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WINS Community Mentorship and Leadership

Alia Hdeib, MD, and Maryam Rahman, MD, FAANS

This edition of the Women in Neurosurgery (WINS) newsletter takes a particular focus on mentorship and leadership and their prevalence in the WINS community and the neurosurgery field. We recognize that the two are closely intertwined and explore their relationship through the lens of women leaders and mentors in our field, including WINS feature interviews with Karin Muraszko, MD, FAANS, and Linda Liau, MD, PhD, MBA, FAANS, as well as various spotlights on mentee/mentor events and relationships.

WINS has focused on courses and seminars highlighting leadership and mentorship in the neurosurgical community. At the Spine Summit in March 2018 in Orlando, Fla., WINS presented a seminar on the Psychology of Leadership, organized by Course Director Ann Parr, MD, PhD, FAANS, with special guest, Gae Walters. It included an interactive session on how personality affects leadership. WINS plans to offer a practical course on Leadership and Education at the CNS meeting in October. Jennifer Sweet, MD, FAANS, is one of the course directors for the CNS course and has been involved with WINS in various capacities as a section officer over the years. We recently asked Dr. Sweet how leadership and mentorship relate to WINS:

“Leadership and mentorship are both strongly related to WINS. All neurosurgeons are leaders in their own right, as it is in no way the norm to become a neurosurgeon. However, perhaps this is even more the case for women in our field. WINS was founded and led by true trailblazers who not only defied stereotypes, but who also chose to be mentors to the women who came after them. As such, WINS today is still based on these pillars of leadership and mentorship, and our courses and seminars aim to further teach and develop these skills. We also have mentorship opportunities to help match mentors with mentees, a program which has been growing successfully. Ultimately, we envision WINS as being a name synonymous to leadership and mentorship for women, minorities and perhaps all neurosurgeons.”

Upcoming WINS sponsored courses and seminars are presented in this edition as well. To further the goals of mentoring the next generation of neurosurgeons, WINS held an inaugural mentorship event at the AANS Annual Scientific Meeting in New Orleans in April 2018. Fourteen mentees were paired with nine mentors. Our mentors included: Dr. Muraszko, Dr. Liau, Dr. Scarrow, Dr. Benzil, Dr. Germano, Dr. Hoh, Dr. Berger, Dr. Waldau and Dr. Rahman. The mentees included medical students, residents and junior faculty. They were asked to provide their CV and brief description of their career goals ahead of time. The mentees are expected to follow-up with their mentors for the next 3-6 months. It was a great event and we plan on building on this event with more programming focused on mentoring in the future.
For the first time, women in neurosurgery are achieving leadership positions that grant them the ability to influence change in meaningful ways. 

We had the opportunity to interview Karin Muraszko, MD, FAANS, (chair the University of Michigan since 2005) and Linda Liau, MD, PhD, MBA, FAANS, (chair at UCLA since 2017) to learn from their experiences and their journeys.

Maryam Rahman, MD, FAANS

WINS Feature: Interviews with Drs. Karin Muraszko and Linda Liau

Q: How did mentorship affect your successful path to becoming a chair (good or bad)?

Dr. Muraszko (KM): Mentorship helped a great deal in terms of thinking about what I wanted to do in neurosurgery. I worked with folks at Columbia, where I was training, who viewed leadership in neurosurgery and being involved in organized neurosurgery as important as being a good doctor. Therefore, that became important for me. Going to the NIH and working with Dr. Oldfield, I realized helping other neurosurgeons is about creating a space for them to thrive and do good. I never really thought about being a chair. It was never something I thought I would do, because I was a woman and because I was a pediatric neurosurgeon. I never thought it was something that would happen. For me, mentoring gave me security enough in who I was, that when the opportunity came and they asked if anyone would be interested in being chair I put my name in. I wanted the higher administration to talk to someone in the department and for them to see the value in us. I wanted to garner some important resources for us. When I was the last person standing in the chair search I felt an obligation to continue with that principle. I saw the chair position as an opportunity to create an environment where others could thrive. The people I admired most were those who viewed their jobs as providing opportunity and encouragement to allow people to grow on their own. I always wanted that the thing I would be respected for most would be a reflection of the people around me. Early on in your career you’re in the “sun phase.” You want everyone to see you for the qualities that you are. Once you’re a chair, you’re a “moon”. Reflected glory. You want people to note how great the faculty are at your institution and what they are accomplishing and then associate that with you, since you’re the chair.

