

How to Start and Maintain a Robust WIMS Organization

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GWIMS Toolkit

Your WIMS Organization

- Getting Started
 - Identify Missions
 - Develop Infrastructure
 - Establish Support
- Essential Elements of a WIMS organization
 - Programs
 - Recognition
- Maximizing Participation
- Building Future Stability
 - Officer Elections
 - Succession Planning
- Frequently Asked Questions

Getting Started



Identify Your Mission & Goals

- Bring interested faculty members together to discuss ideas and define who you are as a group.
- Formulate a mission statement and set goals for your organization.
 - What is your primary purpose?
 - What basic steps will you follow to achieve your goal?
- Define your target audience.

Develop Infrastructure

- Resources: participants (leaders and members), official and volunteer staff, funds, facilities.
- By-laws: rules, membership, committees and committee missions.
- Build: personally invite people to serve 1-2 years as officers and committee chairs.
- Establish routine:
 - Monthly meetings
 - Agendas & Minutes
 - Event Calendars
 - Communications tools or resources

Establish Support

WIMS leadership should:

- Meet with institutional leadership (dean, chancellor, etc.) on a regular basis.
- Develop relationship with the AAMC.
- Subscribe to the GWIMS Listserve.
- Contact GWIMS leaders for guidance/speakers/ideas.
- Join network with WIMS from other institutions.

Establish Support

Did you know?

- In 2011, 39% of U.S. medical schools provided salary support for a GWIMS representative to the AAMC.
- 83% of U.S. medical schools provided financial support for programs to support the professional development of women in 2011.
- Financial support per medical school for the professional development of women in 2011: average \$104,802; median \$53,638.

Data from 2012 Women in Medicine and Science Report - AAMC

Your WIMS Chapter: The First 6 Months

- Hold an initial meeting of interested faculty.
- Begin to discuss and establish your WIMS' mission & goals.
- Meet with the office of professional development or faculty affairs at your institution to ascertain existing resources and programs.
- Generate a survey regarding women's faculty needs.
- Establish an interim executive council and schedule regular meetings.

Essential Elements

Programs

- Determine categories of events which support your WIMS' mission.
- WIMS programs and events should strive to:
 - Provide content.
 - Increase visibility for women faculty and their concerns.
 - Highlight internal/local speakers.
 - Encompass academic and non-academic topics(wellbeing, personal health, work-life balance).
- Survey participants after events to gauge program success.

Programs

- An event or invited speaker on your campus can spark interest in beginning a WIMS chapter.
 - Look to the AAMC for suggested speakers & topics.
 - Tap internal speakers if funding is limited.
- Survey faculty to understand what programming and mentoring needs exists on campus. From KU SOM WIMS faculty survey, 2011.

Programs

Annual Career Development Conference

- If funding is available, plan a half, single, or two-day conference with keynote speakers, panel discussions, and breakout sessions on pertinent topics for both clinical and basic science faculty.
- Establish:
 - Budget
 - Theme
 - Target audience
- Invite local, regional/national experts.
- Couple event with a dinner to celebrate the year's accomplishments.



Recognition

- Identify and/or create mechanisms to highlight faculty.
- Nominate candidates for internal & external awards.
- Identify and support candidates to apply for and attend the AAMC Early and Mid-career Women Professional Development Seminars.



Recognition

- Strive to create scholarship from your WIMS' activities:
 - Submit abstracts to the GWIMS section of the AAMC annual meeting.
 - Consider sending relevant content to be included in the *GWIMSWatch* newsletter
 - Write a chapter for the GWIMS Toolkit!
- Alert institutional communication outlets (websites, newsletters, Facebook) about member news and awards.

Maximizing Participation

As primarily a volunteer organization, it will be necessary to carve out the time to commit to WIMS, and to ensure it is a value investment for all members.

Maximizing Participation

- Demonstrate why WIMS is relevant today:
 - Women assistant professors hold 43% of faculty positions at U.S. medical schools, but only 20% of all full professor faculty positions.
- Capture the need for WIMS through faculty surveys.
- Establish credibility and a strong reputation for leadership on campus – others will want to join in!

Maximizing Participation

- Don't waste anyone's time: ensure meetings are effective, include an agenda and action-oriented minutes after each meeting.
- Include a variety of events and some that target a focused audience (i.e. grant writing for Ph.D.s) and others that are of interest to all faculty (i.e. negotiation skills workshop).
- Plan programs and events at different times of the day (morning, lunch hour, 5:00 pm) to reach broad & diverse audience.

Maximizing Participation

- Know your mission, know your target audience – do not spread your group too thin.
- Avoid a top heavy organization and officer burnout – distribute work load by defining job responsibilities and tasks.
- In the beginning, less is more: deliver a few quality programs that make a lasting impression.
- Stay on message.
- Make the WIMS message a positive one. Focus time and energy on your supporters, not your detractors.

Finding WIMS Champions

- Leverage relationships between senior women faculty and male chairs/leaders to convey the WIMS message.
- Invite male leadership and male faculty to events and include them on panel discussions.
- Engage the most senior leadership in your institution to attend events, promote the organization.
- Invite national speakers to your institution to emphasize the need for WIMS programs.

Building Future Stability

Officer Elections

- Solicit nominations from all female faculty/WIMS members for officer positions.
- Establish a nominating committee to slate election ballot.
- Limit terms of WIMS officers to one year, but establish officer-elect positions to create continuity and smooth annual transitions.
- Hold an electronic election with all WIMS members as voting faculty.

Succession Planning

Annual WIMS officer and committee chair training

- Clearly define and refine job descriptions and duties.
- Train WIMS officers and chairs to:
 - Prepare agendas.
 - Write action-oriented minutes immediately following a meeting.
 - Actively engage committee members.
 - Plan yearly budgets.
 - Effectively communicate within and outside the WIMS organization.
- At the end of the year, hold a *Transition Meeting* with both outgoing and incoming officers in attendance.

Succession Planning

- Prepare for rapid growth.
- Establish benchmarks for WIMS success by recording members' promotions and new leadership positions.
- Publish annual reports to highlight programs, activities, members, and to recognize donors.
- Consider holding a WIMS leadership retreat and/or strategic planning session to refine the goals and mission of the organization every 12-18 months.
- Create visual identity with a WIMS logo for your institution.

Your WIMS Chapter: The Next 6 Months

- Plan a WIMS kick-off event to generate interest and visibility on campus (i.e. speaker coupled with a social reception, if funding exists).
- Establish WIMS committees and appoint chairs.
- Write WIMS bylaws.
- Approach institutional leadership for administrative or financial support – proposed budget in hand!
- Invite all female faculty to become active members of WIMS.

Frequently Asked Questions

FAQs

Q: Did you experience pushback from senior women that didn't feel there was a need for this organization? From men?

A: *There will always be some individuals that do not share your enthusiasm for WIMS. Do not waste time and energy on them but rather focus on those individuals that support and encourage your mission.*

FAQs

Q: How did you obtain buy-in from senior leadership?

A: *We engaged in thoughtful conversation with senior leadership from the beginning, sharing our vision and goals for WIMS. It is also important to learn the mission of senior leadership at your institution and find ways in which WIMS can support that mission (e.g. efforts to recruit and retain women faculty).*

FAQs

Q: How is your WIMS organization structured, and how did you establish that structure?

A: *Our WIMS organization established from the beginning an executive council of approximately a dozen women to include the president, secretary, treasurer, and three representatives from the School of Medicine, two each from School of Nursing and School of Health Professions. We also included chairs of our three committees: Mentoring, Recognition, and Program. As we expanded, we asked for interested women faculty to serve as representative for residents, medical students, post-doctoral fellows, and graduate students. Male leadership including our associate dean of faculty development and vice chancellor for academic affairs, were invited to join our executive council as well.*

FAQs

Q: Where does your funding come from?

A: *We receive ~\$14,000 per year as a line item from the dean of the school of medicine's budget. Always aware that those funds could be eliminated, we are trying to raise money through fundraising and increased donor support. We also include a representative from our endowment office on our executive council.*

FAQs

Q: What conflicts arose as a result of including multiple schools, students and trainees?

A: *With limited funding, we had to focus on programs targeted specifically for career advancement of faculty over trainees. Also, we had to limit invitations to trainee groups for certain programs and even social events due to limitations in funding. For Executive council positions, it was important to clarify who may qualify for serving and if it was open to all regardless of their school affiliation on campus.*

FAQs

Q: What was the first program you put together?

A: *We had a one time opportunity to apply \$50,000 from the school of medicine dean's office towards a city-wide career development conference. Julie Wei modeled this after what she experienced at the AAMC MidWIMS conference to include keynote speakers, small group and breakout sessions, as well as a dinner the night before. This was the key program which launched our WIMS network and provided us with high visibility as a reinvigorated organization.*

FAQs

Q: What programs have been the most successful at your institution?

A: *Our most successful program is our annual career development conference. This continues to be the most well attended and energizing event for faculty and trainees from across our campus and is also attended by faculty from other medical campuses in the Kansas City metro area.*

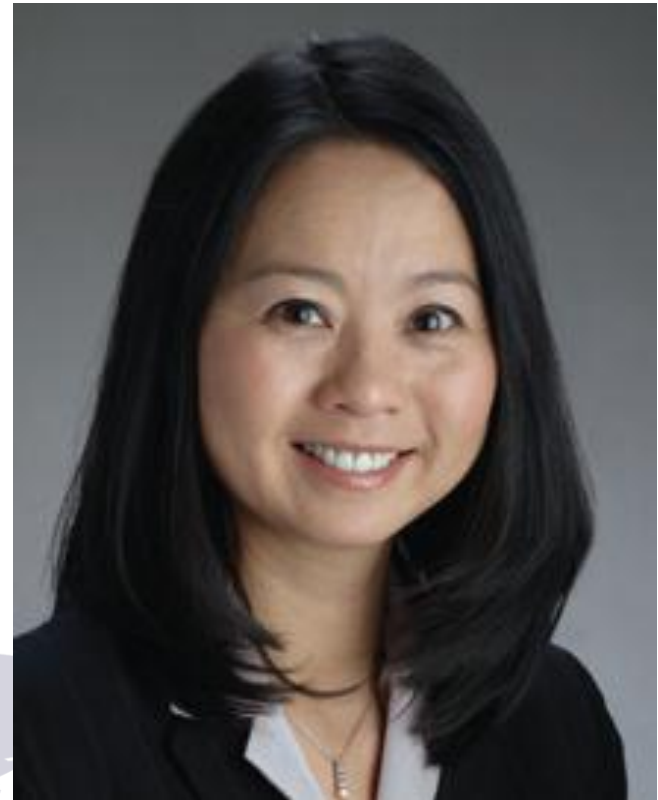
FAQs

Q: How did WIMS gain visibility at your campus?

A: *Our approach was multi-faceted: hosting key events, branding to include our WIMS logo on all fliers and email announcements, and creating our WIMS annual report with highlights, and messages from the president distributed electronically to all faculty on campus. We also partnered with other organizations on campus to increase our visibility and raise awareness for our mission.*

Author's Brief Biography

Julie L. Wei, M.D., is a Pediatric Otolaryngologist, a Division Chief of Otolaryngology at the Nemours Children's Hospital, and a Professor of Otolaryngology-Head and Neck Surgery at University of Central Florida School of Medicine. Dr. Wei was on faculty at the University of Kansas School of Medicine and Children's Mercy Hospital in Kansas City from 2003 to June 2011. In 2009 she recognized that she was in high degree of burnout, and after attending the 2009 AAMC Mid-WIMS conference, she was committed to changing the culture on her medical campus. She served as the President of KU WIMS from April 2010 to June 2012, during which time shared her passion about mentoring of not only trainees, but the concept of "Co-mentoring" amongst faculty. She shares "Managing Career Burnout" to many audiences. Dr. Wei's energy are focused on patient/family/trainee education, mentoring, and clinical research and she is grateful for her husband and seven year old daughter Claire. She received her medical degree from New York Medical College followed by otolaryngology residency training at the Mayo Clinic, and fellowship training at Children's Memorial Hospital in Chicago.



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Paige C. Geiger, Ph.D., is an Associate Professor in the Department of Molecular and Integrative Physiology at the University of Kansas Medical Center. She is a Diabetes researcher examining the impact of diet and exercise on the cellular mechanisms of insulin resistance. Dr. Geiger is the PI on an NIH-funded research grant titled "Targeting stress kinases in the treatment of muscle insulin resistance" from the National Institute of Aging. She is a regular member of the Integrative Physiology of Obesity and Diabetes NIH Study Section for 2013-2017. Dr. Geiger particularly enjoys mentoring graduate students in the laboratory, serves on the Graduate Student Advisory Council, and as faculty advisor for the campus wide student organization "Exercise is Medicine." She served as Secretary of WIMS at KUMC from 2010-2012 and as President from 2012-2013. Dr. Geiger earned a Ph.D. in Physiology from the Mayo Graduate School in 2001. She then trained as a National Science Foundation Postdoctoral Fellow at the University of Florence, Florence, Italy and at Washington University School of Medicine in St. Louis prior to joining the faculty at KUMC in 2005.





