SEPTEMBER IS

WOMEN IN MEDICINE MONTH

AUA
Association of University Anesthesiologists

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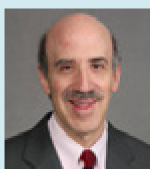
September was designated by the American Medical Association to celebrate Women in Medicine. This designation serves to recognize the growing number of women in medicine, to highlight their contributions, advocacy, and mentorship. It also serves to remind us of the ongoing challenges women face in the workplace: the prevalent gender bias, the pay differential, and the lack of representation of women in leadership. We also pause to recognize the disproportionate impact of the pandemic on the careers of women in medicine.

The Association of University Anesthesiologists (AUA) is joining in celebrating Women in Medicine this month. Through the advocacy of AUA Staff, Vivian Abalama, IOM, CAE, and with the support of AUA President Dr. Jeffrey Kirsch, this publication shines a spotlight on the bright work of some of the women in our group. We thank our contributors for their willingness to share their insights, their experiences, and their advice.

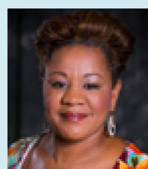
With gratitude,

Lisa Wise-Faberowski, MD
Chair of Communications Committee, AUA

Maya Jalbout Hastie, MD, EdD
Chair of Leadership Advisory Board, AUA



Jeffrey R. Kirsch, MD
President, AUA



Vivian Abalama, IOM, CAE
Society Director, AUA

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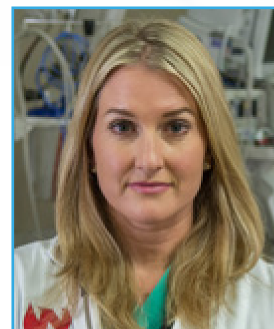
AMA celebrates women physicians, residents and students throughout the month of September—and all year. Click here to learn more.

Gender Equity in Anesthesiology: An N of 1



Sasha K. Shillcutt, MD, MS, FASE
Dr. Gail Walling Yanney Professor of Anesthesiology
Vice Chair of Strategy
Department of Anesthesiology
University of Nebraska Medical Center

It's three in the morning in an operating room, and I am a junior attending doing a liver transplant. While holding a TEE probe and evaluating right heart function, I looked over the drape at the fury of the team working, and suddenly realized something that caused me to hold my breath. This singular, surreal moment became a powerful part of my story as a tireless advocate for gender equity in medicine. As I glanced around the room, I realized the only person in the room who was a male was our patient. Every single member of the team, from the surgical technician to the anesthesia resident, from the transplant fellow to the head surgeon, was a woman.

I get goose bumps remembering the pause when I announced this fact to the OR team. All chaos stopped for a moment, and the only sound was the pulse oximeter. We stopped our tasks, looked at one another, and in a moment the room was filled with instant smiles, nods, and cheers. Lasting only seconds, we immediately went back to business. But there was an air in the room after that moment; a change. We stood a little taller. Delivering a safe anesthetic for orthotopic liver transplantation is not an easy task; nor is it a straightforward surgery. Here we were, a team of women, working in concert to save a life. Skilled. Trained. Smart. Focused. And empowered.

Years later, I still remember this moment. I have thought of this moment every time I walk into a negotiation where I am advocating to be paid for my work or for a fellow woman to be paid for her work. I remember it each time I am the only woman sitting in a meeting and find my heart racing when I know I must speak up and call out the unconscious bias I am hearing around the table. I recall this moment when I walk up on a national stage to speak, after hearing disparaging remarks and microaggressions from my co-presenters mean't to intimidate me as the only woman on the panel. I remember it when I hear the stories, *hundreds of stories,* of women I have coached over the last six years who tell me how they are overlooked, passed over, obstructed, and diminished for their work and are contemplating leaving medicine.

