

# Managing through Teamwork for Maximum Performance

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GWIMS Toolkit

# What is a Team?



# Objectives:

1. To differentiate between “teams” and other types of work groups
2. To characterize the advantages and disadvantages of working in a “teamwork” setting and how disadvantages can be either neutralized or changed into at least partial advantages
3. To discuss how teams maximize performance of the entire group while promoting a positive environment

"A team is a small number of people with complementary skills who are committed to a common purpose, set of performance goals, and approach for which they hold themselves mutually accountable."

**Katzenbach J, Smith D. 1993.  
The Discipline of Teams. The  
Harvard Business Review.**

# Not All Groups Are Teams: How to Tell the Difference

## Working Group

- Strong, clearly focused leader
- Individual accountability
- The group's purpose is the same as the broader organizational mission
- Individual work-products
- Runs efficient meetings
- Measures its effectiveness indirectly by its influence on others (e.g., financial performance of the business)
- Discusses, decides, and delegates

## Team

- Shared leadership roles
- Individual and mutual accountability
- Specific team purpose that the team itself delivers
- Collective work-products
- Encourages open-ended discussion and active problem-solving meetings
- Measures performance directly by assessing collective work-products
- Discusses, decides and does real work together

The first step in developing a disciplined approach to team management is to think of teams as discrete units of performance.

The essence of a team is  
commitment → productivity  
by translation into specific goals.



# Characteristics of Specific Goals of Teams

- Differ from organization and individual goals
- Just meeting to make decisions will not sustain team performance
- Specificity of goals facilitate clear communication and constructive conflict

# Characteristics of Specific Goals of Teams, cont'd

- Attainability of goals helps teams maintain focus on getting results
- Have a leveling effect conducive to team behavior
- Achieve small wins as team pursues broader purpose
- Compelling symbols of accomplishment that motivate and energize teams

# What Size?

**Ideally, a team should include more than two, but less than 25, members. Most effective teams include 10 members or less.**



# Technical or Functional Expertise

- Heterogeneity of experiences and abilities (need representation from all relevant sectors to enhance potential for success)
- Skill potential (teams need members with a variety of problem-solving, decision-making and interpersonal skills)

# Problem-Solving and Decision-Making Skills

- Consensus decision-making
- Solution-focused approach

# Consensus: A Tool for Team Decision-Making

- A process by which an entire group of people can come to agreement
- Input and ideas of all participants synthesized to arrive at a final decision acceptable to all

Adapted from: L. Thorndyke. Using Teams and Tools to create High Performance Work Groups, AAMC Mid-Career Women Faculty PDS, Scottsdale, AZ. Dec 16-19 2006.

# Through Consensus:

A sense of community and trust can be developed to:

- Achieve better solutions
- Achieve “mutuality”
- Value every member’s input
- Ensure that ideas are not lost

# Consensus vs. Voting

- Voting is a method to choose one alternative from several
- Consensus is a process of synthesizing many diverse elements together
- Consensus works through differences to reach a mutually satisfactory position (“mutuality”)



# Teams Committed to a Consensus Model

- May utilize other forms of decision making (compromise, majority rules) when appropriate
- May use a “straw poll” as a tool to help to identify the degree of disagreement
- Are not forbidden from voting
  - Voting may be the best alternative in gridlock
  - May be important to record the specific numbers

# Coming to Consensus Requires

- Patience
- The ability to tolerate ambiguity
- Accepting and working with dissent, disagreement, or controversy
- Additional tools may include
  - “straw poll”
  - Compromise
  - Majority rules
- Remaining solution focused

# Interpersonal Skills

- Risk taking
- Helpful criticism
- Constructive conflict
- Objectivity
- Active listening
- Giving benefit of the doubt
- Recognizing interests and achievements of others

# Teams that Recommend Things

- Almost always have pre-determined completion dates
- Need to start quickly and constructively
- Need to deal with the ultimate hand-off for implementation
- Involve non-team members early and often

The more involvement team members have in implementing their recommendations, the more likely they are to get implemented.

# Teams That Make or Do Things

- Activities are on-going
- Responsible for basic services and operations

# Teams That Run Things

- Oversees some business, ongoing program, or significant functional activity- most of us!
- Is the sum of individual bests enough, or is substantial incremental performance requiring real joint work-products better?

