Reclaiming Autonomy: Strategies for Women in Healthcare Careers with Dr. Shikha Jain Transcript

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Episode intro and upcoming events

Before we dive into today's episode, I want to share two incredible events where I'll be speaking about changemaking in healthcare and why I hope to see you there.

First up is the Women in Medicine Summit, happening September 18-20 in Chicago. At a time when more institutions are questioning whether we still need dedicated spaces for women in medicine, attending this conference is an act of resistance and solidarity.

We do still need these spaces, and this summit proves why. This year, day one is focused entirely on women's health, curated by Femini-M, stepping up to cover critical content that many other conferences are now avoiding.

I'll be leading a workshop on how we move from burnout to bold, effective action as changemakers. Learn more and register at womeninmedicinesummit.org, and be sure to mention that you heard about the conference on the Heartline podcast.

Then, in May of 2026, I will be speaking on the CME River Conference, a one-of-a-kind experience, cruising the Rhine River from Amsterdam to Basel aboard a brand new ship.

Think delicious food, wonderful company, and just the right amount of CME to scratch your intellectual itch. It's happening May 18-25. There's still plenty of time to make sure you have time off and mark your calendars.

And I'll be sharing stories and strategies for reclaiming purpose in health care. Details are at cmeriverconference.com. And again, please mention Heartline podcast when you register.

May is Asian and Pacific Islander Heritage Month. We will be celebrating AAPI leaders this month. I am so pleased to bring to you this episode with Dr.

Shikha Jain, founder of the Women in Medicine Summit that I've just been talking about. We talk about the work of leading through change, building coalitions, and why staying engaged, especially now, is more important than ever.

This episode was recorded in September of 2024. That was before last year's Women in Medicine Summit. I attended last year's summit and had so much fun.

The Drake Hotel is such a beautiful venue and the community of women and allies there are just exactly what we need at this moment. So I really do hope to see you in Chicago and of course on the river cruise in Europe as well.

So let's get into it. Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

I am thrilled today to have Dr. Shika Jain on the podcast. This has been hashtag goals for me to have you on the podcast for a long time. Welcome. Thank you so much.

I'm honored that I'm your hashtag goals and I'm honored to be on the podcast. So thank you so much. I'm, it's really amazing to be talking to you. Well, I can see the beautiful Women in Medicine logo behind you.

Can you share with us a little bit about your professional mix and of course about the Women in Medicine organization? Absolutely. So I am a GI oncologist, and I'm an academic physician at the University of Illinois Cancer Center, where I'm also the director of communication strategies.

So that's my full-time job. And then I, about six years ago, started the Women in Medicine Summit, which is an annual CME conference that happens in Chicago at the Drake Hotel in September.

This is our sixth annual year coming up. And then I also founded, during the pandemic, the Women in Medicine Nonprofit, which you can see are original logo here, and that nonprofit has leadership programming, allyship programming for male leaders, we have a speakers bureau, we have a research lab, so a lot of really different arms that are working towards trying to drive change in our healthcare systems and empower women and their allies to really improve their own personal and professional lives, but also really transform change so we can directly impact our workforce and then translate that into helping improve the health of our communities.

I love that so much.

Dr. Jain's background and Women in Medicine

Cause I think that's a critique of a lot of women in medicine organizations is we're past, I mean, we always need some professional development, but especially for the mid career physician, we know a lot of the things to promote ourselves, best practices for your career.

And then we start hitting our heads against the systems issues. And so your organization, it sounds like it's really going upstream to take those on. Absolutely.

We have some components of leadership development, negotiation training, all this stuff you don't learn in med school. So we have a component of that.

But really, we're trying to empower people to take control of their own careers and then take control of the systems within which we work. Because none of this change is going to matter if we don't change the systems and the barriers that exist that have caused these problems and challenges.

So I always remind people, the health care system was created when women were not in the workforce. So a lot of the decisions that were made were not made thinking of the people who were in the workforce itself or who are going to be in the workforce.

So we really drive for not just personal and professional development, but also how do we drive systemic change that's sustainable? I love that so much.