I have this memory in my mind, as a reminder for me to focus on what is true: women in medicine are highly skilled, trained, capable, and brilliant physicians. We lead teams, run labs, innovate, and discover important research. We tirelessly teach the next generation, speak up for the marginalized, whilst balancing motherhood and acting as primary caregivers. And we do so, while being paid on average, 20-30% less than our male colleagues working next to us. I remember this story, so when I find myself war weary in the battle for equity, I can summon the strength and courage to keep speaking up. I remember it, so I can embrace being unpopular while shedding a light on the many inequities we face. Why? *Because women in anesthesiology deserve equity, and our worth is not defined by the limits or the value our specialty has placed on us for decades.*

Women make up 24.9% of the total US workforce in anesthesiology per the AAMC Workforce Data Reports, and anesthesiology as a field is still lagging significantly in gender equity.[1] According to the 2012 AAMC report, women represent 34% of academic anesthesiology faculty, while only 11% of academic anesthesiology chairs.[2] While the common misconception of "we have a pipeline issue" percolates as an excuse for why we do not have more women at the top, the truth remains that women have been matriculating from medical school at rates near equal to men for twenty-five years. There are over three decades of evidence in the literature demonstrating ongoing inequities, with little gains. The anesthesiology pay gap is estimated to be between 12% to 35% depending on the subspecialty.[3-5] Women in medicine are less likely to be first authors, less likely to receive favorable RO1 scores, less likely to receive distinguished service awards in medical societies, less likely to serve on editorial boards, less likely to be invited to stand on stages, and less likely to be promoted.[6-13] Barriers exist, and continue to exist, despite the fact that these barriers are known from decades of data and peer-reviewed publications.

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We do not need more studies, more data, and more proof.

Moving the needle of equity in anesthesiology requires brave allyship; it requires immediate action by trailblazing leaders courageous enough to adress their own unconscious bias. Gender inequity in anesthesiology will not be solved with randomized controlled trials and more peer-reviewed publications. It will be righted by top-down decision makers, with those in power in anesthesiology changing the course for those they lead. Gender equity will be changed with an N=1; it starts from within. It begins when one leader decides to change the makeup of a board, one chair decides to sponsor and promote a woman, one editor-in-chief decides to nominate a woman in academia to a position instead of a man. It starts when our male allies call out discrimination and bias, when institutional leaders are transparent on pay practices, and when brave leaders are willing to move the needle, now.

I am a passionate advocate of the advancement of women in anesthesiology because I am passionate about the field of anesthesiology. We are only as good as the diverse thinking and innovation of our team; when we diversify those at the top, we win. When we create and amplify equity, we save lives. When we promote her, we advance the practice of anesthesiology. When we pay her, we elevate the field of anesthesiology. When we publish her, we foster the innovation of anesthesiology. When we put her on a stage, we uplift the practice of anesthesiology.

So I ask you, with your N=1, what will you do?

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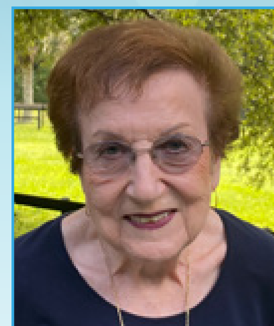
Women in Medicine



Shirley Graves, MD, DSc (Hon)
Professor Emeritus of Anesthesiology and Pediatrics
University of Florida

In 1960 I was working as a medical technologist in Jacksonville, Florida for an outstanding internist. I had worked there for about two years and enjoyed my work; however, I began to feel I should do something more—go back to school and get a PhD. This internist told me I should go to medical school. I had always said that "med" school was too hard, too long and too expensive. He encouraged me and helped me sort through the reasons I should or should not pursue a career in medicine. I, with his help, decided that medical school was a possibility for me and applied to numerous schools. I went to class during the noon hour and then at night to take courses I needed to be competitive. As a result, in 1962 I was accepted at the University of Miami and thus began my voyage into the wonderful world of medicine.