Q: If you had to choose one thing you did that led to your success, what would it be?

KM: My favorite phrase is that “chance favors the prepared mind.” Different roads and paths have proven to be beneficial when I least expected it. Courses and opportunities. A course that I was asked to participate in was an executive leadership academic course for women. I thought it was going to help me to be a better advocate in pediatric neurosurgery, because there were only two of us at Michigan and I was captain of my kayak. This was the first time I began to see what the characteristics were for being an academic leader. You can learn skills that you previously didn’t know about.

We all find ourselves, sometimes, within a certain space, department or subspeciality or given area. I think one of the best things I learned was to extend myself, even if I felt uncomfortable with spaces that are less comfortable. Into other areas, medical school promotions, med school admissions, university roles and committees. I did some of those things because I love learning new things, I found those skill sets translated into what I was doing in my department that was meaningful. Also, another way to assess yourself. When you extend yourself more globally you see if your skills match up with others outside of your field.

Q: What is the most important part of what you do now with your influence?

KM: Initially, I thought of it as promoting, defending and garnering resources for the department. I now realize that my leadership is about being a part of the greater institution. It is not just about my department, but the entire institution needs to do well. Neurosurgery touches a great part of the enterprise. Our department needs to be part of the solution and not the problem. This is crucial. Our own strength, if carefully measured and applied, can help the institution as a whole.

Q: What makes a good mentor?

KM: A good mentor not only provides encouragement and comfort when things aren’t going well, but also knows when to push. Someone who is sympathetic,
but can recognize failures. Critical and complimentary in the same breath.

Q: What makes a good mentee?
KM: Openness. The ability to understand that it isn’t always about you. Ability to take criticism and use it in a way that is meaningful. I found criticism and advice provided to some individuals is taken as advice that helps improve them. I’ve noticed that some of the women in the same realm can take criticism or advice and internalize it as a broad statement of their value. A simple criticism can be immediately seen as a global statement of them as a person. I’ve had to deal with that and have had to learn to be careful with the process. Mentoring a man versus a woman can be very different in this respect.

For me personally, one of the hardest things was not to be a disappointment. I was the first woman chair, first pediatric neurosurgeon chair, first chair with a disability. I needed to succeed because if I failed, I would fail for larger groups. This was both important and difficult for me. Initially, it was also hard to find individuals with whom I could relate in terms of the challenges I was facing. I’ve learned over the years, a lot of the fears, insecurities, were not gender-based. These concerns come with the job and an introspective personality type. I’ve also found that the vast majority of people in organized neurosurgery really want to promote your success and are happy to participate in helping you create that success. I’ve seen an evolution in the understanding in how neurosurgery needs to advance and progress to attract the best and brightest. Especially in terms of women in neurosurgery and minorities. We, as neurosurgeons, aspire to be as diverse as possible, but we fail in the process. There is a greater recognition in the last ten years.

Q: What do you believe is the most important mission for organized neurosurgery?
KM: To promote and foster the best of what neurosurgeons can be – education, a collective experience and to be advocates for the public. Promoting excellence in neurosurgery is important for the public. The aspects of neurosurgery and how we define it, have served us well thus far. But, we have to be vigilant. The day we become technicians, organized neurosurgery will be a failure. Currently, we see our patients, we assess, obtain an H&P, perform a neurologic exam, review films, decide on the course and we accomplish those plans. We take care of them after surgery and long-term. That’s the complete package. We need to stay true to that. We won’t need to worry about our place in the pantheon of doctors if we stay true to that. The best road is sometimes the hard road.

