Women's Leadership and the Impact of Gender

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Objectives:

- Describe the gender differences present in the personal and professional sphere.
- Identify individual and systemic barriers that are prohibitive of female faculty advancement.
- Explore additional challenges faced by female faculty who are underrepresented in medicine as they progress along the academic continuum.
- Define strategies that can be implemented at the institutional level to improve faculty and leadership training/development.

Definition of Terms

Women of Color: terminology used to depict a community of women with multiple intersecting ethnic, racial, and gender identities. Often, these communities of individuals share social, political, and historical experiences and backgrounds. Intersectional experiences cannot be explained by one identity alone.

Intersectionality: the ways in which multiple identities(i.e., gender, class, race, immigration status, ethnicity) overlap and combine with one another to contribute to unique experiences of marginalization.

Underrepresented in Medicine (URM): Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population (AAMC, 2004). *

*Please note that institutions vary on the groups of individuals that they classify as URM. Because of the variations in definition amongst medical schools, not all women faculty of color are necessary considered to be URM faculty/students at their local institution.

Gender Differences in Personal and Professional Sphere

Women are limited by gendered barriers that are systematically produced and reproduced to foster harmful stereotypes that reinforce false notions that women are inferior to male counterparts (e.g. “women are emotional and less business savvy”). These stereotypes inform and reinforce gender discrimination in the home and the workplace (Burgess et al. 2012).

Biases against women are particularly prevalent in traditionally male dominated fields such as science, technology, engineering, and medicine (STEM).

Women in Leadership

Because of the gender stereotypes and unconscious biases that plague women in medicine and science, women are underrepresented in medical leadership, are given less funding than their male counterparts for research/grants, are promoted at lesser rates than their male counterparts, are more likely to experience isolation and exclusion from opportunities to advance in their medical careers, face barriers due to stereotype threat, and are more likely to have their issues conflated with familial issues in the workplace (Carr, 2003; Burgess et al., 2012; Corrice, 2009; Levine, 2013)

Underrepresented Women in Leadership

- Women with intersectional identities-specifically those of gender and race-often experience exacerbated gender discrimination in the workplace (Davis & Maldanado, 2015; Pololi and Jones, 2010).
  - One example of where women faculty of color experience increased discrimination is representation in academic leadership. While women comprise smaller percentages than their male counterparts in leadership positions throughout academic medicine, women faculty of color make up even smaller percentages of those same leadership positions (Lautenberger et al. 2016).