Well, I want to know a little bit more about you. Why did Shika become a doctor? You know, I knew I wanted to be a doctor from a very young age. My father, who I talk about all the time, is a vascular surgeon.

And when I was little, on the weekends, I would round with him in the hospital. I used to see his patients. His patients would recognize him in the grocery store.

And I was always so amazed by the fact that these people had their lives touched by my dad and in some cases he even saved their lives, might have saved their foots, or you know done a carotid arteryctomy where he helped them get better blood flow.

I mean for me it was such a powerful message to see the impact my dad had not just on the individuals but also on their entire families. I went through a phase in college where I had a mentor tell me I was really good at party planning and really good at, you know, talking.

So maybe I should go into advertising or marketing. So dabbled with that idea for a little bit, but I always came back to medicine because not only do I care a lot about Taking care of people and you know making the world a better

place and helping people but the science behind it was so fascinating for me and the physiology and learning about the human body and so I was able to find a career where it married all of my favorite things talking to people helping people and then using the science and my knowledge to really help drive change and be innovative in the way I'm treating patients.

And so for me, healthcare was always, I knew I wanted to do it. My parents always said to me, if you love it, do it. If you don't love it, don't do it.

Because it's going to take up a lot of your time. It's going to take up a lot of your life. And it's not always easy to go through medical training and become a physician.

So You know, think really long and hard about it. And for me, it was a no-brainer. This was the only thing I could have seen myself doing. That's such a great story.

And it sounds like, to some extent, the party planning and advertising, you've weaved it into your career after all. I did, and that's what I tell my kids.

I say, you know, if you decide you want to be a doctor, you can just be a clinician, and it's never just. Being a clinician is incredibly important. So you can decide, I want to focus my career on being a clinician, or you could be a clinician and you can be an academician.

You can be a researcher. You can be an event planner. You can be a TV contributor. You can do all of these other things along with your job as a physician.

And for me, I've found joy in finding, well, trying to find balance in my love for clinical care and then my love for all of these other things I've incorporated into my job.

Well, let's dig into that for a minute. Balance. Oh, that word. You know, I think it's the holy grail of our careers. How do you pick what to get involved with and have something left in the cup?

It's a really hard question. I don't know if I have the right answer for it. I actually just had lunch with a very dear friend who's a senior healthcare leader and I was telling her how I feel like I I always feel like I'm off kilter or off balance.

I never feel like I'm sitting. Yes. or no to the right things. Early in my career I said yes to everything because at that point you just want to absorb, you want to get all the opportunities, and I think at some point you have to hit that transition where you think, okay, what can I say yes to and what can I strategically say no to and offer those opportunities to other people?

So I often, if there's something that I know I can't do, I will sponsor someone else to do it. And I will say, you know, I can't speak, but let me suggest this amazing other person.

And so I don't really know the answer to how you decide. For me, there's a couple of things I think about. So first, before I say yes to anything, I think, okay, if I say yes to this and something else comes along, am I okay having to say no to it?

Because I only have a certain number of hours in the day. So that's number one. Number two, is this gonna give me joy? Is this something that's gonna make me happy?

Number three, is it something that's required for my job? If it's required, obviously I can't say no. Number four, is it something that's gonna advance my career or advance me in some way?

Number five, is it going to advance somebody else in a way? By doing this, am I going to be able to help someone else? And the final and the most important piece is, can I balance this with my other commitments specifically related to family?

Because for me, family is always first. Whatever else I'm doing, my family will always come first. They always have. It's sometimes easy for me to forget that when I'm getting caught up in all the cool things I get to do.

But for me, that is the most important part. And sometimes I have to sit down with my partner, with my husband and say, okay, these are all the things I want to do.

How can we balance this in our lives? And what of these things do you think I should? say no to. So sometimes I bring in reinforcements and I ask my family how I can help navigate because the decisions I make directly impact them as well because it might take me away from home for you know a day, a week, hours, who knows how long.

That's really stage advice. And I recorded with someone earlier today and we touched on the concept of Ikigai, you know, what does the world need? What are you great at?