# Advantages and Disadvantages

- Common purpose
- Potential for superior work products/outcomes
- Motivating work climate
- Increase ways a problem can be solved
- Same people make and implement decisions
- Improved communication
- Increased flexibility
- Frustration with time spent in meetings
- Division of individual goals
- Potential for conflict
- Risk if not everyone on the team “buys-in”

# Teams as the primary unit of performance (i.e. productivity) in high-performance organizations:

- Not intended to diminish individual opportunity or formal hierarchy and process
- Should enhance existing structures without replacing them (or maybe sometimes replace them, e.g. Penn State's failed merger)
- Opportunity exists anywhere hierarchy or organizational boundaries inhibit skills and perspectives needed for optimal productivity

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4. L. Thorndyke. Using Teams and Tools to Create High Performance Work Groups. AAMC Mid-Career Women Faculty PDS, Scottsdale, AZ. Dec 16-19 2006.

## Additional Readings:

1. Edmondson, A. (2012). Teaming: How Organizations Learn, Innovate, and Compete in the Knowledge Economy, Jossey-Bass, 2012.
2. Nielsen, T. M.(2007). The Evolving Nature of Work Teams: Changing to Meet the Requirements of the Future. *21st Century Management: A Reference Handbook*. Ed. Thousand Oaks, CA: SAGE, 3-14. SAGE Reference Online. Accessed May 2013.

# Author's Brief Biography

Judith L. Weber, PhD, RD, is co-director of the Childhood Obesity Prevention Research Program at Arkansas Children's Hospital Research Institute, and an associate professor of Pediatrics in the Colleges of Medicine and Public Health at the University of Arkansas for Medical Sciences. She is a childhood obesity prevention researcher focusing on individual and environmental risk factors for obesity and related chronic diseases through food systems and sustainable agriculture-based strategies. She is PI of the USDA Agricultural Research Service-funded Delta Garden Study ([www.arteengarden.com](http://www.arteengarden.com)), the largest school garden-based childhood obesity prevention research study in the country. She is also Co-PI of a National Institute of Food and Agriculture study utilizing farm-to-school programs to address childhood obesity. Through funding from the Corporation for National and Community Service (AmeriCorps), Dr. Weber developed and launched Arkansas GardenCorps, a mechanism for placing service members at school and community garden sites to promote and support increased access to healthy food and physical activity. Dr. Weber obtained her Ph.D. in Nutritional Sciences in 1994, and completed her postdoctoral training in Physiology in 1999, from the University of Arizona.





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# Crafting a Fundable Grant

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## GWIMS Toolkit

# Learning Objectives

- To comprehend sources of grant funding
- To define purposes for grant writing
- To identify tips for grant writing success

# Introduction

- Personal bias
- Surgeon scientist
  - “Physician scientist” model
  - Continue to see patients and to perform surgery
  - Personal bias comments indicated in *italics*
- Outline
  - Process
  - Time management
  - Successful completion

# Why Write a Grant?

- To pursue a question that is important to address a research question/health issue
- Usually for resources
  - Funds to support personnel, supplies
  - Equipment
- Sometimes for opportunities
  - Travel for education

# Why Write a Grant? (Secondary Purposes)

- Accomplishment
- Organizes thoughts

# The Alphabet Soup of Funding (Getting Started)

- Intradepartmental
  - Example: Departmental Research competitions. Consider discussions with departmental mentors and senior leadership.
  - Seed money/recruiting package
- Intra-institutional
  - CTSI (Clinical & Translational Science Institute) pilot or developmental projects such as the KL2 multidisciplinary program for junior faculty
  - Small project awards to facilitate interdepartmental collaboration
  - Research projects in certain areas of expertise: cancer, information technology, education
  - Some states may have funding initiatives: CIRM (California Institute of Regenerative Medicine, California), Bankhead Coley (Florida)
- Foundations in your area of expertise
  - Example: American Society of Colon and Rectal surgeons career development award\*, Society for Vascular Surgery\*, Patient advocacy groups, Kellogg Foundation, Robert Wood Johnson Foundation
  - \*Note: Some of these may have a match from the NIH for a career development award (K08/K23)

# The Alphabet Soup of Funding (Getting Started)

- National Science Foundation
  - Faculty Early Career Development Program (CAREER)
- Veteran's Administration
  - VA Career Development Awards ([vaww.research.va.gov/funding](http://vaww.research.va.gov/funding))
- National Institute of Health ([www.grants.gov/search](http://www.grants.gov/search))
  - K08: Mentored Clinical Science Research Career Development Awards ([www.nih.gov](http://www.nih.gov))
  - K23: Mentored Patient-oriented Research career development award ([www.nih.gov](http://www.nih.gov))
  - K99/R00: Fast-track career development to independence pathway ([www.nih.gov](http://www.nih.gov))

# The Alphabet Soup of Funding (Developing your funding portfolio)

- National Foundations

- Examples: Crohn's and Colitis Foundation Senior Investigator award ([www.CCFA.org](http://www.CCFA.org))
- American Cancer Society ([www.cancer.org](http://www.cancer.org))

