How (and WHY) You Should Train to Be a Cardiology JEDI* Master

**Justice, Equity, Diversity & Inclusion*

Sharonne N. Hayes MD
Professor, Cardiovascular Medicine
Founder, Women's Heart Clinic
Mayo Clinic,
Rochester, MN, USA
@SharonneHayes

I strive to be a JEDI Master

(and you can too!)

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GIVE IT TO ME STRAIGHT, DOC... I CAN TAKE IT... WHAT'S WRONG WITH ME?
YOU'RE NOT A WHITE MALE.
HEART CAR
BIASED AGAIN
BLACKS, WOMEN
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Missed Diagnoses of SCAD, MI, ACS in Women: ED & Office

- **Unconscious bias** about "what a heart patient looks like"
- **Index of suspicion** lacking, despite "classic" ACS presentation
- Absent protocols/not following established protocols
- **Lack of CV research** on/including women

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MAYO CLINIC

The Racist Soap Dispenser?

TJ

Larry

Sensor detects pigment, not motion.

Infrared light is not reflected back to the sensor; it's absorbed by darker skin.

https://youtu.be/WHynGQ9Vg30

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CBS NEWS

February 2021

Pulse oximeters may be inaccurate on people of color, FDA warns

Sjoding NEJM 2020

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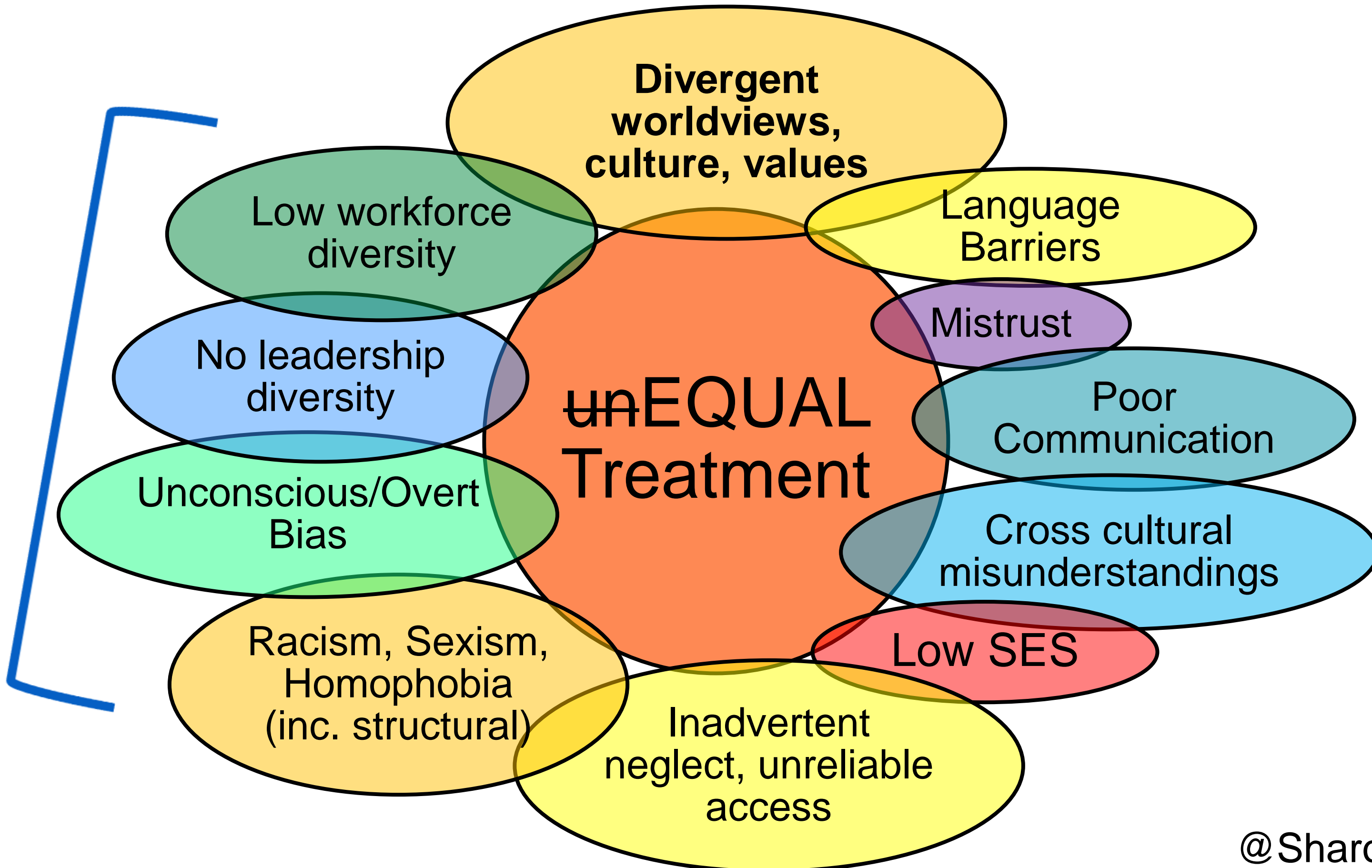
Drivers Of CV Health Disparities



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Dr. Betty Hernandez, 2nd Year Interventional Fellow The Setting:

- Nationally ranked program; Booming practice
- 8 men/1 woman in training program. No women faculty
- Male fellows share locker room with faculty.
- Dr. Hernandez's locker is in the tech/nurse locker room.
- Case assignments typically made 1st thing in the morning.
- Dr. Hernandez often finds out about her assignments from the other fellows.

Dr. Betty Hernandez In The Cath Lab

- An attending told Dr. Hernandez that he feels uncomfortable meeting with her in his office and **won't mentor her**; he regularly meets with male fellows there.
- **Asks for** faculty **feedback**; told she's doing "fine"
- She is regularly introduced by attendings to patients as "Betty" not "Dr. Hernandez". The male fellows are all accorded the title "Dr." in similar situations.
- Patients frequently probe into her background. "Where are you REALLY from"
- Notices nursing staff often ask her to repeat orders; 2nd guess her by asking another fellow the same question.

