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Equity:

Defining, Exploring, and Sharing Best Practices for Gender Equity in Academic Medicine

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GWIMS Toolkit

Goal

- To further equality amongst individuals throughout the field of academic medicine by challenging socially constructed notions of gender identity through individual reflection and identifying institutional best practices that can lead to a more inclusive institutional climate.

Objectives

- Individuals will revisit the notion of equity
- Individuals will reflection upon their personal praxis of equity
- Reflect upon institutional practices and disparities amongst men and women faculty
- Institutional Climate: facilitation of inclusion and allyship
- Institutional faculty support
- Define areas within institutions for potential progress.
- Identify institutional best practices that advance all faculty.

Key Terminology

- ***A priori***: without experience or empirical understanding.
- **Allyship**: In this context, refers to cisgender (listed below), heteronormative persons who fully support the rights of marginalized communities, exercises respect for all gender identities, and acts in opposition to agents of bias.
- **Binaries (gender binary)**: The social dichotomy that separates gender into male and female and dictates male and female behavior. The dichotomy places people into unrealistic categories of behavior (e.g. men are strong and emotionless; women are weak and emotional).
- **Cisgender**: Someone who identifies as the gender of the sex they were assigned at birth.
- **Discourse**: Ways of constituting knowledge, together with the social practices forms of subjectivity and power relations which inhere in such knowledge and relations between them (Marinucci, 2010).

- **Gender Equality:** “Equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards... Achieving gender equality requires women’s empowerment to ensure that decision-making at private and public levels, and access to resources are no longer weighted in men’s favor, so that both women and men can fully participate as equal partners in productive and reproductive life” (UNFPA, 2005).
- **Gender Equity:** “the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women’s historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality” (UNFPA, 2005).
- **Gender identity:** How a person labels their gender.
- **Gender:** Not to be confused with sex, gender is the socially constructed system of categorization of individuals along a spectrum of typically masculine and feminine characteristics that ultimately make up an individual’s self-expression and identity.
 - Example: When you assume a person is a man based on their appearance, you have identified them by their gender expression, not their sex.

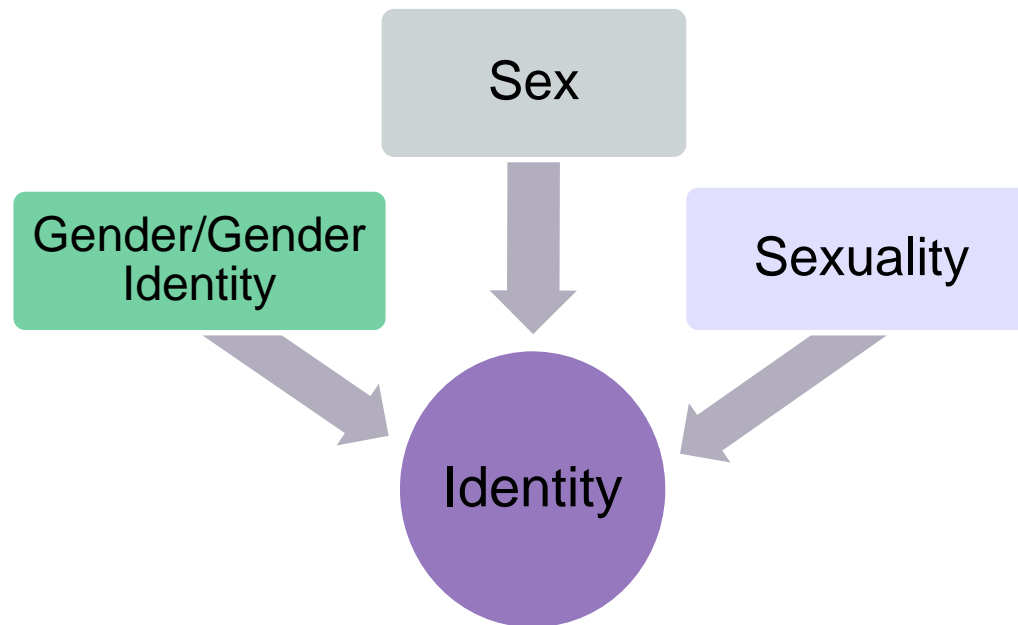
- **Gender-neutral language:** Language that avoids reinforcing gender binarisms through the use of gendered pronouns such as he/she, her/him. ([Safe Zone Project](#)).
- **Hegemonic binary:** profoundly essentialist account of gender, sex, and sexuality. The hegemonic binary refers to the coalescence of gender, sex, and sexuality into exactly two fundamentally distinct natural kinds: women and men ([Marinucci, 2010](#)).
- **Heteronormativity:** the assumption that everyone is heterosexual and that heterosexuality is preferable to all other sexualities. Heteronormativity is a cause of identity erasure for members of marginalized communities, and disallows nuanced identities ([Safe Zone Project](#)).
- **LGBTQA:** The short hand for addressing lesbian, gay, bisexual, trans*, questioning/queer, asexual/ally/ advocate communities.

