WOMEN IN LEADERSHIP: Lessons from The “Grimm fairy tales”
CHAIR:
GRACE C WRIGHT, MD PHD

PANELISTS:
JOAN BATHON, MD
LISA CRISCIONE-SCHREIBER, MD
MEGAN CLOWSE, MD
JENNIFER HERRON, MBA
JOHN TESSER, MD
Dr Wright is a Clinical Associate Professor of Medicine and Attending Rheumatologist at the New York University (NYU) Langone Medical Center in New York City. She received her undergraduate degree at Barnard College, Columbia University, graduating magna cum laude in 1983, and earned her medical and doctorate degrees at NYU School of Medicine in 1990. She is the recipient of the Helen R. Downes Award for academic distinction and is a member of Phi Beta Kappa and the Alpha Omega Alpha honor medical society.

Dr. Wright has research and clinical interests in the management and treatment of Rheumatoid arthritis and other rheumatic diseases, Osteoporosis, and Systemic Lupus Erythematosus. She has served as a principal or co-principal investigator of many clinical trials, and has given numerous professional lectures worldwide. She is a founding member and President of the Association of Women in Rheumatology and is a fellow member of the American College of Rheumatology.

Grace C. Wright MD PhD
President, Association of Women in Rheumatology
Clinical Associate Professor of Medicine
NYU School of Medicine
Dr. Criscione-Schreiber is an Associate Professor of Medicine at Duke University School of Medicine and Rheumatology Program director since 2008. She received her Bachelors and Medical degrees at Duke University and a Masters in Education from the University of Cincinnati in 2014. She is also the Associate Vice chair for Faculty Development and Diversity in the Duke department of Medicine where she directs the Program for Women in Medicine and serves as the Chair of the Department of Medicine Faculty Development Academy for Education Scholars.

Her clinical interests include Systemic Lupus Erythematosus (SLE) and inflammatory myopathies. In 2007, Dr. Criscione-Schreiber co-founded the Duke Lupus Clinic with Dr. Megan Clowse where they continue to improve the health and quality of life for individuals living with lupus. She is the recipient of the Clinician Scholar Award through the Rheumatology Research Foundation of the ACR and is involved in the validation and testing of a rheumatology objective structured clinical examination (ROSCE).
Ms. Herron was recently appointed as President of MorphoSys US Inc. and Executive Vice President, Global Commercial. Prior to that she served at ARIAD as CCO and at Bristol-Myers Squibb Company (BMS), as Lead, Commercial Transformation and Operating Model. Previously, Ms. Herron served in various roles of increasing responsibility at BMS, including as Vice President, US Immunology from 2014-2016, and as General Manager for BMS in Puerto Rico and the Caribbean from 2012-2014.

Ms. Herron also served as Executive Director, US Commercial Operations, for BMS from 2010-2012, following several commercial leadership roles in oncology from 2006 through 2009. Prior to joining BMS, Ms. Herron served in critical marketing roles for in-line and launch assets in oncology for both Novartis and GSK/SmithKline Beecham. Ms. Herron started her pharmaceutical career as a clinical research associate at Boehringer Mannheim Pharmaceuticals.
Dr. Clowse is a clinical researcher with a focus on the management of rheumatologic diseases in pregnancy. Since 2007, she has collected prospective pregnancies in women with rheumatic disease in the Duke Autoimmunity in Pregnancy Registry, which currently includes over 300 pregnancies. This registry includes clinical data, pregnancy outcomes, and a large sample repository.

Dr. Clowse has also conducted studies on vasculitis and ovarian function and pregnancy and is the director of the Vasculitis-Pregnancy Registry, through the Vasculitis Clinical Research Consortium, an online pregnancy registry for women with these rare conditions. She is working on a study to identify causes for the high rate of infertility among women with rheumatoid arthritis. She is also working on several projects to better understand how psoriatic arthritis impacts pregnancy.

Megan Clowse, MD
Associate Professor of Medicine,
Duke University School of Medicine
Dr. Bathon is a rheumatologist whose research over the past 25 years has focused on rheumatoid arthritis at both the bench and clinical levels. She has authored over 150 manuscripts and book chapters. She is the PI or co-investigator on several major NIH and foundation grants that focus on understanding risk for accelerated atherosclerosis and myocardial dysfunction in rheumatoid arthritis.

Dr. Bathon has had an intense and consistent commitment to mentoring of trainees at all levels (undergraduate, graduate level, post-graduate level and junior faculty) throughout her career, and trainees have spanned a number of disciplines including rheumatology, geriatrics, pulmonary, psychiatry, molecular medicine, and biomedical engineering.
Dr Tesser has been principal investigator for over 300 clinical research trials studying all forms of rheumatic diseases, with an emphasis on rheumatoid arthritis, osteoarthritis, SLE, and osteoporosis. He has authored numerous articles for many peer-reviewed medical journals, including *The New England Journal of Medicine*, *The Journal of Rheumatology*, and *Arthritis and Rheumatism*. He served as a member of the Annual Planning Committee of the American College of Rheumatology and the Practice Improvement Program developmental team, and has reviewed abstract submissions for the ACR annual meeting and for Arthritis Care and Research. He was an ambassador to the Within Our Reach Campaign to find a cure for rheumatoid arthritis, and is a member of a number of CME groups that develop and present educational programs focused on the rheumatic diseases. He was the recipient of 2014 AAPA Paragon Physician-Partnership Award.