Dr. Jamil Jones: 3rd Yr On Faculty, Increasingly Frustrated

- Heavily recruited by prestigious institutions-offered protected research time, start-up funds, competitive compensation.
- Recruiters emphasized “diversity”; stated outright/implied that his minority status was important. He’d be the 1st Black faculty in the dept.
- Chose the job that was (to him) most “prestigious.”
- He’s struggling - feels he’s fallen behind other recent hires.
- **Peers have been assigned to or found mentors, seem to be thriving**. Their research infrastructure is maturing. He’s been **unable to identify a mentor, start a project**.
- **Asked to sit on several diversity committees & task forces**
- **He’s taken on numerous Black residents and students as mentees**

Dr. Jamil Jones: The Climate

- Tapped for “advice about diversity” to enhance colleagues’ projects/grant applications; **not asked to be a coauthor** on the manuscripts
- Patients have asked to switch doctors–(to a white MD)
- **Mis-identified** by employees & patients as other men of color, including transport and housekeeping staff…even when dressed #LikeADoctor & wearing faculty ID
- Shared frustration with a white colleague who told him he was too sensitive…**even if that really happened**, no one meant any harm.
- He feels “stuck” and unhappy

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Drs. Jones & Hernandez: The Problem

- Not sure how to become better cardiologists
- Unsupported. Uncertain if they've chosen the right career path.
- "Only's" & regularly reminded they are "different"
- Get no meaningful feedback on performance
- Overt biases and microaggressions
- Know their performance is not what it should/could be

Cardiology is a Team Sport

Diverse teams (esp. gender diversity) outperform, out-innovate

Diverse work-teams' advantages:

- Superior problem-solving ability
- Innovation/creativity
- Better outcomes
- Performance

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Ellison, J Econ Mgmt Strat 2014;Sommers, J Personality Social Psych, 2006,http://dx.doi.org/10.1037/0022-3514.90.4.597

Black Men & Preventive Care

Preventive services	Black MD vs non Black MD
BP screening	15% more likely
BMI	27 % more likely
Diabetes screening	47% more likely
Cholesterol screening	72% more likely
Flu shot	56% more likely

Black MD’s notes cited more personal content, addressed issues of social determinants of health

2018; Aslan, Nat Bur Econ Res;
Oakland CA, n=704

JAMA Network Open

Original Investigation | Equity, Diversity, and Inclusion

Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

John E. Snyder, MD, MS, MPH; Rachel D. Upton, PhD; Thomas C. Hassett, PhD; Hyunjung Lee, PhD, MS, MPP, MBA; Zakia Nouri, MA; Michael Dill, MAPP

- Higher Black PCP representation = improved survival of Black people
- BUT: >50% of US counties had ZERO Black PCPs
  - Black PCPs underrepresented vs. Black patient population

"Black representation levels likely have relevance for population health, supporting the need to expand the structural diversity of the health workforce."

Women *May* Provide Better Care

Do no harm

Study finds elderly patients do better under the care of women doctors

BY WITW STAFF 12.20.16

Women are 32% more likely to die post-op if their surgeon is a man, study finds

The new study found that women had much better outcomes with female surgeons

COSMOPOLITAN

Study Finds Women Are Better Doctors Than Men

If men were as good as women, an estimated 32,000 lives could be saved per year.

npr shots

TREATMENTS

Patients Cared For By Female Doctors Fare Better Than Those Treated By Men

All Things Considered

Patients have better outcomes with female surgeons, studies find

Differences in technique, speed and risk-taking suggested as reasons for surgery by men leading to more problems

Los Angeles Times

How to save at least 32,000 lives each year: Replace male doctors with female ones

Greenwood; 2018 PNAS. MI patients, Florida (1991 -2010; n = >500K)
Tsugawa, JAMA IM, 2017; Wallis, JAMA Surgery; 2023; Almquist, JAMA Surgery, 2023

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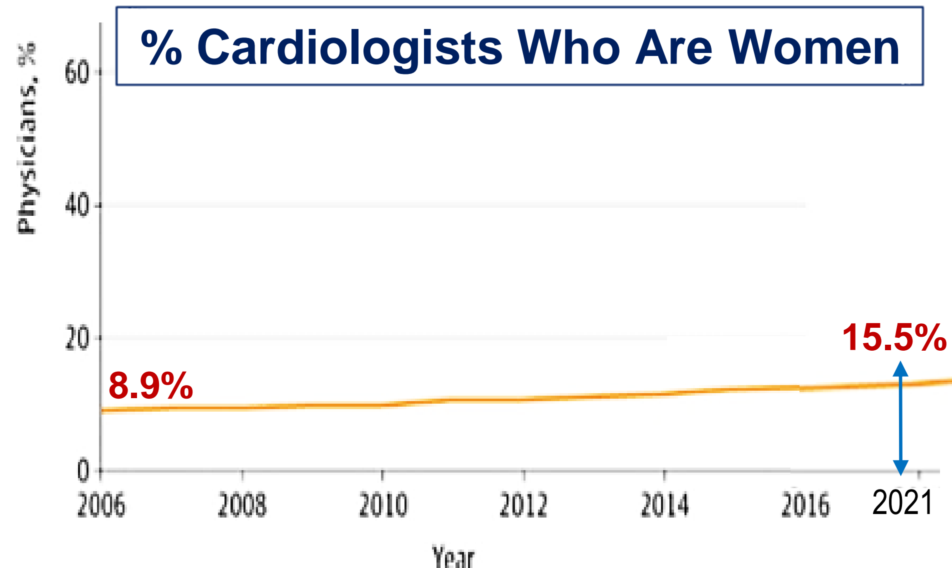
Women in Cardiology… "Progress"???

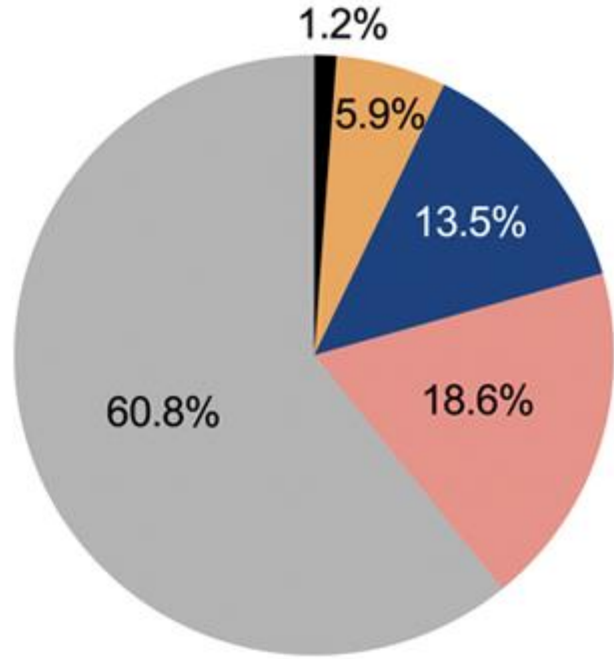
Adult Cardiologists	15.5%
ABIM Board Cert	
•Clinical Cards	12.5%
•Interventional	4.9%
•EP	8.6%
•Heart Failure	25.5%

