicians as they look to achieve promotion.

Do you have thoughts on the reasons for the gender pay gap in healthcare and what can be done to fix it?

Along with the disparity in leadership, compensation is also an issue. As of May 2020, the average annual salary of a female primary care physician in the United States was about $52,000 less than her male counterpart's.[3] For specialists, the gap was $89,000.

JENNA: When I was in middle school, my mother gave me a book called *Women Don't Ask*,[4] and I think this is one of the huge reasons for the pay disparity between men and women:

> **Women often assume that if they deserve something, it will be given to them. What we're lacking in medicine is asking for what we deserve. We have to go to our bosses with a list of reasons why we deserve to be paid more and ask for it.**

In medicine, no one is going to give you something unless you ask for it. This is where men have outcompeted us, and therefore are getting paid more.

DIANA: I'm so proud that you read that book, Jenna. The second thing is that we need to learn to negotiate. There are many books, papers, and classes on how to negotiate more effectively. It does require some practice, and practicing with peers can be helpful. I think we need to value our contributions and be prepared to outline those contributions with our leaders. I've advised in some of my mentoring activities for women—and men—to write a yearly letter to their division chief or chair about their year's activities, so they have an ongoing list that can help in their promotion and salary discussions.

Do you have a theory as to why women experience higher rates of burnout and any thoughts for how to address this problem?

Studies have shown that while women make excellent physicians, they tend to experience higher rates of burnout, depression, and suicide.[5]

DIANA: Women—and men—try to do everything for everyone. I think one of the reasons for burnout is that we are often not able to say no to our extra activities—professionally and at home. Sometimes you must decide that, for example, having a spotless house is not the most important thing. Or you can let people help you with the things that you feel are your responsibility. I don't think burnout is specific only to women, but because they are often in a caretaker role for children and/or older adults, they are sometimes in situations that could lead to burnout or leaving the medical profession, which would be horrible. Jenna, how do you think we can prevent burnout in your age group?

JENNA: I agree about figuring out your main priorities, focusing on them, and realizing that certain activities need to go by the wayside. Understand what brings you happiness—whether it's exercising, cooking, etc.—and don't let those go just because your career is booming. It's hard for women, because society still expects us to be the mother, the physician, the caretaker, and those pressures may not exist for men as much as they do for women.

Can you both speak about your experience of starting or raising a family in this field?

DIANA: Things have changed quite a bit over the last 30 years. When my husband and I decided to have a child, I was the first resident in my internal medicine program to ever

get pregnant while still in residency. I actually had to write my program's maternity leave policy. Luckily, things have changed significantly, and now all programs should have some type of parental leave policy. Note that I said should. I think, due to increasing awareness of how important caring for children and older adults is, most of our institutions now have parental leave policies that can help us participate in our children's lives. I used to block off time in my schedule to pick up my children from school, and not apologize for it. I think role-modeling family-work balance and integration can be extremely powerful.

JENNA: Things have gotten easier than when my mom was first going through this. My institution [MGH] recently introduced an eight-week paternity leave policy, matching the maternity leave policy, which is great. Adding to what my mom was saying, I think it's also imperative that all institutions have lactation rooms, and that we make things such as breastfeeding as easy and acceptable as possible for female physicians who choose to become mothers. In general, I think it's helpful to figure out easy ways to incorporate yourself into your kids' lives. For example, when Science Day comes around at your kid's school, that is a great opportunity for you to use your skill set and participate in your child's curriculum. Overall, I think things are getting better for mothers.

DIANA: With an increasing number of women in the medical profession, things will continue to hopefully improve, and this benefits men as much as it benefits women.

What is some advice you often give to the women you mentor, and what advice has been most helpful to you?

DIANA: As a mentor, I tell women to think about a niche they can develop in their own profession. You don't need to do everything in your profession. In fact, it's possible to become too diffuse and not be well respected or known for any particular expertise. Also, it's important for a mentee to be responsive to their mentor—it is a two-way partnership.

JENNA: I think one of the best pieces of advice I was given was to recruit mentors in diverse fields. You could have a research mentor, a career mentor, and a coach, someone who's going to offer you advice who may not be in your field but is always in your court. You need someone who is willing to back you, advocate for you, and encourage you to go for those promotions. I think the key is to assemble a portfolio of mentors that is as diverse as it can be so that you have support in many arenas and can guarantee yourself success going forward. Find someone who role-models the type of life you would ideally like. That person doesn't necessarily have to be in medicine, but it would be great if they were.