- National Science Foundation ([www.nsf.gov](http://www.nsf.gov))

- Veteran's Administration ([www.va.gov](http://www.va.gov))

- Department of Defense ([www.federalgrantswire.com](http://www.federalgrantswire.com))

- National Institute of Health

- R01: Independent funding
- P01/PPG: Program project grant (usually at least 3 investigators with related research) which may transition to a SPORE (P50, Specialized program of research excellence) or to a Center grant (P30)
- U01/U54: Networks of related research

# How Much Time Will It Take?

- At least twice as much time as you think!
- Expectations
  - Foundation proposals may be easier to draft initially
  - Career development proposals require less preliminary data but strong mentoring/institutional support
  - There will be sacrifices while preparing/writing the proposal

# What Is the Question?

- What do you feel passionately about?
- Focus
- Significance
- Impact

# Read the Directions

- Is the nature of what you propose consistent with the granting agency's request?
  - Audience
  - Restriction
- Answer the questions
- Font, page number, margins
- Study section (NIH)
  - Where would you like your proposal to go?
  - Call and get insight from the program officer (*they will then expect and hopefully, welcome your proposal*)

# Feedback

- Before you start
  - Mindmapping/brainstorming to vet your idea
  - Lay out the illustrative figures
  - Solicit members of your 'research team'
- While writing
  - Discover holes in logic or techniques
  - Just write something ...
- Once your draft is complete
  - Elicit feedback from your research team members
  - Outside review: Dean's office, Office of research
  - Professional Grant writers

# Time Management while Doing Your “Day Job”

- Protection
- Organization/discipline
- Strategies for successful writing:
  - Find your writing style
  - *Write every day!*
  - Block out days or weeks for writing (alternative)

# Time Management

## Protection

- Leadership needs to be supportive
- Ultimately, you must protect yourself from distractions: patients, other obligations, committee work
- **Ask for what you need**

# Time Management

## Organize/Discipline

- *Outline, outline, outline*
- Gather figures to demonstrate feasibility & to tell the story
- Double your time estimate for completion
- *If you need consultants, let them know early so that they can provide input and their documentation/authorization (your research team). The NIH expects you to have a credible team.*
- *Start early enough that you have 2 weeks at the end to let the draft 'rest'*

# Time Management

Write every day

- *Write in blocks (30-45 minutes a day)*
- *Creative time*
- Put this on your calendar
- Warn staff not to disturb you: eliminate your own distractions from email or texting – each interruption requires at least 15 minutes to regain focus
- Find your *writing style*

# Writing Your Draft

- Broad applicability —→ Focused question
- Consider organizing and writing about the figures first (the data you already have)
- Write your research plan (what you want to do)
- Refine the overview portions (Refining the Aims)
  - Abstract
  - Introductory and background materials
- Details
  - IACUC, IRB
  - Statistical analysis

# Details

- Human subjects
- Animal use
- Budget
  - Do the math – Consider a detailed budget
- *Attend to these early in the process to focus your writing*

# Grantwriters Are Invaluable

- It is virtually impossible to proofread one's own work!
- Assist with:
  - Logic
  - Grammar
  - Presentation

# Facing Rejection

- Put the grant away for a bit
- Do not call the Program Officer at this time
- Wait for the reviewers' comments
  - *Most are targeted at strengthening the proposal*
  - *Alter those aspects which can be fixed!*
- Get feedback from your colleagues and research team
- Revise and resubmit
  - *If you don't ask, you will never get it!*
  - *Often, many grants must be submitted to land even one!*

# Revising a submitted proposal (Feedback is a gift!)

- Wait for the comments
- If possible, call the administrative liaison to obtain feedback that wasn't included in the written comments
- Respond to each item
- Attend to all details: reread all of the directions
- Submit prior to the deadline

# Remember...

- *Grant writing is stressful...take care of yourself!*

# Evolution of one Psychiatrist's Research Funding Pathway

## Education

- Residency: Psychiatry
- Fellowship: Women's Health
- Master's: Epidemiology

### Senior Instructor

- NRSA Fellow
- Departmental Grant
- Mentoring relationships

### Assistant Professor

- NIMH K23 mentored Physician Scientist Award (5 years)
- Foundation Grant (1 year)
- Dean's Teaching Fellow (2 years)

### Associate Professor

- R34 (3 years)
- Administrative Leadership – Department and Institutional

### Professor

- Senior Associate Dean
- Associate Chair

# Evolution of one Surgeon Scientist's Research Career Development

## Education

### Medical School

- Advanced training studying HIV using new technology
- Publication in Journal of Experimental Medicine

