



# Mentorship program

## designed to advance women in academic surgery

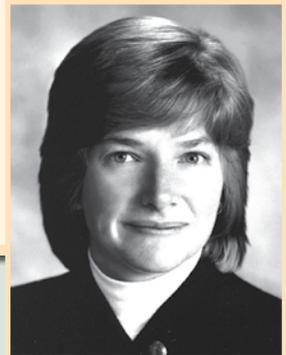
*by Lola Butcher*

**T**rauma surgeon Kathryn M. Tchorz, MD, FACS, can see her career unfolding in front of her. “I know the kind of future leader I will become because of Mary McCarthy, and I will be that leader because I am being groomed to do that,” said Dr. Tchorz, associate professor at Wright State University Boonshoft School of Medicine in Dayton, OH.

Mary C. McCarthy, MD, FACS, a professor of surgery at Wright State, is Dr. Tchorz’ mentor through the Early Career Women Faculty Mentorship Program, jointly sponsored by the Women in Surgery Committee of the American College of Surgeons and the Association of Women Surgeons (AWS). The purpose of the program is to help early-career assistant professors achieve promotion and tenure.

“The whole idea is to break the glass ceiling that still exists today,” said M. Margaret Kemeny, MD, FACS, director of the Queens Cancer Center; professor of surgery at Mount Sinai School of Medicine, New York, NY; and Chair of the Women in Surgery Committee.

Top photo: Dr. McCarthy at work. Right-hand photos, top to bottom: Dr. Tchorz, Dr. Kemeny, Dr. Sanfey, and Dr. Harthun.



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## History of women in surgery

Women have been performing surgery in the U.S. since the “beardless lad”—an army surgeon known as Dr. James Barry—operated during the Napoleonic wars. When Dr. Barry died in 1865, she was discovered to be a woman, shocking even her closest associates.

The ACS admitted its first female member in 1913, and five or fewer women each year thereafter, until 1975, according to an AWS presentation by Dixie J. Mills, MD.<sup>1</sup>

The number of women applying to medical school began to increase in the 1970s, but the prevalence of women in surgery has never matched that of other medical specialties. Since the AWS was founded in 1981, the number of women surgeons has grown significantly. The organization has been represented on the ACS Board of Governors since 1995. The association’s goals are to promote professional growth and advancement, to facilitate interaction among female surgeons around the world, to advocate the highest standards of competence and ethical behavior—and to foster an environment supportive of personal values and individual diversity. A supportive environment has been sorely lacking, according to many successful women surgeons. When Dr. Kemeny started her residency in 1972, the very few women who were practicing surgery at that time were the victims of sexist prejudice.

“We were discriminated against, and it was extremely hard for us to get into academia, and for us to stay in academia,” said Dr. Kemeny.

Of course, many more women are choosing surgery as a profession today, although not in proportion to their total numbers in medical residency programs. Although women accounted for 44.6 percent of all medical residents in 2007, only 30.8 percent of surgical resident slots were filled by women that year.<sup>2</sup> (See Figures 1 and 2, pages 11 and 12.)

Similarly, women are underrepresented in the faculty ranks. Women account for 34 percent of the faculty members in basic sciences, clinical sciences, and related departments such as dentistry and veterinary sciences. But they fill just 18 percent of surgical faculty positions, and only 7 percent of full professor positions, according to the Association of American Medical Colleges.

“We have a very, very low rate of full profes-

sors of surgery,” Dr. Kemeny said. “We still feel there’s a glass ceiling there, and that’s what we want to go after.”

## How the program works

The mentoring program, now in its second round, is open to women who are assistant professors in academic practice in general surgery, or a general surgery subspecialty. The 15 early career surgeons, all of whom are Fellows or Associate Fellows of the College, or are in the process of applying for Fellowship status, will convene at the ACS Clinical Congress in Chicago, IL, in October to meet members of the mentorship program committee.

After mentorship matches are made, the mentors and mentees will work together to help the mentees achieve a promotion to associate professor, and to reach other professional goals.

The duration of the mentor-mentee relationship is open-ended because different mentees will have different career needs and goals.

“For example, a mentee may want a mentor to help with a grant writing project, and that would obviously be a very short-term goal,” said Hilary Sanfey, MD, FACS, professor of surgery at Southern Illinois University School of Medicine in Springfield, IL, and current past-president of the AWS. “Other people may find that the match is wonderful and the relationship is one that’s going to last through their whole career.”

## Mentee experiences

Nancy L. Harthun, MD, FACS, a vascular surgeon at the University of Virginia School of Medicine in Charlottesville, VA, remembers feeling like a kid in a candy store when she received a list of potential mentors in 2005.

“It was really a tremendous list of fantastic surgeons,” she said. “There were so many talented people, I didn’t know who to pick.”