DIANA: I always tell my mentees that you need a mentor, a coach, a sponsor, and a champion—and they don't all have to be the same people or in the same field. If you have all these people in your life, they can provide you with the kind of support that you need to make your profession one of joy and longevity.

Dr. Diana McNeill is a professor of medicine in the Division of Endocrinology and Metabolism at Duke University Medical Center. Diana's daughter, Dr. Jenna McNeill, will be a pulmonary critical care physician at Massachusetts General Hospital this summer after completing her fellowship at that institution.

Effective Partnering: You Can't Do It All (By Yourself)

Author:
Lee A. Lindquist
MD, MPH, MBA

As a female physician, it took many years of hard work, fortitude, and perseverance — or "blood, sweat, and tears" as the saying goes — to get to where you are. You and your female colleagues most likely overcame many obstacles, including sexism, chauvinism, possibly racism, and combating the ever-present "old boys' club." As your professional life advances, you can focus on your personal life. You may find that special someone with whom you want to spend the rest of your life — but just like a two-person volleyball team, your success will depend on how well you and you partner work together. **Will you lean on each other for support or will you try to do it all by yourself?**

Growing Up With Traditional Gender Roles

I grew up during the '70s and '80s. My parents followed a well-established and accepted division of roles and responsibilities. My father was the breadwinner. During the week, he went to work and earned money, and on weekends, he focused on necessary home, car, or lawn maintenance. My mother basically took care of everything else. This involved (but was not limited to) cooking, cleaning, grocery shopping, clothes shopping, scheduling health visits, fixing "boo-boos," planning birthday parties, driving us kids ***everywhere***, helping with homework, and keeping three kids entertained on rainy days!

So, although my mother did not receive a paycheck every two weeks, her job was no less important to the success of the family than my father's occupation was. My spouse tells a story of when he had to fill out an application and there were lines for each parent's name and occupation. Sensing the impending confusion, the administrator spoke up: "If your mom stays home, write down 'homemaker' after her name. Do not write 'nothing.' Years from now, if you become a stay-at-home parent, you will understand." My mother took care of the house and the kids every day, 365 days a year, and she truly excelled at this full-time job. However, that was also my mother's only job. She did not work four full days at a clinic, write detailed notes on patients, phone patients with test results, and spend one weekend a month handling calls, all while trying to make the latest deadline for a journal article or research grant submission!

Hold Your Partner Accountable

As most of us realize, the days portrayed in a '50s sitcom are over. The well-defined lines between stereotypical roles and responsibilities have been erased. Both partners are expected to do their best to pull their weight, as well as pitch in to help their spouse when needed. As I told my spouse after a particularly long, frustrating day, "I already have a full-time job. I don't need another one at home!" It is completely okay — and in fact necessary — to tell your partner they need to step up. You're a team! Maybe decades ago, men were not expected to fold laundry or wash a dish, but women may not have been working and earning a six-figure paycheck either.

Several of my full-time female physician friends do the bulk of the work at home and get frustrated when their partners do not help out more. They add details such as, "I can't let my spouse do it because they would mess it up." Or they share, "My spouse won't do it, so I have to." When I was a medical student, I was meeting with a male attending physician when his wife, also a physician, called him. On speaker phone, I heard his wife

ask whether he could pick up a birthday cake for their child's party. She had already picked up balloons and decorations and was heading to get the kids from school to shuttle them to their after-school activities. He responded with, "Why do I have to do that? Why can't you?" Exasperated, she huffed and said, "Fine, I'll go pick it up." After ending the call, he smirked at me, saying, "That is how you get out of doing work at home! Vital lesson!" I was appalled. He was giving extra work to his spouse and was proud of it.

> **We need to hold our spouses and partners accountable. This includes sharing domestic responsibilities. Tell your partner what you expect from them and what they need to do.**

They may not do things the same way you would, but at least it gets done and it's one less thing off your plate. When partners share the load and support one another, the team enjoys more success and less stress. Ultimately, like an Olympic volleyball team, strong teamwork and communication can lead to a win. You got this!

Lee A. Lindquist, MD, MPH, MBA, is a geriatrician and the section chief of geriatrics at Northwestern University Feinberg School of Medicine, Chicago, Illinois. A notable expert on health topics related to aging, she has appeared in the New York Times, Harper's, Boston Globe, and Wall Street Journal, as well as on CNN and MSNBC.

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"HEpeating:" What It Is, and How It Can Impact Your Career as a Female Clinician

Author: Pamela Kushner, MD, FAAFP

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