CONVERSATIONS WITH WOMEN IN GI

Conversations with Women in GI:
Sunanda V. Kane, MD, MSPH, FACG on Navigating, Networking and Negotiating Your First Job
By Jill Gaidos, MD, FACG

Sitting at the back of a large, empty conference hall after a full day at the Advances in Inflammatory Bowel Disease Conference in Orlando, Florida, Dr. Kane and I catch up for a few minutes to talk about the Navigating, Networking and Negotiating Your First Job Workshop, which she first organized in 2008. Dr. Kane serves as Treasurer of the College and practices at the Mayo Clinic, Rochester, Minnesota.

You started the Navigating, Networking and Negotiating your First Job Workshop (previously called Negotiation and Networking Skills Workshop) at the College's Annual Scientific Meeting in October 2008. The workshop was developed to provide fellows and junior faculty the skills needed when negotiating for positions, and the tools for effective networking, both essential in the development of effective leaders. What deficiency or need had you identified at the time that led you to create this workshop?

SK: Originally, back in 2008, and for the first few years of the program, it was exclusively for women. That’s the way we developed and ran the program. Then, ironically, when the men heard about the program, they said, “That sounds great. We don’t get that. Why can’t we come? Why are you being discriminatory?” We then opened it up to everyone.

The initial driving force for the program was that we know from history and sociology research that women are paid less than men for equal work, and that they, by nature, do not negotiate. In addition, women are viewed differently when trying to negotiate than a man would be. Women are taught to be more passive and agreeable and not to question the status quo. In addition, many of these young women, who were potentially interested in leadership positions in the future, had no idea about some of the basics of networking and how to go about doing that. So, it was that niche and the unmet need heard through conversations and through feedback that this program was born.

Is that something that had come up in your professional history?

SK: (Laughs.) I tell the story that I didn’t negotiate my first job at all. I just took what was offered and thanked my new boss and left the office thinking, “This is wonderful.” I never even thought that I could say, “It’s clear that you want me, so how about this, this and this?” It never occurred to me because I had never been taught or mentored that way. That’s a shame. And so, I didn’t want that sort of experience to be the continued norm. Women, particularly in GI right now, are so sought after, and they don’t realize their worth. They are a hot commodity and they can negotiate for more of what will make them satisfied with their practice choice.

Absolutely. So, after starting the workshop and revising it—it seems a little bit different every year—what are some of the things that you have learned during this process of creating and updating the workshop over the years?

SK: The first big thing we learned was the misconception that men are somehow magically taught these skills and know them, and that just wasn’t true. The second was that while there are some seemingly concrete gender-specific issues, like pregnancy, men want time off when they have a new child at home too. So family and family planning is not unique to women; it’s for both genders. Then, we also learned that participants’ needs were different depending on whether they were interested in a private practice, a hybrid scenario, or pure academics. For those who were purely academic, they wanted to focus on ways to ensure research time or secure funding and support. Those graduating from fellowship and planning to go into private practice, they wanted to understand the nuances of the kind of practice that would meet their needs and what aspects of the practice they could negotiate.

While the program has historically stayed away from the very concrete issues of contracting, it was pretty clear to us that these
guys needed help just sitting down and formulating the questions that they should be asking, and what they should be looking for in a future job situation.

It’s completely foreign to everybody because we all train in an academic center where you are not exposed to the private practice model or the lingo.

SK: Exactly. Simple questions such as, “how many partners are there?” Or, “what does it mean to take call once every five days versus once every seven? Who owns the practice?” These days, with the shift toward practices being owned by corporations or by hospitals, as opposed to a group of individuals, there is a lot that goes in to where your salary comes from. Then, it really becomes important to sit down and say, “Well, what’s my wish list?”

Every graduating fellow wants a job, but they may not realize that there are many aspects to a job situation—just being gainfully employed in a desirable geographic area is not necessarily their dream job. How much endoscopy time do they have? How much hospital time do they have? It’s important to consider all the things that make your life simpler or easier or better by asking questions such as, how much time do you want for vacation. How much time do you want for CME travel? How much free weekend time? Those are all things that the fellows don’t think about because they just assume that it’s sort of standard across every kind of practice, every situation, and it just isn’t.

