

# SYM06: Women in Hand Surgery: Challenges We Face

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Diane E. S. Payne, MD, MPT

Session Handouts

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75TH VIRTUAL ANNUAL MEETING OF THE ASSH  
OCTOBER 1-3, 2020



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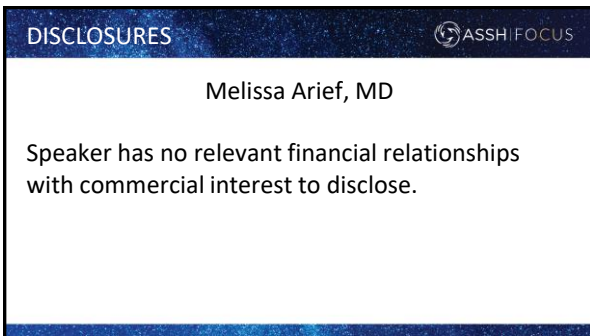
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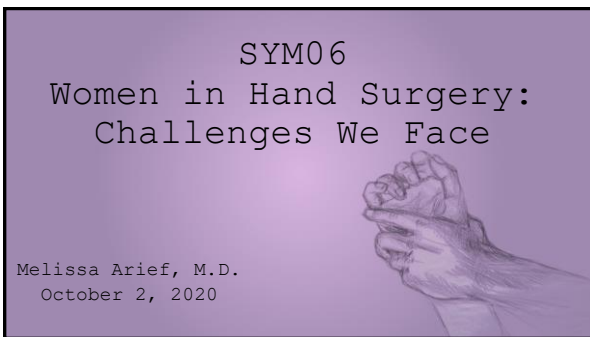
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## Disclosures

I am a female surgeon.  
(None)

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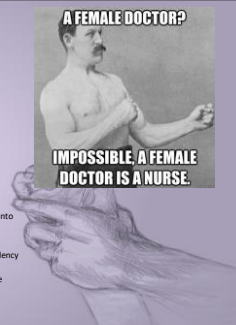
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How many of you had one or more of the following experiences?

- Assumption that you are:
  - A nurse
  - Not strong enough
  - Too passive
  - Too aggressive
  - Not possibly "the surgeon" because you are a woman
- Spoke out loud an idea... then have someone else repeat it and take credit for it.
- Been told you won't be an orthopedic surgeon because you're a woman and you got into residency because you are woman.
- Been immediately called by your first name or as "Honey" or "Sweetie".
- Had someone (or several) congratulate your non-medical spouse on completing residency at your graduation.
- Had mail sent to your spouse from Orthopedic societies, assuming your spouse is "the surgeon".



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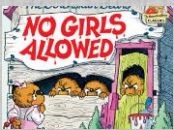
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**No Girls Allowed:**  
The unique world of the female surgeon.



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## The History



- As early as 3,500 BC there is evidence of female surgeons in Egypt, Italy, and Greece.
- Goes downhill from there - in the Middle Ages women were forbidden from practicing surgery. (Also burned as witches).
- Which brings us to more modern times...
  - As early as 1812 you could be a female surgeon...
    - As long as you dressed as a man.
  - Dr. James Barry (Margaret Ann Bulkley)

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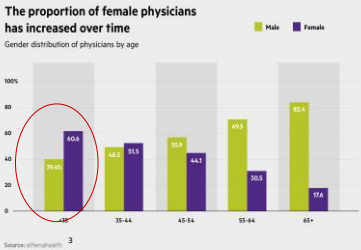
## Modern Times

- In 1970- 5% of physicians were women<sup>1</sup>
- In 2019- 50.5% of medical students were women<sup>2</sup>



### The proportion of female physicians has increased over time

Gender distribution of physicians by age



Age Group	Male (%)	Female (%)
18-29	36.4	63.6
30-44	48.5	51.5
45-54	55.9	44.1
55-64	64.5	35.5
65+	82.6	17.4

Source: athenahealth  
Sample: 16,000+ physicians at approximately 5,000 practices on the athenahealth network from January to June, 2017

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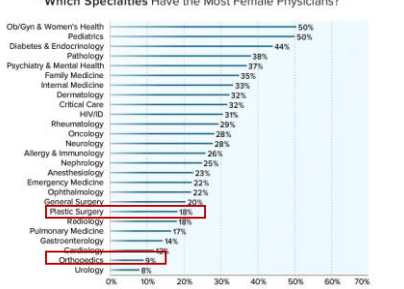
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## What about surgery?