Q: What are you most proud of?
KM: I’m still here! One of my mentors, who was my former chair, told me when I became chair, “Buz Hoff made a great department, now don’t P*S@! it up.” By the time they figure out you’ve done a terrible job, it will be 15-20 years. I’m very proud of the job I’ve done and the faculty we’ve had and developed. I hope I’ve accomplished that, but also stayed true to myself. My husband and my kids are very important to me. I hope they don’t feel that I’ve abandoned them or spent too much time at work. Programs to help my faculty and the department, I hope I’ve done those things well.

I’m very proud of having good relationships with friends and mentees. My good old girls network has been a good source of comfort. The four of us meet and provide advice for each other. Inspiration. Support. Whatever is necessary. When asked about Linda Liau from her search committee, having the opportunity to talk to them to help them choose Linda as the next chair was exciting for me. I was never more happy. I think she’s going to do a great job and they’ll continue to do well at a great place. Exciting for anyone to start. I’m proud of my family and my kids and things that are going on in Michigan. I’m proud that through it all, I’m still able to practice pediatric neurosurgery. Four years ago I had surgery and was not be able to walk and have to now be in a wheelchair. To come back from that, to provide leadership and still operate. I feel grateful and privileged to do that and had people that respected me enough to support me doing that.

WINS Feature Interview with Dr. Linda Liau

Q: How did mentorship affect your path to success in becoming a chair (good or bad)?

Dr. Liau (LL): Seeing role models was important for me in choosing neurosurgery. I was a medical student at Stanford in the late 1980s, and Dr. Fran Conley was a faculty member there at that time. She was the second board-certified female neurosurgeon in the U.S., and the first tenured female professor of neurosurgery in the country. She was an accomplished academic neurosurgeon and was doing immunotherapy research, using bacterial toxins in patients with GBM well before brain tumor immunotherapy became popular. She was very athletic, and was the first official women’s winner of the Bay to Breakers race in 1971. It was great to see someone so accomplished. She was inspirational, and her mentorship and words of caution at a formidable point in career affected my pathway to success.
As a neurosurgery resident, fellow and then junior faculty member, the mentors I had were predominantly men. I didn’t have a specific role model at the time, but the mentorship that I received during my career path were all mostly positive. One piece of advice that I received from Dr. Don Becker was “cream always rises” – just do your work, build your practice, do your research and your accomplishments will speak for themselves. You don’t have to be a rabble-rouser for success. It was good that I met wonderful mentors from other institutions that got me involved in organized neurosurgery – Drs. Jim Rutka, Joe Piepmeyer and Rich Ellenbogen. It’s important to have good mentors to help you develop a sense of what you’ve accomplished.

Q: If you had to choose one thing you did that led to your success, what would it be?
LL: I can’t really choose just one thing – it would be more of an attitude, rather than a specific thing that I did. Overall, I don’t let the little things at work bother me too much. All of us have successes and failures, and I don’t let the failures affect me too much in terms of what I want to do with my career. I guess that is the one thing that has helped me the most – the perspective that whatever happens can be taken as a positive. Despite setbacks and disappointments, I always try to get back up and keep going.

Q: What is the most important part of what you do now with your influence?
LL: When you’re a resident or junior faculty member, there are certain things you want to change, but you can’t. Now that I have more influence, I would like to change things that I could not along the way due to fear of retaliation or negative reactions.

One thing that will hopefully change is the diversity of neurosurgery. It shouldn’t be an anomaly to have women or minorities in leadership positions in organized neurosurgical groups. It should be common; however, it’s hard to make that change unless you are part of the group that elects people. We have very talented women that are going into neurosurgery. We need to change perceptions in order to promote these talented individuals within our professional organizations.