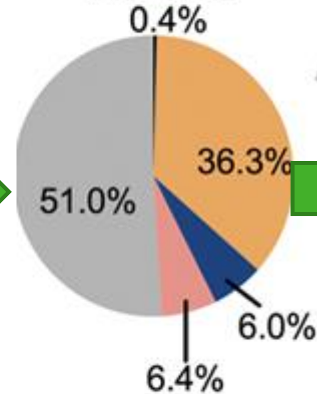


AAMC 2022; Douglas P, JAMA Cardiol, 2018; Mehta L, JAMA Cardiol, 2019; Johnson A Circ, 2021

Underrepresentation in Cardiology

US Pop.=330 Mil





Practicing Cardiologists

AI/AN	0.2%
Black	4.2%
Hispanic	5.8%
Asian	23.6%
White	63.9%

AAMC 2022; Douglas P, JAMA Cardiol, 2018; Mehta L, JAMA Cardiol, 2019; Johnson A, Circ, 2021

Doing the Math

Lack of Women, BIPOC, LGBTQ in Cardiology: Underuse of Human Capital

- Cardiologists >age 55: **65%**
- Projected **labor shortfall** (COVID, boomers, retirements, physician workload, technology)
- Formerly male dominated fields **struggle to attract** enough diverse talent (inc. cardiology)
- Cardiology has a "**residency cliff**"…..for women
- **Pipeline is a trickle** for URiMs, especially Black/African Americans, Native Americans, Hispanics

JAMA; AAMC 2022; Douglas P, JAMA Cardiol, 2018; Mehta L, JAMA Cardiol, 2019

Cultural Norm of the "Ideal" Cardiologist

- Unrestricted availability to work 60-80 hrs/wk is not desirable/sustainable for MOST - including **men**
- "Macho" image of cardiologists harms us all
- Concerns raised by women & minorities (mentoring, flexibility) affects us all
- Policies, organizational and societal norms and biology exacerbate barriers to advancement of women and minorities

Research

JAMA Cardiology | Brief Report

Professional Preferences and Perceptions of Cardiology Among Internal Medicine Residents
Temporal Trends Over the Past Decade

Meghan York, MD; Pamela S. Douglas, MD; Julie B. Damp, MD; Ariane M. Fraiche, MD; Linda D. Gillam, MD, MPH; Sharonne N. Hayes, MD; Anne K. Rzeszut, MA; Melanie S. Sulistio, MD; Malissa J. Wood, MD

Findings In this survey study of 840 internal medicine residents, both male and female residents responded that they prioritize work-life balance in career selection, and this prioritization of work-life balance has increased compared with a decade prior. Both male and female residents continue to hold some negative perceptions of cardiology, and these negative perceptions have increased compared with a decade ago.

CONCLUSIONS AND RELEVANCE This survey study found that both male and female residents place a high value on support for optimal work-life balance; these preferences have intensified over the past decade and factor into career choice. Negative perceptions of cardiology persist and, in some aspects, are worsening. Improving the culture of cardiology may make this specialty a more attractive career choice for all.

York M, JAMA Cardiol; 2022

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Compensation
Promotion
Opportunity
Leadership

Safety

Respect

Flexibility

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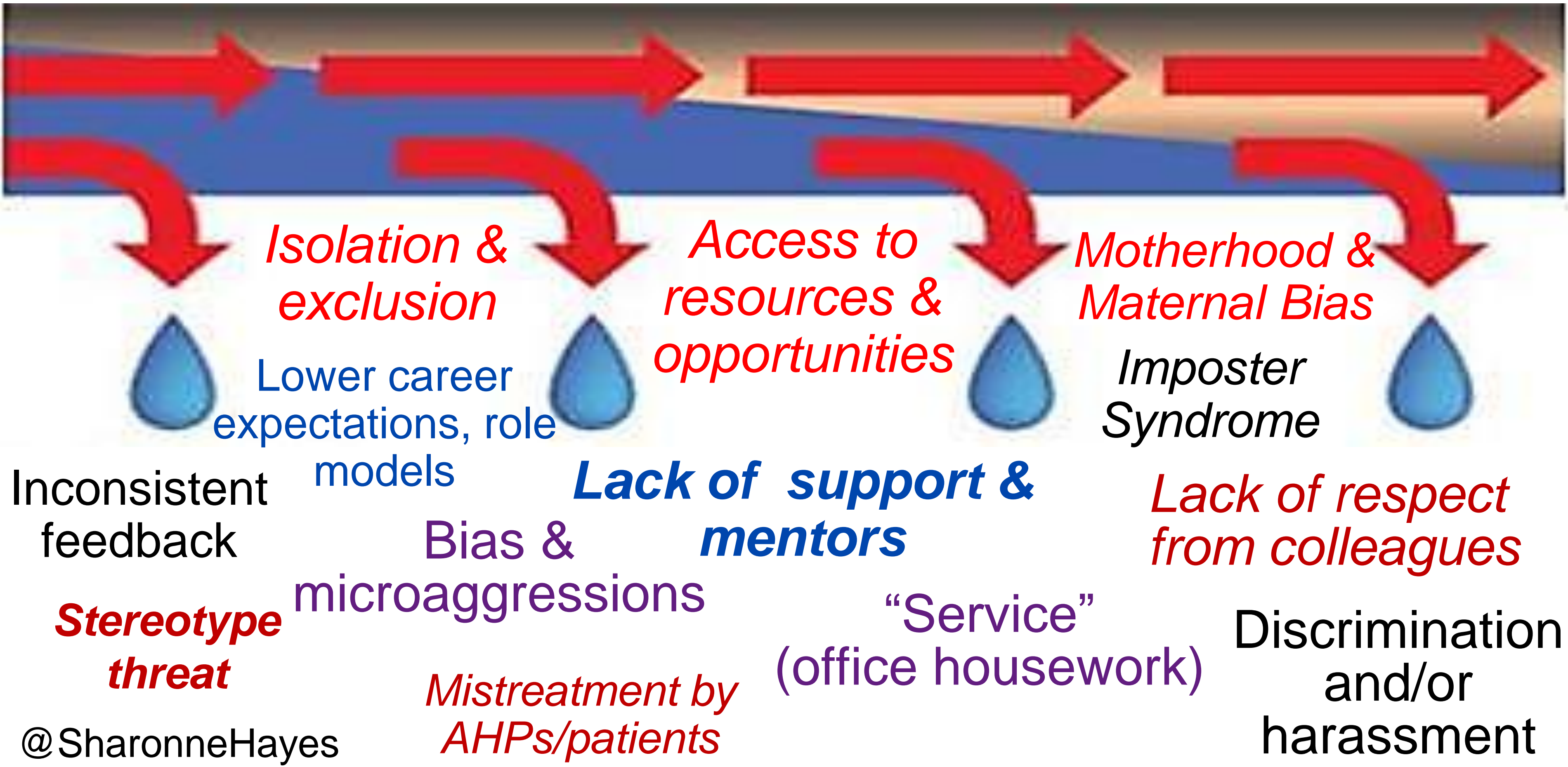
Culture & Climate of Cardiology for Women & URiC's