## Medical School

- Additional year of research

### General Surgery Residency

- 15 publications
- Began grant writing

## General Surgery

- Three years of research

### Junior Faculty

- Wrote 9 foundation grants in second year of practice: 3 funded by third year
- Wrote K08 application in third year of practice
- K08 funded in late fourth year of practice (5 years of funding)

## Colon & Rectal Surgery Residency

### Midlevel Faculty

- Transitioned to new institution at end of K award (2008)
- Broad Foundation for Inflammatory Bowel Disease award (2009-2010)
- Submitted R01 every cycle beginning February, 2009
- Funded R01 August, 2010 (5 years)
- Bridge funding in state of Florida granted (used 9 months of 1-yr award)
- Second R01 granted June, 2012 (5 years)

# Evolution of one Community-based Obesity Researcher's Funding Pathway

## Education

- Striving and Thriving in Tough Times: Career Strategies for Women in Academic Medicine

- K-12 Teaching certificate (Oregon)

- Training/certification Registered Dietician

- PhD Nutritional Sciences

- Postdoctoral training (Physiology)

## Assistant Professor

- 4 NIH grants
- First one written as a post-doc
- 5 intramural grant awards (institutional/foundation to obtain preliminary data)
- 1 industry application award

## Associate Professor

- Awarded 7 intramural grants (2 additional submitted)
- 6 awards from private foundations (1 additional submitted)
- 8 federally funded awards (NIH, USDA; 4 additional submitted)

## Institutional Leadership

- Co-Director of a Research Center
- 3 applications pending (1 intramural; 2 federal – NIH and Institute of Education Sciences)

# Resources

- Russell SW and Morrison DC. The Grant Application Writer's Workbook. 2010. [grantwriter@grantcentral.com](mailto:grantwriter@grantcentral.com).
- Faculty development office, departmental development, office of sponsored research within your institution.
- Davidson NO. Grant writing: tips and pointers from a personal perspective. Gastroenterology. 2012 142(1)4-7.
- Research Foundation of the American Society of Colon and Rectal Surgeons. "FASCRS.org".
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- Jensen S. Academic Coaching and Writing. "academiccoachingandwriting.org"

# Author's Brief Biography

Emina Huang, MD, FACS, FASCRS is a colorectal surgeon at the University of Florida. She has initiated two colon and rectal surgery services, University of Michigan (2003-2007), and the University of Florida (2008-present). Her education began in piano performance at Oberlin College/Conservatory. She then attended Stanford University Medical School prior to her formal surgical training. She was the first to bear children in her surgical residency at the Ohio State University. She has two children and has been married to the same man for over 25 years.





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# Workshop Preparation and Presentation

## A Valuable Form of Scholarship for the Academic Physician



## GWIMS Toolkit

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# What Is a Workshop?

- A set of activities designed to promote learning, discussion, and feedback about a topic.
- Seminar emphasizing free discussion, exchange of ideas, and demonstration of methods of practical application of skills and principles.
- A brief, intensive course for a small group which emphasizes problem-solving.
- In the medical field, workshops typically take place during regional or national meetings.

# Objectives:

- 1) Describe the role of workshop presentation in the dissemination of scholarly work and promotion.
- 2) Provide a comprehensive “blueprint” for developing and presenting a successful workshop.
- 3) Outline ways to make your workshop count twice (or more...).

# Why Do People Attend Workshops?

- They provide a high-yield, interactive educational experience on an area of interest.
- Topics are typically applicable to attendee's professional development or clinical, educational, or research area of interest.
- Their learning format is more efficient, effective, and enjoyable than a large-group lecture or self-directed reading on given subject.
- Allow for networking with colleagues.

# Why Develop Workshops?

- Alternative to publication as scholarly activity.
- Provides presenter with teaching experience and develops national reputation.
- Enhances promotability within one's institution.

We will examine each of these in more detail...

# Workshop Versus Publication

- Less work than a publication
  - Little up-front work, two hours at most to formulate a workshop overview/abstract.
  - Once accepted, development takes about 20 hours of time, split amongst multiple participants (usually 3-5).
  - Compare that to many more hours for the writing, editing, submitting and re-submitting (and re-submitting ☺), and revising process involved in manuscript publication.
- Often, less data needed than for publication
  - Works in progress with preliminary data can be presented.
  - Depending on the topic, NO DATA is acceptable!

# National Experience

- Collaborate with other experts in your area of interest from around the country.
- Hone teaching skills in front of a (perhaps) more sophisticated audience.
- Establish a “national reputation” important for promotion eligibility.
- Take your local work and disseminate it regionally/nationally.

