

Appendix 2C: University of Michigan Medical School

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A year and a half ago, I had the opportunity to join the Dean's office at the *University of Michigan Medical School*, first as the Director of Faculty Affairs and then as the Assistant Dean for Faculty Affairs and Director of the Office of Faculty and Staff Resources. In addition to other duties, my new job included an explicit directive to address issues related to women faculty. Many people believe that with all of the challenges facing academic medical centers (AMCs), this is not the right time to focus on or devote resources to issues of diversity and gender equity; yet others believe that increasing the diversity of our faculty will strengthen our ability to respond in new ways to these unprecedented challenges. There is never a "right" time for issues of gender equity, but at the University of Michigan this time is better than most. A University-wide initiative, *The Michigan Agenda for Women*, was established in 1994 with the goal of making the University of Michigan a leader among American universities in promoting and achieving the success of women of diverse backgrounds as faculty, students, and staff (I have a secondary appointment as the Coordinator for this Agenda).

Addressing issues related to women faculty is an amorphous goal in any university setting. The approach selected within the Medical School was consistent with the culture of the institution: get the data, and work from there. First, we documented and described the situation for women, focusing on the numerical composition of the faculty and the climate. Then we built programs to address the low numbers of women faculty and the isolation they experience. Throughout, efforts were made to maximize the utilization of existing resources within the School, University, and national organizations. In particular, initiatives from which women would clearly benefit were integrated into existing programs whenever possible. In this way, women were accurately portrayed as an important component of our core faculty and not as a separate "special-interest" group. Efforts were also made to focus resources and time where these would be most likely to have the greatest impact.

Data Collection

Many well intentioned faculty leaders seem genuinely unaware of the low proportion of women faculty, of the environment they experience, or that either of these is problematic. Once faculty leaders realize that the system is broken, most are willing to work on fixing it.

I. Attitudinal Data

A. Focus Groups

For a 1992 report, *Faculty Recruitment, Retention, and Career Development*, a task force conducted focus groups of various faculty cohorts. Women faculty reported being isolated, lacking mentors, and not being included in various local and national networks. Women faculty who had left the institution stated that their careers were adversely affected by isolation from important information and by subtle gender stereotypes (Akil, et al., 1992).

B. Survey of Faculty Attitudes

In 1994, a School-wide survey of faculty attitudes was conducted (Betz, 1994). Women faculty were "less positive" than men faculty about every parameter examined including: support from senior

faculty; sensitivity of departments to diverse needs of faculty; commitment of department and School leadership to strengthen diversity; freedom of faculty to conduct their own research; adequacy of research time; quality of research space; availability of research resources; research support; grant administration; balance among the various faculty activities in performance evaluations; and collaboration with departmental colleagues. Women faculty were significantly less positive than men faculty when asked if this were a good time to be in academic medicine. Of 70 questions regarding the work environment, there were none to which women faculty responded more positively than men faculty. Despite this pervasive gender difference in faculty satisfaction, women faculty reported more willingness to accept new challenges, such as trying a new teaching format or new research direction, and accepting new administrative responsibility.

C. Cultural Diversity Assessment

A School-wide *Cultural Diversity Assessment* was commissioned in 1995 to describe the environment as experienced by underrepresented racial minorities. *The Michigan Agenda for Women* provided sufficient evidence of university priorities to expand the audit to include gender issues. Among the findings of the *Cultural Diversity Assessment* was that women faculty felt that they are discriminated against and discounted. Both men and women faculty believed that most men "do not have a clue" about the challenges faced by women faculty. While men faculty believed that women and minority faculty have an advantage at promotion time, women faculty believed that women and minority faculty are held to a higher standard than white men faculty. Women also felt reticent to speak out about inequities because they fear that retaliation will place their careers in jeopardy (Nichols and Associates, 1996).

II. Numerical Data

A. Faculty Composition

Women as a percent of faculty on various faculty tracks was graphed over the past ten years, indicating a lack of recent progress (its flat lines have earned it the moniker of the "Kansas graph"), especially when compared with the steadily increasing proportions of women among students and residents during the same period.

