CFAS Connects: Keeping Women in Medicine: A Conversation about Retaining Talented Women Physicians

Speakers:

- **Moderator:** CFAS Chair-elect Nita Ahuja, MD
- Megan Furnari, MD
- Leah Reznick, MD
- Kim Templeton, MD

Presentation from Dr. Furnari:

During the pandemic:

- 50% of women were burned out compared to 41.5% of men
- 61.2% of women feared exposure/transmission of COVID-19 compared to 54% of men
- 39.3% of women self-reported anxiety/depression compared to 26.4% of men
- 42.2% of women had increased stress due to work overload compared to 37.7% of men
- 45.9% of women felt valued by their organizations compared to 55.5% of men

Work-family conflict and mental health in physician parents during the pandemic:

- 25% of physician mothers responsible for childcare/schooling compared to 1% of physician fathers
- 31% of physician mothers responsible for household tasks compared to 7% of physician fathers
- 41% of physician mothers worked from home compared to 22% of physician fathers
- 19% of physician mothers reduced their work hours compared to 9% of physician fathers
- In 2018, men and women had identical PHQ-9 depression scores, but int 2020 women scored significantly higher on PHQ-9

Some of the most at-risk groups of women are underrepresented minority women and mid-career women physicians.

Women physicians reported significantly less time and ability to decompress at home.

Presentation from Dr. Templeton:

"Increased burnout has been associated with a disproportionate share of home and childcare responsibilities assumed by women. With the pandemic increasing this burden, women may be at greater risk of leaving their academic medical careers." – Melina Kibbe, MD in a *JAMA Surgery* editorial in September 2020.

The number of women that could leave academic medicine is a real risk because women are the majority of medical students, and their exodus could represent a major loss of intellectual capital.

Women physicians had to rapidly adapt and learn how to do their jobs amid all the pandemic's disruptions while at the same time taking on even more tasks at home related to childcare, etc.

34% of participants at the Women in Medicine Summit reported being "worried" or "very worried" about their productivity in teaching and research. Women also noted higher expectations during the pandemic and difficulties with career advancement, family leave, and access to leadership opportunities. 70% of women were "stressed" or "very stressed" during the pandemic compared to 16% of women before the pandemic.

An analysis of submissions to the Elsevier family of journals showed major gender-based disparities in the areas of health and medicine. Early career women with children were the group with the biggest decline in manuscript submissions during the pandemic.

There was a decrease in the percentage of women in any author position for papers related to COVID-19 and an early drop in women authorship for all papers early in the pandemic, with only a partial resurgence.

Steps moving forward:

- Provide similar research start-up packages and support for women and men
- Identify the needs of women participating in research and options to support their gendered expectations outside of the workplace
- Provide support to bring projects to completion/publication
- Career mentorship and sponsorship (including leadership training, e.g. ELAM)
- Understand that additional service tasks (e.g. new committees) should be assigned in a gender-neutral fashion, not as another "minority tax" that doesn't help forward a woman's career
- What are the implications of stopping the tenure clock? (It tends to help men achieve tenure more than women)
- Faculty to document the impact of the pandemic on their careers
- What does a "successful" career in academia look like?

Presentation from Dr. Reznick:

There is a gender gap in the promotion and tenure process:

- Women in clinical science departments in 2019 represented 41% of full-time academic clinical faculty, 25% of full professors, and 18% of department chairs and deans.
- Basic science departments in 2019: 58% of graduate students were female and 40% of full-time faculty were female.
- A paper published by CFAS reps titled "Rank and Tenure Amongst Faculty at Academic Medical Centers: A Study of More Than 50 Years of Gender Disparities" showed that gender parity won't be reached for assistant, associate, and full professors of basic science or clinical science for another decade at minimum.

Some factors that contribute to promotion:

- Time for academic contributions
- Motivation, how informed faculty about the promotional process, and whether it has meaning for them or cultural value
- Systems that help propel people forward such as mentorship, education about P&T, equitable selection of appointments/committees/grants/etc., sponsorship, and networking.

Patient care takes more time for female physicians for a variety of reasons including the following reasons: Primary care physicians report greater numbers of patients with complex psychological problems and patients described as frustrating; female physicians pay more attention to preventive medicine, health education, counseling, and psychological needs of patients; and female physicians tend to write more thorough correspondence on electronic communications with patients.

A lack of control over work and time increases burnout and dissatisfaction, and we've seen this happen to women physicians. Women also tend to turn down leadership roles and other opportunities due to the demands of parenting time.

How do we make systemic improvements to increase the size of the pie in institutions in order to give women more time, money, and options?

- Increase awareness about different practice patterns of women and men
- Adopt time-based billing practices
- Provide education about EMR efficiency
- Provide education on reducing time spent on electronic communication (switch to virtual is paid)
- Consider timing of obligations to allow for parental involvement/flexibility
- Ask faculty where they feel powerless about their time and workplace issues
- Empower people to negotiate and increase control of scheduling and work environment
- One institution has departmental and institutional presentations about P&T and provides examples of successful promotional packets, discusses P&T process and criteria in on-boarding process, and discusses P&T criteria at annual faculty evaluations
- Increase equity in mentorship and sponsorship through departmental efforts and ensure that the promotional process incentivizes mentorship by giving credit to mentorship in service or teaching

Discussion:

Stopping the tenure clock helps women but seems to help men more, so there needs to be a better understanding of the gender differences, why faculty members want the pause, and what they're doing with the time.