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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.

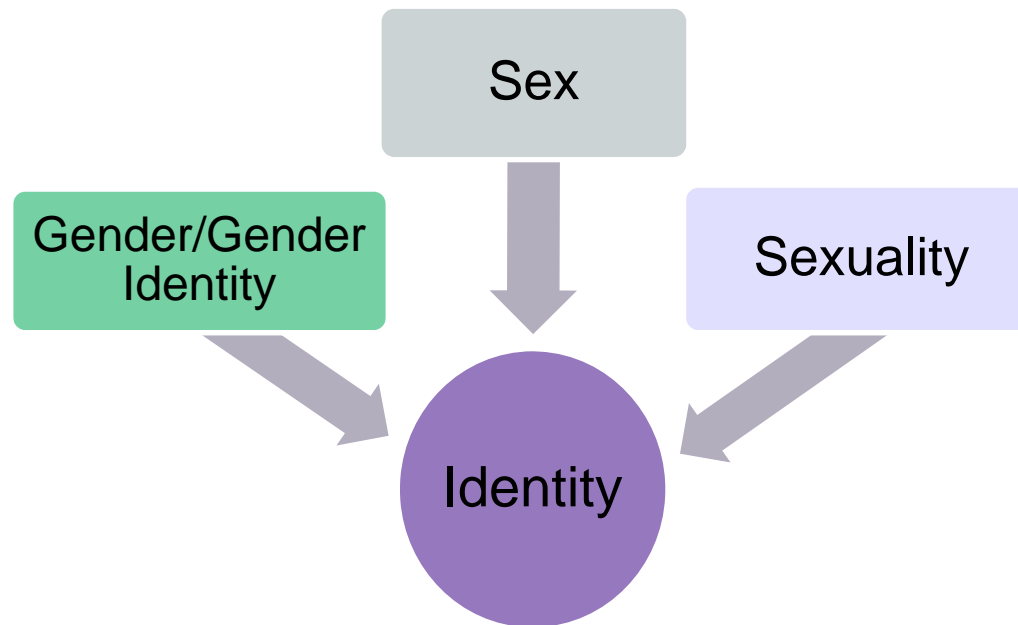
- **Gender-neutral language:** Language that avoids reinforcing gender binarisms through the use of gendered pronouns such as he/she, her/him. (Safe Zone Project).
- **Hegemonic binary:** profoundly essentialist account of gender, sex, and sexuality. The hegemonic binary refers to the coalescence of 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 it's 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.*



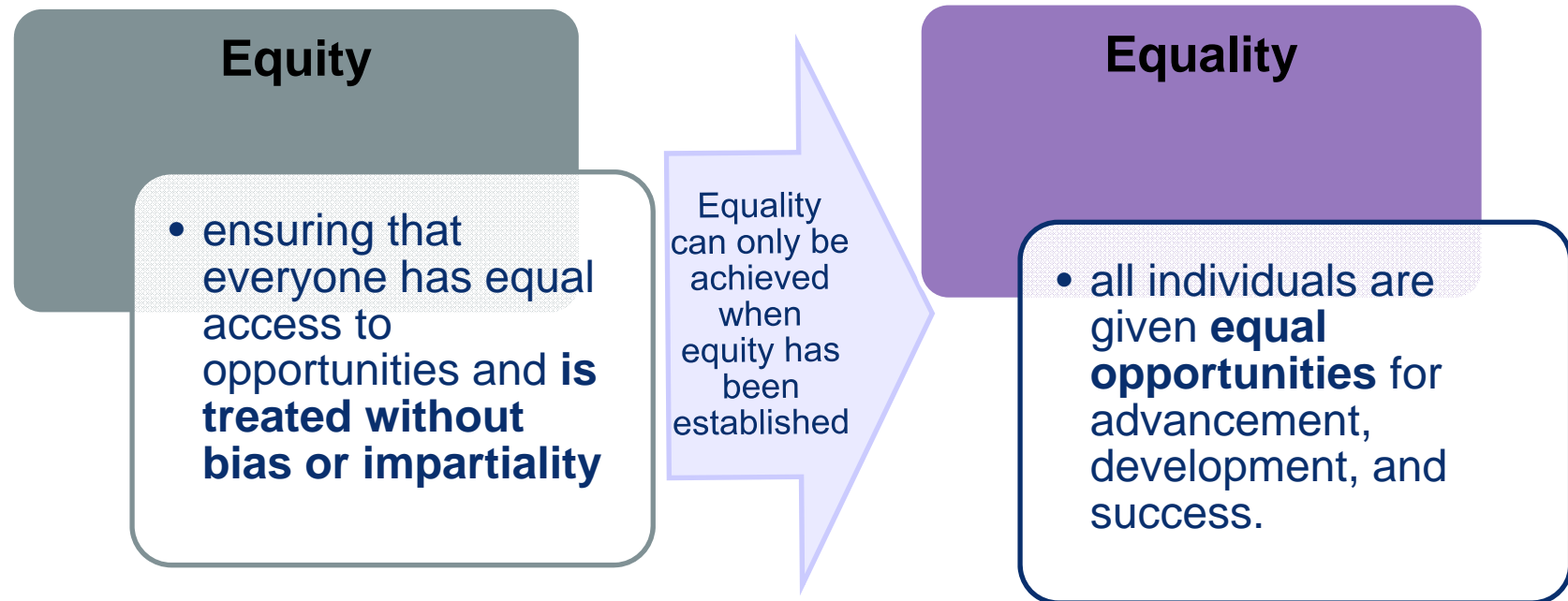
*We recognize that there are far more experiences and aspects of identity that inform an individual's identity but for the purposes of this toolkit, we are limiting this toolkit to the scope of gender, sex, and sexual identity.

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

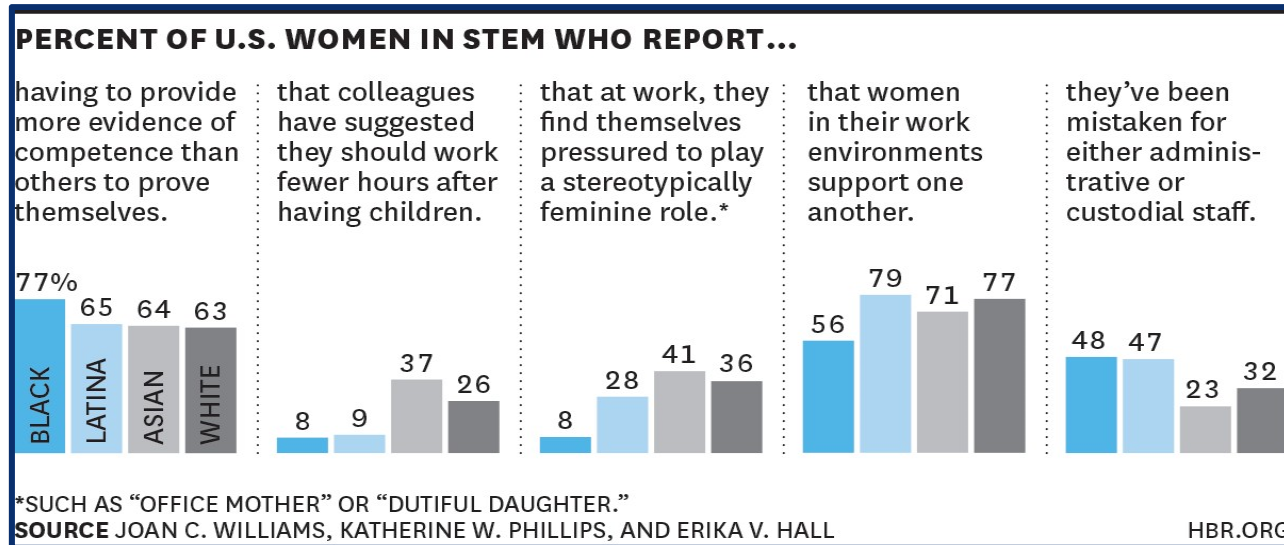
Lack of Understanding in the Nuances of Gender Discrimination

- 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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Association of American Medical Colleges**

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

Ashleigh Moses, M.A.

**Program Specialist for the Group on Women in Medicine & Science (GWIMS)
Association of American Medical Colleges**

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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Women's Leadership and the Impact of Gender



Tomorrow's Doctors, Tomorrow's Cures®

Toi Blakley Harris, M.D.

Associate Provost of Institutional Diversity and Student Services
Baylor College of Medicine

Amelia Grover, M.D.

Assistant Professor, Surgical Oncology
Virginia Commonwealth University School of Medicine

Susan Pepin, M.D.

President and CEO
Virginia G. Piper Charitable Trust
Clinical Professor of Ophthalmology University of Arizona College of Medicine
Phoenix



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 & Maldonado, 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).

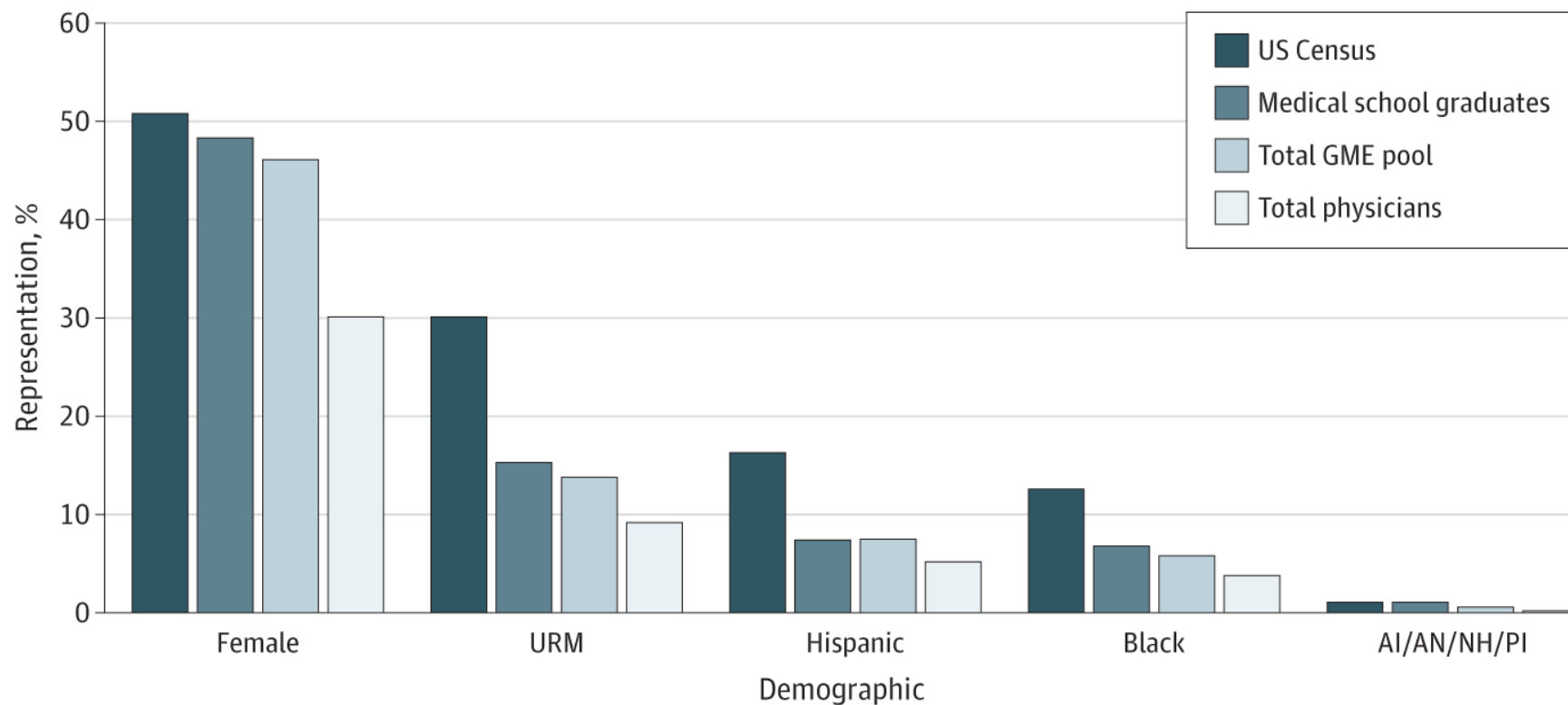
Underrepresented Women in Medicine

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. \(JAMA, 2015\)](#)