Significantly less women choosing surgery.

- Particularly the ones that make up the hand surgery specialty.

### Which Specialties Have the Most Female Physicians?



Specialty	Female (%)
Ob/Gyn & Women's Health	50%
Pediatrics	50%
Diabetes & Endocrinology	44%
Pathology	38%
Psychiatry & Mental Health	37%
Family Medicine	35%
Internal Medicine	33%
Dermatology	32%
Critical Care	32%
HIV/AIDS	31%
Rheumatology	29%
Oncology	28%
Neurology	28%
Allergy & Immunology	26%
Nephrology	25%
Anesthesiology	23%
Emergency Medicine	22%
Ophthalmology	22%
General Surgery	20%
Plastic Surgery	18%
Radiology	18%
Pulmonary Medicine	17%
Gastroenterology	14%
Cardiology	14%
Orthopedics	8%
Urology	8%

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**Why the discrepancy?**



- Lack of Role Models
- Perceiving it as too difficult
- Not family friendly (uncontrollable lifestyle)
- Too time consuming
- Lack of encouragement (active discouragement)

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**How do we make this better?**



**We only have to change the world.**

**One small step at a time.**

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**Role models blaze the path less travelled.**



- Mentorship – Seeking your own and being one to others, through programs or teaching
  - Steadily improving with time –
    - Provides hope to a younger generation
- Encourage
  - Women in Leadership roles
  - Moving beyond the comfort zone
- Friendship
  - Relationships with other female surgeons either through formal societies or informal hand clubs

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### PERCEPTIONS OF DIFFICULTY: TRUTHS AND MYTHS

**TRUTH:**  
**SURGERY IS HARD  
AND THE LIFESTYLE  
IS CHALLENGING.**

- In 2017: comparison of surgical outcomes between male and female surgeons<sup>6</sup>.
  - Outcomes are slightly better for the females
- Only "pure strength" can achieve certain outcomes
  - Smarter not stronger
- Lack of exposure compounds the myth
  - Subspecialties have less exposure
  - Limits students true understanding of the surgical specialties

13

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**"Uncontrollable"  
Lifestyle...**

**Too Time  
Consuming.**

#### Work/ Life Balance

- IS** important
- IS** acceptable for female (and male) surgeons to want and to have a family
- IS** a balancing act

#### There **IS** way to make it work for you

- Different practice styles depending on the type of practice you choose
- Medical students have very little exposure to different practice types compounding the myth

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### Lack of Encouragement & Active Discouragement

We need to :

- Be able to talk about the struggles women face in surgical fields
- Acknowledge that bias exists and work to address it
- Know that women and men do learn and demonstrate skills and knowledge differently
  - We will not be seen the same way by patients and colleagues
- Recognize we can be our own worst enemy
  - People, including yourself (ie. Imposter Syndrome) will tell you what you can and cannot do
  - Have the courage to hold your ground: know that "you can".

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To help us on our path to a better understanding...



**Brand New You: Perception is everything.**  
How branding, styling, and presenting yourself is an important career element that was not taught in medical school.



**Risky Business.**  
Covering contract negotiations, salary, bonuses and how to properly "promote" ourselves when competing in our job market.



**Having it all or not: Maternity and the Expanding Family.**  
Navigating the work life balance when it comes to having a family.



**Words that Define Us.**  
Will expand on how words are used by both us and others to define our roles and be perceived by others. How they can affect and can be used to improve our relationships with the staff and our colleagues.

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This Symposium...

- We hope that this symposium will open a dialogue to encourage conversation about the unique challenges that we face.
- With the hope that one day we are not female surgeons...just surgeons.



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1. *Can J Surg*. 2009 Aug; 52(4): 317–320. The history of women in surgery. Debrah A. Wirtzfeld, MD
2. <https://www.aams.org/news-insights/more-women-men-are-enrolled-medical-school>
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4. [https://en.wikipedia.org/wiki/James\\_Barry\\_\(surgeon\)](https://en.wikipedia.org/wiki/James_Barry_(surgeon))
5. <https://forum.facmedicine.com/threads/percentage-of-female-physicians-in-medical-specialties.25097/>
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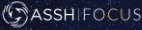
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DISCLOSURES



Diane E. S. Payne, MD, MPT

Speaker has no relevant financial relationships with commercial interest to disclose.