Sexual Harassment In Cardiology

- **40% of women** & **15% of men** in prior 12 mos (vs 34% & 22% overall MDs)
  - Younger > older women
  - LGB+ > heterosexual (men & women)
- The harassed experience:
  - ↓Engagement
  - ↓Satisfaction w/ workplace
  - ↓Likelihood to stay at org

AAMC, 2022; * Prior 12 mos.; n=>13,000

64% of women IM residents experienced mistreatment* during training

(72% witnessed it)

*Sexual harassment, gender/racial/parental discrimination, verbal/emotional/physical abuse

N=22K, 43.3% women

Finn, JAMA Int Med, 2022

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Hostile Climate for Internal Medicine Trainees
Inappropriate Comments/Actions/Mistreatment

- **Source of mistreatment (among women):**
  - **61% Patients**
  - **45% Patients' families**
  - 23% Nurses/staff
  - 19% Faculty
  - 16% Other residents
  - 9% Allied health personnel

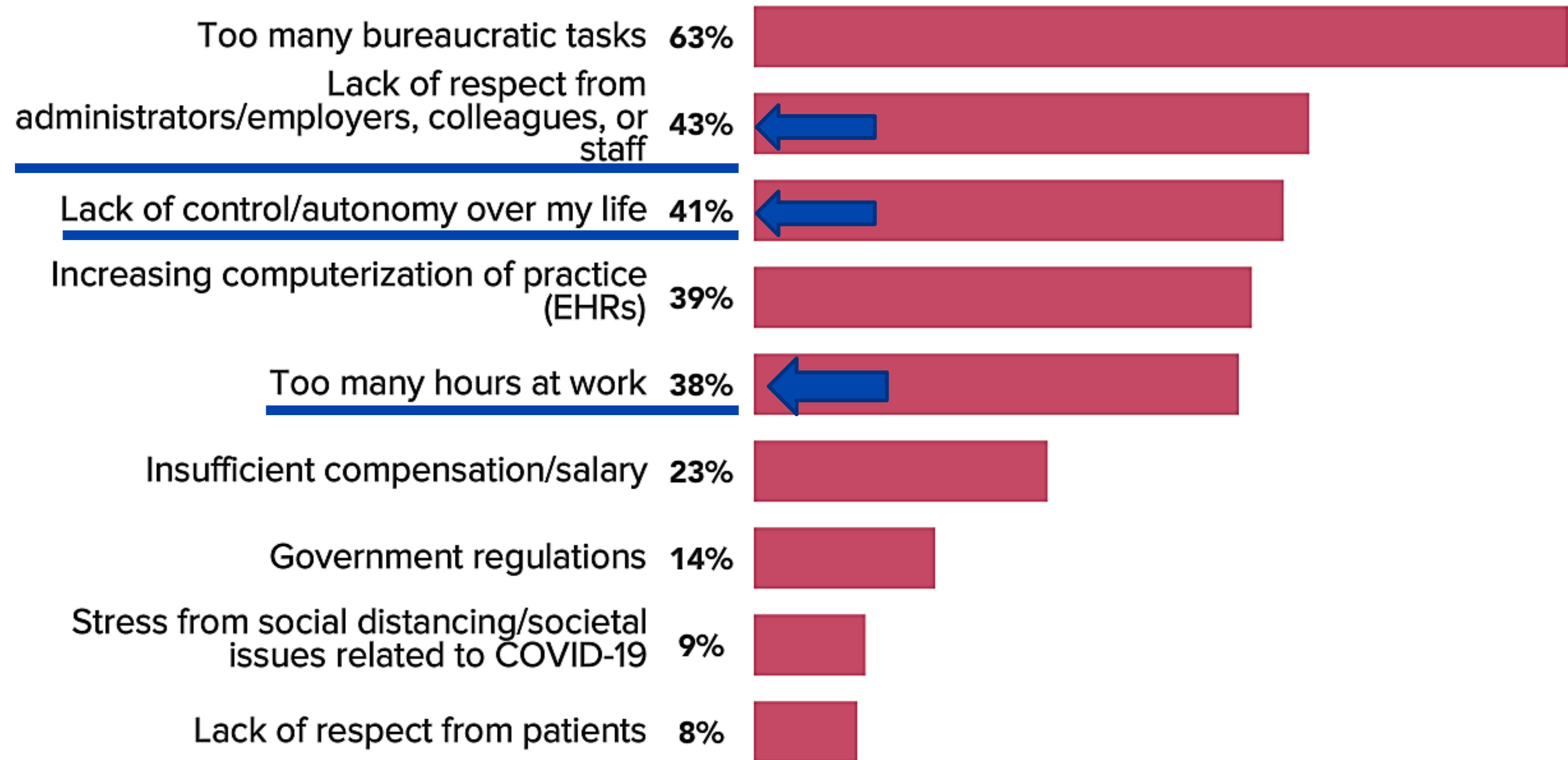
Scope of Patient/Visitor Behavior

- Explicit rejection of care
- Racist, sexist, or homophobic epithets

- Patient "requests" for specific "type" of staff/resident unrelated to medical need
- Inappropriate compliments, flirtatious remarks, jokes reflecting ethnic stereotypes

- Microaggressions (*Where are you REALLY from?)*
- Aggressive inquiries into staff's ethnic background, marital, parental status

Drivers of Burnout Among Cardiologists



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SECTIONS

The New York Times

SHARE FREE TRIAL

#LooksLikeaDoctor

Black Doctor Says Delta Flight Attendant Rejected Her; Sought 'Actual Physician'

By CHRISTINE HAUSER OCT. 14, 2016

Dr. Tamika Cross, a black physician at the Lyndon B. Johnson Hospital in Houston, could not immediately come to the phone on Friday. She was busy delivering a baby boy by C-section.

So, yes, in case anyone has any doubt, Dr. Cross is an "actual physician."