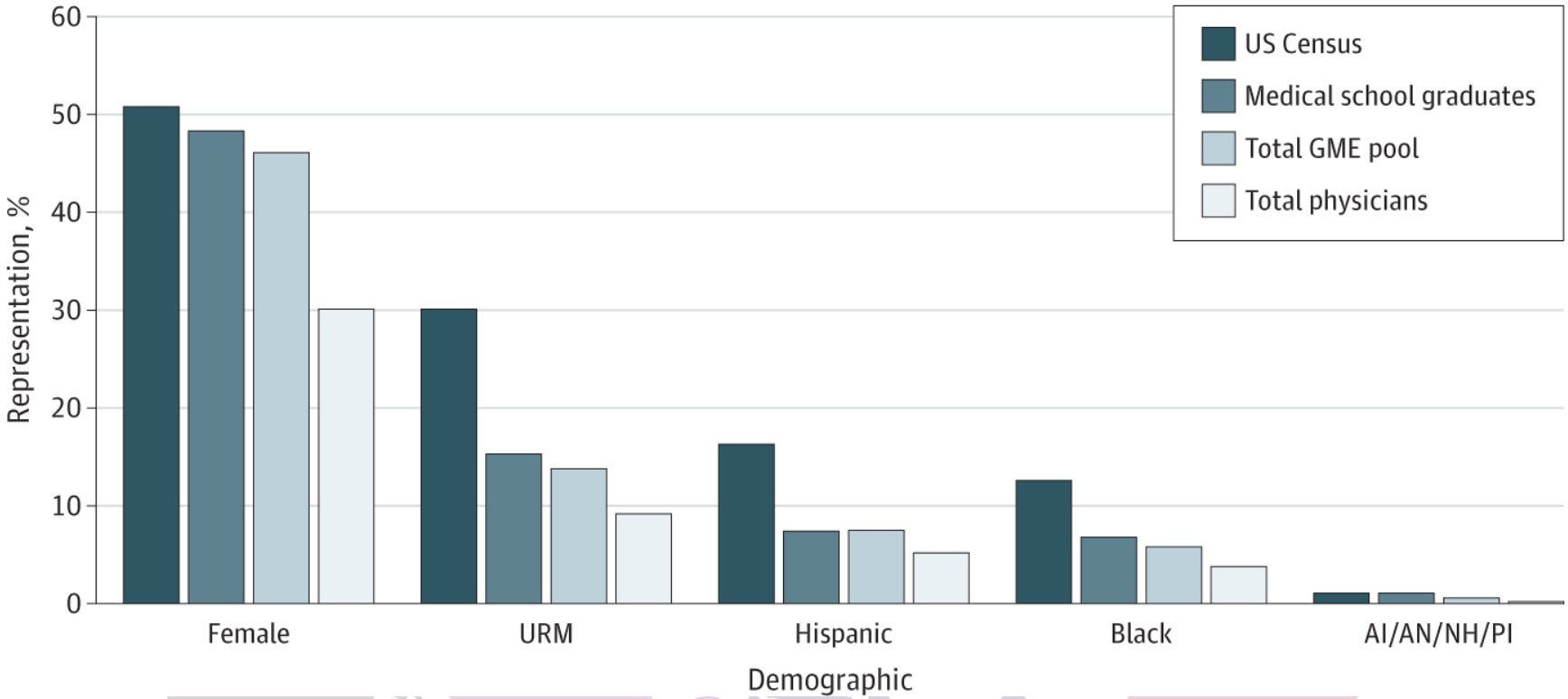
Underrepresented Women in Medicine

AAMC definition: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population" (AAMC, March 19, 2004).

"Double Disadvantage" (Pololi and Jones, 2010)

- Minority URM women (Rodriguez, Campbell, & Pololi, 2015).
- Non-MD faculty (PhD's with doctoral degrees)

Distribution in the 2010 US Population, 2012 Medical School Graduates, 2012 Practicing Physicians and the 2012 Graduate Medical Education Trainee Pool



Deville, C., et al. (JAMA, 2015)

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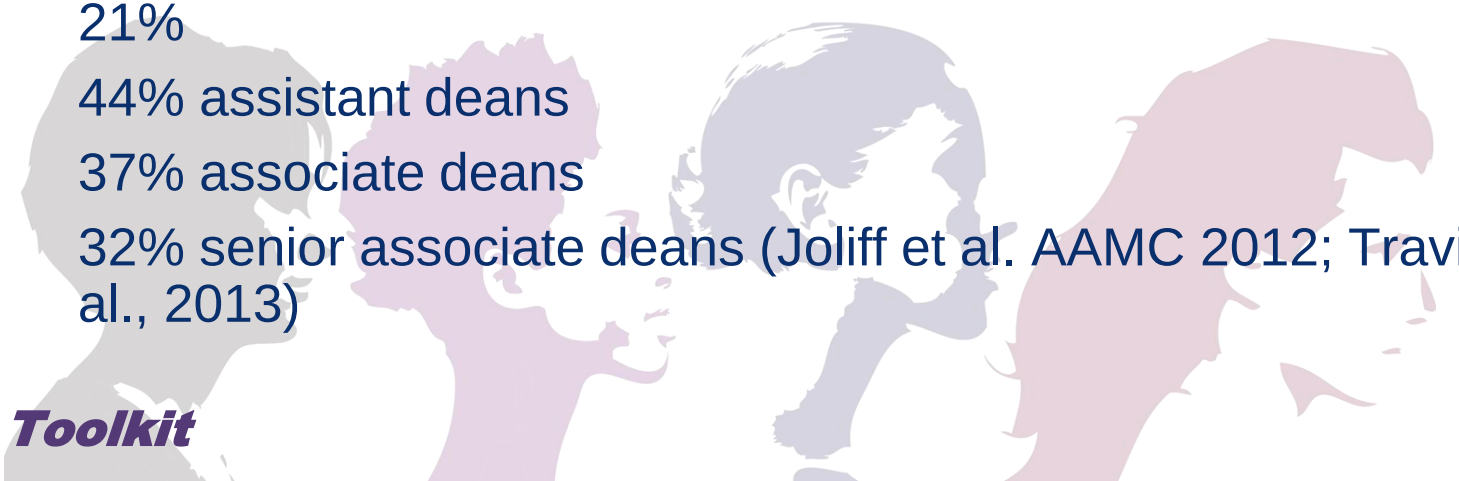
Underrepresented Women in Leadership