Many people ask me how I overcame the difficulties I was faced with at a time when only a small percentage of students were women. My class started with eighty-five students of which seven were women. Most of those who asked me that question expected me to say it was hard and the women were discriminated against. However, I don't feel I was ever looked upon as inferior to my male colleagues. The anatomy professor was known to be tough and demeaning to the freshmen students—his way of making us "tough." A group of my male classmates said to me that he would probably single me out to embarrass me. Their solution was to sit with me on the front row of the class and they would be my support when the professor called me onto the stage from which he taught and asked me difficult and sometimes embarrassing questions. They gave me the support I needed to be successful. That same day the professor called on a male student and embarrassed him. This young man was humiliated, left class that day and did not return. So, this professor didn't discriminate based on gender. The professor was very intelligent, but a student had to look beyond his abusive actions and just learn all there was to be learned. Fortunately, he was just one of many professors, and there were more who taught with kindness, encouragement, and concern as the best ways to teach.

I graduated in 1966 and went on to train in anesthesiology, pediatrics, and critical care medicine. I always felt that I was an equal with all my peer group. I have no bad memories. The most important thing that I now recognize as I reminisce about all the years past as a student, a resident, and a faculty member is that a mentor is the most important person in your career. This person will teach you, listen to your troubles on days when you feel you are not good enough, and will lift you up to achieve success. My mentors, as a young faculty at University of Florida, were the Chair of Anesthesiology, Chair of Pediatrics, and Chief of Pediatric Surgery. A positive attitude, a caring mentor and hard work will lead to a successful and rewarding career regardless of one's gender.

Embrace Your Worth

I am incredibly grateful to one man: my new departmental Chair. In just 90 days since joining our department, he assessed *me*: by merit, commitment, dedication, and loyalty. He saw my overwhelming credentials on paper, he saw my rapport with faculty members, he appreciated my energy for change management, and my eagerness for diversity, equity, inclusion and respect. This acknowledgment may not sound in any way amazing, but you see, I was at my institution for twenty-five years, and in that time frame, I was not recognized for my merit or for the value that I bring to a department. Was this race and gender related? Was it ageism? It may well be that all are part of the reason. There are so many "isms" permeating society—and they are tangible and real, but this story is about the role that I played in holding me back.

Tracey Straker, MD, MS, MPH, CBA, FASA
Professor of Anesthesiology
Vice Chair for Clinical Operations
Officer for Diversity, Equity, and Inclusivity
Department of Anesthesiology
Albert Einstein College of Medicine

I tell my story because I am sure that there are anesthesiologists all over the world, men and women, who, regardless of race, feel the same as I do. Through the years, I have experienced moments of doubt in my ability:

Am I the imposter in the room?

What do all these letters after my name really mean?

What do these years of experience and loyal service really mean?

Why am I consistently being overlooked?

Why don't you think that I am good enough?

These questions ran through my mind for years, and yet I did not appreciate my part in the conspiracy.

Mentorship is important, but I was the beneficiary of excellent mentoring in, and outside of my department. I did not have sponsorship, but I was convinced that my credentials would "speak" for me. I was told that I had to meet the "right" people—what does that really mean. If I knew who the "right" people were, perhaps I might not be writing this piece. I was told to "leverage my assets" and, to this day, I do not know what that means or how to do it.

What was so different this time around with a new Chair and what did he see that was not seen before him in twenty-five years? I know this time around there were two differences. First, my new Chair was not afraid to "buck the status quo." He saw merit and enthusiasm. He was willing to look beyond the hearsay that often greets a new Chair joining a department. He assessed me on merit and chose to see me and the value that I bring. Second, I was no longer willing to wait for the acknowledgment—the complacency of waiting to be seen was gone. I realized that if you choose to wait to be seen, you may never be seen, or worse yet, seen and bypassed.

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I acknowledged my worth and was no longer “shy” about stating my worth. The consistent acknowledgment of my value to my department was evident to me, but because I had not been willing to take a chance and state it—or, more importantly, act on it—there were years of frustration and stagnation in my career.