B. Salary Analysis

A 1991 gender-based analysis of faculty salaries revealed an alarming 12% discrepancy between the salaries of men and women physicians who were instructional tenure-track faculty members in clinical departments. The discrepancy could not be explained by time-in-rank or clinical subspecialty. The salary study was repeated using 1994 data and presented in the 1995 report, *A Gender-Based Analysis of Faculty Composition, Faculty Promotion Rates, and Faculty Salary Equity* (Thorson and Root). Although no systematic response to rectify the earlier disparity had been undertaken, no statistically significant difference in any matched group of men's and women's faculty salaries remained. However, the absence of a statistically significant difference in a matched-group analysis does not preclude the possibility of inequities among individual faculty members' salaries. This report was shared with all department chairs, accompanied by departmental salary data for each individual faculty member, including time-in-rank adjustments. Chairs were asked to carefully review these data and rectify or explain any apparent gender-based discrepancies between individuals' salaries.

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All women faculty received a copy of this widely disseminated report, and individuals with concerns or questions about the relative equity of their own salaries were encouraged to contact me for a specific analysis. A number of women faculty responded, and essentially all found that they were very equitably compensated compared to their male colleagues and in comparison to national averages -- eliminating one source of anxiety and concern.

C. Promotion Rates

The examination of promotion rates contained in the above cited 1992 study by Akil, et al. was also repeated with current data as part of the 1995 report by Thorson and Root. A large gender difference in rates of promotion was found. However, this analysis was based on historical departmental records of which faculty had been "reviewed for promotion" -- a variable and unreliable criterion. Thus, a more detailed analysis of instructional track promotion rates over the past six years was undertaken, examining the gender composition of the faculty who had been promoted and of the faculty who were eligible for promotion. Very disparate rates of promotion for men and women faculty were followed by a rapid recent increase toward more equitable rates, and culminating in identical rates of promotion for men and women in 1996 (Thorson and Martinsson-Ventura, 1996).

Results of this promotion study were augmented by a University-wide study published in 1996 that tracked junior faculty members hired between 1982 and 1988: *Women at the University of Michigan: A Statistical Report on the Status of Women Students, Faculty and Staff on the Ann Arbor Campus* by Hollenshead, et al. Records of approximately 800 junior faculty members were examined to determine whether each individual received tenure, was transferred off the tenure track, was still awaiting review for tenure, or left the University without receiving tenure. Extracted data revealed that of 338 junior faculty hired, 28% of the women had achieved tenure, compared to 47% of the men. This 1996 report was the third in a series published since 1992. Additionally, as part of a University-wide initiative, *Women of Color in the Academy*, resources from the central University administration were obtained to analyze available data pertaining to women of color in academic medicine at the University of Michigan and throughout the nation (Thorson and Kobrzycki, 1996).

Building Programs

I. Increasing the Number of Women Faculty

A. Hiring

As the "Kansas graph" illustrated, the proportion of women on the Medical School faculty has not changed in many years, despite an increasing pool of available candidates (very modest increases have been achieved throughout the rest of the University). As part of the *Michigan Agenda for Women*, new funding has been made available to hire outstanding senior women faculty; any unit which successfully competes for this funding receives a transfer of central money to pay for the senior woman's salary for as long as she remains on the Michigan faculty. In reality, there is no "new" money; the central funds committed through this program are simply no longer available for distribution to schools and colleges. In this way, all of the units are "taxed" and the money transferred to those which have hired senior women. This program was modeled after a similar one that has been used to encourage hiring of faculty who are members of underrepresented racial minority groups.

A second central University initiative to increase the hiring of senior women faculty provides the difference in funding between a junior and senior faculty member's salary. If, during a search for a junior faculty member, a school or college identifies and recruits a senior woman, the unit pays only the salary originally intended for a junior faculty member, and central funding provides the additional amount required for a senior faculty member's salary. The Medical School has obtained funding through both of these programs. More important than the funding itself, though, has been the publicity generated and the increased interest in seeking senior women faculty. The possibility of receiving supplemental funding has resulted in greater efforts to identify and consider women for senior faculty positions. Many more women faculty have been hired than those for which we actually received any central funding.

Because Medical School faculty salaries are significantly higher than those of faculty in other University units, after funding was approved for the first senior woman faculty it was suggested that the Medical School not be eligible for as many awards as other units. So half of the money was returned, with the understanding that the Medical School would receive only half of the base salaries of selected senior women, but would not be restricted on the number of awards it could receive.

As part of the recruitment process, I was asked by several department chairs to meet with candidates and make them aware of our commitment to fostering the success of women faculty. Significant effort was also invested to accommodate the needs of dual-career couples, and when necessary, to utilize central University and School funds to provide support for a limited number of years for positions made available to spouses or partners of newly recruited senior women faculty.