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The “Brand of You”:  
*Perception is Everything*

Diane E.S. Payne, MD, MPT  
ASSH 2020

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No Disclosures

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### Our "Best" Self....

- High energy level, actively engaged, increased capacity for empathy and compassion for others
- Our chosen profession demands our best self EVERY day
- Consequences of not showing up at our best:
  - Increased medical errors
  - Increased burnout
  - Negative behavior
  - Creation of a negative narrative that can follow you

22

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### 3 things can influence our ability to be "our best self"

1. Daily, cumulative stress of work and personal life
  - Bureaucratic burdens, patient issues, financial stress...
2. Force of significant external events
  - Divorce, death, patient complication, malpractice suit....
3. Personal stockpile of genetics, psychological makeup, surgical training

Our Surgical training molds and hones skills that allow successful adaptation to the high stress of our profession

→ VERY HIGH PREMIUM placed on self sufficiency learned thru surgical training

→ can contribute to emotional isolation and loneliness

→ can contribute to frustration and decreased emotional acuity, which can lead to less than optimal behaviour

23

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No longer enough to just be a good surgeon...

You need a **conscious narrative** that is clear and consistent at work, with social media, and professional organizations



The brand is intentional in the...

- Actions that we take
- Promises we make
- Words that we use
- Peers we connect with and how we connect
- Decisions we make
- Way we maintain our composure

It is also unintentional...

- Values and principles that motivate you
- Ability and desire to change status quo
- Quality of our work
- Emotional intelligence

Be aware of and in control of your "brand" and the narrative used to describe you

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4 P's of marketing and brand management:

Develop your brand

Maintain a consistent message at work, on social media, at professional meetings

- Product: YOU
- Price: What value do you bring to the table?
- Promotion: What is the Perception of you?
- Placement: What's your niche?

5th "P" = Perseverance:



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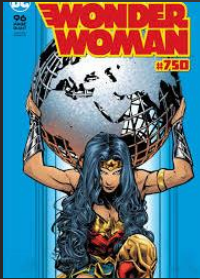
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You are the **Product**:  
Be Authentic

- Who are you?
- What values drive your actions and decisions?
- What circumstances create your "best self"?

Recognize pathologies to being authentic...

- Women constantly measure self worth against those around them (men and women)
  - "er" disease: smarter, prettier, thinner, wealthier, ...
- Perfectionism is a problem -
  - Cannot excel at everything
  - It's OK to get outside your comfort zone and try new things
- Being "right" and having everyone know you are "right" doesn't always end well



26

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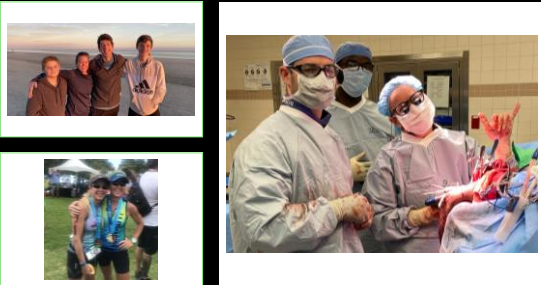
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Understand the **Value** you bring and play to your strengths...

Highest Energy Moment of the Day: Doing your best work and bringing your "A" game	Moment of the day that drained your energy and you felt "off"
Day 1	Day 1
Successful surgery on difficult patient complication	Trying to solve process flow problem of getting patient's transported to OR
Day 2	Day 2
Made a difference for several patients in clinic	Had to room clinic patients due to inefficient staff
...Day 30	...Day 30

Determine your strengths:

1. Look for patterns thru the days
2. Highest energy moments are likely indicators of strengths  
→ intentionally work to get more of these moments
3. Energy suckers are usually one of three things:
  - Something that is a habit that you don't realize you do
  - Something that needs to be done, but which someone else could or should be doing
  - Something you agreed to do because you didn't want to say "no"

28

### Promoting yourself:

- The Narrative is ...
  - Lens thru which people filter all information
  - Heavily influences how they will interpret future behavior
- Narrative and actions need to align
  - Communicate your brand thru words and behavior
  - Execute brand thru actions
- Consciously shape how people perceive you
  - Words you chose
  - Clothes that you wear
  - The "look" on your face
  - Behavior you demonstrate thru daily interaction