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

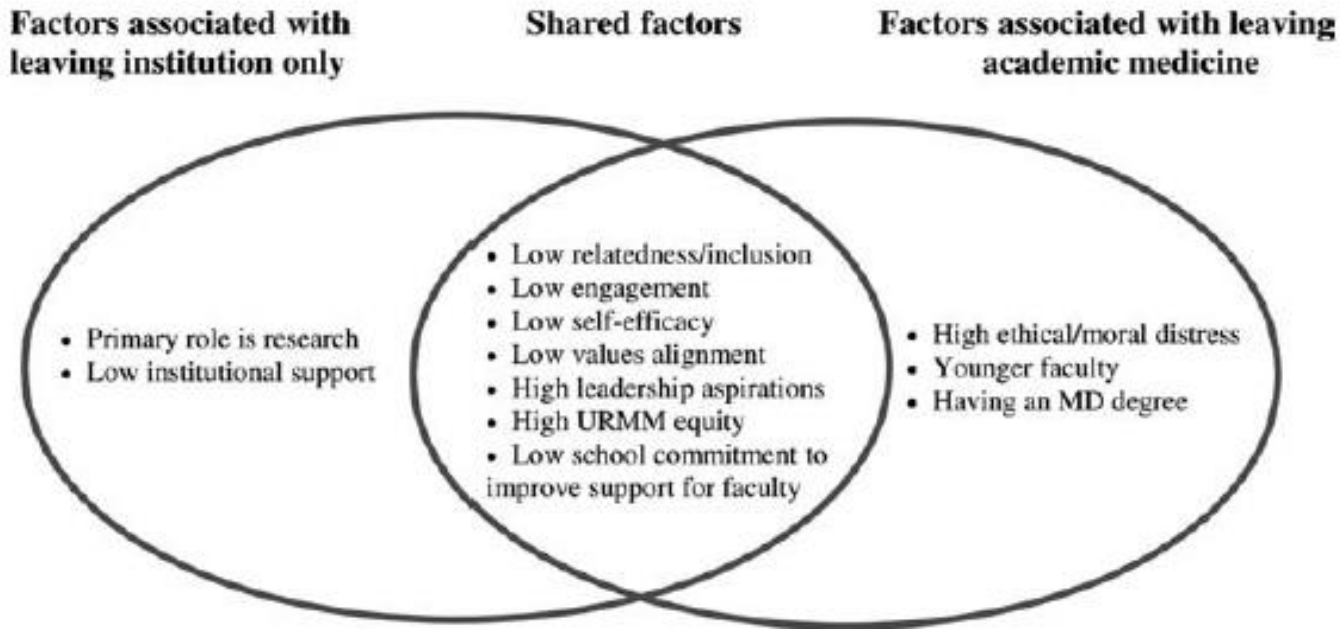


Figure 1 Predictors of intention to leave their institution or academic medicine for dissatisfaction. The figure summarizes the authors' findings concerning faculty who were considering leaving their institution or academic medicine. The findings are from a 2007–2009 survey of 4,578 faculty at 26 representative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

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

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)

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)

Toi Harris, M.D.



Toi Blakley Harris, M.D.
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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.

Susan Pepin, M.D.



Susan M. Pepin, M.D.
President and CEO
Virginia G. Piper Charitable Trust

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).

Amelia Grover, M.D.



Amelia “Aimee” Grover, M.D. is Assistant professor in the Department of Surgery’s Division of Surgical Oncology at the Virginia Commonwealth University’s medical campus. Dr. Grover received her medical degree from Wayne State University in Detroit, Michigan, and her residency at Beaumont Hospital in Royal Oak, Michigan. In 2007, Dr. Grover was named a scholar in a National Institutes of Health program that provides mentorship and training support to young scientists researching women’s health—Building Interdisciplinary Research Careers in Women’s Health (BIRCWH). Her specific BIRCWH research project focuses on endocrine research and the use of the robotic surgery system in thyroid surgery.

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Implementing an Intensive Career Development Program For Women Faculty

April 2016



GWIMS Toolkit

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Women Scholars Initiative
Advancement, Recruitment, Retention



The University of Texas MD Anderson Cancer Center

Women and Minority Faculty Inclusion

THE UNIVERSITY OF TEXAS

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Cancer Center**

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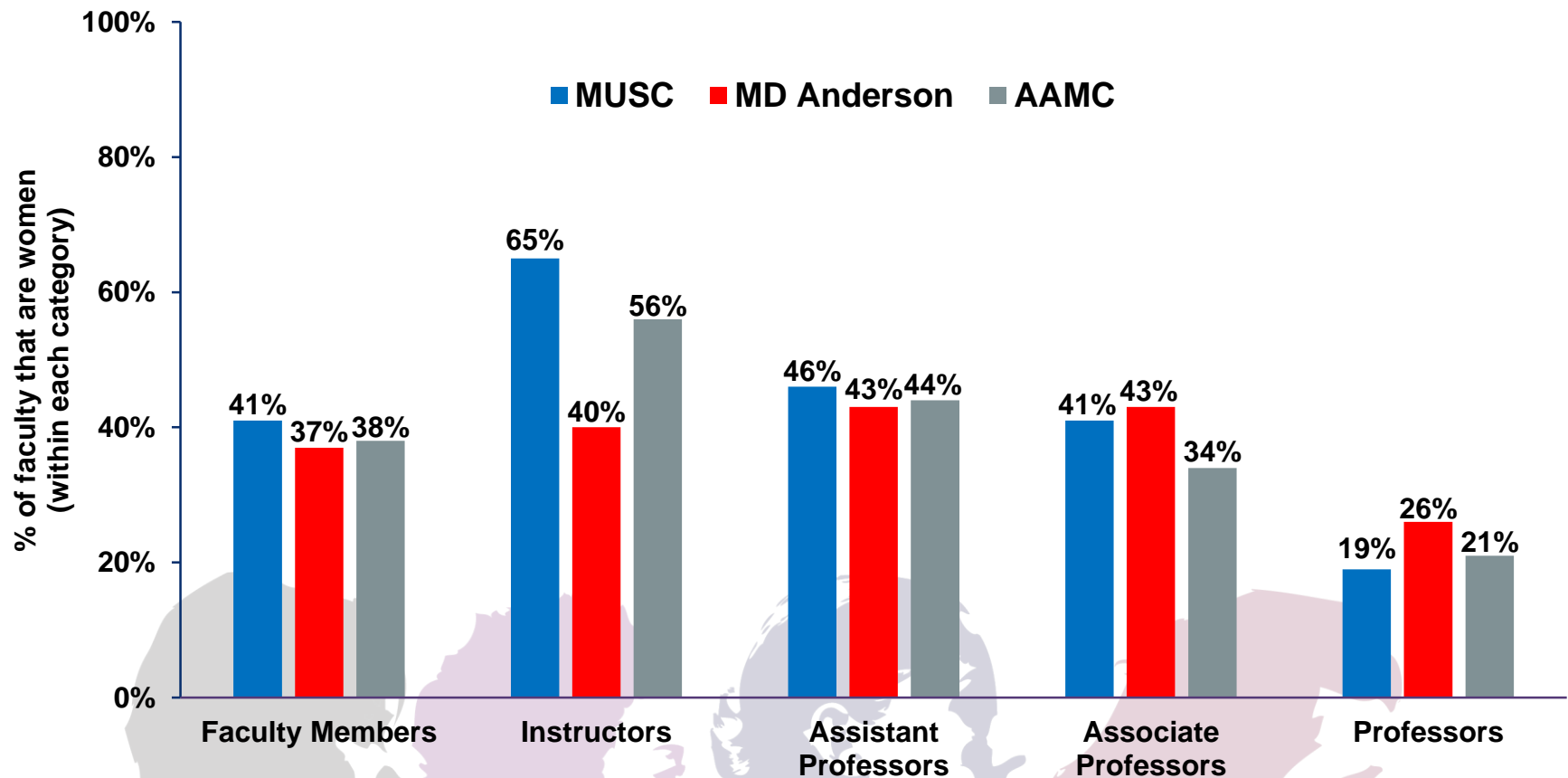
GWIMS Toolkit



A snapshot: Status of Women Faculty – FY14

MUSC, MD Anderson, AAMC

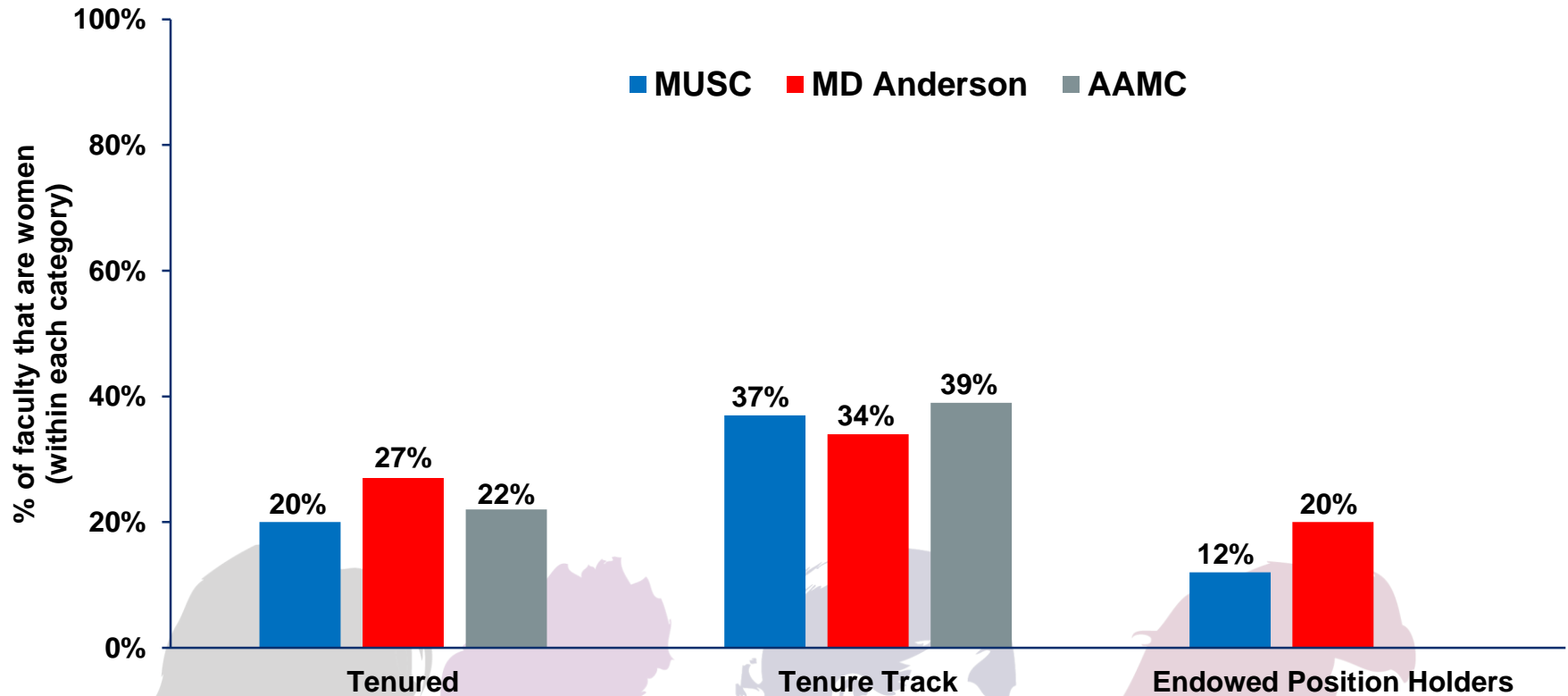
By Rank



A snapshot: Status of Women Faculty – FY14

MUSC, MD Anderson, AAMC (cont'd)

By Track & Endowed Positions



Rationale

Although national career development programs are available to women in academic medicine, the costs and overall and/or per institution attendee caps limit the number of women at individual institutions receiving this valuable support each year. Implementing a program at your institution allows more women to receive career development support at minimal cost per attendee.

