

## Interview

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#### 《Profile》

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平成 24 年 7 月 17 日、本学病理部でご講演をいただいたミネソタ州ロチェスター市メイヨークリニックの Inwards 医学博士にインタビューをお願いしました。

外園千恵眼科学教室講師と田邊智子非常勤講師がお話しをお伺いしました。

Q1: The first question is: I understand you went to university and medical school in North Dakota. How did you envision yourself in the future as a physician when you were a medical student?

When I started medical school, I really didn't have a clear vision of what my life as a physician would be. When I started college I wanted to be a medical technologist in a lab and had no intention of going to medical school. Things began to change after I took a class called "histology" during my second year in college. I loved the class so much that I tried to figure out if I could do this kind of work as a career. I learned that the closest job to being a "histologist" was to be a pathologist, and to do that you need to go to medical school. It was very difficult trying to figure out whether I should stay on course to be a medical technologist or change direction and try to get into medical school. A medical technology degree would guarantee a job that would allow me to be independent and take care of myself. If I took a gamble and tried to get into medical

school, I had to drop my medical technology course and get a degree that qualified me to apply to medical school. Unfortunately that degree would not assure me of a job if I didn't get into medical school.

I was in college a long time ago during the years of 1976 to 1980. When I was thinking about applying to medical school, the biggest concern I had about being a doctor was whether I could successfully combine my career and family. Unfortunately, I didn't know any female doctors because there was only one, or maybe two, in our entire state, making it impossible to see if or how it could be done. I decided to apply anyway and was fortunate to get accepted into medical school. I thought I would end up in pathology, but I had never really seen what a pathologist did on a daily basis. I was quite naive.

Q2: What kind of experiences during medical school helped you shape into who you are now, combining a family and career?

During medical school, the first two years were classroom work so we didn't see any patients until the second two years. My third year was spent in a large city, (Minneapolis, MN) where I did clinical rotations at different hospitals. Therefore, I didn't have any one person that was a mentor, because I was going to all sorts of different places. Probably one of the biggest factors that influenced me was an elective rotation that I did at the Mayo Clinic during my third year as a medical student. It was a very good experience that motivated me and confirmed my decision to apply for a pathology residency, hopefully at the Mayo Clinic. In retrospect, it was a good decision to seek out another place that offered different experiences from my medical school training. It was very helpful in making my career choice and getting the residency that I wanted. I certainly recommend that medical students and residents try to get exposed to as many different people and places as possible, because there are so many options out there that are hard to realize if you don't reach beyond the books and immediate surroundings.

Q3: Did you meet any female pathologists at Mayo while you were a medical student?

Well, when I did the medical school rotation, there was one more senior female pathologist at Mayo, but I didn't meet her. When I started my pathology residency, I

didn't know any female pathologists. There weren't any female role models, so I couldn't see what it was like to be a female physician. I really wanted to talk to somebody about my concerns, but that wasn't possible.

Q4: How many female students were there in your medical school class?

The percentage of female students was pretty high for that era. I don't remember exactly, but it was at least 30 percent. It was during my generation when the number of female students in medical school really started to go up. The percentage of female and male pathology residents at Mayo Clinic was about the same. But when I started there on staff, by that I mean after my residency, the total percentage of female physicians in all specialties was about 14 percent, so it was small. And there were only two females in pathology, one of whom was only one year ahead of me.

Q5: Was it common for female students at the time to do like an externship outside of medical school?

It was, yes. Actually in my medical school, students were all in the same class at the university for the first two years of medical school. However, after my first year in medical school, I did a child psychiatry summer externship at Tufts Medical Center in Boston, Massachusetts. It was a great experience and exposure to an east coast medical center. Everybody in my medical school class had to transfer to larger institutions for their third and fourth years. Some people went to medical schools around the country. About 40 or 45 students, including me, went to Minneapolis, MN a large city in the adjacent state, where we were exposed to many different hospital settings in Minneapolis.

