At this stage of my career I am acutely conscious of the fact that I enjoy a position of “privilege” within the medical community. The position of privilege I now enjoy has progressively grown over the years as I’ve had an amazing succession of opportunities to build deeply trusting and mutually supportive relationships with a very diverse array of people. Many of those people are physician colleagues but my network of trusted friends extends widely across the spectrum of occupations and roles.

I sustain these meaningful relationships in many ways. In spite of our current infatuation with social media relationships, I still covet and immensely value opportunities to spend face to face time with my friends. However, given the logistical challenges of meeting regularly with friends who live at some distance, Twitter has become a helpful vehicle for staying in touch with people I care about, exchanging ideas with them and learning from them.

A female colleague whom I deeply respect, Dr. Susan Shaw, has significantly influenced my use of Twitter as a learning tool. I’ve had a long-standing interest in leadership development. I was one of the founding members of the Canadian Society of Physician Leaders and sustain a keen interest in other people’s perspectives on leadership. Susan suggested that Twitter might offer access to a richly diverse range of perspectives on leadership. She was right.

My interest was piqued by a recent challenge on Twitter to do a check of the gender balance of people whom you follow. We are inclined to sustain our social media relationships with people whom we perceive as having valuable insights to share with us.

Currently 57% of the people I follow on Twitter are women and 59% of my followers are women. I think my inclination to follow more women than men is attributable to the fact that I find more innovative thinking among women to have an interest in leadership. I appreciate their capacity to jolt me out of very fixed ways of thinking about leadership.
This point-in-time sampling of gender balance in my Twitter relationships prompted me to think more deeply about how my awareness of and response to gender inequity in medicine has evolved over the long course of my career.

When I entered practice as a family physician I joined a group that had two male and two female colleagues. We functioned as a highly cohesive team and I never sensed any gender bias in my clinical relationship with these two women colleagues and/or other women colleagues with whom I worked at the hospital where I held privileges.

However, as I took on a succession of leadership roles in medicine, I became increasing conscious of the fact that women were woefully less engaged in these roles. I’m embarrassed to admit that my impressions early in my career were wrongly based upon assumptions that women were less interested in pursuing these roles. I must confess that that, for a long time, I never proactively engaged women colleagues in dialogue about their career interests and aspirations.

When I did finally engage women colleagues in conversations about leadership, I gained a growing awareness of systemic biases in processes through which physicians first enter leadership activity and how they move through progressively more challenging leadership roles. So, as leadership opportunities came to my attention, I began to encourage woman colleagues to enter competitions for these positions and support them through that competitive process.

I have become progressively more engaged in supporting women colleagues in their pursuit of leadership roles and continue to learn much through the process.

I’ve become increasingly sensitized to the reality that we often seem to have systemic blindness to the talents and leadership strengths of women colleagues in our midst. We are still in the early learning stages of awareness of the huge advantages women often bring to service in leadership roles that rely extensively on collaborative capacity.
In complex adaptive systems like healthcare systems, the collaborative skills of women leaders often make them more adept in finding win-win ways of working toward shared goals.

So, I have progressively sought to be an ally of women seeking to serve in leadership roles. I would encourage more of my male colleagues to serve in ally roles for women in medicine. It has proven to be one of the most meaningful things I have been privileged to do in the course of my career.

Join the discussion: https://community.cma.ca/communities-of-interest/equity-coi/f/he-for-she/35/being-an-ally-to-women-physicians---a-win-win-experience-summary-discussion

Dennis Kendel

Interim CEO of the Health Quality Council in Saskatchewan