**John Tesser, MD**
Adjunct Clinical Associate Professor of Medicine,
College of Health Sciences
Adjunct Assistant Professor, Midwestern University, Phoenix
“Although progress has been made toward gender diversity in the physician workforce, discrepancies in compensation exist and inequities have contributed to a disproportionately low number of female physicians achieving academic advancement and serving in leadership positions.”

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Lessons from the Grimm’s Fairy Tales

Cinderella

Gretel

Goldilocks
The word Cinderella has, by analogy, come to mean one whose attributes were unrecognized, or one who unexpectedly achieves recognition or success after a period of obscurity and neglect.
“Patients don't give women doctors the credit they deserve. Patient-centered behavior is evaluated differently in male doctors than in women doctors”

“Patients appreciate women doctors’ patient-centeredness, but because of the overlap with the repertoire they expect from women, they do not see it as a marker of professional competence, but as expected female behavior”

“Patients are less likely to attribute patient-centered behaviors performed by women doctors to clinical competence. This diminishes patient’s satisfaction with these doctors”

A patient-centered male doctor is seen as a good doctor, while a patient-centered female doctor is seen merely as a good woman
Recognition for the Cinderella Contribution

Recognize performance outside of TRADITIONALLY MEASURED production
Cinderella Effect: Are Your Contributions Undervalued?

“Perhaps the type of work that female physicians tend to perform is under-valued in current reimbursement models. Female physicians may be less productive, as traditionally measured, and at greater risk for burnout, because they are performing activities that are time-consuming yet not captured with traditional RVU-based measurement.”

Hansel and Gretel’s trail of breadcrumbs inspired the name of the navigation element “breadcrumbs” that allows users to keep track of their locations within programs or documents.

https://en.m.wikipedia.org/wiki/Hansel_and_Gretel
Hansel and Gretel: Intersecting the Breadcrumbs

CHANGE TO VALUE-BASED CARE (VBC)
• COMPENSATION MODELS NEED TO ALIGN WITH ORGANIZATIONAL VBC GOALS¹
• CURRENTLY AN AVERAGE OF 10% OF COMPENSATION IS TIED TO QUALITY/VBC INCENTIVES²


VU = relative value unit.
Goldilocks and the Three Bears

The “group of three” is characterized as the "dialectical three" where "the first is wrong in one way, the second in another or opposite way, and only the third, in the middle, is just right".

"This idea that the way forward lies in finding an exact middle path between opposites"

This concept has spread across many other disciplines, particularly developmental psychology, biology, economics and engineering where it is called the "Goldilocks Principle"

In planetary astronomy, a planet orbiting its sun at just the right distance for liquid water to exist on its surface, neither too hot nor too cold, is referred to as being in the "Goldilocks Zone".

https://en.wikipedia.org/wiki/Goldilocks_and_the_Three_Bears#cite_ref-24
Finding the Goldilocks Zone: Value the Valuable

10% of compensation tied to quality/VBC incentives is too low to drive change\(^1\)

Compensation too high tied to quality/VBC may result in too big of a decrease in patient volume/revenues\(^2\)

20% OF COMPENSATION NEEDED FOR BEHAVIORAL CHANGE\(^1\)

VBC = value-based care.

BEYOND THE PRESENT: A FAIRY TALE ENDING??

TO CHANGE THE PRESENT: CHANGE THE VALUES
Finding the Right Leadership Style


**MEN**

Tend to be **Transactional leaders**

Conventional leadership approach that uses a system of reward and punishment

• Give-and-take relationships with subordinates
• Clarifying responsibilities
• Rewards for meeting objectives
• Corrective/disciplinary actions for failing to meet objectives

**WOMEN**

Tend to be **Transformational leaders**

Modern leadership approach acting as a nurturing mentor or coach

• Gain subordinate trust and confidence
• State future goals and develop plans to achieve
• Mentor and empower subordinates to develop full potential
• Provide support and encouragement to subordinates
The Four Elements of Transformational Leadership

1. INDIVIDUALIZED CONSIDERATION
2. INTELLECTUAL STIMULATION
3. IDEALIZED INFLUENCE
4. INSPIRATIONAL MOTIVATION

[References]
The Four Elements of Transformational Leadership


**INDIVIDUALIZED CONSIDERATION**

1. **Listen to their concerns and needs**
2. **Adapt your leadership style to different personalities**
3. **Provide empathy and support**
4. **Show concern for their well-being**
5. **Celebrate the contribution each individual can make**
The Four Elements of Transformational Leadership\textsuperscript{1,2}

The Four Elements of Transformational Leadership\textsuperscript{1,2}

The Four Elements of Transformational Leadership\textsuperscript{1,2}

**INSPIRATIONAL MOTIVATION**

**FOUR ELEMENTS**

1. Articulate an appealing and inspiring vision that is understandable
2. Challenge with high standards
3. Share optimism about future goals
4. Support belief in their abilities

Relationship Between Transactional and Transformational Leadership

Transformational leaders:
• Provide a sense of purpose that is clear and energizing
• Are role models for ethical conduct
• Display strong commitment to safety, safety practices and procedures, and placing safety as top priority
• Have been directly linked to employees’ perception of a strong safety climate
Transformational leadership:

- Fosters organizational change needed for implementing quality initiatives

- Has a direct relationship to implementing quality (CQI) initiatives which are positively associated with improved process quality

CQI = continuous quality improvement.

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