When I was on medical and surgical rotations, I had to follow the first year resident intern at all times. That meant I was at the hospital for what seemed like 24 hours per day, 7 days a week. That was something I knew I didn't want for the rest of my life. And as I recall, even at the main trauma hospital there had only been one female who finished a surgery residency. It was insane. So, I was disappointed. I knew it was going to be rough, and I was correct.

Q6: From the beginning of your medical school, you were very conscious of having a family and establishing a career and family, at the same time. You wanted to have some kind of lifestyle that would afford you to have the both. Can you think of someone, among your supervisors and colleagues, who have influenced you as mentors or in other ways?

As far as my career was concerned, when I started there was only one more senior female pathologist working in my area, and I didn't know her very well. My main professional mentor turned out to be a male who was an expert in the subspecialty field of pathology that I was asked to study. He was a very good mentor because he was a great teacher, opened many professional doors that provided me with a lot of opportunities, and it was fun to work with him. Mentorship is more than just having somebody teach you how they think something should be done. It is a better fit when the two personalities get along well together, too. That is why a random pairing for mentorship doesn't always work well.

Back when I was in residency and medical school, it was quite uncommon for the female students to have babies. Now I see them having children much more frequently in residency than we did. My husband, who is also a physician, and I were married during my fellowship year (6th year of residency). We left Mayo for a year after my fellowship and lived in Nebraska. I was in a private practice job while he was at a university for one year doing a fellowship. That was the year when we had our daughter. When I applied for the job, I wasn't pregnant but remember wondering about the issue of "do you dare ask your employer about maternity leave". I was interviewed by the other members in the practice who were both men. I ended up deciding that I needed to ask the question because if they didn't like the idea, then I knew that I wouldn't want to work there anyway. *(Q: You asked before you got pregnant?)* Yes, when I was interviewing for the job, I asked them, "If I had children, what's your policy on maternity leave?" They said, "We've never had a female colleague who's been pregnant... in fact we've never had a female partner." Fortunately they ended up telling me they would be accommodating and supportive, and that was good. It frustrates me when I still hear female residents worrying about asking those questions. They need to be confident and strong because if they don't, it just perpetuates the problem and does nothing to help change policies. Women have to work together to make these things happen.

*(Q: You said you were in private practice for one year?)* For one year.

*(Q: Were you considering working in private practice and not seeking academic career at that time?)* When I was in residency, I was not necessarily thinking I was going to be on an academic track. I had written some papers and I liked it, but I wasn't firmly convinced I wanted to be on an academic track. It was after I had been in my private practice job for 6 months that we got a call from Mayo saying "would you be interested in coming back?" because they had openings for both of us. My husband really wanted to come back, but I was kind of plus-minus. I was worried about the extra demands of academic expectations. Mayo was very busy place with a lot of service case work, no off service time in the schedule, and you were expected to be academically productive. Therefore, it was a difficult decision.

*(Q: How old was your daughter?)* When we decided to take the jobs at Mayo, I was about 6 months pregnant. It was a complicated pregnancy, too. My daughter is fine now, but she was in the intensive care unit for 6 weeks. We moved to Mayo 2 weeks after she came home from the hospital. So I was only in private practice for one year. I started my job at Mayo when my daughter was 4 months old and I started part-time. Thanks to the efforts of the woman one year ahead of me, they said I could be full-time or part-time. Part-time physicians at Mayo Clinic were very unusual at the time. It was just starting to be something they would consider, due in part to a national push or cultural change to get more women in staff MD positions. The residency and medical school programs had close to 50% females, but the percentage on staff at large institutions was far different. Our department chair at the time I came on staff at Mayo was also influential in hiring women into our division. His wife was a physician, so he could relate to a duo career family and was supportive of it. He was forward thinking and interested in trying to get a more balanced distribution of staff members.