But the 28-year-old doctor said that was the question hanging in the air, raised by a flight attendant, when she volunteered to treat a sick passenger on a Delta flight from Detroit to Minneapolis on Sunday.

Dr. Cross wrote about the episode in a Facebook post later that day, saying she had put her hand up to help, but was met with the kind of skepticism she had encountered before as a black doctor. A flight attendant demanded

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Walking The “Tight Rope"

- **High-status jobs** seen as requiring “masculine” qualities (calm, decisive, confident) vs. feminine (modest, communal, self-effacing)
- **Tightrope:** Too feminine to be competent & too masculine to be likable.
- **Challenge:** Must deal with others’ cultural expectations of what a woman should “be” & “act", while getting her work done.
- Many minoritized groups also affected
- **It’s exhausting…potentially dangerous**

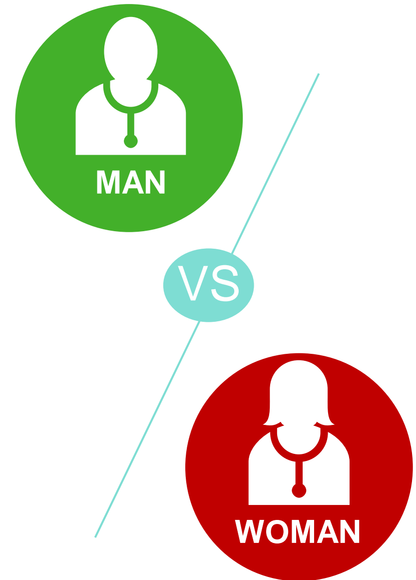
Image: Jon_Feinstein creative commons2.0-FLICKR

Williams and Dempsey, What works for women at work (2014) NYU Press (book). Cuddy et al

Walking the Tightrope: When They Struggle

- **MEN –** get consistent feedback from different attendings regarding their performance
- **WOMEN –** discordant views about what they needed to improve

Particularly in autonomy and leadership, which are personality characteristics more challenging to improve than procedural skills



Dressing the Part:
Gender Differences in Residents' Experiences of Feedback in Internal Medicine

"The feedback I got from him was to be more confident and I remember just being like, 'If I were any more confident today, it would have been unsafe.'"

"A patient told me that they did not trust the medical opinion of their physician, who's a global expert in cardiology, because she wore high heels and a dress."

No men received similar inconsistent/contrary feedback

Why This Matters

- Women, minorities consistently given less critical feedback on performance
- Have less access to leadership, mentoring

Drs. Jones & Hernandez

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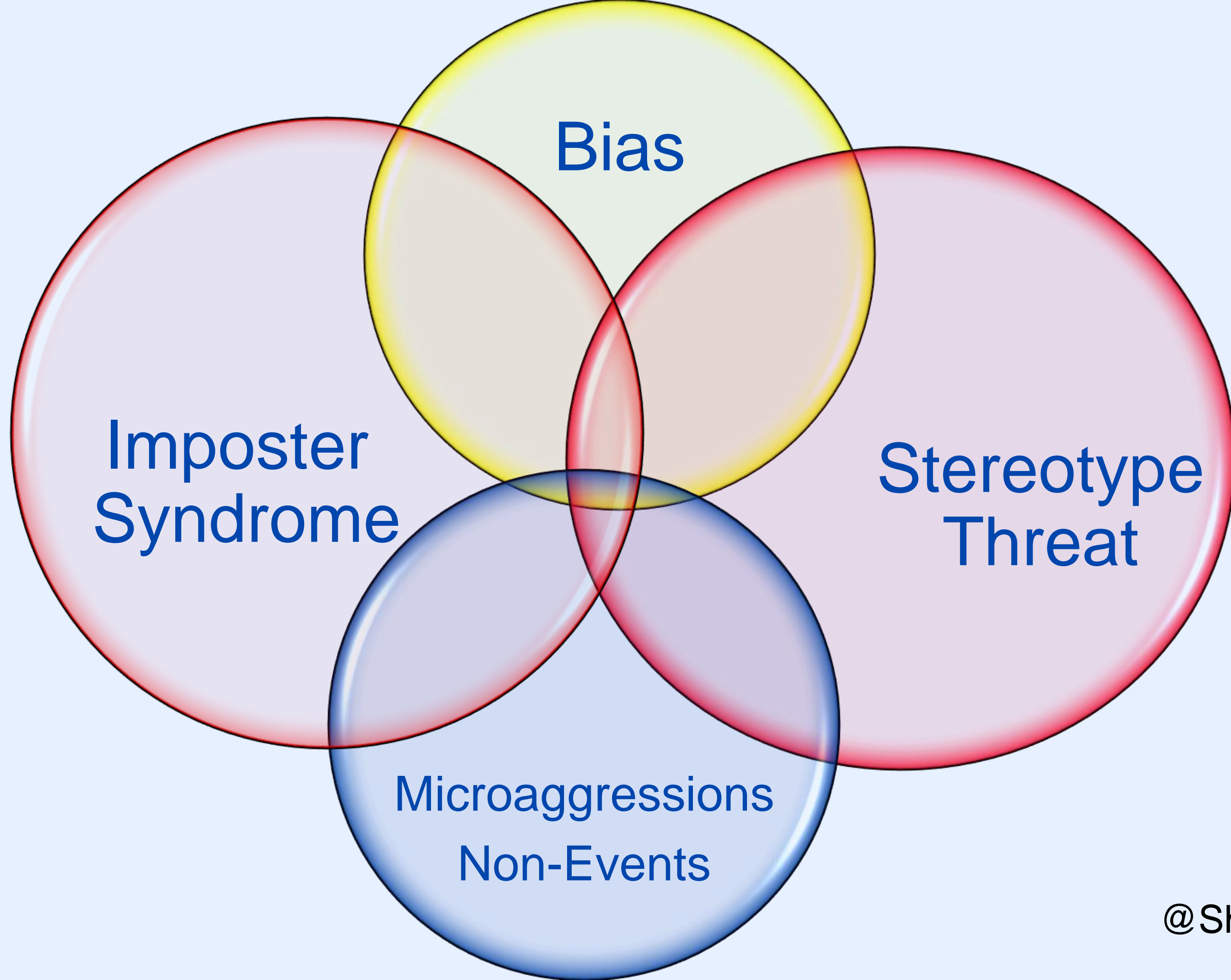
Bias = impaired decision-making