B. Retention

We also amplified efforts to retain women faculty. For example, a senior woman's partner, also a faculty member and administrator, was seeking a new position and was considering leaving the University. With the promise of three years' salary support provided through various funds, several units throughout the University were eager to create positions for him (in this case the Medical School and central administration each agreed to provide one-third of his salary, and the hiring unit was expected to provide the remaining third). This created opportunities for him to stay at the University, and consequently, for a senior woman faculty member to be retained in the Medical School.

Other programmatic sticks and carrots are being developed. One aspect of department chairs' annual performance evaluations this year will be their records in recruiting and retaining women and minority faculty. Likewise, we are also considering utilizing these factors in determining a portion of the annual funding allocation to each department.

II. Enhancing the Professional Success of Women Faculty

A. Career Development

The most significant of several career development programs was a day-long Medical School Faculty Women's Career Development Seminar, attended by approximately 200 women. The seminar featured a nationally acclaimed keynote speaker, Elaine Ullian (President and CEO, Boston University Medical Center), and a series of workshops: managing conflict, negotiating, public speaking and presentation skills, saying "no", mentoring and networking, and balancing family and work. Each of

the participants received in advance a copy of Pat Heim's *Hardball for Women* (Penguin Books, 1993). Copies were also provided to the workshop speakers, many of whom referenced the book in their presentations, providing all participants with a common ground. Additionally, participants received an extensive resource notebook, which included over 50 articles including available numerical data and addressing issues of promotion, compensation, gender bias, mentoring, women in academic medicine, and academic women in general. Because participants requested additional opportunities to explore many of the seminar topics in greater detail, a series of two- to three-hour workshops is planned for next year.

Another program established through *The Michigan Agenda for Women* is a campus-wide effort to acknowledge that women faculty perform a disproportionate amount of University service in comparison to men faculty, including committee service and student advising. Forty awards of \$5000 are provided annually to women faculty who are selected on the basis of short written statements describing their service activities. The awards can be used in any way to enhance recipients' career development. Many Medical School faculty have been among those selected.

Faculty members have received continued encouragement to attend AAMC seminars for junior, senior, and minority faculty. Without exception, all of the women faculty who have attended AAMC seminars have found them to be extremely useful and informative. The Dean's Office has paid the registration fee, and participants have been asked to share their experiences in the faculty newsletter or at weekly women faculty breakfasts. Several other planned discussions at women faculty breakfasts have focused on career development. For example, a senior woman shared her thinking about career paths, and the sole woman serving on the school-wide promotions committee led two well attended discussions about the promotion and tenure process.

B. Access to Information

Discussions of both planned and unplanned topics at weekly women faculty breakfasts (see below) have been an effective means of increasing women's access to information. Other mechanisms have included the use of the faculty newsletter, email announcements, and mailings to women faculty. Through these channels, information has been provided about School and University policies on maternity and dependent care leave policies, tenure clock policies, awards and opportunities, the formation of women's groups within medical specialty organizations, and School-wide or University-wide programs and reports.

III. Reducing Isolation of Women Faculty

Several additional initiatives were undertaken to reduce isolation of women faculty. The simplest has also been one of the most effective: weekly women faculty breakfasts. Women faculty have been encouraged to drop in at their convenience for coffee, juice, and bagels in a conveniently located conference room every Friday morning. Aside from the occasional planned discussions described above, the topics have been determined by whomever attends, and have ranged from serious debates about the future of academic medicine, to requests for assistance in thinking through a problem, to descriptions of recent books or articles, to exciting research findings. These breakfasts have provided a safe environment for venting frustrations, for asking questions, and for meeting other women faculty. Several research collaborations and friendships have resulted.

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Other efforts to reduce women's isolation included a reception at which the tenured women faculty congratulated and welcomed their newly promoted colleagues. Another simple initiative was the production of a directory of all women faculty including names, titles, departments, and phone numbers. We have also placed senior women on important committees within the School and University, increased their exposure to junior women faculty through presentations at breakfasts, and provided junior women faculty personal referrals to senior women faculty for mentoring. This additional exposure and service as role models may be a small amount of extra work for our senior faculty but it has been tremendously important for their junior colleagues, most of whom do not have senior women within their divisions or departments.

References

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