One aspect of delaying the tenure clock has to do with external review letters. While the institution might be good with delaying the clock, whether or not they've done a good job explaining the pause to the external letter writers is important.

There was discussion of how the pandemic will impact the leadership opportunities of women in academic medicine. Maybe more support for women to continue the necessary work to get promoted would be more helpful than a pause on the tenure clock. There is great concern about the pathway to leadership for mid-career women and women with intersectionality with regard to race, ethnicity, etc. Deans and the highest-level leaders in institutions are the audience we really need to reach about these issues.

There needs to be greater recognition of the importance of teaching for women faculty.

There was discussion on how to streamline EHR documentation and make the process more efficient, and also how to access experts who can help change practice patterns.

Documenting how the pandemic has impacted someone is important for the P&T committee and letter writers to know. But there was concern that if women explain how the pandemic impacted them, it may be perceived as giving excuses, which is why it would be important for an institution to implement this kind of reporting across the board.

The fact that women spend more time on documentation, patient correspondence, etc., could be more beneficial to them in a value-based health care system.

Chat:

https://www.aamc.org/career-development/affinity-groups/council-faculty-academic-societies/recommended-learn-serve-lead-programming-cfas-representatives

CFAS Knowledge sharing session - Monday Nov. 14, 2023, 4:15 p.m. There will be adult beverages :)

Titles of those in attendance:
vice chair and associate dean

Associate Dean for Faculty Affairs

Assistant Dean for Faculty

senior associate dean for faculty affairs and faculty development

Vice chair

Associate Dean for Faculty, Drexel University College of Medicine

Chair, Biomedical Sciences

Associate dean for advising

Section Chief of Pediatric Psychology

Senior Vice Dean of Faculty

Associate Dean for Student Affairs

Vice Dean for Faculty Affairs and Equity

Assistant Dean (retired)

Senior dean for curriculum

Vice chair for quality

Director, M.S. in Biomedical Sciences Program

section leader ambulatory division of gen med and associate chair ambulatory, department of medicine

assistant dean for GME and interim chair department of medicine

Assistant VP Medical Affairs, Associate Dean for Diversity and Inclusion

Associate Professor, Residency Program Director

Chair, Department of Psychiatry

Chief Wellness Officer, CFAS Resilience committee leadership team

Interim Medical Director of Bone marrow transplantation and cellular therapy.

Resident clinic director

Associate professor

Assistant Professor, Pediatrics

Associate Dean for Professional Development and Faculty Affairs and Professor, Educator and Researcher

Assistant Professor Neurology, Residency Director

Asst Vice Chancellor for Community Health Equity

Director of Gross Anatomy and Pre-Clerkship Radiology

Vascular Division Chair, Assistant Resident Program

interim chair orthopaedic surgery

Medical Scholarly Project Program Director, Associate Professor of Medical Education

Any ideas of the reason why delaying the tenure clock does not necessarily help women?

Delaying the tenure clock can help women, but it tends to help men more because of different reasons for delaying the clock and what work is done during that period of time. women tend to delay to address issues at home or other responsibilities. men tend to use the time to complete research and other projects that help in their tenure process. So delaying the clock is an option, but the rationale for this (and relaying this to the P&T committee) needs to be clear.

Our institution is looking at a change in compensation structure which would reimburse clinical and non-clinical time (education, admin, research, etc.) differently (non-clinical time at a lower rate). If you have had similar change in your institution, have you noticed and shift to more female faculty to part time status? Or to eliminate issues effort that would increase chance for promotion/tenure?

These ideas for increasing the pie size are terrific.

EMR's were sold to us as a tool to make us more efficient but the reality is that it makes us waste more time. Those with a lot of patients to see within normal working hours face a challenge. Ideally, you want to be done with notes when you walk out of clinic. Difficult if you want to do it well.

Can you all share strategies?

Value based care is a way that time-based revenue could be augmented and counted for faculty spending more time on clinical care.

We'll also publish a summary of the session overall and the recording of this session on the CFAS website.

When tenure decisions are being made, women are frequently additionally involved in caring for their parents and their husbands. Less time for academic work.

At our institution teaching is part of the areas for promotion. Importantly, all types of teaching including bedside teaching and mentorship.

I agree that teaching is an important component of academic health care institutions and the importance should be recognized, in addition to the importance of the research and clinical components.

I think the charting issue is specialty specific though. I am hematologist and BMT physician and the notes tend to have to be detailed so I am definitely charting in my academic time.

With a recent evaluation, the institution provided a document to describe their policy about the delayed tenure clock to level set.

Great point. The fact that all our institutions and departments are at very different places on the spectrum of support for women faculty is part of the problem too.

Level setting or anchoring the external letter writers seems like a great idea.

Promotion and tenure are extremely important. However, I think this discussion needs to be much broader.

Incredible session! There will be a summary and session recording and slides on the CFAS Resource page.

Will include a link in the upcoming CFAS Bulletin.