And, you know, quite frankly, you know, like you said, a lot of times early on in our lives, we will say yes to a lot of things. But now I'm looking at, will I be compensated for this?

I have to add that into the mix. And it's not that I don't want to do free things or volunteer, but that has to be a part of the pie. It can't be the whole pie.

Absolutely. I think that's incredibly important. And that falls into, is this going to advance my career or myself in some way?

Career balance, saying no, and compensation

I include compensation in that because I tell my husband that, you know, I used to say yes to everything and I didn't even think about that. But our time is valuable.

It is very valuable. And so I think it's really important to add in that compensation piece. And I want to add something my mom actually said to me a couple of years ago when I was getting overwhelmed with all of the stuff I was doing.

My mom said, Honey, if you're good at things, people are going to keep asking for you to do things and no one cares or knows about your other requirements, whether it's your job, whether it's your partner, whether it's your children, everyone is going to be asking for you and there's only a certain amount of you to give.

And so you have to realize that you need to make that decision of Can I say yes to this? Because people will keep asking and they're not going to be thinking about how it's impacting you.

Only you can think about that. And she she said something that really resonated with me. She was like, you are the CEO of your body. You are the CEO of your life.

You are the CEO of your house. And you are the only one who knows what all is happening in all of those spaces. And you have to make those decisions even if people are going to keep asking you to do stuff because you're good at what you do.

And that I sat with that for a while and it really resonated with me because It feels good for people to keep asking you to do stuff because you've been doing a good job, but at some point you have to say no because it's not worth it.

Yep, can't pour from an empty cup. Exactly. Well, let's go back to what you mentioned earlier about some of the systems changes that are needed to really break this, gosh, this really thick glass ceiling that we're still running into.

It seems so frustrating in 2024 that we're even still having conversations about not having equal representation and certainly equal compensation. If you could be CEO for a day of a healthcare system, what are like the top three

things that you would say, we're doing this, we're making this happen in an organization?

So number one is pay. So pay transparency is really important. And along with that, realizing what you're compensating people for. Because like I said, when the health care systems were set up, the pay was allocated in ways that is very different from the way it is now and very different from the way our systems are set up now.

And I think that a lot, not I think I know, a lot of women get voluntold to join committees or lead committees or do work that is uncompensated and unpromotable.

So my first thing would be to address the issue of pay in two manners. One, by addressing pay transparency and making sure that there's equitable pay across the board.

And the second part to that would be looking to see how people are compensated and making sure that the equity work is getting compensated, the committee work is getting compensated.

All of that stuff that takes a lot of time, but we don't actually have a monetary value for in many cases, that needs to be compensated for. So that's the number one priority, I would say.

Number two is looking at the leadership, looking who is leading and saying, how can we make sure that our leadership is representative of the patients that we are serving?

There are so many studies that have shown when women are in leadership or when women are taking care of patients, patient outcomes are better, mortality and morbidity is lower.

And this is not an us versus them. I'm not saying women are better doctors or women are better leaders. What I am saying is there's a lot of exceptional women out there who are not being given these opportunities, not because they aren't qualified, not because they aren't asking for it, but because they aren't in those inner circles.

They aren't in that network where you tap someone on the shoulder and say, you're next for this opportunity. So I would take a really critical eye to looking at what the leadership looks like, and then figuring out how to make it more representative of not only the people we serve, but also of our society as a whole, because that will not only improve the bottom line, because there's data that shows when there's more diverse leadership, there's actually more money coming in.

And that is important for stakeholders of an institution, but also what directly drives better patient outcomes. So that's number two. And number three would be really focusing on the pipelines and making sure not only at the top we have diverse leadership, but making sure that the pipelines for what we are utilizing to get those people into leadership are equally diverse.

And we need to make sure that we have programs set up to set people up for success. So it could be that you need to offer childcare in your hospital because that's one of the biggest barriers for women, especially those in early to mid career.

where childcare becomes a barrier when it comes to having to stay late for a meeting or having to, you know, call in sick if your child is sick. So I think thinking about that pipeline and setting up resources for those early to mid career faculty and early to mid career women.