**Availability & Affability count MORE than Ability**

“Your brand is what other people say about you when you’re **not** in the room.”  
Jeff Bezos, founder of Amazon.com

29

### Promoting your Brand: Social Media and Digital Presence

- Absence of a digital brand could send unintended negative message
- Make this an asset:
  - Strategic self marketing effort to exhibit professional persona
  - Can be a valuable platform to interact with potential patients and colleagues
  - Allows control over your image
- Considerations:
  - Act with integrity and good conscience
  - Collaborate respectfully with others


[illegible]

Kleppinger C, Cain J, Personal Digital Branding as a Professional Asset in the Digital Age, *Am J Pharm Ed* 2015;79(6) Article 79.

30

**Find your place:** The right environment where strengths can be utilized and can have greatest contribution

- Match personal and employer "brand"
- Match job requirements to your skill set
  - Increased
    - Happiness
    - Intrinsic motivation
    - Willingness to work harder
    - Overall enthusiasm
  - Decreased
    - Overall stress and burnout



31

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**MY LEVEL OF SARCASM HAS GOTTEN TO THE POINT WHERE I DON'T EVEN KNOW IF I'M KIDDING OR NOT.**

*© JESSIE CHICK*

**Perseverance: The Struggle is real in the world of surgery...**

- Demands we are always "on", requiring high emotional labor costs
- Showing vulnerability or emotional weakness or generally revealing that you are human is considered a character flaw
- Culture promotes and values self-sufficiency and ability to endure regardless of circumstances
- Lack of trusted and valued confidants where personal challenges and fears can be discussed

Emotional Loneliness → feeling marginalized, criticized, rejected → increase cortisol levels → increased CV disease, anxiety, depression, dementia

- Suffer in silence → Emotional Exhaustion: tends to reveal itself as "bad behavior" or "difficult surgeon"
- Withdraw, become cynical and sarcastic...

*Antidote to EL: recognize the struggles and develop connection with others → builds emotional resilience*

32

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**The "Resilience Bank Account":**

- Habits to perpetuate perseverance  
Sleep, Exercise, Meditation, Gratitude, Self-compassion, Connection
- These habits make deposits into the "account" which improves one's emotional resilience over time
- Improves...
  - Physical and mental health
  - Emotional flexibility
  - Strengthen internal relationship with yourself and the outside world

today's multiple choice:

**busy is a choice**  
**stress is a choice**  
**joy is a choice**

choose well

acresandamp.com

33

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### Eat, Sleep, Exercise....the ability to do without is highly valued, but highly destructive

- Sleep deprivation → Insufficient Sleep Syndrome
- Decreases: focus and attention, long-term memory, ability to learn complex skills, problem solving
  - Increases: risk taking behavior, negative emotional reactivity

Need 7-8 H to achieve REM Sleep: recalibrates brain's emotional acuity → ability to interpret emotional input

Value of exercise → improves our mood, memory, executive function and emotional processing

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*Self-care is how you  
take your power back.*

LALAW DELIA

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### Practice self compassion and gratitude:

#### Mindfulness:

- Recognize self criticism and thoughts surrounding mistakes or failure
- prevents over-identification with these thoughts

#### Common humanity:

- Put the brakes on thinking this only happens to you

#### Stop the self judgement:

- Treat self with kindness by validating feelings, or doing an activity that grounds you

#### Effects?

- Increased authenticity, compassion and emotional resilience
- Sense that one is "in line" with values, attitudes, traits and emotions
- Decreased fear of being negatively evaluated
- Increased joy in practice of medicine and effectiveness with patients

You've been  
criticising yourself  
for years and it  
hasn't worked. Try  
approving of  
yourself and see  
what happens.

LOUISE HAY

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### Connections keep the "Resilience Bank Account" full....