Dr. Harthun sought advice from her department chair, Irving L. Kron, MD, FACS. Soon, she was paired with G. Patrick Clagett, MD, FACS, a vascular surgeon at the University of Texas Southwestern Medical Center in Dallas, in a successful mentorship that continues to this day. “He is a wonderful person and a wonderful ambassador for the profession,” Dr. Harthun said. “Any time you spend time with someone

like that, you can't help but learn something."

Now entering her 10th year of practice, Dr. Harthun considers Dr. Kron to be an important mentor. Good mentors like him, she said, encourage their mentees to find additional mentors, like Dr. Clagett, who offer a range of experience and perspective to help early-career professionals advance quickly.

"Mentoring certainly doesn't replace motivation and hard work and discipline, but having somebody with Dr. Clagett's experience review what I am doing is wonderful," she says. "A mentor can give you 15 or 30 minutes of their time and save you from making mistakes that are very time-consuming and take years to recover from."

Dr. Harthun is a fan of formal mentoring relationships because they improve the chances of meeting one's professional goals. Climbing the academic ranks comes with a tight timetable that requires early successes. Almost any obstacle can be overcome, she believes, but understanding and addressing challenges quickly is much easier with the help of an experienced mentor.

"The typical situation is you write up a grant, you think it's a good grant, and then you get feedback that is not totally clear—or you get a long list of things to fix but it is hard to tell what the most important things are," she said. "Having a mentor means you have success a lot quicker—and things are a lot more fun when you're not getting rejection letters all the time."

In her own career, Dr. Harthun appreciates Dr. Clagett's willingness to help her get involved in professional organizations. In addition to general networking introductions, he recommended her for service on a Society of Vascular Surgery committee. She is eligible for tenure next year—and has asked Dr. Clagett to write a letter on her behalf.

**Figure 1**

**Distribution of residents by specialty, 2007**

Specialty	Total number of men and women	Total number of women	Percent of women in specialty	Percent of men in specialty
Colon and rectal surgery	69	23	Less than 0.1	Less than 0.1
Neurological surgery	1,738	194	0.2	1.6
Orthopaedic surgery	6,471	796	1	5.8
Plastic surgery	661	143	0.2	0.5
Surgery	7,557	2,324	2.9	5.3
Surgery subspecialties	412	85	0.1	0.3
Thoracic surgery	256	38	Less than 0.1	0.2

Source: Association of American Medical Colleges GME Track (2007 data); American Medical Association (1997 data). Available at <http://www.aamc.org/members/gwims/statistics/stats08/start.htm>.

When Dr. Tchorz applied for the ACS/AWS mentorship program in 2005, she was working at another university and struggling to know what direction her career should take. From their e-mail exchanges, Dr. McCarthy was able to discern Dr. Tchorz' strengths and challenges with a clarity that the mentee could not see herself.

The two surgeons met in 2005, when Dr. Kemeny, who helped start the mentoring program, suggested they be paired as mentor and mentee. Within a year, Dr. Tchorz had accepted a position in Dr. McCarthy's department.

More significantly, however, Dr. Tchorz had come to understand why her first academic position had been so frustrating, and what she needed to do to give her career a fresh start.

"One of the most important things she said to me was 'Kathryn, you have got to learn to say no,'" Dr. Tchorz recalled. "She said, 'You have fallen into the trap. You are talented and you can multi-task so everybody is getting part of your precious time. Unfortunately those things are not yielding the kinds of end products—the

**Figure 2**

**Change in number of women surgical residents, 1997 compared with 2007**

Specialty	Women residents as percentage of all residents in specialty	
	1997	2007
Colon and rectal surgery	20.0	33.3
Neurological surgery	9.8	11.2
Orthopaedic surgery	7.1	12.3
Plastic surgery	16.9	21.6
Surgery	20.5	30.8
Surgery subspecialties	17.2	20.6
Thoracic surgery	5.5	14.8
Total	36.4	44.6

Source: Association of American Medical Colleges GME Track (2007 data); American Medical Association (1997 data). Available at <http://www.aamc.org/members/gwims/statistics/stats08/start.htm>.

manuscripts and the leadership opportunities—that you need to succeed.”

Dr. McCarthy asked Dr. Tchorz to create a list of 10 personal and professional goals and an action plan for accomplishing each of her goals. That approach has helped Dr. Tchorz make progress on her own agenda.

Since moving to Wright State, she has regained the passion for her career that had been lost during her frustrating early experience, and she credits the mentorship from Dr. McCarthy for “leading me out of a dark tunnel.”

“She has made my professional interest of paramount importance, and I am starting to reap the benefits of that,” Dr. Tchorz said. “It is absolutely exciting.”