Moving up sometimes means that you must move out. This was not the case in my situation, but this fact should be kept in the recesses of your mind. You must be mentally prepared to accept that the place where you are now is not the place where you are meant to be. Once you have acknowledged and accepted this possibility, you feel an immediate sense of relief. You have given yourself grace—grace to move beyond the familiar that is cocooning and to embrace the future that you deserve. The generation that I grew from had much more traditional values of deportment of women in the workplace. I applaud the Millennial and Gen Z ladies who are not afraid to say “this is not acceptable.”

My hope for women anesthesiologists is that they embrace their worth. Embracing your worth brings mental liberation and confidence that is seen by all. Embolden yourselves to speak your truths, display your assets, and rise above the “bullying” of society that seeks to shroud you .

In August of this year, I was named Vice Chair of Clinical Operations and Diversity Officer of my department. This is a title that I deserve, but it took persistence over the years to verbalize my truth. Start verbalizing your truth early, shed complacency, and own your success—if you do not, no one else will.

Making Women's Voices Heard: The Story of a Women Physicians Organization

In an October 2020 post on the California Society of Anesthesiologists blog, a colleague of mine, Ed Riley, reflected on a debriefing he did of a challenging obstetric anesthesia case. The patient had placenta accreta and the operating room had been in its usual state of controlled chaos, but a bit too noisy...that is, until he spoke up and requested quiet in the room so essential conversations could be heard. In the debriefing session after the case, his female colleague pointed out that she had also requested quiet in the room, multiple times, in fact, before he had spoken up. She expressed dismay that her voice and her efforts to control the room somehow did not get the same attention as that of a male attending.

Daryl Oakes, MD
Clinical Professor of Anesthesiology, Perioperative and Pain Medicine
Program Director, Adult Cardiothoracic Anesthesia Fellowship
Associate Dean, Post Graduate Medical Education
Stanford University School of Medicine

This experience is familiar to many women in our professional environments, not only in the OR but also in academic life. Not only do their voices not get heard, but women also assume it is "their fault" that they are dismissed or ignored. Many women spend their careers trying to adjust themselves—through skill development, special leadership training, and coaching—to "fit in" to the culture and "work within the systems." But despite investing enormous amounts of time and effort to achieve professional advancement, mid-career women frequently find themselves years into their careers and decades behind their male colleagues professionally.

After a year or two of exploratory, informal meetings of a small group of women in cardiac anesthesiology, led by senior women colleagues, these concerns coalesced into action. On Sunday, April 29, 2018, at the Society of Cardiothoracic Anesthesiologists Annual meeting in Phoenix, Arizona, with just three hours of notice, our nascent group was offered a room to meet within the conference facilities. The small group of us who were spearheading this effort had no email list of women in the SCA; in fact, at that time, the SCA did not even have any gender demographics on its members. We had no official way to contact women in the society who might want to join this meeting. In the next three hours, however, through personal texts, phone calls, and social media, we assembled fifty women cardiac anesthesiologists and three HeForShe supporters to attend what became the founding meeting of the Women in Cardiothoracic Anesthesiology (WICTA). At that founding meeting, we agreed that such a group was needed for women in the SCA and that we wanted to work with and within the SCA to build this community.

The momentum of that first meeting was powerful and launched an organization that was to have an enormous impact on my life, the lives of many of my female colleagues in cardiac anesthesia, and on our professional society as a whole. And while I had been involved in the early efforts to organize and was very enthusiastic about this new group, I, in no way, saw myself as a potential leader for this effort. As is often true for women, I would not have stepped up into this opportunity had it not been for the encouragement of a colleague. At that founding meeting, my colleague, who had already ascended to leadership in the SCA herself, and who was

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a developing champion of women in her own right, turned to me and said "you should lead this." Those magic words—words which women, sadly, are so infrequently told in professional settings—were life changing.

The next day a small group of us met to continue to consolidate the group and to draft the mission statement for WICTA. For the next year, my colleague Emily Methangkool and I worked together to develop the group. At the suggestion of senior women colleagues who were advising the group, we launched a survey of the experience of women in CT anesthesiology. The results of the survey were striking, and strongly reflected the findings of similar studies of women physicians broadly. Although many women in cardiac anesthesiology reported taking on a leadership role, few had protected time for their role. Most women reported that having children negatively affected their careers. Perhaps most disturbing of all, a majority of women reported experiencing derogatory comments, intimidation, or microaggression in the professional work environment.