- Build strong, enduring relationships that are intentional
- Find your posse....
  - Relate to others with common interests, desires, ways of coping
  - Connect and learn other's perspectives
  - Build Equity in those relationship, small investments build over time



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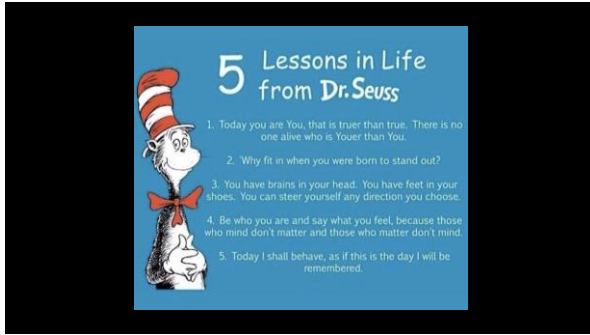
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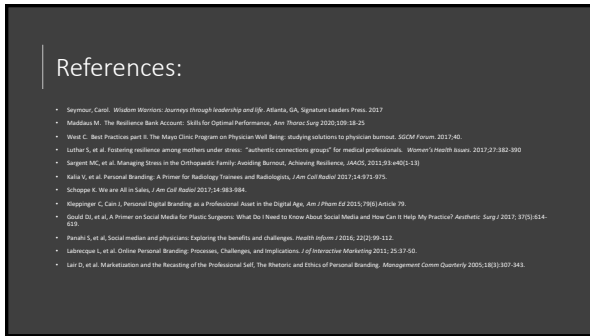
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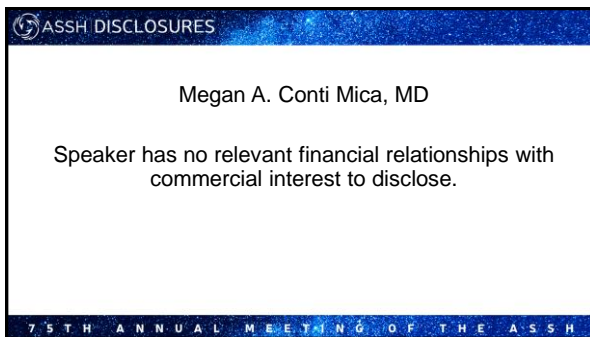
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AT THE FOREFRONT  
**UChicago Medicine**

## Having it All or Not: Maternity and the Expanding Family

Megan A. Conti Mica, MD  
Symposium 6:  
Women in Hand Surgery: Challenges We Face  
ASSH Annual Meeting 2020

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AT THE FOREFRONT  
**UChicago Medicine**

**What is at risk if we don't...**

### Continued Lack of Diversity

70% Female Med Students discouraged to consider Surgery 40% pregnant female residents considered quitting  
60% Females experience bias from Ortho Co-Residents  
50% Female experience bias from Ortho Faculty

### Loss of Female Leadership:

Made to Choose between Family and Work  
Caregiving Qualities make great Leaders  
Nurturing, Passionate, Empathetic

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AT THE FOREFRONT  
**UChicago Medicine**

**What is at risk if we don't...**

### High Risk Pregnancies for Female Surgeons:

Increased Pre-Term Labor  
31% complication rate (Orthopedic Surgeon)  
Higher Miscarriage and Stillborn rates



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## Changing Culture

### Mandate Paid Paternity Leave

Increase in Women who Return to Work  
Keeps Women in the Leadership Pipeline

### Help Transition new Parents back from Leave

Ramp up/Build Practice  
Schedule based on Childcare needs  
Increase Rate of Surgeon Breastfeeding  
Mentorship

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## This is NOT a female only issue

### Paternity Leave:

Increase Paternal Bonding

Increased Role within the Household  
Females spend 9+ hours a week

Stop the Stigma of Childcare is a Female Responsibility  
Women are Able to Return to Work Sooner






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## This is NOT a female only issue

- Increase Desirability of your Practice**

83% millennials would pick a job over another due to Paternity Leave Benefits
- Decrease Burnout**
- Increase Work-Life Balance**

Value placed on Quality of Life  
Value place on the needs of the Surgeon  
Increased Happiness = Increase Productivity





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**My Challenge to Leadership:**

- Support Surgeon's Professional AND Personal Goals.
- Advocate for Paternity Leave
- Help Transition Surgeons through life's transitions

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**Food for Thought:**

For surgeons who choose to have a baby, paternity leave should not be viewed as a sign of weakness or privilege but rather protection during a time when their needs have changed.

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47

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Thank You



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DISCLOSURES



Erika G. Gantt, MD

Speaker has no relevant financial relationships with commercial interest to disclose.