**Why mentors are needed**

The *American Journal of Surgery’s* survey of the characteristics of women surgeons, published in 1998, found that women who chose surgery as a specialty did so for the same reasons their male peers chose it: the intellectual challenge of the work, the technical aspects of surgery, and

the decisiveness demanded of surgeons.<sup>3</sup>

Women physicians who opted not to choose surgery as a profession, on the other hand, cited the lack of encouragement to pursue the specialty, and the lack of available role models, as reasons for their decision. Other reasons cited in the survey include the idea that a surgical career was considered too time-consuming and not family-friendly, and offered a lifestyle with an unpredictable schedule.

In her presidential address to the Society of Surgical Oncology in 2005, S. Eva Singletary, MD, FACS, said effective mentoring is especially critical in the training of surgeons and especially for those who enter academic medicine.<sup>4</sup>

“Because of the notorious problems with funding, overcommitment of time, and difficulties with the promotion process, the best and brightest people are becoming increasingly reluctant to enter academia, although the future of medicine depends on successfully recruiting them,” Dr. Singletary wrote. “The broader scope of responsibilities required in an academic position makes the need for strong mentoring especially urgent.”

The first generations of women surgeons obviously had no female mentors to help them—and women surgeons sometimes found their male colleagues unsupportive.

“The progression to getting tenure was much more difficult for me and took much longer than if I would have had someone helping me along the way,” Dr. Kemeny said. “I don’t want other people to have to go through the things that I went through, without having some help.”

Dr. Sanfey, a transplant surgeon and the first woman in Ireland to pursue higher surgical training, had a similar experience—and developed a similar empathy for early career women surgeons.

“There weren’t any women I could look to for role models or for advice,” said Dr. Sanfey. “It was a very different environment for me, and since then, I’ve had an interest in helping other women avoid making a lot of the mistakes that I made because I did not know who to turn to for advice.”

Dr. Singletary, writing in the *Annals of Surgical Oncology*, said effective mentoring for women surgeons is important because of tradi-

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tional gender roles that give women a disproportionate share of responsibility for homes and children. “This is exacerbated by institutional infrastructure and culture that makes no allowance for family obligations: meetings scheduled in the evenings and on weekends; hardwired promotion timelines, with no part-time tenure track available; no emergency child care; and no formal parental leave policy,” wrote Dr. Singletary.<sup>4</sup>

Dr. Singletary also noted that women academic surgeons tend to be assigned excessive committee service and other tasks that may not be in their best career interests.

### How the program has evolved

In its second round, the ACS/AWS mentoring program is changing the way mentors and mentees are matched. In the original round, the mentees received a list of surgeons willing to serve as mentors, but the program’s organizers were not involved in making matches. An exception to this was Dr. Tchorz. She was fortunate to meet Dr. Kemeny at the 2005 ACS Clinical Congress, which served as the kickoff for the original mentorship program. When Dr. Kemeny learned that Dr. Tchorz was fellowship-trained in trauma and surgical critical care, she immediately suggested that she pursue a mentorship relationship with Dr. McCarthy, who is chief of trauma at Miami Valley Hospital, a Level I trauma center in Dayton, OH.

Despite that happy match, the mentor program as originally conceived did not work as well as its founders had hoped. Some mentees were intimidated to ask high-profile surgeons for their time and attention, according to Dr. Sanfey. Others took the initiative to approach their ideal mentors—only to find that the mentor’s interests and personality were not a great fit with those of the mentee. “That’s why we want to make the introductions this time,” Dr. Sanfey said.

In the new iteration, each mentee submitted a written statement identifying her professional goals and what she hopes to accomplish through the mentoring program. Program organizers will use that information, along with information gained from the personal meetings at this year’s Clinical Congress event, to identify potential mentor-mentee matches, and at that point, they will facilitate introductions.

For example, Dr. Kemeny, a surgical oncologist, will meet with the mentees who are in surgical oncology to find out their particular interests. She will then identify a mentor who could be helpful to that early-career surgeon, and she will contact the mentor to help establish the mentorship relationship.

The mentoring program will be evaluated to measure the participants’ satisfaction and whether they achieved the goals they set for themselves, as well as whether mentees achieved promotion and tenure.

### Already evaluated a success by some

Dr. Harthun appreciates the altruistic efforts of the surgeons who are revamping the mentorship program, and the mentors as well. “They are just doing [this work] for the promotion of the field, and they deserve a lot of credit for that,” she said. I certainly would recommend that other people getting started in their career should take advantage of this [program], absolutely. It has been a huge plus for me.”

Likewise, Dr. Tchorz values the honest feedback she has received from Dr. McCarthy, creating an atmosphere of trust that has allowed Dr. Tchorz to thrive. “If it had not been for the personal attention and the dedication of Mary McCarthy, I don’t know where I would be today,” she said. “I am eternally grateful—she is a true mentor and colleague.” □

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**Ms. Butcher** is a freelance writer in Springfield, MO.