When I started my job, they gave me the option working either 100 percent or 50 percent. I was a little bit nervous about part time because I didn't know what to expect since no one had done it for any period of time before me. I wondered if I was going to face discrimination because I was part-time, but I decided to do it anyway. When I started at 50 percent, they didn't allow me to choose how it would be scheduled. They scheduled me to fit their needs. Nevertheless, I was happy to get it because if you add all of the time required outside of regular work hours to do academic pursuits, it would obviously be challenging combine family and career with a spouse who also works full time. It is true that when I started at 50 percent there were pros and cons. It was nice to have some flexibility, but I definitely worked more than 50% and early on, there were some ill feelings among some of my colleagues about my part time status.

*(Q: Male colleagues?)* Yes, because nearly all of my colleagues were men, and the majority had spouses who did not work outside the home. Some thought part-time meant “part interested” or “part dedicated”, etc... In addition, part-time is not convenient for the rest of the group when you have to try to work around it and are short staffed. Over time, I’ve come to believe that in order for part time to work, it has to be something that is more about cultural change. In other words, people would need to focus on how it allows for broader representation rather than how it affects a particular day. For the most part, part-time has become something that is thought of as much more of a female issue, and I really hope that will change. It should be more of a family issue or work life balance issue with men also going part-time to reach those goals. Usually if you are part time at work, you’re doing almost full time everything else at home. My husband has been very supportive of my career. He works full time, which makes juggling things tricky. I would say that it’s not particular to medicine but it’s just duo careers in general. If two people work 12 - 14 hours a day and also spend time working on weekends, it doesn’t work well when trying to also have a personal life, with or without children. This is true whether you are a male or female. So it’s a matter of making compromises. If you have a very demanding career that requires a lot of time, then your partner may have to give up some of what he or she is doing to a certain extent. If it is always only women who do so, then it will make it more difficult to get opportunities to be “at the table” making policy decisions that positively affect women in general. Sometimes academic careers can be more demanding; however, that isn’t always the case because sometimes being in private practice means working very hard because the group cannot hire any more people. So it doesn’t necessary have to do with academics, but academics sometimes requires more traveling and things beyond office work.

Q7: You’ve been to Japan several times. Did you meet a lot of married women? In Japan, many married female physicians are struggling to develop their carrier and break the glass ceiling. What do you think of it? How is it in the US?

I think that same thing is happening in the United States. We struggle with that as well. It really comes back to, as I said, trying to balance relationships, family, career and still being quite successful. I see the younger generation, men and women, with a bit of different approach than my generation. Whereas my generation’s attitude towards our

employer's demands was to always say, "yes", it's somewhat different now. The younger generation is more conscious about setting some limits. Sometimes the older generation gets frustrated with that, but I think there have to be some limits if a duo career family is going to work. In general, many men have developed successful careers and a family because women have taken care of most family needs at home. If women are going to break the glass ceiling, they will need support from men and society as a whole. Most of the time people who desire flexibility are doing it so they can combine children and work. But sometimes people without kids just want to have more time for a life beyond their career. Overall, it is just much healthier for everybody if people try to lead more balanced lives.

In order for us to break the glass ceiling, we need to have more women in decision making positions and leadership roles. When that happens, chances are there will be more decisions made that favor work/life balance for all and avoid changes that hinder women from becoming successful. Therefore, I encourage younger women to seek out opportunities to get involved, because it's very important. That could range from membership in a small committee to chairman of the board. That is how change is made, and if we aren't there we won't be heard or have an impact on how things are done. It may not be easy, but I think the alternative is worse. If we don't get involved in some capacity, it's going to turn back the clock of time for our daughters. I saw my mother's generation in a situation where they were largely dependent on men and lacked opportunity to be self-sufficient. My daughter's generation hasn't really seen that so they have a harder time understanding how difficult it is to have very few options. A lot of progress has been made over the years and we must work to keep it headed in the right direction. It takes hard work, but the alternative is not easier in the long run. The changes are like a large ship - it will turn slowly over time, so people have to be patient.

Q8: In terms of career goal, what was your original career goal when you moved to Mayo Clinic?