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Words that Define Us

Symp 06: Women in Hand Surgery: Challenges We Face

Erika Gantt, MD  
Assistant Professor, Carolinas Medical Center  
OrthoCarolina Hand Center  
Charlotte, N.C

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Disclosures

► None






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### Words Matter Women surgical residents in 2020

➤ From Patients/Staff

“are you the nurse?”

“my male counterparts are ‘doc’, I’m ‘Miss, honey, sweetie’”

“you don’t operate do you”


“Where are your people from...the micro-aggression lies in the constant reminder that I am not like them...I’m less American”





➤ From Attendings

“speak up”

“Are you sure you’re strong enough to do this”

“When we are hesitant or as I like to think of it as being respectful in the OR, waiting for instruction, I am constantly being told to **be more confident** and assertive”



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### Words Matter

➤ The dilemma...

## Confidence is equated with Competence

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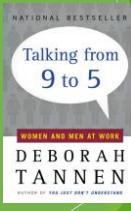
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### Gender Differences in Language

- Deborah Tannen, Ph.D.
- Early Gender Tendencies in Communication
  - High status vs. low status
  - Connection/Closeness and Equality
- Conversational Rituals/Apoloizing
- Saving Face for Others
- “We” vs “I”
- Double Bind: Women and Authority



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### The Power of Words: The Dichotomy

**Harmful labels**

- ▶ Ambitious vs. Nurturing
- ▶ Aggressive vs. Subservient
- ▶ Hard-charging v. Indirect
- ▶ “Too much” v. Polite
- ▶ Loud v. Ignored

And finally...



OrthoCarolina
OCRI
NeuroSurgery & Spine
Atrium Health Musculoskeletal Institute

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### The tyranny of the **B\_\_\_\_\_** Label

- ▶ Greek God Artemis-goddess of the hunt, often pictured with wild animals.
- ▶ No Male Equivalent word
- ▶ Benefits Men, but policed by men and women
- ▶ Creates Visual Images
  - ▶ “Militant”
  - ▶ “Opinionated”
  - ▶ “Creates discomfort for others”



Cartoonist Omar Al Abdallat

OrthoCarolina
OCRI
NeuroSurgery & Spine
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56

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### Double Bind: Women in Authority

- ▶ “Raise-your-hand-and-speak-when-called-on” behavior rewarded in classroom. **Not in the O.R.**
- ▶ “men are promoted based on **potential** while women are promoted based on **past accomplishments**”
- ▶ Internal report at Hewlett-Packard revealed that women only apply for open jobs if they think they meet 100% of the criteria listed. Men...60%



OrthoCarolina
OCRI
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57

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### Words Elevate or Deflate Us

#### Consequences

- Residents: Opportunities in OR
- Cases not starting on time
- Equipment/issues
- Nursing/Patient Confidence
- Promotions
- Contamination of Personal life/Burnout








58

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### Getting to Peace and Effective Communication

- Do we need to change the way that we talk?? Victim Blaming
- Women are socialized to **Sound** less confident **NOT BE** less confident
- Suggestions:
  - Drop "Just" and "Actually"
    - "I'm just wondering", "I just think".....
    - "Actually, this", "I actually meant"
  - No Permission
    - Stop asking for "just a few minutes...."
    - Don't preface speech implying you might be wrong
  - No Wind Up
    - "This is what I think is going on.... (vocal fry)"



59

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### Effective Communication

- Replace Apologizing with Gratitude
- Create Silence in the Room
  - "when you want to change things, you can't please everyone. If you do please everyone, you aren't making enough progress" (Sandberg, Lean In)
- "Keep being yourself. Women have unique ways of communicating- ways that tend to be more collaborative, consensus-building, and inviting. These new habits are not about adopting an authoritative communication style...They are about giving up the self-diminishing patterns that stem from being afraid of power" (Tara Mohr)






60

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### Message to the Gatekeepers

- ▶ “Any coalition of support must also include men, many of whom care about gender inequality as much as women do” (Sandberg, Lean In)
- ▶ Reexamine your perception/definition of confidence
- ▶ Reconsider what is appropriate feedback to residents and junior faculty/partners
- ▶ Make room for language and communication styles different from heterosexual white men.



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61

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### Thank You

“NO ONE CAN MAKE YOU FEEL INFERIOR WITHOUT YOUR CONSENT.”