# Workshops and Promotion

According to the AAMC guidelines for promotion of clinician-educators, evidence of scholarly work in teaching includes:

- “Any activity that fosters learning, including direct teaching and creation of associated instructional materials.”
- “Lectures, **workshops**, small-group facilitation, role-modeling, precepting, demonstration of procedures, facilitation of online course, formative feedback.”
  - “Invited presentations (e.g. workshop) related to teaching expertise...”
  - “Presentation in a peer-reviewed or invited forum at regional/national meeting...”
- “Evaluations from a conference presentation...”

# Workshop Development: From Start to Finish



# Step 1: Choosing a Topic, Collaborators, and Venue



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# What Makes a Good Topic?

- Almost any clinical, educational, or research topic can be adapted to a workshop format.
- Features particularly key to success:
  - Presenters are passionate about topic (but not necessarily expert in).
  - Topic is timely or potentially controversial.
  - Topic aligns with meeting's educational objectives.
  - Workshop provides opportunity for “hands-on” or skill-based practice or learning.
- Must be narrow enough to be covered in appropriate depth within time allotted
  - Often 90 minutes.

# Possible Topic Areas with Examples

Topic Area	Examples
Clinical Area of Interest	"Controversies in Gender-specific Cancer Screening"; "Large-joint Injections"
Training-related	"Meeting Duty Hour Restrictions"; "Improving Resident Efficiency in the Outpatient Clinic Setting"
Methodological	"Evaluation Tools for Curricular Projects"; "Using Objective Structure Clinical Exams (OSCEs) to Evaluate Student Physical Diagnosis Skills"
Professional Development	"Understanding and Utilizing Web 2.0 Applications in Everyday Practice and Teaching"; "How to Maximize Your Learning through Continuing Medical Education"
Personal/Professional Balance	"Maintaining Productivity in a Part-time Position"; "Mentoring Trainees in Work/Life Balance"
Teaching Skills	"Use of Team-based Learning in the Pre-clinical Medical School Courses"; "Developing Effective Web-based Instructional Tools"
Quality Improvement	"Improving Chronic Disease Management in Resident Continuity Clinic"; "Strategies to Enhance Transitions of Care in the Inpatient Setting"
Health Policy/Advocacy	"Incorporating Health Policy Journal Club into Residency Training"; "Examination of Advanced Care Organization Structure and Function"
Health Care Communication	"Non-verbal Communication Skills to Improve Patient Care"; "Patient-centered Interviewing to Enhance Care in the Elderly"
Other	Any ongoing research project, curricular or practice innovation

# Finding Collaborators

- Consider their working style, expertise, career stage, availability, and institution.
- Best bets are those:
  - With whom you already share a good working relationship.
  - Who have a particular interest or expertise in the topic.
  - Who are at different stages of their careers
    - Opportunity to give and gain mentorship.
  - Who are willing and able to commit time and effort to the endeavor.
- Consider those who work at other institutions:
  - Opportunity to network in your field.
  - Multi-institutional authorship appeals to many review committees if the abstracts are not blinded.

# Meeting Venue

- Often dictated by one's specialty as many academicians attend the same one or more meetings each year.
- Also consider:
  - Which venue are potential collaborators likely to attend?
  - Does the workshop I have in mind coincide with the meeting's educational objectives or theme?
  - Does the meeting call for workshop submissions or are presentations by invitation-only?

# Sample List of National Meetings Offering Workshops\*

Field	Meeting
Medical School	Association of American Medical Colleges
	Group on Educational Affairs
Internal Medicine	Association of Program Directors in Internal Medicine
	Clerkship Directors in Internal Medicine
	Society of General Internal Medicine
	American College of Physicians†
Pediatrics	Association of Pediatric Program Directors
	Council on Medical Student Education in Pediatrics
	American Academy of Pediatrics†
Family Practice	Society for Teachers of Family Medicine
	Association of Family Medicine Residency Directors
	Family Medicine Educational Consortium
	American Academy of Family Physicians
Surgery	Association of Program Directors in Surgery
	Association for Surgical Education
	American College of Surgeons†

Field	Meeting
Obstetrics and Gynecology	Council on Resident Education in Obstetrics and Gynecology/Association of Professors of Gynecology and Obstetrics
	American Congress of Obstetricians and Gynecologists†
Radiology	American Roentgen Ray Society
	Association of University Radiologists
	Radiologic Society North America
Neurology	American Academy of Neuromuscular & Electrodiagnostic Medicine
	American Academy of Neurology
Anesthesiology	International Anesthesia Research Society
	Post Graduate Assembly in Anesthesiology
	American Society of Anesthesiologists
Psychiatry	Association for Academic Psychiatry
	American Psychiatry Association

\*For more specific details regarding submission criteria, information can be found at individual society websites. All workshops are via submission with peer-review process unless noted with an "†" which designates workshops are available by invitation only.