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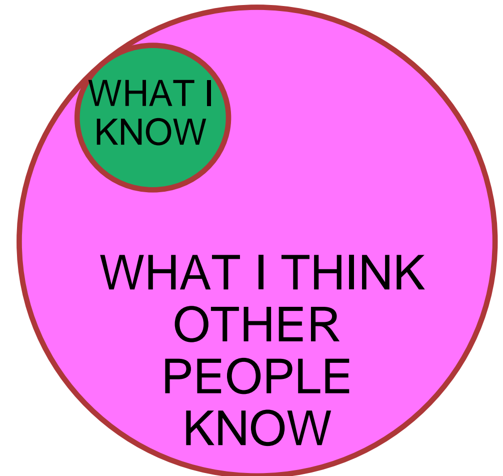
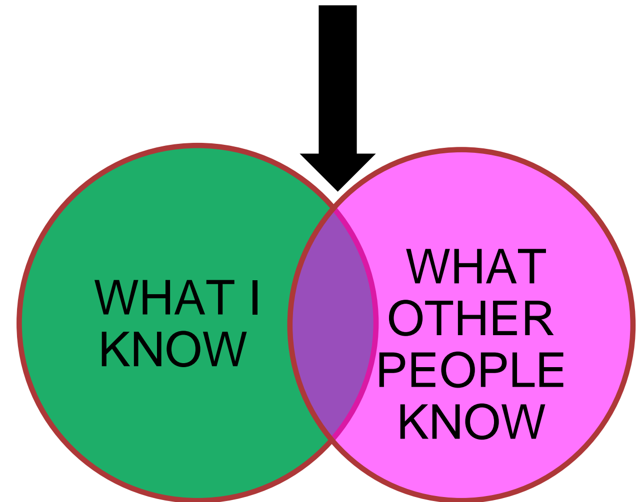
Imposter Syndrome

I feel like a fraud….
And I'm going to be found out any minute!

Perception



Reality



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Feeling unsure ≠ an imposter
Confidence ≠ competence

Bias, underrepresentation, & exclusion *exacerbate feelings of doubt & are at the root of feeling like an imposter (at your institution, in medicine & science)*

End Imposter Syndrome: Fix The Environment

End Imposter Syndrome: Fix The Environment

Examine the biases & toxic culture (uncredited work, microaggressions) that make people feel this way

- When people express imposter syndrome, as a leader, reflect on their work climate- and work to fix it
- Stop “death by a 1000 papercuts”-address bias
- Believe them - Gaslighting is common

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"I'm pretty sure that when most white people make a mistake, they don't feel like they're representing all Italians or all Irish. But a lot of Black Americans do feel like that . . ."

McKinsey/Lean In 2018

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"Energy is often spent navigating systems of oppression while simultaneously seeking to dismantle them for future generations.

It means lifting as I climb and ensuring that even though I was the first *xxxx* to do/be *yyyy*, **I won't be the last.**"

King & Upadhyay; Science Ed. 2022

Justice

Equity

Diversity &

Inclusion

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Stop fixing women & URiCs…

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Women & Minoritized Individuals Are Doing Their Part

Structural Change is Necessary

Cardiology CANNOT AFFORD To Lose Women/UiMs

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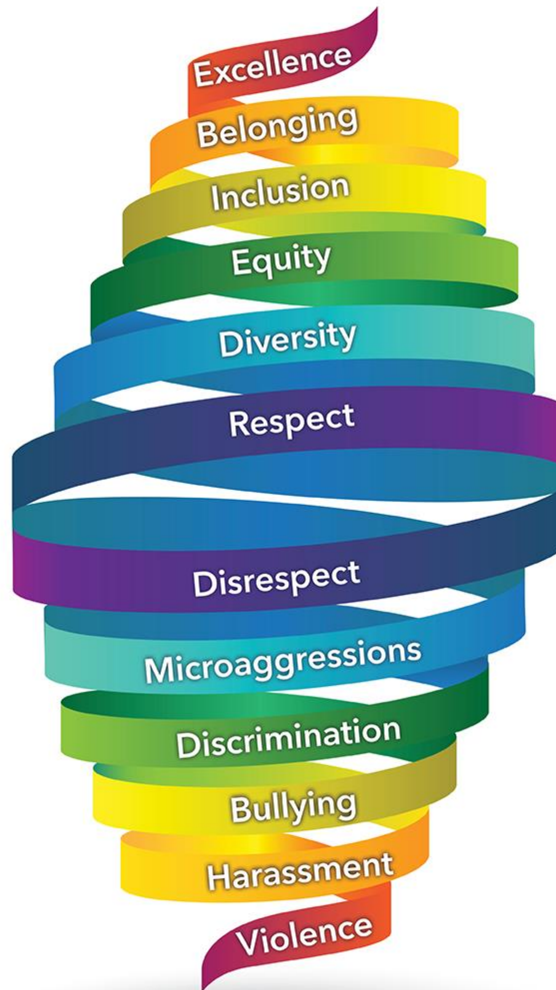
Spectrum of Civil and Uncivil Behaviors



Douglas PS, Mack MJ, et al J Am Coll Cardiol. 2022

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HEALTH POLICY STATEMENT

2022 ACC Health Policy Statement on Building Respect, Civility, and Inclusion in the Cardiovascular Workplace

A Report of the American College of Cardiology Solution Set Oversight Committee

Writing Committee

Pamela S. Douglas, MD, MACC, *Co-Chair*
Michael J. Mack, MD, MACC, *Co-Chair*

David A. Acosta, MD
Emelia J. Benjamin, MD, ScM, FACC
Cathleen Biga, MSN, RN, FACC
Sharonne N. Hayes, MD, FACC
Nkechinyere N. Ijioma, MBBS, FACC
Lisa Jay-Fuchs, MSN, MBA, RN
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Components of Successful Initiatives Addressing BDBH

Douglas PS, Mack MJ, et al J Am Coll Cardiol. 2022

“You’re just too petite and pretty to be doing TAVRs”

MAYO CLINIC

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@MayraGuerreroMD

“Wow-I thought I heard you say women weren’t cut out to be interventional cardiologists.
I must not have heard you…right???

Employ humor
Help them think: Ask What? Why? Help me understand…
State the facts: “That comment was untrue/hurtful”
Apologize if YOU are the microaggressor

YOU CANNOT BE AN ALLY OR ADVOCATE IN SILENCE

Catalyst

UPSTANDER

An individual who actively defends a cause or belief or intervenes when someone is being bullied, mistreated, or is the target of a microaggressor/harasser

*distinct from a ‘bystander’ who witnesses incivility or bias, bullying, discrimination or harassment, but takes no action

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80% of white people consider themselves allies to POC

….but

< 40% of white people report **ever** speaking out against bias or racism at work.