ELEANOR ROOSEVELT  
FORMER FIRST LADY

OrthoCarolina OCRI NeuroSurgery & Spine Atrium Health Musculoskeletal Institute

62

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63

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DISCLOSURES



Sonya P. Agnew, MD

Speaker has no relevant financial relationships with commercial interest to disclose.

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64



## How to Negotiate for Yourself

**Sonya Agnew, M.D.**  
 Assistant Professor, Program Director Plastic Surgery Residency  
 Division of Plastic Surgery  
 Department of Orthopaedic Surgery and Rehabilitation  
**Loyola University Medical Center**

SYM 06: Women in Hand Surgery: Challenges We Face  
 ASSH Annual Meeting, 2020



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65

Disclosures

- None



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66

## Objectives

- Why should I negotiate my salary?
- When should I negotiate?
- How much does a hand surgeon make?
- What can I negotiate for?



67

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## 1. WHY SHOULD I NEGOTIATE?



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## Why do I need negotiation skills?

- Women display a lower propensity to initiate negotiations<sup>1,2</sup>
- Emerging evidence that women make less than men, regardless of productivity



69

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## Why do I need negotiation skills?

Inspiring thoughts:

- Being told: "Doesn't your husband work?"
- Overhearing: "His offer was higher than mine! I have two fellowships and am 5 years in practice"
- Being told that your contract is non-negotiable aka "Boilerplate"



70

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## 2. WHEN SHOULD I NEGOTIATE?



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## When to Negotiate

1. With a new job
2. Situational:
  - partners are leaving
  - productivity is high
3. With contract renewal
  - Can be yearly



72

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### 3. HOW MUCH SHOULD I/CAN I BE PAID?



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### How Much Does a Hand Surgeon Make?

- Depends on geography
  - Practices will set starting salary based on
    - Rank/attractiveness of practice
    - Location of practice / perceived cost of living
- Private practice:
  - Less opaque – eat what you kill, minus expenses
- Academic practice
  - AAMC/UHC specialty tables
  - Academic rank
  - RVU based or collections based
- Depends on specialty
  - Ortho v Plastics

74

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### Academics: Promotion & Salary

- Increase in salary occurs with promotion:

Assistant

Associate

Professor

~25%

~12.5%

- Don't delay applying for promotion if you are ready!

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## 4. WHAT CAN BE NEGOTIATED?



79

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## Other than salary... Academic Practice

- Time on guarantee
- Academic appointment (esp for mid-career transition)
- CME
  - Ask for more money for meetings if you attend more!
- Block time
- Support staff!!! MA (cheap), APN, PA
- Necessary Equipment
  - Trays, lead, traction tables, micro/arthroscopy equipment
- Protected time
  - Research, Teaching, Admin



80

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## Private Practice Negotiables

- Salary – may or may not be negotiable, and may vary significantly from group to group
- Track to Partnership- how long? Is there a buy in?
  - High turnover of young surgeons may be a red flag
- Transition from Guarantee to Production Model
  - May have provisions for young partners
- Work/Life Balance – how flexible is your schedule? Maternity leave policy?
- Overall practice management- efficiency, overhead, transparency with the financials



81

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## TIPS/TRICKS – before you negotiate

- Make friends in the institution before you negotiate
  - Know the practice
  - Know what has worked in the past
  - Don't be afraid to ask your friends what they make
- Memorize your list of assets



82

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## WHAT ARE MY ASSETS?

- Your assets:
  - Your productivity – know where you stand
  - Downstream revenue (therapy, radiology, EMG)
  - Micro call
  - Education – med students, residents
  - Leadership – committees, locally
  - National presence
  - Research



83

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## TIPS/TRICKS – at the table

- Share your VISION for the future of the practice
- Don't argue for 'what is fair'
- State your assets
  - NOT THE TIME TO BE HUMBLE
- Don't share personal financial information



84

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## TIPS/TRICKS

- Negotiate more than once in your career
- Remember what you actually want
  - Cash? Perks? Research? Time off? Less call?
  - It's ok not to be as productive as your partners
- Be okay with the compromises you make!
- If you don't ask, you won't get



85

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86

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87

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88

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## Thank you!

To all those that came before us, thank you for showing us the way.

To those of us in it now... let's work together for a better future.

For those that are up and coming... there will still be a lot work left for you.



89

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**KEEP  
MOVING  
FORWARD**

**QUESTIONS?**

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