Goals

- To empower women to seek out promotion, tenure and leadership positions
- To increase the number of women who are in upper ranks, tenured and in leadership positions
- To provide knowledge and skills needed for career advancement
- To leverage the resources of the institution by sharing learnings from AAMC and other career development programs
- To provide past attendees with opportunity to take a leadership role and hone their skills

Description: Both programs were modeled after the AAMC Early/Mid-Career Women Faculty Development Seminars

MUSC

- Two-day program, every other year*
- Early and mid-career women faculty from all colleges (45-55 attendees)
- Dedicated slots to local sister institutions (10 attendees)
- *Half-day program on promotion in intervening years

MD Anderson

- One-day program*
- Different programs for early and mid-career women faculty
 - Early (35-40 attendees)
 - Mid- (20 attendees)
- Keynote address open to entire MDACC community as kick-off
- * 1.5-hour program on promotion every other year; one for each track (4)

Planning

MUSC

MD Anderson

Committee

- Representatives from each of the colleges; co-chaired by members of the WSI Steering Committee
- Former attendees of AAMC programs

Staff Support and Coordination

- WSI and Center for ARROWS
- Women and Minority Faculty Inclusion

Planning Timeline

Timeline	Tasks
9-12 months prior	Develop and obtain approval of budget
7-8 months prior	Set dates and reserve rooms. Invite external speaker(s)
6-7 months prior	Form planning committee and hold first committee meeting to discuss structure of program, topics, etc.
6 months prior	Begin to identify internal/local speakers for potential topics. Submit CME application at month 6 (MDACC).
5-6 months prior	Send announcement to college deans and department chairs about the program and nomination process. Send email to women faculty encouraging them to self-nominate to their department chair/dean.
5 months prior	Finalize list of attendees; send email and survey to attendees to confirm attendance to entire program and ask attendees to select topics of interest. Send email to deans and chairs and ask them to confirm release of attendees from duties during the program.
3-4 months prior	Modify and finalize agenda topics and speakers based on attendees' topic preferences. Order supplies, contact caterers.
3 months prior	Request updated CVs and personal statements from participants for review by promotion session leaders. Submit CME application (MDACC).
1-2 months prior	Assign attendees to break out sessions based on their preferences; designate table assignments for large group sessions.
1 month prior	Provide CVs and personal statements to promotion session leaders; send reminders to speakers and request slides/handouts from speakers; send reminders to attendees.
1-2 weeks prior	Load slides on flash drives for attendees, print name tags and individual agendas.
2-4 weeks after	Send follow-up satisfaction survey that includes suggestions for improving program.
1-2 months after	Planning committee debrief meeting; discuss survey results and potential changes for the next program.
1 year after	Send one-year follow-up survey to attendees to collect data on success in promotion and obtaining leadership positions.

Program Structure and Duration

MUSC

Day 1:

Large group panel discussion and breakfast (1.5 hrs)

Small group break-out session (1.5 hrs)

Large group discussion and lunch (1.5 hrs)

Small group break-out session (1.5 hrs)

Large group discussion (1.5 hrs)

Day 2:

Large group panel discussion and breakfast (1.5 hrs)

Small group break-out session (1.5 hrs)

Large group discussion and lunch (1.5 hrs)

Large group promotion discussion (1 hr)

Small group promotion sessions (1.5 hrs)

MD Anderson

(2nd asst. prof. workshop)

Day 1:

Keynote open to institution followed by reception (1.5 hrs.)

Day 2:

Large group presentations and breakfast (two for 1.0 hr. each)

Large group presentation and exercise (.5 hr.)

Lunch and Learn breakouts (8 choices; attendees chose two for .45 hr. each)

Large group presentation and exercises (3 hrs.)

Program Content

Large Group Session Topics

MUSC

Inspiring Women (panel)

The Art of Self-Promotion

Work-Life Mgmt (panel)

Dealing with Difficult People

*Promotion: CV and Personal
Statement Content and Structure*

MD Anderson

*Stories of Success from Women
Leaders (panel)*

*The Art of Promoting Yourself...and
Others*

From the Male Perspective (panel)

Networking (2nd asst. workshop)

*Optimizing Communication
(2nd asst. workshop)*

*Finances at MD Anderson
(assoc. prof.)*

Program Content

Small Group Break-out Session Topics

MUSC

(10-12 attendees per group)

Negotiation

Leadership Skills

Time Management

Internalizing Success

Building a Mentoring Network

Establishing Collaborations

Promotion: Criteria, Q & A, One-on-One Feedback

MD Anderson

(5-10 attendees per group)

Marketing Oneself

Negotiating

Networking and Communication

Work-Life Integration

*Career Focus Roundtables
(clinical and research)*

How to Start Up a Lab

Personal Resilience

Taking Action on Translation

Melding Clinical Care & Research

*Dealing with Writing Procrastination
– Yours & Your Trainees'*

Attendee Selection and Preparation

MUSC

Self-nominated to college dean who makes the final selection

Number of slots varied based on size of college

Attendees placed in small group break-out sessions based on topics of interest selected prior to program

Updated CVs and personal statements sent to leaders of promotion break-out sessions in advance

MD Anderson

Self-identified

Committee members reached out to individuals

Expected to prepare synopsis and goals statement in advance

Funding

MUSC

- Provided by:
 - ❖ Provost and College of Medicine (WSI)
 - ❖ NSF ADVANCE grant HRD-1310268* (Center for ARROWS)
- No charge to MUSC faculty
- Costs of 2-day program for 50 attendees
 - ❖ \$14,000 or \$280 pp in 2014, incl \$8,500 for 3 external speakers and a reception
 - ❖ \$7,500 or \$150 pp in 2016, incl \$3,000 for 2 external speakers; no reception
- Sister institutions
 - ❖ 5 slots each provided to College of Charleston and Citadel colleagues in 2016; charged \$200 pp

* Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Science Foundation

MD Anderson

- Provided by Women and Minority Faculty Inclusion
- No charge
- Costs
 - ❖ 1st asst. prof. workshop: \$5,000 or \$142 pp
 - ❖ Assoc. prof. workshop: \$6,150 or \$307 pp
 - ❖ 2nd asst. prof. workshop: \$9,800 or \$245 pp, incl. \$6,000 for external speaker
- Sister institutions
 - ❖ 5 slots held for Texas Medical Center colleagues (3 used); no charge

Other Considerations and Evaluation

- CME accreditation obtained at MDACC (requires a lot of effort)
- Evaluations
 - **MDACC:** surveys sent to attendees within one month to gauge program value and gather suggestions for improving the program
 - **MUSC:**
 - Pre-program and one-month post survey sent to collect data on topics of interest, knowledge gained, program value and suggestions for improving the program
 - One-year post survey sent to collect data on successes in promotion, tenure and leadership

Lessons Learned: MUSC

- Separating by rank and/or clinician vs scientists may be valuable/beneficial for certain topics
- Clinicians have more difficulty giving up two days; one-day program may work better
- Consider having women self-nominate to CDP, rather than go through chair/dean; have women submit CV and letter of interest directly to committee
- Provide examples of strong personal statements from successful promotion packets
- Include more time for informal networking
- Include men on some panel discussions

Lessons Learned: **MD Anderson**

- Value of keynote open to entire community
- Incorporate
 - Men on large group panel discussions
 - Finance as a topic
 - External content expert(s) if not available in-house and resources allow
- Future workshops will include both assistant and associate professors to increase number of attendees, lower per person cost and facilitate networking across ranks.

Resources

MUSC

Women Scholars Initiative:

<http://academicdepartments.musc.edu/arrowinitiative/>

College of Medicine Center for Advancement, Recruitment and Retention of Women in Science:

<http://academicdepartments.musc.edu/arrowinitiative/arrows/index.htm>

UT MD Anderson Cancer Center

MD Anderson Women and Minority Faculty Inclusion:

www.mdanderson.org/facultyinclusion

Acknowledgements

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At MUSC:

Deborah DeWaay, M.D.
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Planning Committee Co-Chair 2014-2016

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GWIMS Toolkit

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Dr. Tamara Nowling is an Associate Professor in the Rheumatology Division of the Department of Medicine at the Medical University of South Carolina (MUSC). Dr. Nowling is a Molecular Biologist having earned BA degrees in Biology and Chemistry from the University of Northern Iowa and a PhD in Molecular, Cellular and Development Biology at Iowa State University. She completed her postdoctoral training at the University of Nebraska Medical Center Eppley Cancer Institute. Her current research projects include elucidating the transcriptional regulation and function of genes that play a role in T cell pathogenicity during the progression of lupus and understanding the mechanisms and role of glycosphingolipid metabolism in lupus kidney disease. Past and present sources of funding for her research include the National Institutes of Health, Alliance for Lupus Research foundation, Veterans Administration and Department of Defense. Dr. Nowling serves as the Vice-Chair for the Women Scholars Initiative at MUSC and is a Co-Principal Investigator on a grant from the National Science Foundation ADVANCE program that supports the Center for Advancement, Recruitment and Retention of Women in Science (ARROWS) in the College of Medicine at MUSC.

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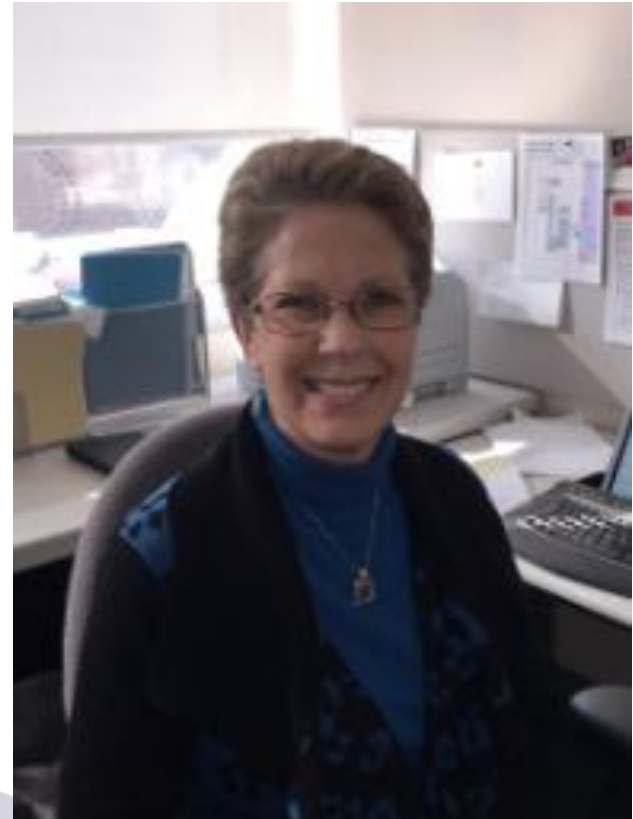
Dr. Travis is the Associate Vice President, Women and Minority Faculty Inclusion, and Mattie Allen Fair Professor in Cancer Research in the departments of Experimental Radiation Oncology and Pulmonary Medicine at The University of Texas MD Anderson Cancer Center. She is an internationally recognized scientist who has made significant contributions to our understanding of the effects of radiation on normal tissues in her 25 years in the field. For the past eight years, she served as Associate Vice President, Women Faculty Programs, where she led efforts to further the academic careers of women physicians and scientists by ensuring they are appointed to high profile committees and leadership positions, by leading institutional policy change to address obstacles that interfere with women's success, and by providing career guidance to countless women faculty. The office recently expanded under her leadership to include minority faculty, where she will apply similar and new strategies to address their specific career needs.

Dr. Travis is a principal investigator on two NIH grants: a U54 partnership grant with Puerto Rico, "Partnership for Excellence in Cancer Research", and an R01 grant "Gatekeepers and Gender Schemas," which seeks to understand the role that gender plays in choosing faculty for tenure track positions.

She is a fellow of the American Society of Radiation Oncology, recipient of the Association of American Medical Colleges' Group on Women in Medicine and Science Leadership Development Award for an individual (2009) and an institution (2012). Dr. Travis was inducted into the Greater Houston Women's Chamber of Commerce Hall of Fame in 2012 and elected as a member of its Board of Directors in 2013. She is a member of the Board of Directors of the Association for Women in Science. She was recognized at the Houston Italian Cultural and Community Center's 12th annual gala honoring the Italian Influence in Medicine and is the recipient of the 2014 Marie Skłodowska-Curie Award by The American Association for Women Radiologists. She is the immediate past Chair of the Group on Women in Medicine and Science, Association of American Medical Colleges.

Abby Mitchell, M.B.A.

As project director, Abby designs and implements career development programs for MD Anderson's women and minority physicians and scientists and plans and execute programs to recognize those who support their careers. In partnership with Dr. Elizabeth Travis, AVP Women and Minority Faculty Inclusion, she serves as a resource to women and minority faculty and collaborates with other departments within and outside MD Anderson to facilitate their advancement. Her work at MD Anderson began six years ago, when she developed and executed the marketing strategy and community outreach for its new book, edited by Dr. Travis: *Legends and Legacies: Personal journeys of women physicians and scientists at M.D. Anderson Cancer Center*. Prior to that, Abby was chief of staff to the dean of the UT Medical School at Houston for over 20 years. She has an undergraduate degree in French from Tufts University and an MBA in health care management from the Wharton School at the University of Pennsylvania. Outside work, she serves as a volunteer and board member of Ten Thousand Villages Houston, a non-profit fair trade gift store.



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Mugé Simsek, MBA, has been working as senior metrics analyst in the Office of Women and Minority Faculty Inclusion for eight years. Her major roles include developing and maintaining key indicators (KPIs), analyzing institutional data relevant to faculty, preparing reports, presentations, conference posters, and managing communications activities. Mugé has 15 years of solid experience in the research field. Before joining MD Anderson, she worked at a market research consulting firm where she conducted market feasibility studies for business development. Then, she joined Cyberonics, Inc., a medical device company, and Texas Children's Hospital, where she performed segmentation studies for referring physicians to optimize marketing efforts and create marketing plans, managed patient satisfaction surveys and conducted market analyses for hospital expansion and site selection purposes. Mugé has an undergraduate degree in Psychological Counseling from Bosphorus University, Istanbul, Turkey, and an MBA from The University of Houston-Clear Lake in Texas. In her spare time, she volunteers as a board of director member for a non-profit, Education for Women in Turkey Fund, which aims to provide girls and young women with access to education.