- 16% of women are chairs (372/2675) (AAMC, 2014)
- 1.3% of women chairs are underrepresented minorities (35/2675) (AAMC, 2014)
- 12% of women are in the “C-suite” (highest level executives; chief executive officer, chief financial officer) (Joliff et al. AAMC 2012; Travis et al., 2013)
- Greater representation in medical school deans’ offices
  - 16% of department Chairs
  - 21%
  - 44% assistant deans
  - 37% associate deans
  - 32% senior associate deans (Joliff et al. AAMC 2012; Travis et al., 2013)



Contributions of Underrepresented Minority Faculty

- Improve public health-access to care in underserved communities, (US Office of Disease and Health Promotion, 2010; Nivet, 2008)
- Expand research agenda (Cohen, J et al., 2002; Nivet, 2008; King, TE, et al, 2004; Nivet, 2008)
- Improve teaching of all students (Umbach, P., 2006; Nivet, 2008)
  - Diverse faculty use different pedagogical approaches that could lead to increased student learning
  - Benefit the learning environment

Nivet, 2008

“Leaky” Pipeline for URM Faculty

- Lack of:
  - Welcoming environment; racial and ethnic bias and discrimination (Person et al., 2015; Nivet et al., 2008)
  - Diversity and mentors among senior faculty (Nivet et al., 2008)
  - Pathways to promotion (i.e. clinical track) (Palepu, et al., 1998; Nivet, 2009)
  - “Social capital” and networking opportunities (Coleman, 1998; Nivet 2009)
- Disillusionment with academic medicine as a career pathway

“Leaky” Pipeline for URM Faculty

- Decision to participate in diversity-related activities, driven by personal commitment and institutional pressure
- Detection and reaction to discrimination
- Disconnect between intention and implementation of institutional efforts to increase diversity
- Need for a multifaceted approach to mentorship