- **Men:** any person who self-identifies as a man. The term is often used as a combination of a person's sex and gender, reinforcing the hegemonic binary through the false notion that sex and gender are the same concepts.
- **Privilege:** Social capital that is distributed amongst all people where the amount that every person has at their disposal is dependent upon their identity.
- **Queer:** An umbrella term describing any individual who does not identify as a cisgender, heterosexual individual. Due to its historical use as a derogatory term, it is not embraced or used by all members of the LGBTQ community.
- **Sex:** A person's anatomical status as male, female, or intersex.
- **Sexuality:** the type of intimate attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to ([Safe Zone Project](#))

- **Social construction:** the notion that the formulation of individual identities takes place as people relate to one another. How individuals understand themselves as well as how others understand them informs individual identity. Identity is constructed as people interact and does not exist *a priori*.
- **Trans*:** any person that does not identify as the sex they were assigned at birth.
- **Waves of feminism:** feminism is often represented with the metaphor of waves that swell and retreat depending on the level of enthusiasm and need for feminist intervention (Marinucci, 2010).
- **Women:** any person who self-identifies as a woman. The term is often used as a combination of a person's sex and gender which ultimately reinforces the hegemonic binary through its promulgation of the false notion that sex and gender are the same concepts.

Key Concepts

Sex, gender/gender identity, and sexuality are not to be conflated with an individual's identity but should instead be understood as aspects of an individual's identity that intersect to inform an individual's understanding of themselves and those around them.*



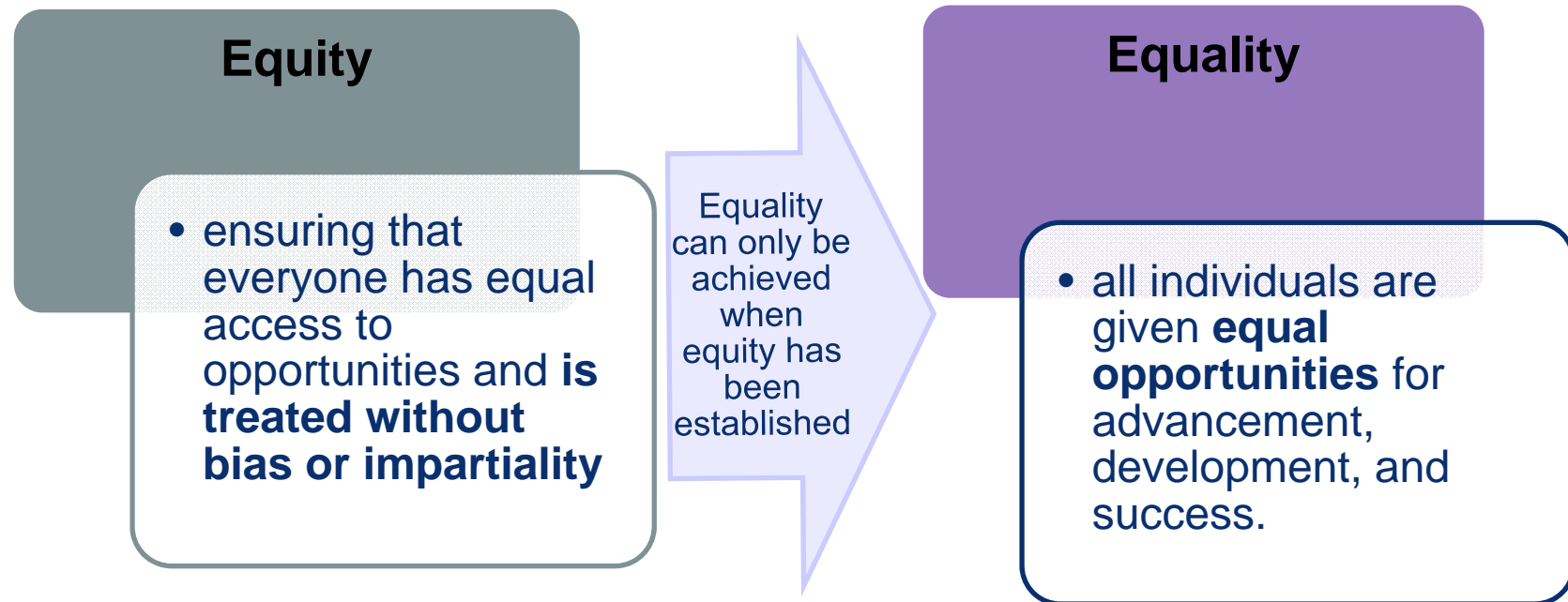
*We recognize that there are far more experiences and aspects of identity that inform an individual's identity but for the purposes of this toolkit, we are limiting this toolkit to the scope of gender, sex, and sexual identity.