# **Step 2: Preparing the Workshop Submission: Structure, Abstract, and Learning Objectives**



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# Workshop Structure

- Workshops should have both didactic and interactive components, and large group and small group activities
  - The key to engaging the audience is variation!
- Didactic component is best for giving audience:
  - Background information about topic.
  - Information needed to either participate in interactive component if done before or information that answers questions generated by interactive component if done after.
- Interactive teaching methods include, among others:
  - Case-based format.
  - Learning or skills stations.
  - Question/answer sessions conducted by small group facilitator.
  - Team-based learning format.
- Ratio of interactive:didactic should ideally be about 3:2 or greater

# Writing the Abstract

- The workshop abstract or summary is essential for “selling” the workshop to reviewers and for attracting audience members.
- Consult the meeting’s submission guidelines and comply with them.
- Identifying a target audience by level of training (“student,” “resident/fellow,” “faculty”) or level of expertise with the topic (“beginner,” “intermediate,” “advanced”) may be beneficial.

# The Abstract Should Focus on These Three Things

- 1) Background information that highlights why topic is important to prospective audience.
- 2) What the attendee can expect to happen?
  - How will the learning objectives be achieved?
  - Stress the interactive portions of the workshop.
- 3) What the attendee can expect to take away?
  - Knowledge and/or skills.
  - Tangibles (resource material, handouts).

# Example: A Workshop on How to Do a Workshop

Background excerpt: Why topic is important.

*“Workshop presentation outside of one’s institution is increasingly recognized as an important form of scholarship. Workshops afford academic physicians the opportunity to share clinical, educational, scientific, and/or faculty development expertise to a wide audience. They support the development of a national reputation, enhance promotability, provide an opportunity to showcase and hone teaching skills, and may serve as a springboard for additional scholarly work. In addition, they foster collaboration and networking with colleagues within or between institutions...”*

# Example: A Workshop on How to Do a Workshop

Background excerpt: What to expect.

*“Participants will learn how to choose an appropriate topic and meeting venue and compose essential elements of a workshop proposal including the proper construction of learning objectives. Participants will learn how to effectively present their topic in an evidence-based manner, within the time allotted for a typical workshop. The group will brainstorm ways to optimize audience participation and ‘hands-on learning. Participants of this workshop will work in small groups to design a workshop from start to finish on a topic of common interest.”*

# **Example: A Workshop on How to Do a Workshop**

Background excerpt: What they will take away.

*“Workshops created during this session may be submitted to a future meeting if desired. All participants will leave with the skills needed to prepare and present their own workshops. Valuable hand-out materials outlining the process in detail will be disseminated.”*

# Learning Objectives

- Almost all workshop submissions call for a list of learning objectives for the session.
- These should summarize what will the participant will be able to do after attending the workshop.
- Use “action words” rather than passive descriptors.
- Objectives should encompass the main learning tasks of the workshop for participants.
- Use the SMART format.

# SMART Format for Learning Objectives

- **Specific** – says exactly what the learner will be able to do.
- **Measurable** – can be observed by the end of the training session.
- **Attainable** for the participants within scheduled time and specified conditions.
- **Relevant** to the needs of the participant and the organization.
- **Time-framed** – achievable by the end of the training session.

# Effective Verb Choice

## Good (active)

*Define*

*Demonstrate*

*Describe*

*Explain*

*Identify*

*List*

*Name*

*Outline*

*Select*

*Summarize*

## BAD! (passive)

*Learn*

*Understand*

*Know*

*Realize*

*Perceive*

*Be aware of*

*Be able to*

# Example: A Workshop on How to Do a Workshop

*Learning Objectives: At the conclusion of the session, participants should be able to:*

- **Outline** the essential elements of an effective workshop, including composition of specific measurable learning objectives.
- **Select** a workshop topic from their own clinical, educational, or scientific interests and choose appropriate co-presenters.
- **Identify** ways to convey learning points during a workshop using a variety of educational approaches including didactic, case-based, and written materials.
- **List** effective ways to make workshops interactive or “hands-on.”
- **Explain** how presenting a workshop at a regional or national meeting can enhance an academic physician’s body of scholarly work.

# Congratulations!

Your workshop submission delighted the review committee and it was accepted for presentation.

Now the real work begins...