Mahoney et al., 2008

Leaving Institution/Academia

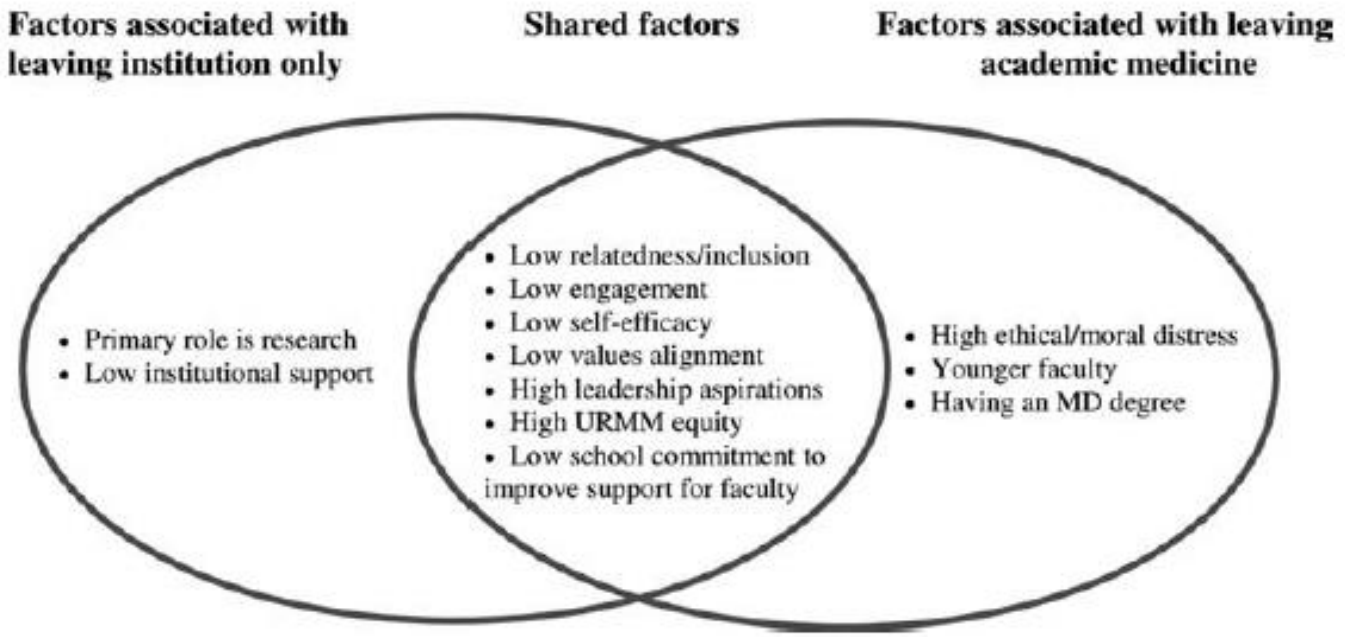


Figure 1 Predictors of intention to leave their institution or academic medicine for dissatisfaction. The figure summarizes the authors' findings concerning faculty who were considering leaving their institution or academic medicine. The findings are from a 2007–2009 survey of 4,578 faculty at 26 representative U.S. medical schools; 1,994 provided complete data (43%).

Pololi et al. 2012

This table includes feedback reported by both men and women faculty (Pololi et al., 2012)

URM Barriers to Academic Promotion

URM Barriers to Academic Promotion

- Ethnic and racial bias and discrimination
- Isolation and reduced networking opportunities
- Insufficient time for activities that lead to promotion
- Financial resources limited
- Limited understanding of requirements necessary for faculty success

Nivet, 2008

Current Gender Climate

Varied perceptions regarding current gender climate

Continued lack of parity:

- Rank and leadership
- Talent development
- Retention
- Compensation equity
- Grant support

Burden of family responsibilities and work-life balance on career progression is disproportionate

Carr et al., 2015

URM Women Faculty Barriers

- Financial resources*-not as prevalent for women as a whole
- Inadequate career counseling
- High attrition rates
- Poor support network
- Competition for candidates
- Anti-affirmative action legislation
- Limited programs focused specifically on minority women faculty

Institutional and Individual Strategies

Institutional Strategies:

- Diversity 3.0 (Nivet, 2011; 2015)
  - Broad definition of diversity that is inclusive
  - Diversity and inclusion as a means to "build innovative, high-performing organizations."
- Institutional assessment of workforce diversity, climate, and cultural competence inclusive of gender-based education offerings
- Diversity infrastructure (Peek et al., 2013)
- Diversity statements/policies
  - Commitment to an inclusive and diverse learning environment and workforce (Nivet, 2011, 2015)

Institutional Strategies: Recruitment and Retention

- Recruit and develop minority faculty (Peek, 2013)
  - Human capital and social relationships
  - Institutional support/resources

- Educate leaders, faculty and staff regarding the impact of unconscious bias
  - Review, hiring, and promotional processes

- Focus on education as a tool to foster URM and gender awareness training (Nivet, 2011, 2015)

Institutional Strategies:

- Develop specific programming for minority women faculty (Wong, 2001)
- Create mentorship programming for women in multiple role management and planning (Carr, 2015)
- Enhance opportunities for sponsorship for women faculty (Travis et al., 2013)
- Consider a reduction of the commitment taxation: “brown tax” or “black tax” (Peek et al., 2013)
- Provide resilience –centered skill development (Cora-Bramble, et al. 2010)

Institutional Strategies:

- Assess and address climate issues
  - Institutional climate-disconnect between personal priorities and institution's (Levine, Carr, 2015)
- Create institutional report card for gender and racial equity

Institutional Strategies: Increase Women's Access to Leadership

- Educate about second generation gender bias "work cultures and practices that appear neutral and natural on their face…reflect masculine values and life situations of men who have been dominant in the development of traditional work settings." (Ibarra et al., 2013 and Carter 2011)
- Create safe identity workplaces to support learning, experimentation, and community that also facilitate transitions to bigger roles
- Anchor women's development efforts in a sense of leadership purpose rather than in how women are perceived

Individual Strategies:

- Obtain opportunities for leadership training and faculty development
- Seek both mentorship and sponsorship
- Maximize personal support networks (internal and external)
- Identify an institutional environment that promotes faculty engagement and inclusion, and one whose values are aligned with your personal values

Faculty Development: Leadership Training A Systematic Review

- 48 articles described 41 studies that included 35 interventions (1985-2010)
- Non-specific and focused populations: women, junior faculty, senior faculty
- 6 of the studies focused on the ELAM (Executive Leadership in Academic Medicine) intervention
- Majority clinical faculty in family medicine and pediatrics
- Short and long-term interventions

Steinert, Naismith & Mann, 2012

Faculty Development: Leadership Training A Systematic Review

- Leadership topics
  - Conflict management and negotiation
  - Budgeting and financial management
  - Leadership theory and concepts
  - People management and performance issues
  - Networking, team-building and mentoring
  - Organizational structure and culture
  - Change management
  - Strategic planning and problem-solving
  - Time management
  - Personal leadership styles
  - Continuous quality improvement

Steinert, Naismith & Mann, 2012

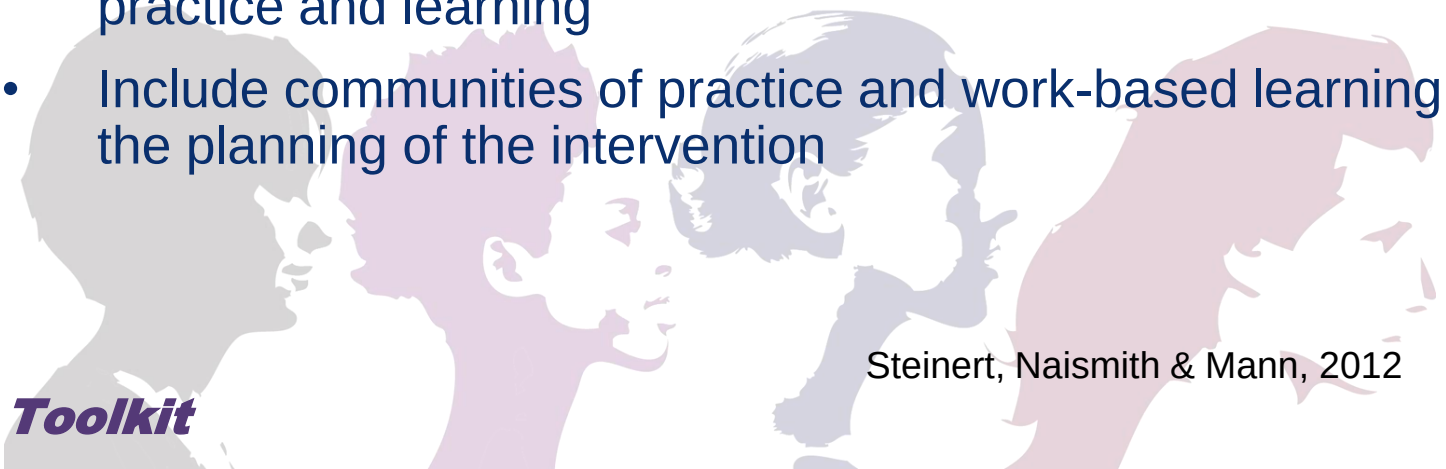
Faculty Development: Leadership Training A Systematic Review