Moving Away from Hegemonic Binarisms to Holistic Identity Formation

Hegemonic Binary: Heteronormativity divides all people into two groups-either men or women. In the hegemonic binary women and men are restricted to socially constructed and systemically enforced identities that do not allow for nuance, fluidity, or self-identification. The chart below outlines the hegemonic binarism as it applies to men and women. It assumes all identity exists *a priori*.

	Women	Men
Sex	Female	Male
Gender	Feminine	Masculine
Sexuality	Male-oriented	Woman-oriented

Equity is not to be conflated with equality. Equality can only be experienced in the wake of equity. The process of equality through equity entails ensuring first, that everyone is granted unbiased and impartial access to participation in opportunities, and second, all opportunities are offered to all individuals. (UNFPA, 2005)



What does Equity Look Like?

- A holistic understanding of identities that denies flattening binarisms and instead fosters an environment of unbiased treatment and support. An equitable environments allow for the recognition and acknowledgement of a variety of pluralistic and intersectional identities.
- An engaging allyship that fosters cultures and climates of inclusion, diversity, and mutual respect.

How did we get here? A brief Summary of Feminist History

- **First wave:** Women's suffrage was the key focus at this time.
- **Second wave:** Focus was highly concentrated on the socio-economic status of women with particularly emphasis on the roles of reproductive justice, workforce, and equal distribution of the law.
- **Third wave:** Whereas, first and second wave feminism were primarily focused on getting women's presence in spaces that had previously denied them; third wave feminism is about using those same feminist inroads and philosophies to advance a plurality of marginalized communities.
 - While defining the third wave of feminism is problematic, it is primarily characterized by a contemplation of society's methods of producing and reproducing identities through socialized norms and practices. More focus has been placed on intersectionality, inclusion, rhetoric, and allyship (Baumgardner & Richards, 2000; Marinucci, 2010; Walker, 1995)