Lean In 2020

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“Don’t be shy about speaking up. Have company when you do so, so you are not a lone voice.”

Ruth Bader Ginsburg

Image: Rashaad Jorden @FLICKR CC2.0

Setting The Tone: The Role of Leaders

- Leaders serve a critical role: trusted, familiar “first responders.”
- Employees/Trainees often…
  - Do not speak out or report experiences because they don't want to be singled out or blamed
  - Feel isolated, and don't believe they will be believed
  - Have observed “inaction”, dismissive behavior previously

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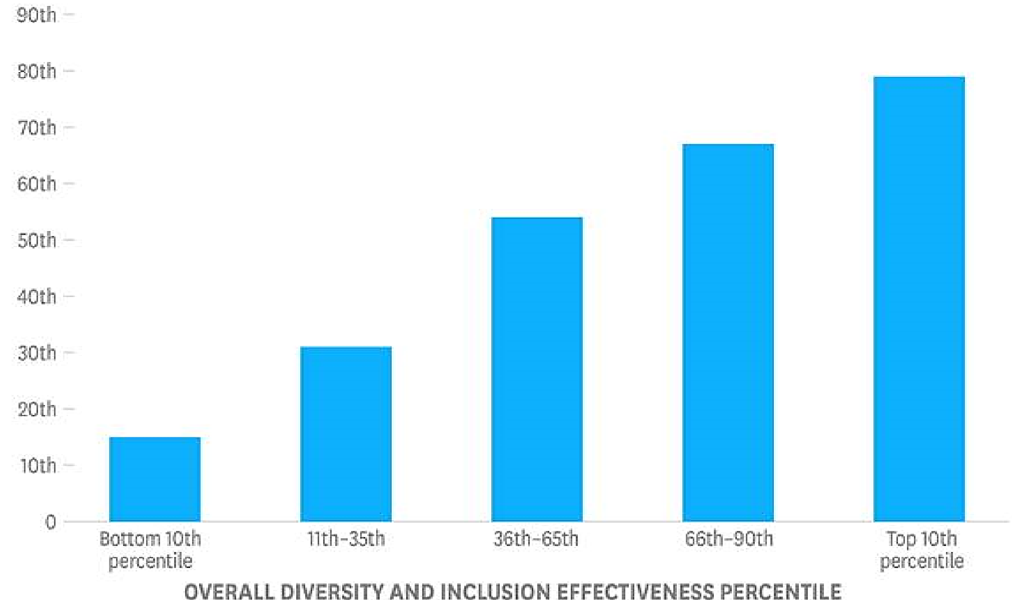
Inclusion Skills = Effective Leadership

1. “Takes initiative to support and include people of different backgrounds and perspectives”
2. “Actively builds a climate of trust, appreciation, and openness to differences in thoughts, styles and backgrounds”



360’s: 1.5 Million raters of 122K leaders

HBR, 2017

Educating & Empowering "Upstanders" (that may well be you)

- **Teaching people how to intervene** and not be silent bystanders is one of the most effective ways of stopping harassment and empowering people to act.
- Support is critical for the targeted person

Be allies & advocates
Use your power, influence, expertise, resources, skills, and relationships to advocate for **individual and structural change**

Catalyst

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I am honored to be a part of the panel. One caveat: as you may know, I have a rather public position that I will not participate in all male panels. For a panel of this size and topic, it would seem straightforward to insure there are at least two women on the panel; less than that I will have to bow out. Let me know if you have any difficulty identifying superb female speakers; I am happy to help

“Thank you so much for the Invitation to be a part of the panel on xx at next year’s ACC. I would love to do this. But one caveat: I follow the strong example of a good friend and have decided not to participate in all male panels….”

ALLYSHIP & ACTIVISM FOR BEGINNERS (1)

- **Do no Harm:** full attention, echo/attribute, (be a backup singer!)
- **Ask how you can amplify, not replace/change, existing parity efforts**
- **Listen (no, REALLY listen)** Believe underrepresented people’s experiences. Ask how to be a better ally/advocate
- **Acknowledge the counterproductive effect of guilt-** understanding the systematic and societal issues which have played in your favor is eye opening, but allows you to use this privilege to amplify those who don’t have it.

ALLYSHIP & ACTIVISM FOR BEGINNERS (2)

- **Do your Homework.** Underrepresented people are not responsible for educating you
- **Call out inappropriate behavior** – People in privileged positions can call out unacceptable behavior towards underrepresented people **and be heard**
- **Make Space; Don't take space**
- **Use inclusive language -** learn the preferred terms (LGBTQ, disability, names); avoid harmful language

ALLYSHIP & ACTIVISM FOR BEGINNERS (3)

- **Advocate!** intervene, invite to speak, refer, encourage; **normalize allyship**
- **Change a life:** mentor/sponsor, volunteer, educate, hire, promote, lead
- **Share growth opportunities; give up your seat**
- **Follow an array of voices** – Learning and growth will not happen without being challenged

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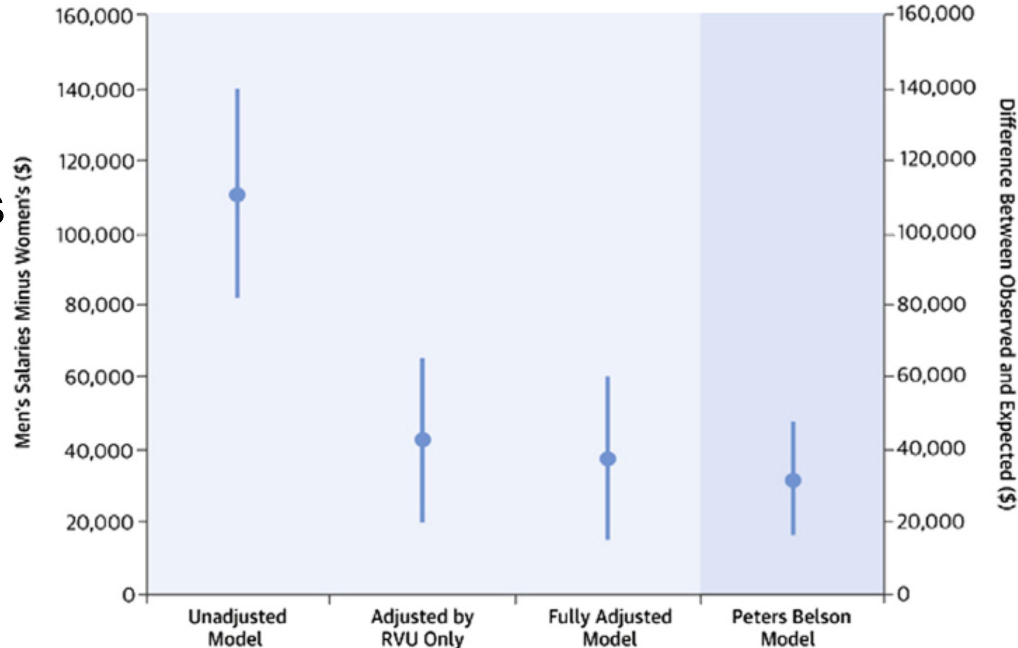
ALLYSHIP & ACTIVISM FOR BEGINNERS (4)