Erin A McClure Ph.D.

Dr. Erin A. McClure is a behavioral psychologist and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences. Dr. McClure earned her B.S. in Psychology and Neuroscience from Allegheny College in 2003, and earned her Ph.D. in Psychology from the University of Florida in 2009. She completed a postdoctoral research fellowship at the Johns Hopkins University School of Medicine. Dr. McClure's research interests focus broadly on improving strategies to treat cigarette smoking and study the complex process of relapse, while integrating technology to improve research and treatment efforts. Dr. McClure currently has funding from the National Institutes of Health to support the development and evaluation of a remote monitoring technology to detect smoking and relapse in adolescents and emerging adults. Dr. McClure is also an active collaborator on several federally-funded research grants focused on the study and treatment of nicotine and cannabis dependence. Dr. McClure has been a part of the Women Scholars Initiative at MUSC since 2014 and serves as the Co-Chair of the Career Development Program subcommittee.



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Strategies for Advancing the Careers of Women of Color in Academic Medicine Part 1 - Institutional Strategies

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American Medical Colleges

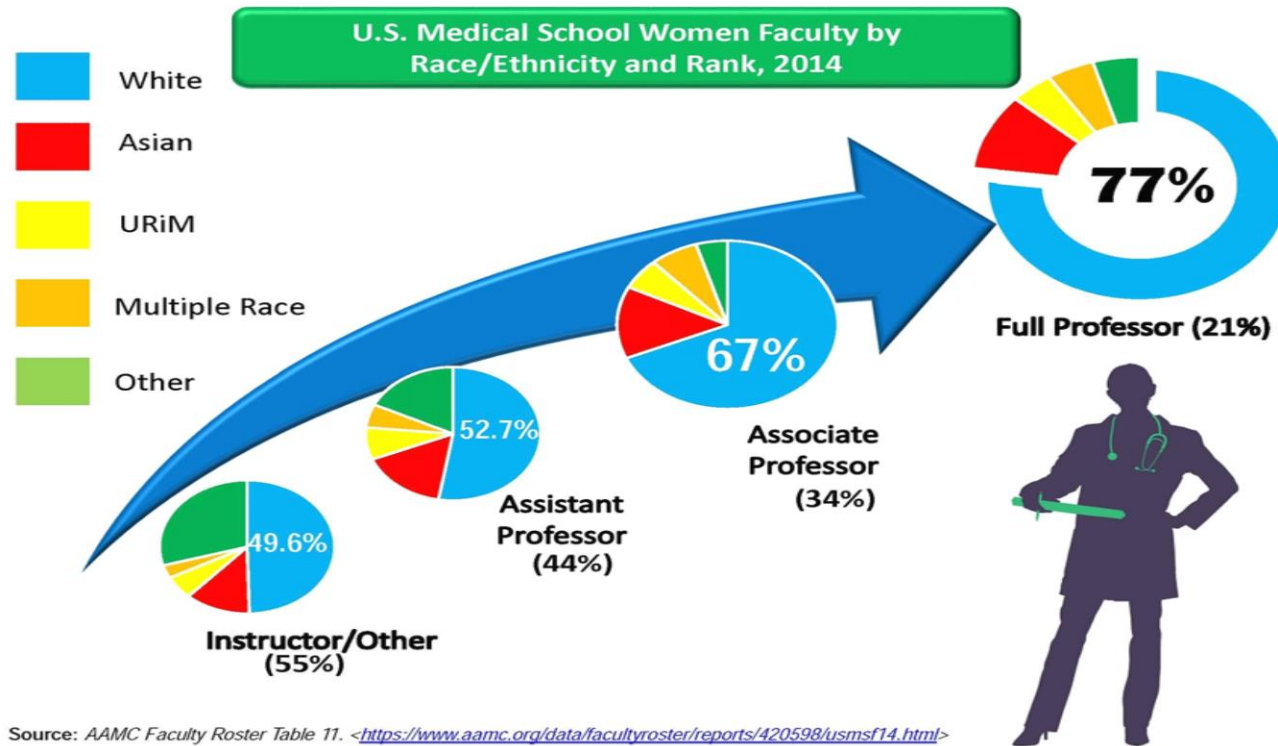
Background

- Women of color (WOC) continue to be underrepresented at higher ranks and leadership in academic medicine
- Barriers to career advancement due to gender and race interrelated- Important to understand the relationship among the multiple identities an individual holds
- Limited attention directed towards the specific issues facing WOC and the double jeopardy they face as both women and minorities
- WOC are not monolithic – their challenges and needs may differ and must be recognized and addressed
- What got us here?
 - Decades of “benign neglect”, both conscious and unconscious bias, lack of role models, sponsorship and mentorship, etc.
- What will change things?
 - Concerted action from both institutions and individuals, based on a strategic plan designed to remedy the current situation.

Distinction between Women of Color and Underrepresented in Medicine

- *Women of Color* - term used to reflect a sense of solidarity among women with multiple, layered identities that intersect with each other, derived from shared experiences, history, social relations, and structures of power (unearned privilege conferred systematically).
- *Intersectionality* - an analytical approach for understanding the ways multiple identities that individuals embody (i.e., gender, class, race, immigration status, ethnicity) overlap and combine with one another to contribute to unique experiences of disadvantaged and privileged.
- *Underrepresented in Medicine* - refers to racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.

Leaky Pipeline for Women of Color in Academic Medicine



Goals

- Raise awareness of the factors affecting the careers of WOC in academic medicine.
- Offer suggestions for what may assist WOC faculty in navigating their careers and gaining the support needed to advance.

Objectives

- Identify the primary factors affecting the careers of WOC in academic medicine.
- Recommend strategies individuals can implement/enhance to change the status quo for WOC in academic medicine.

Institutional Policies and Actions

Policies and actions that institutions can and should promote that will result in the advancement of the careers of WOC:

1. Require unconscious bias training for leaders, faculty members and staff involved in faculty and leadership recruitment, career development and advancement.
2. Offer visiting professorships to WOC.
3. Provide mentorship to WOC.
4. Provide sponsorship to WOC.
5. Enrich candidate pools with WOC.
6. Engage in outreach efforts to identify WOC (ideally, prior to a vacancy)
7. Create/Access a database of WOC.

Institutional Policies and Actions (cont.)

8. Require all search committees to involve a designated “diversity ambassador” throughout the search process.
9. Offer specific career development and leadership opportunities to WOC.
10. Have “zero tolerance” for conscious bias and discrimination against WOC.
11. Define intersectionality, identity formation theory, distinction between WOC and URM, etc. (for more information on these terms, see the GWIMS Equity toolkit linked [here](#))
12. Develop Advisory Committee.
13. Add leadership roles on Organizational Chart.
14. Encourage allyship.

Unconscious Bias Training

Should be required for all search committee members prior to the start of a search, either via online or in-person—conducted by the institution's Office of Diversity, Women in Science and Medicine or Faculty Affairs.

- **On-line:** AAMC 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
- **In-person:** Please contact appropriate office to arrange an unconscious bias training session.

Offer Visiting Professorships to Women of Color

- Establish a Visiting Professorship Program to invite prominent or emerging WOC scholar to the medical institution, involving a broad range of specialties.

Provide Mentorship to Women of Color

- Mentoring helps to create a workplace desirable for WOC
- Provide a diverse pool of mentors for WOC
- Establish formal mentorship program for WOC with assigned mentors, at least initially. Reassign mentors as needed.
- Encourage WOC to seek out additional mentors
- Define roles and responsibilities of mentors and mentees
- Train mentors and mentees to raise awareness and understanding of mentorship issues specific to WOC
- Monitor outcomes of mentoring relationships

Provide Sponsorship to Women Faculty of Color

Despite successful mentoring and coaching programs, WOC continue to be underrepresented at higher ranks and leadership in academic medicine

- Sponsorship has been effective in boosting the careers of women (including WOC) in corporate, governmental, non-profit and other agencies
- Sponsors have the position, power and duty to advocate publicly for the advancement of WOC in their organization by focusing on their nascent (often unrecognized or under-recognized) talents, skills and expertise
- Both titular and situational leaders of diverse affinities and backgrounds can serve as sponsors for WOC

Enrich Candidate Pools with Women of Color

- Engage in proactive outreach, such as contacting diverse talented and qualified WOC to apply for faculty and leadership positions. Invite members of affinity groups and respective offices of faculty affairs, graduate medical education, diversity and inclusion, or women in science and medicine to meet candidates during the interview process.
- Create opportunities for WOC candidates to meet faculty with similar demographics across all academic ranks.
- Identify databases and professional societies with WOC members, such as the National Institutes of Health Women of Color Research Network.
- Advertise at venues that attract WOC scholars.
- Use proactive language in job announcements, e.g., “our institution is committed to building a culturally diverse faculty and strongly encourages applications from women of color and other underrepresented candidates.”

Engage in Outreach Efforts to Identify and Promote Women of Color

- WOC often experience isolation and discrimination
- Faculty groups focused on WOC, but open to all, add to the awareness of the challenges that WOC face/serve as a support structure for WOC
- Sponsor events highlighting the value that WOC bring to the organization
- Seek out WOC to participate in faculty governance, for leadership roles and awards
- Leaders' performance evaluations should be tied (in part) to their effectiveness in engaging and promoting WOC

Create/Access a Database of Women of Color

To our knowledge, a national database of academic medicine faculty WOC does not exist

Options for individuals and organizations to connect to WOC include:

- Individual institutional faculty roster
- National specialty organizations subcommittees or group caucuses
- NIH Women of Color Research Network
- Local minority professional networks
- Create a “Professional Women of Color in Medicine Network” to engage and build a community of scholars and women of color in academic medicine.

Physicians:

- Artemis Medical Society (Women Physicians of Color)
- Association of Black Women Physicians

Designated Diversity Ambassador

Designated diversity ambassadors should serve on recruitment & promotion committees, to provide continuity and guidance during the entire search/promotion process to ensure (1) WOC candidates are in the pool; and (2) bias is at a minimal.

Designated diversity ambassadors can be any person regardless of protected class status (i.e., race, gender, religion, sexual orientation, etc).

Career Development and Leadership Opportunities for Women of Color

- WOC are often overlooked when leadership opportunities arise
- Develop policies and procedures to identify suitable WOC for internal and external career development programs tailored to their needs e.g. the AAMC Mid-Career Minority Faculty Seminar
- Advocate for and develop a roster of suitable WOC nominees for such opportunities as well as awards
- Leaders' performance evaluations should be tied (in part) to their effectiveness in developing the careers of Women of Color

Addressing Bias at the Institutional Level

1. Acknowledge that bias exists.
2. Dispel stereotypes.
3. Require mandatory unconscious bias training at all levels.
4. Empower everyone to call out bias.
5. Conduct internal research to identify areas of possible bias.
6. Identify key metrics for tracking the results of interventions.
7. Make changes on an ongoing basis that will curb the effects of subconscious prejudices.

“Zero Tolerance” for Conscious Bias and Discrimination

Bias and discrimination are disruptive behaviors that limit productivity and performance.

Ensure diverse and inclusive environment by implementing a “zero tolerance” policy for conscious bias and discrimination.

- Coach and train leaders, faculty, staff and learners to reduce the incidence of bias.

Unconscious Bias: Search Committees, New Hires, and Leadership Development

- Designate one member of the search committee to serve as a “diversity advocate” charged with ensuring the inclusiveness of the candidate pool and the procedures of the search process.
- The designee should be trained on their role, familiar with unconscious bias and its impact on the hiring and promotion of WOC applicants.

Develop an Advisory Committee

Many different models, missions, descriptions

Develop one for your organization's needs

Questions to ask:

- Why do we need a committee?
- What is the purpose?
- What do we want it to do?
- What kind of representation, skills and expertise do you want on the committee?
- What is the focus and the purview of the committee?
- What is the process for identifying members of the committee?
- To whom is the committee providing advice or recommendations?
- Is this a standing committee or a time-limited committee?

Develop an Advisory Committee

Guiding Principles

- Include allies on the committee
- Have representation from groups that have privilege and power in the organization
- Develop clear mission for the committee
- Have an identified leader
- Priorities must be aligned with the strategic priorities of the institution
- Embedded and supported by the institutional infrastructure

Add Leadership Roles on Organizational Chart

- Identify leadership roles on organizational chart
- Conduct a periodic review of the representation of WOC on this chart
- Discuss strategic initiatives to increase the number of WOC on this chart, with a timeline for achieving specific milestones
- Measure the outcomes of such initiatives and disseminate within the organization
- Critically evaluate the results and develop remediation measures to improve future metrics

Institutions as Allies

“A person or group that gives help to another person or group.”