Well, when I moved to Mayo Clinic, my goal was to be academically productive and sign out cases. I didn't have it all planned out, and I wasn't quite sure all of that was going to happen. Early on, I was paired up with my mentor who was a very famous person. His wife was a physician who worked part time, so he understood some of the

pressures I was under. However, I had more responsibilities outside of work because my husband worked full time. For a while I was taking care of my young children and also my grandmother and mother who lived in our town, but not with us. I think that over time, the combination of my personal life and my work life affected academic productivity. It certainly didn't stop it, but I would say that it did slow it down. But that's not such a bad thing because I still have been able to accomplish quite a bit. Now my kids are both living in other cities going to college. *(Q: Your kids are out of house, too?)* Yes- for the past year. Overall, it hasn't been an easy adjustment for me, but things are getting better.

Q9: I want to know your priority in your life. Has it changed overtime like first when you started at Mayo which way more your family or your career? Your daughter was so small, only 2 months, and you had your son, so you had 2 children, and how has it changed over time, your career goal or like I want to know which one was more important when your children were so small, you obviously need to take a lot of time for the family and kind of like just who take care of the family was the most important thing and then career second, you never thought that way?

My children will always be the most important thing in my life. However, that doesn't mean that other things, such as a career, can't be important to me at the same time. All along it wasn't a matter of choosing either or, but rather how to do both at the same time. There certainly were days, particularly when they were young, when I worried that I wasn't spending enough time with them. During those times, I tried to make myself look at the big picture of life. I felt good about having a rewarding career, I could support myself and I could be independent. This is role modeling for my children. My grandmother always told me that it was very important to be able to take care of myself. Her husband (my grandfather) was away during WWII and he died at an early age. My parents went through a divorce when I was in college, leaving my mother in a situation where she had to find a job. Both of these situations made me realize that my grandmother was right- I need to be able to take care of myself. I hope my children feel that way, too.

*(Q: Did you have a lot of help from your family members?)* No. My mother lived in our town, but she worked full time so didn't have a lot of time to take care of our children. Unfortunately she passed away when they were in grade school. There



were no other family members in our town. We hired a wonderful older woman to come into our home to take care of our children while we were at work. Some of my co-workers had a similar situation, whereas others took their children to a daycare center. After I was in my job for about 6 years, approximately four more women were added to our staff. That led to what felt like a support group because we would talk about out how to manage work and kids. Mayo was also starting to develop a women's advisory group. This "Women's Advisory Committee" evolved to what we now know as the "The Office of Diversity and Inclusion". However, those who attend the meetings/functions are almost all women.

Q10: Did you have any in-house day care in hospital or do you still have it now?

No. I remember when I started on a staff and was on the Women's Advisory Committee, we were exploring the idea. Overall, Mayo leadership decided it was something they just could not do. It was too complicated, in part due to the huge number of employees. They couldn't get something just for physicians and not include the rest of the employees. However, Mayo did set up a daycare for sick children that can be used by all employees. The hope was to keep more parents at work rather than at home with a sick child. This became, and still is, a popular option for a lot of people.

*(Q: We just started the same thing here a year ago.)* I am happy to hear that.

Q11: We have only 5 minutes left, you answered most of the questions we want to know, but how long have you been working as full-time now?

I'm not full-time, *(Q: You are not full-time yet?)* I'm at 75 percent, but certainly work more than I did in private practice at full time. While 75 percent seems to work for me, others find full-time or a different percentage works better for them. As I get older and reflect on my days at 50 percent (but realistically working much more), I see a clear disadvantage when considering the smaller amount that went into retirement benefits. For now, I've decided not to go full-time because my career already takes up most of my life. I have a very busy workload and combine it with academic pursuits.

As I near retirement in the future, I suspect I'll appreciate the time it affords me to be more involved with family and friends.

Q12: What does it take for female physicians to get into leadership positions?