Another thing that I was initially afraid to do was to talk about my kids and family, because I was afraid that my male colleagues would think that I was less devoted to neurosurgery. I think that the difficulty of balancing family and work scares away women from neurosurgery. At this point in my career, I don’t feel that I would be chastised if I am open and vocal about that. Some women faculty members have come up to me to tell me they’re glad that I put pictures of my kids in my presentations at national meetings, because they want to share their baby pictures too. One thing that I want to do with my influence now is to make things easier for young neurosurgeons who want to have balanced families and careers. To show that it’s ok, you can talk about it. We need to have open conversations in order to find ways to promote balance and well-being, so we can keep attracting the best and brightest talent to our field.

Q: What makes a good mentor?
LL: I’m learning this myself. A good mentor should be a good listener. Trying to listen is very important. We all sometimes talk too much as mentors. Mentors often talk a lot about their stories. But, I think to be a good mentor, you need to hear the mentee’s story, not just convey what you’ve been through. Everyone is different.

Q: What are you most proud of?
LL: My kids. It’s not the typical neurosurgical answer, but I have to be honest. Deep down, I am most proud of my kids. If I had to choose, between neurosurgery and my family, I would choose my kids. For a lot of women, deep down that would be true. That’s the problem that deters many young women medical students from neurosurgery. We’re being asked to choose between our family and our careers. This shouldn’t be. When I’m at work, I work really, really hard – but I still try to help with homework and go to my daughter’s volleyball games. I wouldn’t want to give up one or the other. Ultimately, having balance is a good thing.

Q: What do you believe is the most important mission for organized neurosurgery?
LL: I think the most important mission for organized neurosurgery is to maintain our excellence and high standards of clinical practice, research and education/training. There should be more diversity in organized neurosurgery, and those of us in leadership positions should pay it forward. Karin [Muraszko] is a good example of that. When she got off the board of the ABNS, she was an advocate for having more women on the board, so that was when I was elected. I more recently strongly advocated for Marjorie Wang, who is the latest woman to serve on the ABNS board. These efforts will help to diversify organized neurosurgery.
Commentary of a Female Surgeon

Han Yan, MD
Division of Neurosurgery, Department of Surgery, University of Toronto

I remember one particular conversation with my college roommate, who was enrolled in gender studies:

“Men and women are physically and biologically different and, therefore, their behavior and approach to problems will likely be different; not necessarily better or worse, but just different. It can be anti-feminist to make men and women fill the exact same roles or follow the same path that historic generations of men have laid before us.”

Always in the back of my mind, these words hung in my subconscious in medical school where there was parity, but resurfaced when I found myself looking for more female mentors in my senior residents and staff.

I am lucky to work in a residency program with thoughtful co-residents, staff and advisors. I still appreciate the conversations around career planning or personal struggles that only female colleagues can share. I was encouraged to write about my perspective to inspire more sharing amongst all surgeons in order to continue embracing our differences and share individual stories or personal obstacles. Success means something different for each person, encompasses different professional and personal goals for each person and should be reasonably procurable for each person.

Above is a commentary on the published Lancet perspective, “A day in the life of a surgical intern: women in surgery,” by Han Yan, which is available for reading here: https://doi.org/10.1016/S0140-6736(18)30436-7.

BOOK CORNER: Review of You are a Badass: How to Stop Doubting Your Greatness and Start Living an Awesome Life, by Jen Sincero

Maryam Rahman, MD

“If you want to live a life you’ve never lived, you have to do things you’ve never done.”