- Leadership faculty development findings
  - Endorsed value in participating
  - Identified change in attitudes towards organizational contexts and leadership roles
  - Gained leadership skills (i.e. change management, conflict resolution, personal effectiveness, interpersonal communication)
  - Improved knowledge (i.e. organizational development, leadership styles, strategic planning)
  - Changed leadership behaviors (i.e. leadership style, applied leadership skills in the workplace environment)

Steinert, Naismith & Mann, 2012

Faculty Development: Leadership Training A Systematic Review

- Implications for planning faculty development leadership offerings
  - Define focus of leadership training
  - Utilize theory in the development and design of programming
  - Incorporate elements previously described in the literature that are associated with positive outcomes
  - Consider the relevance of context (course faculty, organizational culture, program curriculum)
  - Extend program length to allow for longitudinal growth, practice and learning
  - Include communities of practice and work-based learning into the planning of the intervention



Steinert, Naismith & Mann, 2012

Institutional Considerations: Training and Mentorship

- Improve access and quality of leadership training and faculty development (i.e. Career Coaching, degree and certificate programs)
- Maintain sustained mentorship offerings for clinicians, educators, and researchers at all ranks (internal and external leaders and consultants)
- Define goals and tracks to promotion
- Provide assistance for managing work-life balance factors
- Implement continuous quality improvement and assessment of leadership training, faculty development, and mentorship programming

Institutional Considerations: Child and Eldercare

- Offer child-care and elder-care programming
- Provide on site facilities
  - Child day care
  - Child care extended hours
  - Eldercare
- Subsidize back up childcare (i.e. illness)
- Flex or compression of work schedules
- Assist with child/dependent related costs
  - Adoption assistance
  - Paid leave for birth of child or adoption

Institutional Considerations: Financial Support Strategies

- Offer flexible family care spending in grants
- Create gender neutral award programs for primary care givers, provide extra hands awards specifically for technicians, administrative assistance or post doc fellows
- Offer financial assistance to alleviate domestic responsibilities (i.e. childcare, tuition costs for children/dependents, eldercare)

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Toi Blakley Harris, M.D., is the Associate Provost of Institutional Diversity and Student Services, and an Associate Professor of Psychiatry & Behavioral Sciences and Pediatrics at Baylor College of Medicine. Dr. Harris oversees Baylor's diversity and inclusion initiatives, as well as student services. Over the course of Dr. Harris' twenty year career, she has been the recipient of national and local awards for her leadership and various initiatives to promote professional development, workforce diversity and wellness for medical students, residents, fellows and faculty within health science institutions. In addition to her clinical areas of expertise, she has developed curricula and published in the areas of cultural competence, diversity, and wellness. Dr. Harris has received grant funding to create and implement programming to increase access to mental health services in underserved communities and to establish both a multidisciplinary mentorship program for mental health trainees and professionals, as well as a wellness program for medical students. Dr. Harris is a former AAMC Holistic Review Admissions Workshop facilitator. Currently, she serves as Baylor's Group on Women in Medicine and Science representative and on the advisory board for the AAMC's Professional Development Initiative (PDI) for Student Affairs Professionals.

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Dr. Susan Pepin is a nationally recognized medical educator, clinician, and researcher. She joined Piper Trust as president and CEO in July 2014. Prior to joining the Trust, Dr. Pepin served as associate dean for diversity and inclusion and associate professor of surgery and pediatrics at Geisel School of Medicine at Dartmouth. She is known for diversifying the medical school's student body and is a leader in the field of neuro-ophthalmology. She is currently a Clinical Professor in the Department of Ophthalmology at the University of Arizona College of Medicine-Phoenix. She is a member of Greater Phoenix Leadership and the Health Futures Council at ASU (Arizona State University).