Merriam-Webster Dictionary

“Allies are people who recognize the unearned privilege they receive from society’s patterns of injustice and take responsibility for changing these patterns.”

Anne Bishop; www.becominganally.ca

Institutions/Organizations as Allies

Institutions can be agents of social change

Provide opportunities for open and honest dialogue and feedback from non-dominant groups

Develop infrastructures to address the issues raised by non-dominant groups

Learn from the community and develop responses to the needs of that community

Develop and seek guidance from an advisory board or committee

Provide opportunities for individual groups (such as minority faculty groups and women faculty groups) to form allies through joint events

Resource: [Http://www.umkc.edu/lgbt/docs/becoming-an-ally.pdf](http://www.umkc.edu/lgbt/docs/becoming-an-ally.pdf)

Summary

- WOC continue to be underrepresented at higher ranks and leadership in academic medicine
- The problem has multifactorial roots and needs recognition, acknowledgement and innovative actions to solve
- This toolkit outlines recommended institutional actions designed to improve the situation
- Accountability and metrics, with appropriate dissemination, discussion and plans for remediation are necessary to change the status quo

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GWIMS Equity in Promotion Toolkit



GWIMS Toolkit

Table of Contents

- Learning Objectives
- Definitions
- Background
- Challenges and Strategies
- Action Items: individuals/institutions/GWIMS
- Resource List
- References

Learning Objectives

- Describe the gender inequities present in faculty advancement within academic medicine.
- Identify societal, organizational and individual barriers that delay or prohibit the advancement of women faculty.
- Review best practices and strategies described in the literature that have successfully impacted academic promotion rates for women faculty.



Definitions

Equal Pay: the right of a man or woman to receive the same pay as a person of the opposite sex doing the same or similar work for the same or a similar employee.

<http://www.dictionary.com/browse/equal-pay>

Gender Gap: the gap in any area between women and men in terms of their levels of participation, access, rights, remuneration or benefits.

<http://eige.europa.eu/gender-mainstreaming/concepts-and-definitions>

Definitions

Intersectionality: the theory that the overlap of various social identities, as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual.

<http://www.dictionary.com/browse/intersectionality?s=t>

Implicit Bias: attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

<http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

Background: How Diversity Supports Excellence in Academic Medicine

- Improved health care quality outcomes
- Reduced health care disparities
- Broadened research agenda
- Enhanced learning and work environment
- Maximizes the potential problem-solving capacity of teams

Frank and Harvey, 1996; Tsugawa, et al., 2017; Roter et al., 2002; Nivet, 2015;
Fine and Handelsman, 2010; Hong and Page, 2004

Background: Gender Inequities in Academic Medicine

FIGURE 8

A 5-year Comparison of Full-Time Faculty Promotions, Hires, and Departures by Gender*



See Tables 6a and 8 for more information regarding 2013-14 data.

* The percentages shown in red are percentage point changes not increases in overall percent.

New data for 2016:

Promotions to full professor:
Women 32% (men 68%)

Promotions to associate professor:
Women 41% (men 59%)

There was only a one percentage point increase since 2014 for promotions to both associate and full professors for women

Background: Consequences of Gender Inequities in Academic Medicine

- Lower publication rates
- Fewer first/last author papers
- Less NIH grant funding
- Fewer roles as a clinical trial investigator
- Less recognition and fewer awards from specialty societies

Jena et al.,2016; Kaatz et al, 2016; Silver et al.,2017

Challenge #1

The problem starts early: Women medical students are “readier to compromise professional attainment within their personal work-life balances.” Drinkwater, 2008



Strategies

Strategy 1.1: Provide training in negotiation, career advice and offer flexible work options.

- Hold sessions for medical students, residents and junior faculty led by business school faculty who are experts in this area.
- Recruit successful female faculty who have balanced family and work to provide career advice to medical students.
- Offer flexible work options along the medical education continuum.



Challenge #2

Bias and discrimination occur during the hiring and promotion processes.



Strategies

Strategy 2.1: Broaden the pool of qualified applicants to include more women.

- When $\frac{3}{4}$ of the short list is women, the chance a woman will be hired is 67%; when $\frac{1}{2}$ are women, the chance is 50%; when $\frac{1}{4}$ are women, the chance is **0%**. In other words, “If there’s only one woman in your candidate pool, there’s statistically no chance she’ll be hired.” (Johnson et al, 2017)



Strategies

Strategy 2.2: Constitute search committees with members from diverse backgrounds. (e.g. at least 2 women and 2 people of color).

Strategy 2.3: Utilize evidence-based strategies to reduce bias in the hiring process and hold sessions on unconscious bias training for search and promotions committees. Sheridan et al, 2010

- Provide clear evidence of job-related competencies along with evidence of communal competencies. Isaac et al., 2009
- Commit to the value of credentials before review of the applicants. Isaac et al, 2009
- Provide unconscious bias training for both search and promotions committee members with the intent of recruiting a diverse faculty and equitable treatment of faculty. Carr et al., 2016
- Utilize AAMC Unconscious Bias Video and resources
<https://www.aamc.org/initiatives/diversity/learningseries/346528/howardrossinterview.html>

Challenge #3

Women lack a supportive network and inclusive environment.

Strategies

Strategy 3.1: Host networking events for women at your institution and in your professional societies and create a welcoming environment for all members of your community (intersectionality) with intention. Sims-Boykin, 2003; Sanchez, 2015

Challenge #4

Women have fewer opportunities to participate in scholarly activities.

- H-Index: Women have a lower h-index early and higher h-index later in their careers.
- Women still lag behind men as both first and senior authors, especially in prestigious publications. Sidhu, 2009; Lopez, 2014
- Gender bias may persist in NIH grant reviews, in particular for renewals of ROIs. Kaatz, 2016

Strategies

Strategy 4.1: Support women's authorship, especially early in their careers.

- Provide training on authorship considerations to all genders.

Strategy 4.2: Support women's grant writing at institutions and address stereotype-based bias in the grant review process.

- Offer grant writing boot camps for women Smith, 2017
- Test interventions to prevent bias in the context of grant reviews Tricco, 2017



Strategies

Strategy 4.3: Petition editors to monitor gender authorship and reviewer imbalance in science journals.

- Editors can increase women reviewers by including the pool of rising stars, which has a greater proportion of women, in the reviewer pool.
- Editors should intentionally invite more women to write reviews and editorials. <https://www.nature.com/news/gender-imbalance-in-science-journals-is-still-pervasive-1.21348>



Challenge #5

Women are less likely to get that first critical promotion and are less likely to receive a raise when they ask for it.

- Women are 20% less likely to receive feedback when they ask for it.
- Gap in leadership ambition: 40% of women v. 56% of men seek top executive status.
<https://womenintheworkplace.com/>
- Women ask for raises and promotions in equal quantity, but receive less.
http://www.catalyst.org/system/files/The_Myth_of_the_Ideal_Worker_Does_Doing_All_the_Right_Things_Really_Get_Women_Ahead.pdf
- Perceived brilliance favors men.
- Unlike 5 yo girls, 6 yo girls associate boys with genius, and avoid games for kids who are “really, really smart.”
- Women receive Distinguished Service Awards at much lower rates than men Bian, 2017; Silver, 2017.
- Letter writing for women has different areas of focus.

Strategies

Strategy 5.1: Use effective language to make the case for promotion.

- Avoid “grindstone” adjectives and utilize “standout” adjectives. AAMC, https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html.
- Do not write about personal life or raise doubt unless you intend to do so. Trix & Psenka, 2003.

Strategies

Strategy 5.2: Be aware that women may feel undeserving. Be deliberate about promotion and awards processes.

- Increase awareness and educate chairs to pay particular attention to women's credentials and to set specific goals towards promotions.

Challenge #6

Ineffective pipeline programs to leadership.

- Women face subtle bias, including perceptions of “aggressive” behavior.
- Gendered career paths may not appeal to women. Women Rising: The Unseen Barriers, 2013.



Strategies

Strategy 6.1: Support female faculty members' attendance at AAMC women's leadership courses and national leadership programs such as ELAM.

Strategy 6.2: Provide leadership opportunities for women in institutional initiatives.

Strategy 6.3: Engage in deliberate succession planning to prepare women for leadership opportunities.



Action Items: Individual

- Educate yourself about promotion and tenure (P&T) requirements for your institution and seek honest feedback on whether you are reaching milestones for promotion (chair of P & T committee, prior members, Faculty Affairs/Faculty Development/Diversity Offices can serve as advisors).
- Understand whether you should apply for promotion yourself or need to be nominated.
- Educate yourself about promotion tracks and what is needed for leadership advancement in your institution.

Action Items: Individual

- Inquire about institutional flexibility in promotions pathways (e.g., process to change tracks).
- Understand requirements to extend the promotion clock.
- Identify a mentor and/or be a mentor for career progression.
- Participate in training and skill building. Carr et al, 2016.



Action Items: Institutional

- Develop and implement policies to promote equity in faculty advancement. Carr et al., 2016; Marchant et al., 2007
- Establish an annual career/professional development conference.
- Utilize best-practices for mentorship and faculty development.
- Establish expectations for chairs for promotion and advancement of faculty.

Action Items: Institutional

- Monitor promotion outcomes annually with respect to gender and race/ethnicity and share the outcomes with faculty.
- Provide unconscious bias training for all Department Chairs, Search and P & T Committees, both within departments and at the institutional level, and evaluate effectiveness of training.

<http://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model>

Action Items: Institutional

- Ensure that there are diverse members serving on all major search committees (e.g., people of color, underrepresented minorities).
- Foster a climate that will enhance success for all groups Villablanca et al., 2017; Shauman et al, 2017.



Action Items: Academic Community

- Create professional development programs. Carr et al., 2016.
- Medical societies should:
 - Review inclusion and diversity data;
 - Report data to stakeholders;
 - Explore possible etiologies of inequities if present; and
 - Effect strategies designed to promote inclusion.
- Medical societies:
 - Monitor outcomes;
 - Share results with stakeholders to invite dialogue about goals to achieve equity, Silver et al., 2017; and
 - Include women as peer reviewers, Lerback and Hanson, 2017.

GWIMS' Resource List

Volume 1: Leveraging Your Career

- . Chapter 1: Managing through Teamwork for Maximum Performance (Judy Weber)
- . Chapter 2: Crafting a Fundable Grant (Emina Huang)
- . Chapter 3: Workshop Preparation and Presentation (Carla Spagnoletti, Rachel Bonnema, Melissa McNeil, Abby Spencer, & Megan McNamara)
- . Chapter 4: Crafting Successful Award Nominations, The Art of Successful Nominations (Jocelyn Chertoff), Preparing Successful Award Nominations (Elizabeth Travis)
- . Chapter 5: Part-time Faculty in Academic Medicine, Individual and Institutional Advantages (Linda Chaudron, Susan Pollart & Aimee Grover)
- . Chapter 6: Writing an Effective Executive Summary (Roberta Sonnino)
- . Chapter 7: Mentoring Women- A Guide for Mentors (Mary Lou Voytko & Joan Lakoski)

GWIMS' Resource List

Volume 1: Leveraging Your Career

- Chapter 8: Mentoring Women- A Guide for Mentees (Mary Lou Voytko & Joan Lakoski)
- Chapter 9: Strategies for Cultivating Career Satisfaction and Success through Negotiation (Reshma Jagsi, Martha Gulati, & Rochelle DeCastro Jones)
- Chapter 10: A Case Study: Creative Faculty Development through your GWIMS Office (Catherine Lynch)
- Chapter 11: Transitioning to a New Role: Practical Tips on Navigating From One Chapter to the Next (Archana Chatterjee, Meenakshi Singh, Roberta Sonnino)
- Chapter 12: Strategies for Advancing the Careers of Women of Color in Academic Medicine- Individual Strategies (Archana Chatterjee, Chiquita Collins, Linda Chaudron, Barbara Fivush, Laura Castillo-Page, Diana Lautenberger, Ashleigh Moses)

GWIMS' Resource List

Volume 2: Institutional Strategies for Advancing Women in Medicine

- Chapter 1: How to Start and Maintain a Robust WIMS Organization (Julie Wei & Paige Geiger)
- Chapter 2: Equity: Defining, Exploring, and Sharing Best Practices for Gender Equity in Academic Medicine (Diana Lautenberger & Ashleigh Moses)
- Chapter 3: Women's Leadership and the Impact of Gender (Toi Blakley Harris, Susan Pepin, & Amelia Grover)
- Chapter 4: Implementing an Intensive Career Development Program for Women Faculty (Tamara Nowling, Elizabeth Travis, Abby Mitchell, Mugé Simsek, Erin McClure)
- Chapter 5: Strategies for Advancing the Careers of Women of Color in Academic Medicine- Institutional Strategies (Archana Chatterjee, Chiquita Collins, Linda Chaudron, Barbara Fivush, Laura Castillo-Page, Diana Lautenberger, Ashleigh Moses)

