A listening ear

Merle Waxman
Director of the Office for Women in Medicine, Yale School of Medicine
At **Yale School of Medicine**, Merle Waxman is working tirelessly to support current faculty and promote the position of women in medical sciences and healthcare. As Ombudsperson and Director of the Office for Women in Medicine, she is perfectly positioned to identify, understand and respond to the drivers of gender imbalance.

**How did your background lead to your appointment as Director of the Office for Women in Medicine at Yale School of Medicine (YMS)? What does this role entail?**

I started my career as a speech and hearing therapist. Although I did not realise it at the time, my early training in active listening helped me decades later when I came to Yale from Stanford School of Medicine and was appointed Head of the Office for Women in Medicine. This Office was initially established at Yale in 1975 in response to the concerns of a small but growing number of women faculty members.

While I was at Stanford, I was an assistant ombudsman at the medical school. In 1990, when the Dean at Yale School of Medicine decided that an ombudsman’s office should be established, he asked if I would take on that added responsibility. Time management was a challenge, but in retrospect, taking on that role was one of the best decisions of my professional career.

**You brought the ‘ombuds’ concept to YMS. How can an ombudsperson contribute to the effectiveness of a medical institution? How do you use your skills and expertise to resolve conflict in this role?**

An ombuds office can provide an informal but important resource to any organisation. In some cases it can preempt the need for formal conflict resolution processes or litigation. The primary characteristics of the ombuds office are that it is confidential, neutral, informal and independent. The ombudsperson is an active listener and is trained to frame the issue brought to the office and to develop options for the visitor.

Each situation brought to the office may have a unique pathway towards solution. The only time when the confidentiality of the office is broken is if there is the perceived possibility of imminent harm.

From the institution’s point of view the office may be looked at as an ‘early warning system’. With a direct line of reporting to the CEO or Dean of the organisation/school system, problems or incipient problems may be nipped in the bud before they escalate into larger issues. The Ombuds Office at Yale School of Medicine is multifaceted; my visitors include students, postdoctoral fellows, junior faculty, senior faculty and other staff at all levels. The problems I come across are therefore quite diverse and require a variety of different responses. Life is never dull!

**What is the mission of the Office for Women in Medicine? How does it strive to promote the academic growth of its stakeholders?**

Yale School of Medicine is committed to helping all members of its community develop to their full potential. The mission of the Office for Women in Medicine is to promote the academic growth of its stakeholders.

The Leah Lowenstein Award is presented annually at graduation to the faculty member who, by promoting humane and egalitarian education, most clearly sets the example for students entering the field of medicine. Could you provide some insight into how this award began and who it is in honour of?

The Leah Lowenstein award was established one year prior to my being named as the Head of the Office for Women in Medicine. Leah Lowenstein was the first woman in the US to be dean of a medical school – Jefferson Medical College in Philadelphia. The award is given annually to a faculty member who is the model of a medical educator, whose humane teaching reaches and influences all students regardless of gender, race or socioeconomic background. These are the traits espoused by Leah Lowenstein, who was an exemplary dean and medical educator. The faculty member is elected after an announcement is sent to all of the graduating senior students. They are asked to submit nominations indicating how the nominee fulfills the relevant qualifications for this prestigious award. Although the election is run by the Office for Women in Medicine, it is of some interest that almost equal numbers of male and female faculty have received this award.

**Do you think a lack of role models is driving the gender imbalance in medicine and medical sciences?**

For more than the past decade nearly equal numbers of men and women were admitted to and graduated from medical schools in the US. The perceived or actual gender imbalance in medicine and medical sciences largely reflects the milieu after graduation. I believe that the gender imbalance is multi-factorial and that the lack of role models may be a significant contributing driving force. It is certainly true that particular sub-specialties in medicine have very few women physicians. The reasons for this may be embedded in traditions that do not support a climate that is accepting of women. An additional burden is faced by women in healthcare or biomedical science who choose to have children; even brief absences surrounding the time of the birth may be frowned upon. The bottom line is that in our medical schools there are generally fewer women than men in top positions.

**To what extent, then, do you agree with the notion that combining parenthood with a career in science is problematic? Do you think this is a major reason for the attrition of women in medicine?**

Contemporary medical research is exhilaratingly exciting, but the pace of research can be grueling and even a few months outside of the laboratory may put a person – or be perceived as putting a person – at a disadvantage. Similarly in clinical practice the exigencies of an on-call schedule can be a challenge for a mother who has recently had a child. In some cases, women find that there is no clinical backup available to

**Functions of the Office for Women in Medicine**

- Provides female students, trainees, fellows and faculty with access to advisors and mentors
- Brings distinguished women in the medical sciences to Yale School of Medicine as role models and mentors
- Facilitates access for students to professional women in both structured and informal settings
- Sponsors workshops and seminars on professional development and career opportunities for women in medicine and the sciences
- Serves as a focus for the discussion and resolution of issues of interest to women within the Yale Medical School community
carry on her responsibilities. In each of these instances added stress is imposed on a developing or ongoing career.

You also conduct an annual lecture series. How does this increase the visibility of women in medicine? Are there any other initiatives you wish to highlight?

Students and trainees need to be exposed to role models and have an opportunity to interact with successful women so that they can ask questions, see how others have gone before them, and learn from their personal stories. Therefore I try to provide a forum where this can happen, sometimes in a lecture or sometimes over lunch or even at my home in the evening.

Yale University also has a Woman in Science group (WISAY). Are there any other ongoing efforts to promote the advancement of women?

Based on over 25 years’ experience at Yale, I can confidently say that the leadership of the medical school, and of the University, has generally tried to foster the careers of women faculty in many ways. The Women Faculty Forum at Yale is an organisation of women on campus – made up of faculty, staff and students – who work together to foster gender equality throughout the University by developing policy initiatives, and promoting mentoring, collaboration and networking. Furthermore, the University has appointed a Deputy Provost for Faculty Development and Diversity whose mission is to promote the advancement of women and minorities. Additionally, the medical school has a Director of Professional Development and Equity, who also works closely with faculty to promote the advancement of women.

In 2012, researchers at Yale published a study demonstrating that physicists, chemists and biologists are likely to view a young male scientist more favorably than a woman with the same qualifications. How do you think this can be changed and how does the Office for Women in Medicine contribute to that?

That 2012 Yale study was quite interesting. It reported that when interviewing for a lab manager position, male and female science professors rated male applicants as more competent, more hirable and more suitable for mentoring. Male applicants were also offered higher salaries. Another study published by a different group reported that at the time of tenure promotion decisions, reservations were expressed four times more often when the name was female. In my role as Head of the Office for Women in Medicine, I have lectured and met with small groups throughout our institution to talk about the role of unconscious bias exemplified in these studies. Change happens slowly but we have started a practice at Yale University whereby every search committee will include female members and a diversity representative (not necessarily female) who is trained to recognise biases.

What do you enjoy most about your work? What do you find most rewarding in your everyday activities?

In most of my day-to-day activities I meet individuals who come to see me in my role as Head of the Office for Women in Medicine, or in my role as Ombudsperson at the School of Medicine. I get most enjoyment out of helping people solve their problems and helping them achieve their full potential. The two offices can act in a complementary fashion, as some of the issues brought to the Ombudsperson Office are gender-related. If a systemic problem is brought to me by several different members of a department, I can put the department or school into a position to address the problem. This is what I have referred to as an early warning system or what some of my colleagues call ‘the canary in the coal mine’.

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