# Step 3: Planning and Developing the Workshop Presentation



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# Delegation of Work

- Two options to getting the prep work done:
  - Do it yourself and ask your collaborators for input on (or to simply deliver) the “final product.”
  - Break the content into definable pieces and assign one to each collaborator based on interest, expertise, or strengths (preferred).



# Optimizing the Preparation Phase

- As the workshop leader, set a timeline with deadlines.
- Provide collaborators with guidelines
  - Material presented should be evidence-based if possible.
  - Presenter should prepare themselves to be “expert” on their assigned topic or role.
- Conference calls or meetings should be held with the entire group.

# Optimizing the Preparation Phase

- Didactics are usually in PowerPoint.
- Small group activities are often accompanied by written materials.
- Adhere to the meeting's deadlines for handouts or inclusion of workshop materials on website.
- Prepare take-home material for workshop where appropriate.
- Hold a “dress-rehearsal” practice session (locally or at the meeting).

# Step 4: Presenting the Workshop

# Important Tips for Crinkle-Free Workshop

- Arrive early to prepare the room
  - Tables arranged in small groups are ideal
  - Make sure AV equipment is working properly
- Get to know your audience
  - Do an icebreaker
  - Assess the range of prior knowledge/experience with the topic
  - Glean what they hope to accomplish by attending
- Don't deviate from the timeline
  - Designate a time-keeper
- Utilize effective presentation skills and group facilitation strategies
- Station someone at the exit door to collect evaluations!

# Where Else Can You Wear That Bridesmaid's Dress?



# Recycle Your Workshop

- As a teaching session
  - Consider presenting it at another meeting.
  - Popular at initial meeting? Submit it again next year!
  - Submit every few years when important evidence changes.
  - Expand it to a pre-course (typically longer in length).
  - Contract it to a grand rounds, noon-conference, or pre-clinic conference locally.
- As a publication
  - Descriptive piece.
  - Book chapter.
  - Systematic review.
  - Add data to transform it into a scientific paper.

# Summary

- Workshops serve as an important component to an academician's teaching portfolio.
- They provide opportunity to hone teaching skills, establish a national reputation, and find collaborators for other scholarly activities.
- Keys to a successful workshop include selecting a novel or popular topic, choosing the right collaborators, writing an effective workshop submission, and developing and presenting an interactive session.
- Once completed, workshops can be used as a springboard for additional scholarly activity.

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# Acknowledgements

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- The authors have developed and presented 130 workshops at regional or national meetings, collectively. Of those, six have won national recognition awards, including the one on which this chapter is based.
- They also published a brief “nuts and bolts” guide to developing workshops in the *Journal of Graduate Medical Education*: *J Grad Med Educ.* 2013;5(1):155-156.

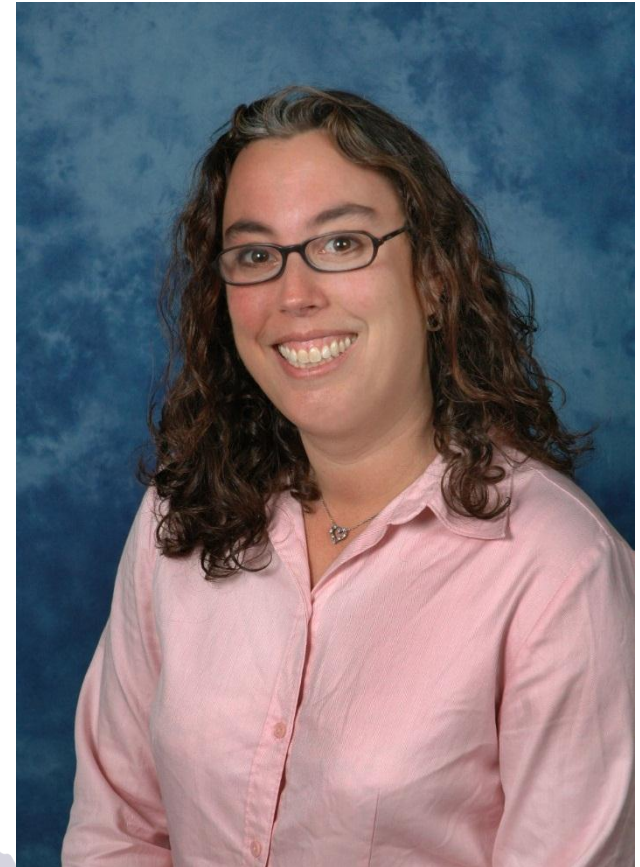
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Tomorrow's Doctors, Tomorrow's Cures

