



Independence and Interdependence: Asking for Assistance as Women in Medicine

By: Tara Shrout, MD MSc

There is a scene in the movie *Mean Girls*, set in a three-story shopping mall and around a large water fountain, where the characters act as if they are wild animals, snarling and leaping at one another. They each appear chaotic and strive in individual battles of wills for unknown rewards. While the analogy is a bit dramatic, I think it addresses a core theme that we all have a desire to survive and succeed; however, the way in which we do this is variable. Sometimes, societal and educational structures promote more individual efforts for achievement. Our healthcare system, though, functions as an elaborate network, thriving not on independence, but on interdependence. I have found this lesson especially applicable to remember as a woman in medicine.

For a moment, let us reflect on the road we have all traveled. Training to become a physician officially began with our pre-medical education. Some of us were told that our courses were designed to extract those not smart or strong enough for medical school. At my undergraduate institution, we retreated to the library corners for hours of solitary studying, created study guides that were tucked away in public places, and heard of those who cheated on assignments and exams. We took all the same required courses but not all completed them. We ranked programs and they ranked us. There was no negotiation or collaboration or sharing of skills. We brought ourselves. The culture began to shift during medical school with small group discussions, flipped classrooms, and team-based clinical training. In these settings, we were able to recognize and celebrate our individual strengths to achieve a shared goal.

However, as an intern, I noticed a new trend: women physicians still trended more towards independence in a vast interdisciplinary world. While I saw male colleagues asking for and recruiting assistance, I also saw prominent female physicians themselves transport patients to radiology, bring refreshments to the bedside, place ECG leads, and counsel families on medications and nutrition. On the same day, I saw the same women lead large medical teams, rush to clinic amid inpatient service, contribute on research conference calls, and drive home to their children and family with a smile on their face. Women physicians, it felt, still did it all.

Today, our medical teams consist of so much more than just physicians, but also specialized nurses, pharmacists, maintenance staff, physical therapists, nutritionists, community connectors, schedulers, and many more providers. Each member of the team has a necessary role. Teams succeed when they work in an interdisciplinary manner, appreciating each members' role and working together towards a shared goal. If any member acts independently, then communication and team work can become compromised. And, just as importantly, our own wellness can become compromised, too.

Interdependence and teamwork can only work when the individuals are able to take care of themselves. As women in medicine, we carry formidable lights; however, how are we able to honor the light in one another if we burnout our own?

This is where it becomes important to also focus on how young women physicians and trainees develop habits that refuel ourselves and each other. Residency is a time when physicians develop behavioral traits that we carry throughout our life-long practice; in fact, studies show this is the most formable times of our career. Long working hours are a necessary part of training, but, creating solutions and demonstrating from the top-down how we can work more interdependently inside and outside of the hospital for all physicians will create better patient care. This is best achieved through a perspective of interdependent learning, training, and work environments. And, perhaps intermittent reminders about Maslow's hierarchy of needs.

For myself, the independence I developed and witnessed along to my path to residency has become a trait that I now am evolving. Many of us feel the need to present an infallible front; we are doctors after all. Ah, but we are human too. I have found the load a little lighter, more rewarding, and resilience improved as I involve more members of the team, seek feedback, and ask for assistance. Our profession thrives on this interdependence. I cannot 'answer' every question myself. But, I pledge to learn from every team member and grow from every patient encounter. And, I pledge to not forge alone. My question for you is: will you help me and how can I help you?

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Tara Shrout, MD, MSc is a first-generation college student who was born and raised in Frankfort, Kentucky. She developed an early fascination for medical research, attending summer camps and volunteering with STEM programs in rural Kentucky during middle and high school. She attended Vanderbilt University for a double-major in molecular biology and political science, and then returned to Kentucky for medical school where she was elected AMA State Delegate and helped create the Kentucky Medical Student Outreach and Leadership Program. During medical school, Dr. Shrout was granted an NIH TL1 award to support one year of cardiovascular research. She is now completing her internal medicine residency at Boston Medical Center in Boston, MA and working with the Framingham Research Study and AMA-RFS MA Governing Council. Dr. Shrout is grateful for a running friend and colleague who recently connected her with the AMWA and looks forward to learning from our organization.