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FYI: Sponsorship is Transformative for Women Physicians

By Anita Ravi, MD

Six years ago, I received an email that changed the trajectory of my career. It simply said: "FYI, thought this might interest you," with forwarded information on a medical conference about sex trafficking. The message was sent to me by a physician I idolized for, among many things, her national influence in women's health. She had also served as an advisor during my family medicine residency and, knowing about my strong interest in addressing violence against women, she thought the area of human sex trafficking and healthcare would be relevant to my work. She was right. I was unfamiliar with human trafficking as a healthcare issue prior to her email, and the conference became the propelling force to what later became the focus of my post-residency health policy fellowship.

After fellowship, I opened a clinic in New York City that provides primary care for people who have experienced human trafficking. I often reflect on the impact of that one email. The door to professional possibility was opened because a person in a position of power took the time to become familiar with the interests of a junior colleague and acted on this knowledge. When it happened, I didn't know that this act had a name, but now, I recognize that this was an act of "sponsorship."

I had not heard of the term "sponsorship" until recently, when a colleague happened to mention attending a leadership conference for minority women in medicine that emphasized that a successful career requires both mentors and sponsors. The advice permeating in my early-career physician ecosystem was "find a mentor," "good mentorship is key" and "it's all about mentors!" To hear of the role of a sponsor was surprising and exciting.

Upon looking into sponsorship more closely, I found the data somewhat distressing. Specifically, women physicians tend to be sponsored less than their male colleagues. A recent study by Dr. Manasa Ayyala and colleagues, titled "Mentorship Is Not Enough: Exploring Sponsorship and Its Role in Career Advancement in Academic Medicine" explored this issue, and found that "women are perceived as being less likely to seek sponsorship but as needing the extra support sponsorship provides to be successful." That women are less likely to seek out sponsorship even though they benefit most makes sense to me, given my experience. How can we seek out something when we have never even heard of it? Upon reflection, my own path to sponsorship seemed to be built by luck and not strategic design. Did the necessity of sponsorship throughout one's career mean I would have to continue relying on good luck to guide my career growth?

THESE DIVERSE COMMUNITIES AND CREATIVE EFFORTS SERVE AS BOTH SAFETY NETS OF SUPPORT AND TRAMPOLINES FOR RESILIENCE.

Fortunately, organizations can achieve a more inclusive culture to advance the careers of women physicians by becoming aware of the issue in sponsorship disparities and reflecting on possible implicit and structural biases' which may be contributing to this professional chasm. For instance, when new opportunities arise, such as invited journal article submission, an advisory committee opening, or new research grant submission, how do senior faculty in an organization choose the junior colleagues they recommend or bring on board for these endeavors? How do people in positions of power become aware of newer colleagues' interests?

Recognizing potential patterns may help spark change and promote inclusion. For example, some women physician colleagues have shared their difficulty in attending late afternoon meetings or departmental social gatherings due to family obligations caring for children or elderly parents. If sponsors find that they most often learn about colleague's interests during informal gatherings or after-work meetings, then departments can consider implementing more structured and accessible ways for junior faculty to share their career goals and interests and working with sponsors and new faculty on ways in which they can more intentionally connect with each other. While such efforts necessarily require deep organizational review and commitment, it is an exciting sign of progress and cause for hope that the importance of sponsorship is being increasingly recognized and addressed in the medical community.

As these changes take shape, it remains important to remain cognizant of the walls of professional isolation that can surround women physicians, whether due to familial obligations, interests in "non-traditional" areas of healthcare (as I have experienced first-hand in navigating the field of human sex trafficking) or other areas of intersecting minority identities, such as race and ethnicity.

This is what makes the presence of a supportive community — whether it is of colleagues, friends, family or any other networks that reflect who you are — an essential element in self and professional preservation. In my own work, I have often found a supportive community with my collaborators outside of medicine: the social workers and legal colleagues with whom I share patients. Our connections are linked through our shared successes and sadness when working with people who have experienced human trafficking, as well as in our shared commitment to increasing awareness of sexual trauma and human trafficking in our respective fields, by conducting multidisciplinary trainings together and pursuing cross-disciplinary publication opportunities together.

I have also seen fellow women physicians connect with essential forms of support through online communities. Colleagues often post on Facebook groups for physician mothers or women in academic medicine, sharing support, outrage, frustration and advice on how to navigate challenging professional terrain. A fellow family physician even formed a member interest group through

the American Academy of Family Physicians for women in academic medicine, so that physicians across the country can connect and assist each other with letters for promotions, grants and other critical career support. Some simple ways for women physicians to elevate each others' recent publications, grants and media coverage include emailing colleagues, sharing recognition on social media and adding such achievements to department meeting agendas. These diverse communities and creative efforts serve as both safety nets of support and trampolines for resilience from which to bounce back when experiencing challenges in career advancement as a woman physician.

It remains remarkable to me that an "FYI" email from a sponsor had such a profound impact on my career path and has sparked my motivation to "pay it forward" by providing sponsorship for other women who are early in their careers. Perhaps even more remarkable, however, are the communities of support built by and for women physicians, working to make this path a normal route for women physicians. I am proud to be part of a shift in the culture of medicine that will help women physicians achieve their full professional potential and ensure their contributions in medicine are fully realized.



Dr. Anita Ravi is a board-certified family physician and co-founder of the PurpLE Health Foundation, based on Dr. Ravi's work founding the PurpLE (Purpose: Listen and Engage) Clinic at the Institute for Family Health in New York City (2015-2019). The clinic was designed to provide long-term healthcare for people

who have experienced human trafficking and other forms of trauma, including sexual assault and domestic violence. After serving over 300 people, receiving grant funding from the Department of Justice, and being recognized as a Health Resources and Services Administration "Promising Practice" in the care of people who have experienced domestic violence and human trafficking, Dr. Ravi and her colleagues launched the PurpLE Health Foundation to support the creation of a stand-alone health center that could continue supporting innovative models of healthcare, research, advocacy, training and employment for gender-based violence survivors. Dr. Ravi serves as an elected member of the American Medical Association's Women's Physician Section Governing Council, conducts forensic examinations for people seeking asylum, and facilitates health education workshops in correctional settings. Dr. Ravi received the 2016 Family Medicine Education Consortium's "Emerging Leader" Award and she regularly draws, writes and speaks at events across the country on how the health care system must radically adapt to meet the needs of survivors of trafficking and other forms of gender-based violence.