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References:

1. Buddeberg-Fischer B, Herta, KD. Formal mentoring programmes for medical students and doctors--a review of the Medline literature. Med Teach. 2006;28(3):248-257.
2. Burgess DJ, Joseph A, van Ryn M, carnes M. Does Stereotypes Threat Affect Women in Academic Medicine? Academic Medicine. 2012; 87(4):506-512. doi:10.1097/ACM.0b013e318248f718.
3. Corrice, April "Analysis in Brief: Unconscious Bias in Faculty and Leadership Recruitment: A Literature Review" (2009). Accessed at https://www.aamc.org/download/102364/data/aibvol9no2.pdf
4. Carr, PL, Szalacha L, Barnett R, Caswell C, Inui T. A 'Ton of Feathers': Gender Discrimination in Academic Medical Careers and How to Manage It. Journal of Women's Health 2003; 12 (10):1009-1018.
5. Carter, Sherrie Bourg. The Invisible Barrier: Second Generation gender Discrimination, the New Face of Gender Bias and How We Can Stop It. Psychology Today, 2011.
6. Davis, D., Maldonado, C. Shattering the Glass Ceiling: the leadership development of African American women in higher education. Advancing Women in Leadership. Vol. 35, pp. 48-64. 2015.
7. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2013-2014. Washington, D.C., Association of American Medical Colleges, 2014. https://members.aamc.org/eweb/upload/The%20State%20of%20Women%20in%20Academic%20Medicine%202013-2014%20FINAL.pdf accessed 12/1/14
8. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2013-2014. Washington, D.C., Association of American Medical Colleges, 2014. https://members.aamc.org/eweb/upload/The%20State%20of%20Women%20in%20Academic%20Medicine%202013-2014%20FINAL.pdf accessed 12/1/14
9. Women in U.S. Academic Medicine: Statistics and Benchmarking Report. Washington D.C., Association of American Medical Colleges, 2009. https://services.aamc.org/publications/showfile.cfm?file=version158.pdf&prd_id=295&prv_id=366&pdf_id=158 Accessed 3/4/2010.
10. Bickel J. Women in academic psychiatry. Acad Psychiatry. 2004;28(4):285-291.
11. GFWB Robinson et al., Understanding Career Success and Its Contribution Factors for Clinical and Translational Investigators. Academic Medicine. October 2015, 1-13.
12. Groysberg B, Robin Abrahams. Manage Your Work, Manage Your Life. Harvard Business Review. March 2014. 58-66.

References (cont.)

13. Ibarra H, Ely R, Kolb D, Women Rising: the Unseen Barriers. Harvard Business Review. September 2013, 60-66.
14. Lautenberger D, Castillo-Page L, Eliason J, Moses. Diversity Resources and Data Snapshots: Underrepresented Racial and Ethnic Minority Women in Academic Medicine. AAMC. 2016. https://www.aamc.org/download/453898/data/february2016ddsslidedeck.pdf
15. Lautenberger D, Moses A. Equity: Defining, Exploring, and Sharing Best Practices for Gender Equity in Academic Medicine. AAMC 2015. https://www.aamc.org/download/443720/data/toolkit-equitytoolkit.pdf
16. Levine RB, Mechaber HF, Reddy ST, Cayea D, Harrison RA. "A good career choice for women": female medical students' mentoring experiences: a multi-institutional qualitative study. Acad Med. 2013 Apr;88(4):527-34. doi: 10.1097/ACM.0b013e31828578bb. PubMed PMID: 23425983.
17. Liebschutz JM, Darko GO, Finley EP, Cawse JM, Bharel M, Orlander JD. In the minority: black physicians in residency and their experiences. J Natl Med Assoc. 2006;98(9):1441-1448.
18. Rosener, Judy B. Ways Women Lead. Harvard Business Review. November-December 1990, 119-125.
19. Sambunjak D, Straus SE, Marusic A. A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. J Gen Intern Med. 2010;25(1):72-78. Epub 2009 Nov 19.
20. Sambunjak D, Straus SE, Marusic A. Mentoring in Academic Medicine. JAMA. 2006;296(9):1103-1115.
21. Smith KA et al., Seven Actional Strategies for Advancing Women in Science, Engineering, and Medicine. Cell Stem Cell. March 2015, 221-224.
22. Steinert Y1, Naismith L, Mann K., Centre for Medical Education, Faculty of Medicine, McGill University, Lady Meredith House, 1110 Pine Avenue West, Montreal, Quebec, H3A 1A3 Canada.

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