Resource List

AWIS Equitable Workplaces Resources

<https://www.awis.org/equitable-workplaces/>

Executive Leadership in Academic Medicine

<http://drexel.edu/medicine/Academics/Womens-Health-and-Leadership/ELAM/>

Northwestern University Resources on unconscious bias

<http://www.northwestern.edu/provost/faculty-resources/faculty-search-committees/unconscious-bias.html>

Office of Research on Women's Health, NIH Career Development Resources

<https://orwh.od.nih.gov/career/mentored/resources/>

Resource List

Stanford Center for the Advancement of Women's Leadership

<https://womensleadership.stanford.edu/voice>

University of Texas MD Anderson Cancer Center's Women and Minority Faculty Inclusion

<https://www.mdanderson.org/about-md-anderson/careers/faculty-careers-at-md-anderson/faculty-support-services/women-minority-faculty-inclusion.html>

University of Washington Center for Health Equity, Diversity and Inclusion: mandates on hiring written into the faculty code; committee on minority affairs; resources on faculty advancement <http://www.washington.edu/diversity/faculty-advancement/>

WISELI: Promoting Participation and Advancement
Of Women in Science and Engineering

<http://wiseli.engr.wisc.edu/>

Resource List

Cook Ross: Proven Strategies for Addressing Unconscious Bias in the Workplace
(<http://www.cookross.com/docs/UnconsciousBias.pdf>)

Diverseo (cognitive bias advisors): Reducing unconscious bias: A highly effective toolbox
(http://weprinciples.org/files/attachments/Reducing_Unconscious_Bias-a_highly_effective_toolbox.pdf)

Implicit Association Test (Harvard University): <https://implicit.harvard.edu/implicit/>

Project Implicit: <https://implicit.harvard.edu/implicit/aboutus.html>

Stanford Block Bias Toolkits:
<https://womensleadership.stanford.edu/tools>

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GWIMS Equity Recruitment Toolkit

Your Go To Equity Guide for Recruitment:
Recruitment for positions, committees (search, non-search), and speakership

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GWIMS Toolkit

Diversity drives innovation – when we limit who can contribute, we in turn limit what problems we can solve.

-Telle Whitney



Background

Studies have shown that more diverse groups of people have better problem solving skills.

In this tool kit we address ***recruitment*** for:

- **Positions**, both faculty positions and those of leadership (i.e. New hires, Division Head, Chief Medical Officer, etc.)
- **Committee membership** (at the institution level, for national meetings, etc.)
- **Speakership**

We also provide tools for reporting and tracking of your recruitment efforts.

Disclaimer: We have provided links throughout this tool to websites that are not affiliated with the AAMC. We do not endorse these sites but have provided them such that this tool can hopefully be as inclusive of a tool as possible and provide additional details and information should you need them.

Outline – Recruitment for Positions

- Search committee membership
- Recruiting diverse applicants
 - Job description
 - Posting the ad
 - Interview process
- Hiring decisions

Search Committee Membership and Tools- Search Committee Composition

Ensure diverse search committee and applicant pool

- **Ensure gender balance** among committee members.
 - Should there not be sufficient diversity from within a group then seek diversity from members external to the group
- **Aim for 40%** representation from either gender.
 - There is generally limited evidence based information on ideal committee composition. We believe more diversity is better and thus have stated to aim for 40% from either gender.
 - In November 2012 the European Commission proposed legislation to increase the number of women on corporate boards by 40% in publicly listed companies.¹

¹https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/discrimination/gender-equality/gender-balance-decision-making-positions_en

Search Committee Membership and Tools- Search Committee Composition

Ensure diverse search committee and applicant pool

- **Ensure diverse applicant pool**
 - Heilman¹ found that when women composed 25% or less (i.e. no more than two) of the applicants in a pool of eight, they were viewed as less qualified than male applicants and as being more stereotypically female on gender-related adjectival scales than when women made up at least 37.5% of the pool.
- **Equity expert** - on committee (ideally) or as advisor

¹Heilman M. the Sex 1980.

Search Committee Membership and Tools-Equity and Unconscious Bias Training

- Provide **equity and unconscious bias training** for all members of the committee
- We can consider implicit bias as a habit. Like any habit, **becoming aware of the habit** and **being motivated to change** are necessary first steps.
 - Investigate your unconscious biases: take an Implicit Association Test.
 - <https://implicit.harvard.edu/implicit/>
 - Well accepted tool for measuring unconscious biases; **it is NOT correlated with conscious bias.**
- Utilize AAMC unconscious bias resources
 - <https://www.aamc.org/initiatives/diversity/learningseries/346528/howardrossinterview.html>
- What you don't know: The science of unconscious bias in the search and recruitment process
 - https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html

Search Committee Membership and Tools

Provide **toolkit** to committee with:

- Methodology to create **job descriptions**
- Advice on how to **evaluate applications** with nontraditional components
- **List of interview questions** that all candidates are asked

The next set of slides will highlight key areas for the 3 topics above with links to resources on the web.

Advertise for Diversity – Job Descriptions and Job Postings

- Identify program and organizational needs and personnel gaps the position will meet
- Provide information about the institution and resources that would serve a diverse group of people
- **Include highlights about the position/institution that highlight the aim for diversity**
 - Are men always picked over women? The effects of Employment Equity Directives on Selection Decisions. Ng, E.S. & Wiesner, W.H. J Bus Ethics (2007) 76: 177. <https://doi.org/10.1007/s10551-006-9266-3>
- Have diversity expert review the ad
- Use inclusive, unbiased, ungendered language (utilize “all genders” instead of women and men). Resources: <http://gender-decoder.katmatfield.com>; <https://textio.com>
- Avoid prioritizing traits that are traditionally viewed as masculine
- **Conduct an environmental scan.** Does the environment that the candidates will see support diversity? (i.e. evaluate websites, public relations materials, etc.)
- **Advertise widely** including professional societies and associations of designated groups; solicit professional organizations for names of candidates
- **Actively seek out** diverse and highly qualified candidates

Advertise for Diversity – Job Descriptions and Job Postings

- Web resources
 - <https://www.glassdoor.com/employers/blog/10-ways-remove-gender-bias-job-listings/>
 - http://www.chairs-chaires.gc.ca/program-programme/equity-equite/best_practices-pratiques_exemplaires-eng.aspx#b
 - Website to assist in identifying how job description language is gender-coded: <http://gender-decoder.katmatfield.com>



Search Committee Membership and Tools-Evaluating Applications

When **evaluating letters of recommendation or reviewing references** be mindful of stereotypical thinking and how certain words or phrases may be utilized when describing characteristics of men and women

- Heilman ME, Martell RF, Simon MC. The vagaries of sex bias: Conditions regulating the undervaluation, equivalence, and overvaluation of female job applicants. *Organizational Behavior and Human Decision Processes*. 1988;41:98–110.
- http://wiseli.engr.wisc.edu/docs/BiasBrochure_3rdEd.pdf

Develop **review criteria** in advance

Review diversity of applicants/candidates at each stage of the search

Avoid averaging non productive periods with productive periods during family or medical leaves

How to **evaluate applications** with nontraditional components:

Search Committee Membership and Tools-Evaluating Applications

Letters of Recommendation

- 312 letters for faculty hires at a major medical school
 - Letters for women were:
 - Shorter
 - Less record focused
 - Less professional respect (first names rather than professional titles)

Component	Men (222)	Women (89)
Standout adj. ¹	2.0/letter	1.5/ letter
Grindstone adjective ²	23%	34%
Doubt raiser ³	12%	24%
Personal life	1%	6%
Achievements	13%	3%

¹ Excellent, superb, outstanding, unique

² Hardworking, conscientious, dependable, dedicated, careful, meticulous.

³ Negative language, unexplained comments, faint praise

Search Committee Membership and Tools-Evaluating Applications

Tips for Reading and Writing Letters of Recommendation (avoiding gender bias)

<https://advance.cc.lehigh.edu/news/gender-bias-calculator-letters-recommendation>

http://csw.arizona.edu/sites/default/files/avoiding_gender_bias_in_letter_of_reference_writing.pdf

Search Committee Membership and Tools- Evaluating applications with Non-traditional components

Web resources:

- <https://hbr.org/2016/02/how-to-assess-a-job-candidate-who-doesnt-fit-the-mold>
- <https://www.forbes.com/sites/gradsoflife/2017/04/13/employers-are-overlooking-non-traditional-candidates-and-its-costing-them/#49babe0567e7>
- <https://www.slideshare.net/WorkableHR/structured-interviews-101-how-to-make-the-most-effective-interview-process-work-for-your-hiring-team>
- <https://fosteredu.pennfoster.edu/how-to-evaluate-job-candidates-with-non-traditional-backgrounds>

Books:

- What Works by Iris Bohnet

Search Committee Membership and Tools-Interview Questions

- Develop a list of interview questions that all candidates are asked
 - Some search firms will provide you lists of standardized questions to choose from
 - Interview questions on equity and diversity
 - <http://faculty.medicine.umich.edu/appointments-promotions/appointment-policies/michigan-medicine-search-committee-recruitment-toolkit/behavior-based-interview-questions-related>
 - Web resources:
 - <https://hbr.org/2016/02/7-rules-for-job-interview-questions-that-result-in-great-hires>
 - https://r.search.yahoo.com/_ylt=AwrBT4VnK0VaOFwApRpXNyoA;_ylu=X3oDMTEyOGJqOWJtBGNvbG8DYmYxBHBvcwMzBHZ0aWQDQjM4NjFfMQRzZWMDc3I-/RV=2/RE=1514511309/RO=10/RU=https%3a%2f%2fwww.purdue.edu%2fhr%2fdoc%2fInterview%2520Questionnaire%2520Guide.doc/RK=2/RS=QrWrcnabshsWVYVyAUPeVLMPbC0-

Advertise for Diversity – Job Postings and Commitment to Equity Statements

Require a track record related to diversity – have applicants write a **commitment to equity statement**

Examples of Commitment to Equity Statements:

- <https://www.brown.edu/about/administration/sheridan-center/consultations/academic-job-market-resources/diversity-statements>
- <http://facultydiversity.ucsd.edu/c2d/index.html>
- <http://tacdiversitystatement.wikispaces.com>
- <https://grad.uchicago.edu/sites/default/files/career-resources/DiversityStatementPresentation.pdf>
- <https://www.uctv.tv/shows/Evaluating-Contributions-to-Diversity-Statements-Case-Studies-25943>
- <http://nonprofitinclusiveness.org/examples-values-statements-commitments-diversityinclusiveness>

Interview

Rank selection criteria in advance to ensure unbiased, consistent and transparent selection process

Utilize a variety of formats (small groups, 1 on 1, town hall)

- Determine a standard strategy for introducing candidates in public formats (i.e. utilize formal titles)

Be explicit that career breaks for family or medical needs will not negatively impact the candidate

Conduct an environmental scan. Does the environment support diversity?

Hiring decisions

Candidates with the most years experience are not necessarily the most qualified

Encourage the committee to be inclusive instead of exclusive when composing the final list of applicants

Provide report of the entire selection process with a focus on how underrepresented groups were included. This should be reviewed and approved by diversity expert.

Publically available report of selection committee composition.

Hiring Process Guides that We Selected from Online Resources

- http://www.uleth.ca/diversityadvantage/documents/FacultyEquityHiringGuideOct07final_web.pdf
- http://diversity.berkeley.edu/sites/default/files/recruiting_a_more_diverse_workforce_uhs.pdf
- <http://odi.rutgers.edu/sites/odi/files/Columbia%20U%20guide%20to%20best%20practices%20in%20faculty%20search%20and%20hiring.pdf>
- <https://www.cpp.edu/~officeofequity/documents/Faculty%20Hiring%20Workshop%20Manual.pdf>
- <https://policies.westernsydney.edu.au/document/view.current.php?id=324&version=1>
- <http://www.wvu.edu/eoo/docs/hiringguide.pdf>
- <https://www.ius.edu/diversity/files/best-practices.pdf>

References

Carnes M, Devine PG, Baier Manwell L, et al. The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial. *Acad Med* 2015;90:221-30.

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. *Womens Health Issues* 2017;27:374-81.

Heilman M. The Impact of Situational Factors on Personnel Decisions Concerning Women: Varying the Sex Composition of the Applicant Pool. *Organizational Behavior and Human Performance* 1980;26:386-95.

Ibrahim H, Stadler DJ, Archuleta S, Cofrancesco J, Jr. Twelve tips to promote gender equity in international academic medicine. *Med Teach* 2017:1-7.

