

Blog

Being a Female Physician Leader: Babies, Boardrooms and the ‘B’ Word

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By Daria Starosta, DO

I didn't set out to be a trailblazer in emergency medicine, I just followed my heart. In the early '80s when I was in medical school, the student body was only about 20 percent women. And, most female physicians were pursuing careers in pediatrics, obstetrics/gynecology or family medicine, certainly not emergency medicine.

Despite having few role models, I thrived in emergency medicine. In fact, in 1988, just 18 months out of residency, I was offered the role of emergency department director, despite thinking that I really didn't have the skill set yet! I was respected in the role, and two years later, I joined EmCare and became the company's first female regional medical director. In the early years, I was the only woman at leadership meetings. There were no women to mentor me. I relied on my skills and drive to move up the career ladder.

Juggling a Career and Motherhood

Instead of choosing between my career and motherhood, or feeling guilty about pursuing both and not getting the balance right, I looked at my options logically. I wanted to be a mother. I loved my job. But would I be able to do the job as well when my attention was focused on my kids? No. I knew I wouldn't be able to give my ED director role 100 percent, and that wasn't fair to my patients or my staff. I wouldn't be able to do the job justice.

I stepped down as ED chief and worked as a part-time staff physician, and it's something I've never regretted. Yes, I had to compete again for a management job when I decided to return to ED administration, but I now have two successful adult children – and many great memories. I did some of the most rewarding work of my life during those six years.

While there are many more women in physician leadership roles now, there's still a dearth, and motherhood is a factor. Each woman has to make the choice that's right for them. If you do choose to have children and still work, be sure you can still do the job that you were tapped for.



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When my kids were a bit older, I became director of a hospital-based outpatient clinic. While it was a departure from emergency medicine, I learned a great deal, which I've been able to draw on in the years since.

In this role I wrote grants to secure funding to decrease teen pregnancy, further women's causes and provide immunizations. I worked with pediatric and OB patients, expanding my clinical and operational knowledge. I ran the clinic like a medical practice, regardless of patients' ability to pay, and made a positive impact on the community. I even helped reduce ER visits!

In 2003, I returned to an ED director role at a facility that had been purchased by a for-profit corporation. In this role I was able to hone my understanding of the business side of medicine. I reached back to my first two years of college as an economics major. My business acumen was rewarded with a six-year term on the board of trustees of a community hospital where I served as the ED chair.

How to Overcome Stereotypes

There are opportunities in the field for women, but sometimes you have to deal with stereotypes about being "too assertive" or being a B-word. It's a challenge but not insurmountable and no longer the norm. I've worked with talented, professional, supportive men and women in this field. And while I do think stereotypes still exist, I've found ways to de-escalate the tension and work with all types of personalities.

Here are a few tips:

- If you are pitching an idea or want to roll out a new procedure, get buy-in from major stakeholders first to build consensus. Then if there are any detractors, it isn't just you against them.
- Use data and results to prove your point. It takes emotion and personality conflicts out of the discussion.
- Ask, "Tell me why you're concerned about that?" to better understand someone's point of view.
- If the project or procedure is still getting some resistance, bargain: "Let's try this for three months and revisit it then."

I've learned to not take differing opinions personally, be open to new ideas and own my mistakes.

Reflecting Back and Paying It Forward

I "retired" from clinical practice a few years ago. I recently took on a new role as EmCare's National Director of Practice Enhancement. I'm a bit out of my comfort zone (again!) but I'm learning a lot and connecting with clinicians across the country. I'm producing educational podcasts about documentation and MACRA and everything in between.

I'm now mentoring several male and female physicians. It's not a formal process, but it's rewarding and something that I truly enjoy.

For those starting their careers in medicine, my advice is to work hard to become an excellent clinician first, then look for leadership opportunities that fit your passion and your personality. My first taste of leadership came when I

played competitive sports. Through sports, I learned to work with and inspire a team, gained confidence and began to raise my hand in class more. It's a great way to gain experience that you can draw on throughout your career.

All leaders, but women especially, should let results and data do the talking; don't get too emotional or touchy-feely about your work. The opportunities are there: distinguish yourself by letting your results shine for you.

And lastly, I urge all leaders – women and men – to lead by example. Your staff is watching. Your kids are watching. Your patients are watching. Be impeccable.

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