How this has Manifested in Academic Medicine

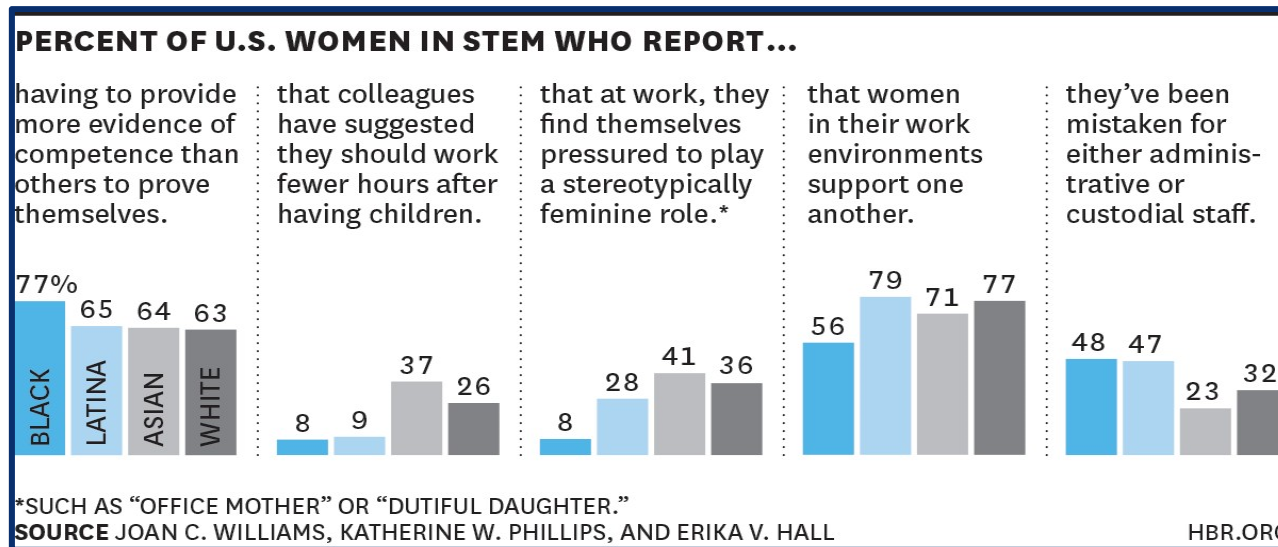
Lack of Understanding in the Nuances of Gender Discrimination

- Women have been bombarded with gender discrimination since their initial presence in the medical field (discriminatory actions including, but not limited to: a lack of career advancement opportunities, lack of recognition, sexual harassment, lack of institutional trust, isolation in the workplace, decreased professional confidence, etc.) which has resulted in a lack of understanding what gender discrimination looks like in their daily lives (Barbaria, 2009; Carr, 2003; Horn, 2014; Pololi, Cooper, & Carr, 2010; White, 2012).

How this has Manifested in Academic Medicine

Lack of Understanding in the Nuances of Gender Discrimination

- Microaggressions are identified from the day women begin working in the medical field. Women are often limited by attending's inclination to cast them in traditional gender roles that result in situations where women medical students are isolated from the close relationships male students develop with attendings, assumed to be nurses, experience diminished career ambition, and need to go above and beyond that is not experienced by male counterparts (Barbaria, Abedin, & Nunez-Smith, 2009; Williams, 2015).



How this has Manifested in Academic Medicine

Hegemonic Hierarchical Organizational Structures

- Because there are few women in leadership positions throughout academic medicine, women who report instances of gender discrimination are often faced with the challenge of reporting to the very men they view as perpetrating the discrimination (Carr, 2003).
- The production and reification of male dominated hierarchies in academic medical organizations only fuels a lack of institutional trust and reinstills harmful, traditionally held notions that women can't succeed in academic medicine (Barbaria, 2009; Carr, 2003; Levine, 2013).

How this has Manifested in Academic Medicine

Lack of Women Serving on Search Committees

- Erasure of women and diversity from search committees allows for the proliferation of systemic heteronormative values in the academic medical workforce.

Conflation with Familial Issues

- Women's issues in academic medicine have been conflated with familial issues. There has been a focus on improving family resources for women as a means to ending gender discrimination in the work place. However, to paint women's experience in academic medicine as one that is solely complicated by the presence of children at home, is to deny the identity of, as well as the hardships faced by women who may not have chosen not to have children yet have equally contributed to the field of academic medicine and to expand access to the field for others (Carr, 2003; Rich, 1994).

How this has Manifested in Academic Medicine

Stereotype Threat

- The threat faced by women of confirming negative gendered stereotypes can lead to underperformance and workplace anxiety. This process is usually reproduced in academic medical environments through the lack of female representation in leadership positions, the tokenization of women in typically male-dominated specialties, and the continued conscription of all women as nurturing, passive, and communal individuals (Burgess, Joseph, van Ryan, Carnes, 2012).

How this has Manifested in Academic Medicine

Unconscious Bias

- “Unconscious bias refers to social stereotypes about certain demographics or groups of people that individuals form outside of their own conscious awareness. Social scientists argue that most people have some degree of unconscious bias because it stems from our natural tendency to make associations to help us organize our social worlds” (Corrice, 2009).