Isaac C, Lee B, Carnes M. Interventions that affect gender bias in hiring: a systematic review. *Acad Med* 2009;84:1440-6.

Westring A, McDonald JM, Carr P, Grisso JA. An Integrated Framework for Gender Equity in Academic Medicine. *Acad Med* 2016;91:1041-4.

Committee (Non-search) membership

Recommend composition of committees strive for a **minimum of 40%** of each male and female leadership

Annually senior leadership in conjunction with diversity expert should review committee composition and should track results.

Committees lacking the minimum 40% of either gender will be tracked and noted and one of the following will be pursued

- Add additional members from the underrepresented gender
- Appoint a deputy chairperson from the underrepresented group
- Seek members from underrepresented group elsewhere within the University
- Recommend changes to composition (limit terms, limit ex-officio members, broaden eligibility from more junior members)
- Schedule and organize meetings that work for as many staff as possible with consideration to staff who have caring responsibilities

Annual reviews

- Committees with less than 40% of either gender should report how they plan to mitigate that or what has been done previously to increase representation from underrepresented gender

References

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. *Womens Health Issues* 2017;27:374-81.

Carnes M, Devine PG, Baier Manwell L, et al. The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial. *Acad Med* 2015;90:221-30.

Isaac C, Lee B, Carnes M. Interventions that affect gender bias in hiring: a systematic review. *Acad Med* 2009;84:1440-6.

<https://policies.westernsydney.edu.au/document/view.current.php?id=324&version=1>

https://www.westernsydney.edu.au/__data/assets/pdf_file/0010/1258075/WSU_WGEA_Compliance_Report_PUBLIC_18_07_2017_signedSH.pdf

Speaker and Conference Recruitment Planning

Create a registry of potential female speakers, keynote, and session chairs

Ensure that all aspects of the conference take into account gender equity

- Who is on the planning committee?
- Who are the chairs?
- What is the make up of proposed speakers?
 - Recommend looking at total speakers as well as keynote speakers
- Pay attention to marketing materials (pamphlets, websites, etc.) ensuring that conference materials take a diverse and equitable approach to representing men and women and ensuring roles equally spread out (i.e. men and women pictured as physicians)
- Track results and publically report them
- If disparities exist, explore why and prepare a plan to improve gender diversity

References

Burden M, Frank MG, Keniston A, et al. Gender disparities in leadership and scholarly productivity of academic hospitalists. J Hosp Med 2015;10:481-5.

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues 2017;27:374-81.

Casadevall A. Achieving Speaker Gender Equity at the American Society for Microbiology General Meeting. MBio 2015;6:e01146.

<http://www.sciencemag.org/careers/2015/07/countering-gender-bias-conferences>



Reporting

Monitor and report on gender equity results

House high level reporting documents in a transparent and accessible format (i.e. website)

We want your feedback!

We aim for this toolkit to be a “living” document improved by real-time constructive feedback.

****Please send feedback on this toolkit and our checklists and reporting tools to: gwims@aamc.org**

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Basic Steps to Achieving Gender Equity in Recruitment to Committees		
Composition of Committee Members	Yes	No
<ul style="list-style-type: none"> Formalize a process for invitation for committee members with high consideration for open invitation to key stakeholders. If no, document rationale for appointing members. 		
<ul style="list-style-type: none"> There is gender balance among the committee members. [Should there not be sufficient diversity from within a group then seek diversity from members external to the group] Goal: Minimum of 40% for either gender. 		
<ul style="list-style-type: none"> All committee members have (or will have received) unconscious bias training. <u>See toolkit for resources.</u> 		
Annual Committee Review		
<ul style="list-style-type: none"> Senior leadership in conjunction with equity/diversity expert have reviewed committee composition (Date:_____) 		
Reporting		
<ul style="list-style-type: none"> Committee composition will be publically reported as well as how membership is selected (appointed, elected, etc.) Committees lacking the minimum 40% of either gender will prepare report on how they will increase the representation of the underrepresented group to senior level/executive level leadership 		
Reporting for Committees lacking the minimum 40% of either gender will:		
<ul style="list-style-type: none"> Add additional members from the underrepresented gender Appoint a deputy chairperson from the underrepresented gender Seek members from the underrepresented group elsewhere within the organization Recommend changes to composition (limit terms, limit ex-officio members, broaden eligibility for more junior members) declined, final candidates, etc.] Schedule and organize meetings that work for as many staff as possible with consideration for staff who have caring responsibilities 		

References:

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. *Womens Health Issues* 2017;27:374-81.

Carnes M, Devine PG, Baier Manwell L, et al. The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial. *Acad Med* 2015;90:221-30.

Isaac C, Lee B, Carnes M. Interventions that affect gender bias in hiring: a systematic review. *Acad Med* 2009;84:1440-6.

<https://policies.westernsydney.edu.au/document/view.current.php?id=324&version=1>

https://www.westernsydney.edu.au/_data/assets/pdf_file/0010/1258075/WSU_WGEA_Compliance_Report_PUBLIC_18_07_2017_signedSH.pdf

<http://www.hr.uwa.edu.au/policies/policies/equity/gender-balance-on-committees-policy>

Questions or feedback: Please email Marisha.Burden@ucdenver.edu and Amira.DelPino-jones@ucdenver.edu

Basic Steps to Achieving Speaker Gender Balance		
Conference planning	Yes	No
<ul style="list-style-type: none"> There is gender balance among the meeting or conference planners/committee. [Consider having a diversity expert serve on the planning committee] 		
<ul style="list-style-type: none"> Committee has reviewed the speaker data (with breakdown by gender) from the previous meeting or conference? [This should include number of men and women for: keynote speakers, speakers, leadership of interest groups or other similar events, attendee makeup of the conference, membership in the professional society, department, etc.] <u>Please see conference data tracking sheet.</u> 		
<ul style="list-style-type: none"> Committee/organization/group has developed a speaker policy that addresses goals for gender equity. For example, “The conference committee wants to achieve a gender balance of speakers that roughly reflects that of its audience.” 		
<ul style="list-style-type: none"> Speaker policy is visible and publically available and reported to the public including websites, advertisements, and/or invitations that are sent to speakers/attendees. 		
<ul style="list-style-type: none"> Planning committee has developed a database of qualified, diverse speakers, both regionally and nationally. 		
<ul style="list-style-type: none"> Planning committee has worked with public relations/advertising to ensure that marketing materials have diverse and equitable representation of men and women, paying attention to roles they play in the advertisements [i.e. if pictures of providers utilized ensuring that men and women are pictured in these roles] 		
Annual Reporting		
<ul style="list-style-type: none"> Planning committee completed annual report. <u>Please see conference data tracking sheet.</u> [Examine those invited, those who declined, final speakers examining by role (if applicable)] Reviewed annual reporting with <u>action plan</u> as needed for gender equity. <u>See example of action plan for increased gender equity/diversity.</u> Reporting presented to organization leadership (i.e. executive committee, high level leadership) 		

References:

Casadevall A. Achieving Speaker Gender Equity at the American Society for Microbiology General Meeting. MBio 2015;6:e01146.
 Burden M, Frank MG, Keniston A, et al. Gender disparities in leadership and scholarly productivity of academic hospitalists. J Hosp Med 2015;10:481-5.
 Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues 2017;27:374-81.
<http://www.sciencemag.org/careers/2015/07/countering-gender-bias-conferences> Accessed December 10, 2017.
 Questions or feedback: Please email Marisha.Burden@ucdenver.edu and Amira.DelPino-jones@ucdenver.edu

Basic Steps to Achieving Gender Equity in Recruitment – Recruitment Requiring Search Committee		
Search Committee	Yes	No
<ul style="list-style-type: none"> There is gender balance among the committee members. [Should there not be sufficient diversity from within a group then seek diversity from members external to the group] 		
<ul style="list-style-type: none"> Equity/diversity expert will serve on the planning committee or at serve as an advisor to the committee. 		
<ul style="list-style-type: none"> All committee members have (or will have received) unconscious bias training. See toolkit for resources. 		
<ul style="list-style-type: none"> Selection committee has access to a recruitment toolkit with methodology on how to create job description, evaluating applications with nontraditional components, list of interview questions 		
<ul style="list-style-type: none"> Committee has or will review diversity of applicants at each stage and will plan accordingly when there is a lack of gender equity/representation. 		
<ul style="list-style-type: none"> Criteria for selection have been determined in advance. 		
Job description/job posting/advertisement		
<ul style="list-style-type: none"> Diversity expert has reviewed job posting. 		
<ul style="list-style-type: none"> Inclusive unbiased, ungendered language has been utilized throughout the job description. Have avoided prioritizing traits that are traditionally masculine. 		
<ul style="list-style-type: none"> Applicants required to submit a track record related to diversity (i.e. commitment to equity statement) and is stated in the job posting. 		
<ul style="list-style-type: none"> Advertise widely including professional societies and associations of designated groups. 		
Interview		
<ul style="list-style-type: none"> Selection criteria ranked in advance to ensure unbiased, consistent, and transparent selection process. 		
<ul style="list-style-type: none"> Variety of formats are planned for interview (small groups, one on one, town hall). 		
<ul style="list-style-type: none"> Candidates explicitly told that career breaks for family/medical leave will not negatively impact candidate 		
Hiring Decisions/Reporting		
<ul style="list-style-type: none"> Report provided of the entire selection process with a focus on how women and other underrepresented groups were identified. Should be reviewed and approved by diversity expert. [Examine candidates invited, those who declined, final candidates, etc.] 		
<ul style="list-style-type: none"> Report of selection committee composition 		

References:

Ibrahim H, Stadler DJ, Archuleta S, Cofrancesco J, Jr. Twelve tips to promote gender equity in international academic medicine. Med Teach 2017;1-7.

Westring A, McDonald JM, Carr P, Grisso JA. An Integrated Framework for Gender Equity in Academic Medicine. Acad Med 2016;91:1041-4.

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues 2017;27:374-81.

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Isaac C, Lee B, Carnes M. Interventions that affect gender bias in hiring: a systematic review. Acad Med 2009;84:1440-6.

<http://www.hr.uwa.edu.au/policies/policies/equity/gender-balance-on-committees-policy> Accessed December 10, 2017.

Questions or feedback: Please email Marisha.Burden@ucdenver.edu and Amira.DelPino-jones@ucdenver.edu

Conference tracking sheet				
Year: _____	Total N	Male (N, %)	Female (N, %)	URM* (N, %)
• Membership of organization, department, division, or other group [If there is not gender equity, examine the reason why]				
• Planning committee composition				
• Total speakers (for annual conference, or if reoccurring throughout the year include total for the year) INVITED; [track declined invitations and find out why]				
• Total speakers (for annual conference, or if reoccurring throughout the year include total for the year) ACCEPTED				
• Keynote/featured speakers (typically if at a conference they are the only speakers at that time, somehow highlighted as different from other speakers)				
• Focus group/interest group leads (or similar type of group lead)				
Reporting			Yes	No
Conference statistics are publically reported (i.e. placed onto website, conference marketing materials, annual report for organization)				
Conference statistics compared to previous years				
Action plan developed for increased gender equity/diversity (if applicable)				
Report and action plan shared with executive level leadership/high level leadership				

URM = Under-represented minority;

*Tracking for underrepresented minorities should be done separate from tracking for gender equity (i.e. goal should be to achieve equity in representation from women and URMs, not one or the other)

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Recruitment requiring search committee - tracking sheet				
Selection Committee	Total N	Male (N, %)	Female (N, %)	URM* (N, %)
• Composition of search committee				
• Composition of all applicants – [if lack of diversity, action plan developed for increased gender equity/diversity]				
• Composition of applicants invited for in person interview [add additional rows as needed for each step in selection process] [if lack of diversity, action plan developed for increased gender equity/diversity]				
Reporting			Yes	No
Recruitment statistics above are publically reported (i.e. placed onto website, reports to senior level leadership)				
Report provided of the entire selection process with a focus on how women and other underrepresented groups were identified.				
Diversity/equity assessed at each key step of process				
Action plan developed for increased gender equity/diversity (if applicable)				
Report and action plan shared with executive level leadership				

URM = Under-represented minority;

*Tracking for underrepresented minorities should be done separate from tracking for gender equity (i.e. goal should be to achieve equity in representation from women and URMs, not one or the other)

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Committee Membership - Tracking Sheet				
Committee Characteristics	Total N	Male (N, %)	Female (N, %)	URM* (N, %)
• Composition of committee				
Reporting			Yes	No
Recruitment statistics above are publically reported (i.e. placed onto website, reports to senior level leadership)				
Action plan developed for increased gender equity/diversity (if applicable)				
Report and action plan shared with executive level leadership (if applicable)				
Committee members have received unconscious bias training				

URM = Under-represented minority;

*Tracking for underrepresented minorities should be done separate from tracking for gender equity (i.e. goal should be to achieve equity in representation from women and URMs, not one or the other)

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