Are there any particular trends or changes that you have noticed over the years, such as the types of questions that have been asked or the interests of the participants?

SK: Because this is held at the ACG meeting, which is very clinically oriented, the majority of the fellows who come are interested in private practice situations, which is terrific. This suggests to me that there really is the need for education on topics such as, “how do I look for that right practice?” Because an unhappy gastroenterologist is an unhappy caregiver, which leads to unhappy patients, which leads to bad care.

So, we have noticed that while we originally geared this workshop towards more of a generic “how to approach your first job,” we needed to expand this into “OK, let’s talk about what is on your wish list, what’s feasible and what’s not.” The negotiation part of the workshop is a different mindset from the networking part. The networking skills part of the program underwent fine-tuning over time as well. Because a private practitioner needs to network within their community, particularly with internists, for referrals, but in an academic situation, networking means working with other labs and collaborators, advancing research or educational agendas, as well as navigating a teaching environment. So, again, understanding the needs of the group made us re-think the format of the workshop, and for breakout sessions we split off, not by gender, which is what we did originally, but by career aspiration.

How has your participation in this workshop changed you as a leader or your approach to leadership?

SK: It amazes me how the program has grown, and that there is always a waiting list for people who want to attend. This shows me how much of a need there still is for this sort of content. That makes me feel gratified that I was able to bring this from the idea stage and actually operationalize it. In terms of how I see myself in a leadership role, I think back to the first year we did this and how we hired an outside consultant to run the program. She does this type of training for not just the medical field, but for other business types as well. Once I had seen the model of how she put together a program, I was able to then develop a program and bring in some faculty who had equal interest and seniority. I have watched the program grow in many ways, but from a leadership perspective, it gratifies me to see that those who originally attended the program as participants are now the faculty.

You were interviewed in 2007 in the Gastroenterology and Endoscopy News as part of their Day in the Life series, and, at that time, you were just about to move to the Mayo Clinic in Rochester and you talked about your requirements: not working from home in the evenings and spending a weekend a month at your vacation home in Wisconsin. So, now that you have moved, what are you doing to recharge?

SK: What I’ve done is changed the focus of my energies. I’ve taken on new responsibilities, including administrative duties within our division as Chair of Quality, and gaining more

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involvement within the executive part of the ACG. Taking on new responsibilities and roles that I had never thought I would want or be good at has given me new energy and enthusiasm about the future.

**What are you doing to relax? Do you have a new vacation home?**

**SK:** We still have the same vacation home in Wisconsin. Now that we are in a much less populated area, I join my husband on the back of the motorcycle and we have taken some amazing trips to places that we had never been. And that really is pretty amazing in terms of recharging. Just being in a situation where you cannot physically answer your phone or get reliable internet is pretty amazing.

**Does your husband still have the rule that you can’t work at home? At that time, you said his rule was, “When you’re home, you’re mine.”**

**SK:** We have pretty much stuck to that, except that now, there’s an hour or two on a Saturday morning where he’s sipping coffee and reading whatever he wants and I am on the computer. But otherwise no, I get home and I am his. Really, I travel a lot less and it’s really been much more gratifying to just be around more for my patients and my healthcare team. It’s distracting when you’re away and trying to get things done. And it’s not glamorous to travel anymore, especially with everything that’s going on in the world. And so many things can be done via Skype, Facetime, video conferencing, or just emails back and forth, that really, face-to-face interaction doesn’t have to happen as much, except at the big annual conferences. So, I still travel for the North American Fellows conference, Digestive Disease Week, the ACG Annual Meeting, Advances in Inflammatory Bowel Disease, and the ACG Board meetings; those are my “absolute” trips. Sometimes when a colleague invites me to speak, I will still do that because they are my friend and those are still fun. The dinner programs—those are a thing of the past.

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