First of all, I suggest that women step back and look at how things work. Decide where you have an interest, where you feel that you can be effective, and discover what you feel could be done to improve upon the work of the group. This should help create motivation and lead to questions such as, "What committee should I try to join, who chairs that committee, what do they do, what is the time commitment, and how will I be involved in networking. Ask a lot of questions. Don't just wait for things to happen - make a plan or at least try to get involved. Choose wisely. Don't get involved in too many things. Be good at a couple of things rather than getting over committed and not very good at anything, something that has always been a challenge for me. Overall, more opportunities for women will open up if more women are in leadership positions. It will require sacrifices, but in the end everyone benefits. I've been a member of numerous committees at Mayo Clinic, and held a variety of leadership roles such as director of our surgical pathology fellowship program and director of our frozen section labs. A few years ago, I was Vice Chair of Practice, an upper level leadership position in our anatomic pathology division, for almost 5 years. It definitely added more time pressures, but our children were older so they didn't notice it quite as much. In retrospect, I feel proud that I was able to be in a position where, in part, I could initiate changes in our division, some of which made it a more family friendly place. I also learned a lot about what leadership entails and more about myself. I also have been involved with national and international pathology societies, both as a member and in leadership positions. I currently serve on the executive committee of the International Society of Skeletal Society where I hope to be contribute in meaningful ways over my term. The road to that position included active membership and committee work, both of which I enjoyed.

Q13: Could you give us, for young female physicians and scientists, and students to inspire them some words?

Well, I would say that I'm very happy with my career path. There have been challenges all along, but overall I am very glad I persevered through the rough spots. My children and my colleagues' children are doing very well and do not appear to resent their mothers for having a career. In fact, so far all of our daughters say they want to have a career. It is fulfilling to know I've had an impact, hopefully a positive way, in the lives of many people (patients, residents, colleagues..etc), something I hope my children will do in some way during their lifetimes. Like many women, particularly early on, I was afraid I couldn't do certain things and lacked confidence. Slowly, but surely, I learned that I could accomplish more than I imagined possible. It took a lot of work and patience, but it was worth it. I am certain this is, and will be, the same story for many more women. We need to not be afraid of failure, a feeling that oftentimes holds us back. Some of the most important lessons I learned were the result of failure. Nevertheless, I still have times when I struggle with lack of confidence, but it has become much less frequent. We need to effect positive changes for women in our society that will benefit all women who come after us. I am very grateful to the generations of women before me who struggled to make changes that benefited me.

Q14: When you kind of felt lost, did you ever feel lost? (A: *Oh year.*) Who did you talk to?

Of course there were times when I felt lost. I think during these times women have an easier time reaching out to others than do men. If the issues were family related, I would reach out to my closest friends (all women), some at work and a couple outside of work. While my mom was alive, she was my most important source of comfort. For work related issues, I would confide in a couple of close female colleagues and sometimes male colleagues. It is important to know who you can trust. Ultimately, the goal should be to build inner strength so that the lost feelings become less and less.

Q15: May I have a question to your son? How do you feel your mother? How old are you?

<son> Nineteen years old. Basically, I never felt it was odd growing up with a mom who worked. I never felt that I lacked a connection with my mother. We get along very well and I never felt a lack of care or attention or anything like that. There were a

few times when I was a little kid that I kind of wanted mom around when she was at work, but I never felt really overly upset about it. She always came back at the end of the day, so it was never really a problem. Now that I am older and look back, my mother's work was normal for me, and again I didn't comprehend it as a problem. (Q: *That's a relief for us, too.*) Overall, I am proud of her.

<Dr. Inwards> I'm very happy to see you have this kind of (diversity) group here in Kyoto. I remember that during my first visit to Japan in the mid 1990's, I was on a break between lectures and there was a young female who followed me into a bathroom. She nervously asked me, "How do you combine career and children?" I thought "Wow, I certainly can relate to that concern, and unfortunately I don't have all the answers!" I also knew that she wasn't alone, her concerns were shared by women in the USA, and for that matter around the world. I hoped that we'd have more answers by now, but at least we've made some progress. I encourage the younger generation to ask questions and learn from those of us who have been through things in life that give them concern. Similar to history as a whole, they can learn from our successes and mistakes.

Thank you very much.