There was clearly work to do, and now we had a network of over 300 women in cardiothoracic anesthesiology to do it. The first WICTA Executive Board was elected in 2019, and we nominated an Advisory Board of ten senior leaders in cardiac anesthesiology to help guide our efforts. Over the next two years, we initiated a number of programs and innovations, including networking events, mentoring programs, and a SCA-sponsored research grant designed for women and URM physicians, as well as the creation of a database for women speakers in cardiothoracic anesthesiology.

The efforts of this group have made important impacts on our professional community. Since that founding meeting for WICTA, the demographics of the SCA committee leadership have notably shifted and the percentage of SCA committees with substantial representation by women increased two-fold between 2019 and 2021.

This is the power and impact we can have when we give women visibility, a voice, and a community. It is yet another reminder of the often-untapped potential available in our many women professionals; potential, that when supported, can bring critically needed and positive change. And we all can be part of this effort to create a more diverse, equitable and inclusive profession. As leaders, we can sponsor and support women to take on leadership opportunities; we can promote them professionally by citing their work, inviting them to speak, and collaborating with them; we can ensure transparency and equity in professional compensation; we can create flexible work schedules that allow women to maintain professional activities during childbearing and childrearing years; and we can speak up and call out biased narratives that make women "the problem" when they are struggling in our environments.

So this month, as we celebrate the leadership and high-value innovations of Women in Medicine, let's think of what we each will do to help women in our field realize their potential. As I have learned, great things can happen when you reach out to your women colleagues and assure them, "You should lead this."

Great Expectations

Miriam Treggiari, MD, PhD, MPH
Professor of Anesthesiology
Vice Chair of Clinical Research
Department of Anesthesiology
Yale School of Medicine

It is my pleasure and honor to participate in this AUA publication celebrating Women in Medicine Month. As I reflect on my experiences, I think on how they played an integral part in shaping my perceptions and influence my views for the roles that women should subsume in medicine both now and in the future.

I am certain that all women physicians who began their careers in the 20th Century can share stories not different from mine. As I embarked in my career in medicine in 1990, I genuinely believed that hard work—no...exceptional hard work—would be the key factor to succeed in medicine, regardless of my gender. I was, perhaps naively, surprised that I was often assumed to be an aide, a nurse, or a medical school student...anyone other than a physician. I rationalized the comments as being attributed to a youthful appearance or my shorter stature and chose to move on. I let it become my expectation that such slights were going to happen, it was the norm, and I took up the challenge to prove my worth through my work and worked even harder. Later, as I thought back upon these encounters, I regretted the missed opportunities to change misguided assumptions of the witnesses of these public slights: the senior physicians, the residents, nurses, and patients. I am pleased that much progress has been made over the past thirty-plus years. Societal norms and perceptions have changed much and are still changing, but there is much more work to be done.

In the United States, the 1970s marked the first wave of significant change for women in medicine. The number of women graduating medical school during the decade increased by more than 40% from the previous forty years.[1] Our numbers have steadily increased ever since. Currently, the 2019 *AAMC Physician Specialty Data Report* showed 36.3% of active physicians in the workforce are women. The percent of females in the top specialties ranged from a high of 64.3% in pediatrics to a low of 5.8% in orthopedic surgery.[2] The 2019 data also provide a glimpse into future trends from the *ACGME Residents and Fellows Report,* showing 45.8% women in all specialties.[3] Demographics trends in higher education also show a higher representation of women in the workforce in the years to come.