And then also thinking about opportunities to help them advance by providing coaching, by providing sponsorship opportunities and thinking really strategically about how we can strengthen that pipeline of people up into leadership.

I love that. That would be awesome. And it's the life's work, right, that we're all trying to get to. You know, sometimes, you know, I mentioned that I'm discouraged and it's easy to get discouraged.

I've had a couple of things in the last couple of years that have been really, really hard as far as promotions go and

trying to, you know, make sure your work is valued.

What do you tell yourself and what do you tell other women? Because I actually heard somebody say recently that they were okay with women leaving emergency medicine that, you know, yeah, we're probably just never going to be able to retain and attract as many women to this specialty because of the night shifts and the weekends.

And yeah, so if people decide to do something else, that's fine. And I just found that response so infuriating. So what do you tell people in these moments when we feel like we're getting, especially after COVID, it's like we're getting hit when we're already down.

I mean, I think it depends on where that person is coming from and who they are. At the end of the day, I think it's important to remind people that one, ER work, many women actually prefer ER work because of the shift work and the ability to set your schedule.

And two, why on earth would we want to relegate half of the population to not being able to work in a field that directly impacts patients in such a significant way?

I mean, the ER is the portal to the hospital, right? That's where we decide, does the patient need to be admitted?

Fixing healthcare systems and retaining women

Are they critically ill? Or is this something that can be managed with a prescription that they can go home with? Women have been shown time and time again to be exceptional positions.

Why would we not want them in the ER where we need some of our hardest working and smartest doctors? When we know that women are not only up to the challenge, they do an exceptional job.

Why wouldn't we be okay with chasing women out of a field when we know what a benefit and a boon they are to that field. I think it's short-sighted and I would tell people it's short-sighted.

I've had people say that type of thing to me all the time. Women shouldn't be orthopedic surgeons. It's too hard on them. Women shouldn't be neurosurgeons.

The hours are too bad. And then I refer to studies. I tell them, you know, a study came out showing that women surgeons actually had less mortality and morbidity and complications.

Wouldn't you want your family member operated on by the best of the best? What if the best of the best is a woman and we chased her out because we didn't provide the support that she needed in order to stay in the field?

So I think putting it back on them and sometimes just asking why, why do you think it's OK for us to chase away half of these people? How is that a good solution when there are much easier solutions that could result in us not only retaining these incredible physicians, but also helping them not only succeed, but be innovative and help transform our healthcare systems because we've seen it happen time and time again.

So I push back on that anytime someone says it to me. No, I've been thinking about this a lot. And I think one of the problems is we need to have more career portability.

And what I mean by that is it is hard to have childcare at nights and the weekends. So if somebody cannot find childcare on the nights or the weekends or to an extent that is okay with them that they're comfortable with and they do want to do a different type of medicine for a few years.

I don't know why we're not more flexible about that. I mean the need is so high for primary care and I think an emergency medicine physician can do some primary care.

They can do urgent care. And we need to find ways to meet people where they're at if they want to go and have

more traditional hours for a few years and have ways to get them back into the system.

And, you know, I do simulation and I don't understand, you know, I have a military background. Military pilots will often take a few years off, not off, but off from flying and take an administrative tour.

And then when they go back to fly, guess where they go? In a simulator. And then they get certified to start flying again. So I don't understand why we can't figure this out for medicine.

I agree. I mean, I think that part of the challenge in medicine is we often see innovation come to medicine years after it's come to other spaces, not when it comes to drug discovery and ways to treat patients, but in the workforce and how the systems are set up.

And it's so frustrating because we know what works in other industries. And obviously medicine is a little bit different because people's lives are in our hands, right?

The decisions we're making oftentimes can result in life and death. So there is a different level of accountability that comes with being a physician and practicing medicine.

That being said, there absolutely should be ways for physicians to take that time where if they need a couple of years of more regular hours, then we're able to curate opportunities where they're able to do that.

I mean, I know so many of my friends who have either left medicine altogether or have gone to part-time or have just left the country because they're so frustrated with the fact that they can't practice in a way that gives them autonomy.