This is an easily read, self-improvement book focused on how to overcome negativity in your life and to harness your power for good. The author uses humorous personal experiences to demonstrate how positive self-talk (an outlook of gratitude and belief in a positive future) can help you achieve ANYTHING. The book is fun to read and gives practical methods on how to change your life. It is a cheat sheet to all self-help books, as she uses information from many previously published.
Regional Meeting of Women in Neurosurgery – Greater Cleveland/Akron, Ohio

Events for WINS and women in neurosurgery occur formally through courses, summits, luncheons and part of annual neurological meetings. More informally, events happen through one-on-one mentorship platforms; however, meetings of groups of women in neurosurgery are occurring informally and regionally as well. Here we highlight an inaugural meeting of women neurosurgeons in the greater Cleveland/Akron, Ohio regional area, which boasts thirteen women neurosurgeons affiliated with various programs, hospitals, practices and/or teaching institutions.

With the realization that approximately thirteen women neurosurgeons are in practice in the greater Cleveland area, including Akron, Ohio, a regional, informal dinner meeting was held in mid-August 2018 in Beachwood, Ohio, to bring them together. The dinner meeting was attended by eight of the neurosurgeons in the area, including Deborah Benzil, MD, FAANS; Jennifer Sweet, MD, FAANS; Deborah Blades, MD; Teresa Rush, MD; Krystal Tomei, MD, MPH; Tiffany Hodges, MD; Daria Krivosheya, MD; and Alia Hdeib, MD. Reminiscing on various topics, including the beginnings of the WINS group itself, the evening was a lively event and provided both a social outlet as well as a forum for opportunities for younger faculty to gain perspective and advice from mentors in the field. This first regional meeting was a success, focusing on women neurosurgeons in practice. Plans are underway for follow up meetings to establish regular regional events, including involvement of residents, fellows and students, with the goal of fostering mentor relationships in the regional WINS community.

Spotlight on Regional Mentee

One trainee who benefits from the mentorship of female neurosurgeons is Louisa Onyewadume, a medical student at Case Western Reserve University (CWRU) in Cleveland. Louisa is passionate about neurosurgery and is approaching her last year in medical school. She grew up in Nigeria, then her family moved to Botswana in 1998, which she now considers home. She recounts how important mentorship has been for her. She attended Smith College in Massachusetts and remembers:

“My first U.S. mentor, Dr. Cristina Suarez, a professor of chemistry, having herself come from Spain for her undergraduate degree, completely understood me and guided my first foray into basic science research and still remains my cheerleader today. During my years in Boston, two other mentors took over that role and, in fact, so believed in me that they insisted my medical school essay be about why I wanted to become a neurosurgeon. I continue to be in touch with both today.”

Once in medical school, neurosurgery was an early interest. “I was thrilled to learn that I would have access to multiple strong neurosurgeons as mentors early in my training. My personal and academic interactions with them, including my WINS mentors, have highlighted how crucial having a good support system is to attaining one’s goals.” Louisa dedicated a year to research in medical school, working closely with clinician-scientists passionate about improving radiological diagnosis of brain tumors, using advanced MR techniques. She also has a grant through CWRU to conduct research related to surgical procedure outcomes back home in Botswana and completed the first phase of her field research, hoping to continue to contribute to neurosurgical care in her home country in the future. To students such as Louisa, access to mentorship from an early stage can have a lasting impact. She explains, “Whether it be supporting my application, giving me life advice, or creating opportunities for me, I am very fortunate to have found exceptional mentors. As I work towards my vision of becoming a neurosurgeon and someday bringing the skills I acquire to Botswana, I look forward to paying that level of mentorship forward.”
Upcoming WINS Events
Join us for these upcoming WINS Events.

CNS WINS Practical Course on Leadership and Education
Saturday, October 6, 2018, 8-11:30 a.m.

CNS WINS Luncheon Seminar on Diversity in Learning: New Initiatives in Mentorship
Tuesday, October 9, 2018, 12:15-1:45 p.m.

CNS WINS Luncheon Seminar on Enhancing Communication Skills to Lead Your Practice
Wednesday, October 10, 2018, 12:15-1:45 p.m.
To learn more about AANS 2019, go to:

www.aans.org/AANS2019

To view online educational opportunities and register for AANS Live Courses, visit:

www.aans.org/Education
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