A recent *Wall Street Journal* article from September 6th reported that at the close of the 2020-21 academic year, women accounted for 59.5% of college students, which was an all-time high.[4] Specific to our specialty, an article published in *Anesthesiology* in 2015 indicated that the proportion of female anesthesiologists in the workforce increased from 2007 and 2013. At the same time, it was noted though that employment arrangements, compensation, and work hours were different between men and women, with women lagging behind in compensation primarily due to a flat salary structure.[5] Furthermore, more recent data highlighted that despite an additional increase of women in anesthesiology up to 36% by 2016, the percentage of women anesthesiology full professors was still substantially less than men (7.4% versus 17.3%) and the percentage of women anesthesiology department chairs has remained stagnant around 14%.[6]

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As the entering cohorts of younger anesthesiologists advance in their careers, I would expect or hope for an ever-increasing number of women preparing to embrace future leadership opportunities for themselves. I believe that it is essential that the more senior women in anesthesiology help in paving the way for the next generation of women anesthesiologists to assume these roles. Early career women should be encouraged and prepared to assume leadership roles by enhancing their self-awareness and realize that these leadership roles are within their reach and should be seriously considered. Becoming a leader should be an expectation within their career goals and leading the discipline is, to some extent, part of our responsibilities.

To facilitate this path, it will be important to identify good role models, mentors, and sponsors. A number of challenges lie ahead including the presence of career-related unconscious bias in faculty recruitment, appointments, and promotions. Current leaders, whether women or men, will need to be sensitive to cultural differences, thoughtful, and empathetic in understanding the unique challenges that women face. The authentic, exemplary leader will reflect with purpose on these issues and be deliberate in choosing a vision that includes the values of diversity, equity and inclusion, and proactively devise strategies to make the vision become a reality. Setting a culture of diversity, inclusivity, and equity is not just about acceptance, but it is about working with a purpose and striving to give the best of ourselves. Extraordinary leaders will shape people careers, can set great expectations, and will create excellent opportunities. Within this framework the next generation of academic leaders will be prepared for the succession.

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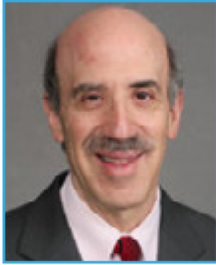

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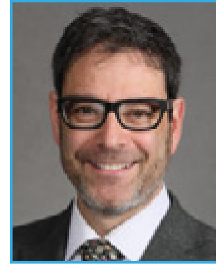

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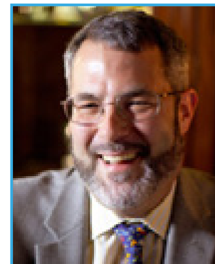

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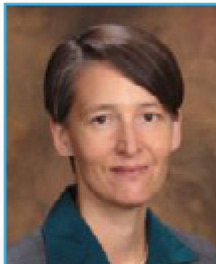

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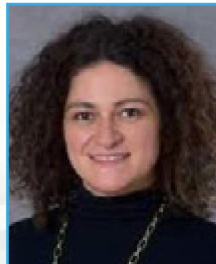

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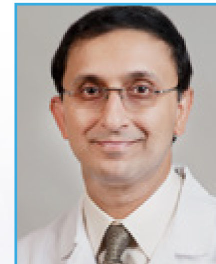

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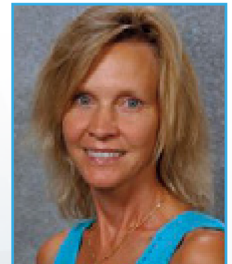

Lisa Wise-Faberowski, MD, MS, FAAP
Communications and Website Committee Chair
Stanford University
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Association of University Anesthesiologists

The Mission of the AUA is to promote excellence in academic anesthesiology through:

- Mentorship of academics in anesthesiology
- Promotion of diversity and inclusivity in academic anesthesiology
- Professional growth throughout the careers of educators, academic leaders, and researchers in anesthesiology
- Organization of an outstanding annual meeting and provision of networking opportunities to academics in anesthesiology

The Vision of the Association of University Anesthesiologists (AUA) is the advancement of academic anesthesiology as a dynamic specialty that makes substantive contributions to medicine, science, and society.

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Association of University Anesthesiologists
90 New Montgomery Street, Suite 412, San Francisco, CA 94105

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