You asked at the beginning why I became a physician. One of the things my dad always used to tell me growing up was one of the best things about being a physician is the autonomy.

You get to make your own decisions. You have a leadership role. Whether you're a leader or not, whether you're in a position or not, you are leading. But I think our healthcare systems and the way our healthcare system has evolved physicians have really lost that autonomy and have really lost the ability to control how we drive patient care, what doctors can and can't be doing, what we should be doing, and where our abilities lie to create these opportunities to help physicians who might need to go part-time for a short amount of time or have regular hours for a short amount of time.

We absolutely should be working on ways to make that not just feasible, but standard. So I agree with you that that needs to exist and I'm shocked and saddened that it hasn't really become the standard of care for us at this point.

Yeah. And that's a great point. That gives me some hope that medicine is slow to take up a lot of the advances that have happened in organizational psychology.

But I would challenge anybody that's out there in a leadership role, think outside of the box. And one of the ways I think we could start thinking out of the box is I really want organizations to have mandatory, well, 360 evals and exit interviews.

Because I think those two things would start to give voice to the women that are leaving these organizations. And if we could then collect the quantitative and qualitative data on that, we could really start to show the narrative in a much more powerful way.

But a lot of times they just leave and there's no follow up. on why they left. And I'll take it one step further. I think along with those 360s and those exit interviews, not only do we need to be collecting the data, but the institutions that then implement those should have a real plan for what to do when they find the problems that resulted in people leaving.

Because what drives me nuts is a lot of these places will do an exit interview or do a 360, but then that information

just sits there. And no one actually does anything to try to drive change by critically analyzing the information and then figuring out solutions.

It's usually what I've seen happen is there's an exit interview, somebody has written off as, oh, these are their complaints, but they're gone now so it doesn't matter and we don't have to deal with it.

And that is what breaks my heart because we have the data, a lot of these places have the information, they just choose not to use it to drive change.

Right, because there's no accountability. Yep. And the status quo is much easier to maintain than thinking outside the box and actually thinking about how to drive change.

Well, I would love for you to tell us a little bit more about what to expect at the Women in Medicine Summit. And I'll just start off by saying last year was the first time that I attended and I was blown away by the quality, the wonderful information, and also just the ambiance.

The Drake Hotel was just so lovely. Tell us more about this conference and what to expect this fall. So the Women in Medicine Summit is, as you said, I can say this objectively because people have said it to me, although I'm a little biased.

Women in Medicine Summit and river cruise

People have called it a transformative conference for a reason, and it's because I'm really, really intentional on who I invite to speak, because I really want people to leave feeling empowered.

This year, the two sessions I'm most excited about because we've never had them before, One is negotiate like an auctioneer, so teaching people how to negotiate for themselves.

And the second is using improv comedy to find the joy in your career. And that just goes to show you that we have your traditional, very important financial literacy talks and leadership talks, but we also try to have some more innovative ways to kind of think about how you can really drive change in your own career, but also in your systems.

So the summit itself, you know, there's keynote addresses, there's workshops, there's breakouts, there's an awards gala this year. It's just, it's really a fun way to get together with 500 of soon to be your closest friends and learn together, create networks and connections.

And I think the biggest thing, the ripple effect that I found from the summit is not just the education you get while you're there and the experience and the ambiance, but then also those people that you meet and how those people can transform your lives.

Because the more and more I do this, the more I see people who attend the summit and then use those people they've met to help them either find a new job or help them navigate problems that have happened in their own job, because so many of us have had similar challenges.

The summit is a place for you to learn and get CME credit, but also a place to find other people who may have gone through what you've gone through and can help you, may know others who can help you find the next step in your career.

And honestly, I do the summit every year because I have a lot of fun at it, and I want people to have as much fun as I have. And it really is a fun, enjoyable couple of days.

And that will be September 13th through 14th in Chicago at the Drake. And where do they go to register? So you can go to register at womeninmedicinesummit.org.

If you have any questions, our email is right there. You can email us. It is pretty simple and our agenda is up so you can see some of our speakers this year.