- Recognize that **venting isn't a personal attack**
- **Avoid "performative allyship"**
- **Push through your own insecurities. Focus on being capable—any discomfort or fears are part of the process**
- **Give yourself grace:** Understanding and recognizing privilege can be daunting and uncomfortable. You will make mistakes

Gender Inequity In Compensation Among Cardiologists

- Starts with 1st role out of training
- Pay gap persists despite adjusting for >100 practice & personal factors
- Widens with age
- Women/URiC more likely to perform uncompensated, non-promotable work in the guise of "service"



* Men vs. women comp (Unadjusted to fully adj.)

Jagsi, JACC, 2016; Douglas, JACC, 2019

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“Mission Critical” But “Non-promotable” The Invisibility Of “Office Housework”

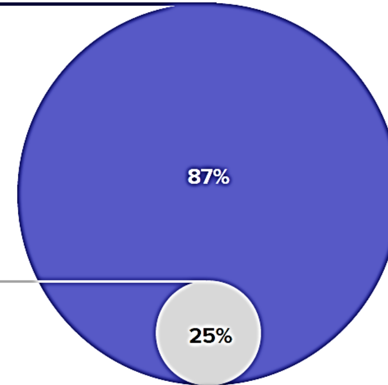
Leaders Promoting DEI (outside formal role)

	Men	Women
Managers[17]		
Does informal DEI work	43%	49% **(+6pp)**
Spends substantial time on DEI work	7%	11% **(+4pp)**
Senior leaders		
Does informal DEI work	46%	54% **(+8pp)**
Spends substantial time on DEI work	9%	19% **(+10pp)**

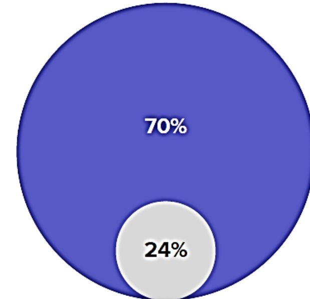
Importance vs. Recognition

Work is critical[20]

Work is formally recognized[21]



Well-being



DEI

Women, esp. women of color:

- ↑ Mentoring, DEI work
- ↓ Productivity on **compensated** work?

2021 WOMEN IN THE WORKPLACE: THE STATE OF WOMEN-McKinsey/Lean In

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HEALTH POLICY STATEMENT

2019 ACC Health Policy Statement on Cardiologist Compensation and Opportunity Equity

Writing Committee

Pamela S. Douglas, MD, MACC, *Chair*

Cathleen Biga, RN, MSN, FACC
Kristin M. Burns, MD, FACC
Richard A. Chazal, MD, MACC
Michael S. Cuffe, MD, MBA, FACC
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Pamela S. Douglas, MD, MACC
Claire S. Duvernoy, MD, FACC
JoAnne M. Foody, MD, FACC
Sharonne N. Hayes, MD, FACC
Dipti Itchhaporia, MD, MACC
Michael S. Parmacek, MD, FACC
Ada C. Stefanescu Schmidt, MD, MSc, FACC
George W. Vetrovec, MD, MACC
Thad F. Waites, MD, MACC
John J. Warner, MD, FACC

@SharonneHayes

THE FUTURE OF CARDIOLOGY MUST BE JEDI

- **Leaders** must be JEDIs (we all should)
- Acknowledge the problem (data helps)
- Address **external & organizational structures** that perpetuate inequity, affect pipeline (hostile climate, perceptions, long training requirements, no flexibility; $$$)
- Address the **unconscious biases** that affect all of us
- Acknowledge **biology & career trajectory** realities: sex, gender
- Policy/procedure for **patient & visitor misconduct**
- **Consistent, effective, transparent process** for addressing discrimination & harassment
- **Training & practice for allies and upstanders**

@SharonneHayes

Mayra Guerrero, MD @MayraGuerreroMD · Mar 8

Starting 1st TAVR today with all women except 1 fellow. Interv fellow & Surgery fellow are women. I was 1st woman ever in my cardiology fellowship, very different today. Great change in just 1 lifetime! Progress changing the Face of Cardiology. Happy Women's Day!!! @MayoClinicCV

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"Our 1st TAVR this morning. The only male team member was a fellow who said... "Wow, should I leave?"

I told him, "that's how I felt a couple of decades ago when I was the 1st ever female fellow in my cardiology fellowship.
It feels great to see today is different. We ALL belong here".

MAYO CLINIC

@MayraGuerreroMD

@SharonneHayes

Drs. Jones & Hernandez:

Gratifyingly, the culture AND climate of cardiology is changing. Challenges remain…

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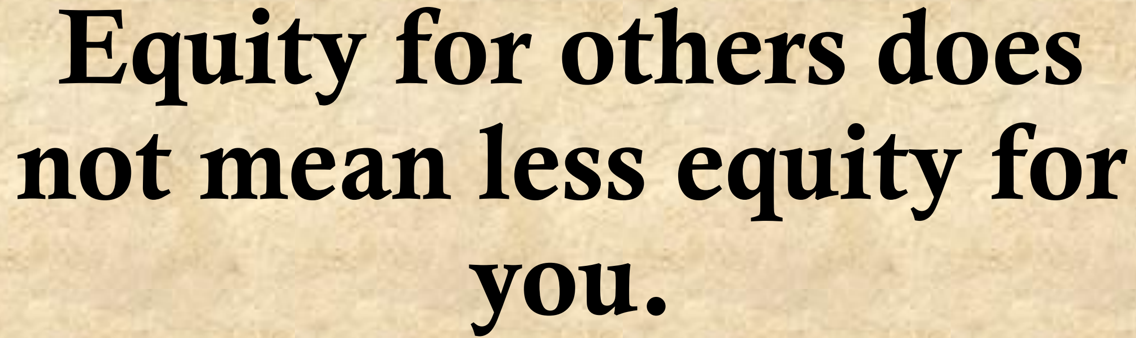
@SharonneHayes



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