Actionable Steps to Equality

Individual Reflection on our Person Praxis

- **Explicating our use of the term “women”**
 - Are we assuming heteronormative gender identities when we discuss women in medicine?
 - When we discuss “women” in academic medicine we cannot assume heteronormative practices that conflate white, cisgender, women’s identities with all women’s identities. When we discuss “women” we must include ALL women regardless of their sex, gender, sexuality, race, and socio-economic status.
 - We must expand the conversation of women in medicine to include women of various sexual orientation, self-identified women, women of color, and women of marginalized socio-economic status.

Individual Reflection on our Person Praxis

- **Are you reinstalling limiting binarisms through language, action, or isolation?**
 - Allyship that celebrates variation among individuals must be emphasized in equity efforts to expand climates and cultures of inclusion and equality. A key method to expand inclusionary efforts in the workplace is through gender neutral language, identifying actions and language that assume heteronormativity, and creating spaces for colleagues to discuss workplace concerns and perceptions in a progressive and thoughtful manner.

Institutional Practices

- Equitable/diverse search committees
 - Equitable/diverse speakers for events and informational meetings
- Clear expectations for promotion
 - Pathways for promotion/administrative leadership/Deanship
- Providing opportunities for professional development
- Planning re-entry into faculty positions
- Providing equitable and diverse networking opportunities
- Mentorship training and agreements
- Career planning

Institutional Practices

- Developing WIMS/Diversity Offices
 - Clear reporting information and pathways
- Career Re-entry strategies
- Rewarding/acknowledging institutions that make efforts to expand equity standards
- Rewarding/Acknowledging women's accomplishments in academic medicine
 - An example: The Women's Achievement Social held by Wake Forest School of Medicine's Office of Women in Medicine and Science where women faculty are recognized for their efforts as mentors as well as their development as leaders or aspiring leaders at their institution through faculty development programming.
- institutional statements of diversity and equality

Additional Resources

- [Academic Medicine's collection on Women in Medicine and Science](#)
- [The Safe Zone Project](#)
- [The State of Academic Medicine: The Pipeline and Pathways to Leadership](#)
- [E-Learning Seminar: What You Don't Know: The Science of Unconscious Bias and What To Do About it in the Search and Recruitment Process](#)
- [Women's Specialty Societies](#)
- [Association for Women in Science](#)
- [Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD](#)
- [The UN Population Fund](#)

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Diana Lautenberger, M.A., is director for women in medicine and science initiatives and serves as the group program leader for one of the 23 professional development groups at the Association of American Medical Colleges (AAMC), the Group on Women in Medicine and Science (GWIMS). Ms. Lautenberger leads the AAMC's initiatives related to gender equity and the advancement of women in medicine and science. She sets the overall strategy and manages the operations for the Group on Women in Medicine and Science to promote equitable working environments and develop resources for women in academic medicine to advance their careers. In addition to working with GWIMS, Ms. Lautenberger develops and facilitates two professional development seminars for junior and mid-career women faculty to learn the skills needed to succeed as leaders in academic medicine.

Prior to her role with GWIMS, Ms. Lautenberger led a number of leadership and engagement initiatives aimed at faculty development for the AAMC. Responsible for curriculum design and implementation, she oversaw two leadership development programs for faculty aimed at aspiring leaders, department chairs, and associate deans to equip them with leadership skills needed to deal with the impending changes of the academic and healthcare environments. Additionally, she managed the operations of the Faculty Forward Engagement Survey to promote knowledge around faculty engagement and organizational performance improvement strategies.

Ms. Lautenberger received a B.A. in Political Science and Art History from the University of Redlands in Redlands, CA and a Masters in art education from the Corcoran College of Art + Design. She volunteers as a free-lance art educator of all ages for various DC area museums and community organizations

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Ashleigh Moses, M.A., is Program Specialist for the Group on Women in Science and Medicine at the Association of American Medical Colleges (AAMC). Ms. Moses facilitates the work being done by women nation-wide to advance equitable and inclusive work environments and develop career advancement resources for women throughout academic medicine and science, as well as organizing collaboration amongst institutional groups and leadership.

Before becoming a staff member at the AAMC, Ashleigh worked as a national campus organizer with the Feminist Majority Foundation to advance the work being done by young women leaders in their local communities and institutions.

Ms. Moses received a B.A. in Political Science and a Masters in Gender and Race Studies from the University of Alabama in Tuscaloosa, AL. In her spare time she moderates discussion amongst young women on issues relating to advocacy and allyship.



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