We are thrilled. We have Dr. Jen Gunter speaking this year. Dr. Kimberly Manning is coming back this year. We have Dr. Helen Burston and Dr. Jessie Gold.

I mean, our speakers are just amazing. Dr. Julie Silver is going to be speaking again this year. She was one of our inaugural keynote speakers back in 2019, so we're really excited to have her back.

But yeah, go to womeninmedicinesummit.org. We have a hotel room block at the Drake, so get those before they sell out. And yeah, we just can't wait to see another amazing turnout this year.

And we probably will sell out. So I recommend buying your tickets early. Yes, please. I'll be there. And I'm thrilled that I'll be signing copies of my book.

at the summit so we want you there and then i've also heard that you've got a river cruise coming up tell us about that we do so in march last week of march in 2025 we are hosting a women in medicine retreat which is a cruise cme again in the south of france And the entire ship is reserved for just us and our friends and partners.

So it's not only for people who identify as women, people of all genders are welcome, but the entire ship is reserved just for us. So highly recommend you come on that cruise.

Dr. Kimberly Manning is speaking. Retired Lieutenant General Mark Hurtling, who is phenomenal, is actually doing a mini leadership course there. So we'll have three different sessions of how to lead effectively.

And the entire ship, like I said, it's reserved for us and there'll be excursions, there'll be wine tasting if you're interested. It's going to be an amazing week in the south of France.

So please make sure you join us. You can find information for that on our nonprofit website, wimedicine.org. or you can email us directly wimnfp at gmail.com.

Oh, that's awesome. I've done that exact cruise before in the south of France and had such a lovely time. So that's going to be beautiful. So what keeps you going doing this advocacy work?

Because it really is a marathon. It is, and it can be very exhausting. A lot of things keep me going. Honestly, the main thing that keeps me going, it's people.

People reaching out and telling me how the stuff that I've done has made an impact. People reaching out saying, you know, your programming changed my career, changed my life, changed my trajectory.

Medical students, so we have med students who volunteer at the summit every year, and then if they're interested, they have the opportunity to continue volunteering throughout the year.

I have learned so much from these medical students and when they express any appreciation for, you know, we help them get into a residency spot, we help them publish a paper, we help them find their own voice.

One of my students who has been with us for a couple of years wrote this incredible post on Facebook and Twitter or X or whatever you're calling it these days about how the women in medicine organization and the women in medicine summit helped her find her voice and helped her realize her power as a woman medical student and now a woman physician in ways that she never thought were possible.

Why the advocacy work matters

For me, the things that drive me are knowing that the work we're doing, as hard as it is and as much effort and time it takes, it's driving change and it's changing people's lives one at a time.

And my hope is that's driving change in a bigger way. By the time my children decide if they want to be doctors or not, hopefully we'll be having different conversations and we'll be talking about how these types of programs and many others out there have really driven change in our systems and our conversations have changed to different challenges we're now facing.

But my hope is that these seeds we're planting are going to continue to grow and I will continue to see transformations in our healthcare systems and in our country.

Absolutely. Well, I can't think of a better way to wrap up than that. That is truly an inspiration that we can go forth into the world and continue to each find our own Ikigai about how to keep addressing these different challenges.

How can our guests connect with you? I know you're wonderful to follow on social media. How can they connect? So the easiest way, you can follow me on Twitter slash X or LinkedIn or Instagram or Facebook.

It's the same handle across the board. It's ShikaJaneMD. So you can follow me there. If you want to email me, you can email me ShikaJaneMD at gmail.com.

If you want to check out my website, it's ShikaJaneMD again. So I try to keep it simple for people. But yeah, reach out in any capacity. I'd be happy to talk to you or if you're interested in learning more about the summit or if you have a company that's interested in sponsoring at the summit, we have great partners and collaborators.

So open to people connecting with me in any way they can. I love that. That's so generous. Thank you very much, Dr. Jane. I can't wait to have you back on the podcast again to keep us updated on the wonderful work at the Women in Medicine Organization.

Thanks so much for having me and I can't wait to get a signed copy of your book at the summit this September. Thank you. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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