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Learn

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Lead

Association of  
American Medical Colleges

# ***Preparing Successful Award Nominations More Art than Science***

***Elizabeth L. Travis, Ph.D., FASTRO  
Associate Vice President  
Women Faculty Programs***

***November 7, 2011***

THE UNIVERSITY OF TEXAS  
**MDAnderson  
Cancer Center**

Making Cancer History®

# Why focus on women?

**Women disproportionately under-represented as award recipients in science and medicine**

**Nobel Laureates**

**in Medicine (1901-2011):** 10 (5%) women, 189 (95%) men

**IOM Members (2011):** 21 (32%) women, 44 (68%) men

**NAS Members (2011):** 9 (12%) women, 63 (87%) men

**Awards/honors figure prominently in:**  
enhancing credibility  
career advancement  
obtaining leadership positions

Sources: [www.nobelprize.org](http://www.nobelprize.org), [www.iom.edu](http://www.iom.edu) and [www.nationalacademies.org](http://www.nationalacademies.org)

**And... sends clear message to young women**

**Women need not apply**



**Not Unique to AAMC**

# What can you do?

Prepare a compelling nomination packet.

As the nominator, **your most important responsibility** is to identify a (woman) colleague who has made significant contributions within the scope of the award



# **1. Understand the nomination process**

**START EARLY! FOLLOW DIRECTIONS!**

**Read the eligibility requirements carefully- MORE THAN ONCE**

- number of nominators/supporting letters
- other supporting documentation
- technical requirements (font, page limits, etc.)

**Look into unacknowledged rules – call awarding organization with questions**

**Check award timelines – give yourself ample time to assemble documents**

**Award committees rely on concise and complete nominations**

**Well written nominations allow committees to use their time effectively**

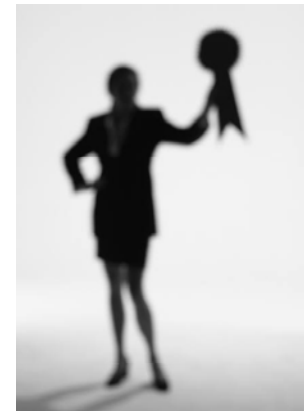
**Applications may be discarded if you do not follow the instructions**

**Always confirm receipt of materials**

## 2. Identify the nominee

- Establish benchmarks - Who are previous recipients?
- Match the nominee to the award criteria

**Nominating a colleague who has done outstanding work, but does not satisfy the criteria of the award, is a waste of time**



- Build libraries of faculty by certain criteria- age, rank, etc.
  - Who are your stars?
  - Who are the “faculty to watch”?
  - Who is receiving awards?
- Seek input from colleagues who are former members of the award committee

# Choose nominators and supporters well

- **Prestige** → Ask arbiters of quality in the field
- **Personal commitment** → lukewarm letters can be damaging
- **Mix of internal and external nominators/supporters**
- **Address different aspects of the candidate's qualifications**

Each letter should

- enhance/add different information to nomination
- focus on a certain aspect of the nominee's work or career
- discuss the nominee as an arbiter of quality in the field



### 3. Prepare the Nomination Letter

Nomination letter should be **CONCISE** and address **IMPACT** of nominee's contributions

- Prepare a **strong opening and closing** statement.
- Provide **specific, meaningful description of the candidate's contributions.**
- **Use specific examples** of accomplishments.
- **Avoid sweeping generalities** and make every sentence count.
- **Address all aspects** of the award criteria.
- Watch the superlatives, less is more



# It takes a village



## **Enlist nominee**

- update an already prepared letter
- update CV and summary of accomplishments that describe  
impact of accomplishments  
overall career impact  
citations of key publications (journal impact factors)

**Solicit chairs/other colleagues** who have detailed knowledge of nominee's contributions

**Enlist colleagues** who are former members of the award selection committee

**Use all current sources of information**  
(i.e., news articles, other nomination letters)

# Make the reviewers life easy

- **Organize the letter to make it easy to identify accomplishments** specific to the award criteria.
- Have nominee/chair/other colleagues **read to clarify and strengthen** the letter.
- **Proofread** – grammatical errors and misspelled words detract from the quality of the nomination.
- Review to **ensure that you have met the criteria and requirements of the award.**



# Gender Speak

## Male applicants

are more likely to be described  
in AGENTIC terms:

- Ambitious
- Independent
- Self-confident
- Intellectual

## Female applicants

are more likely to be described  
with COMMUNAL terms:

- Helpful
- Sensitive
- Kind
- Sympathetic

The results have implications for the advancement of  
women, because research shows that  
**agency is linked with advancement in the workplace.**

*Sources: Madera J., Hebl M. and Martin R. (Rice University). Gender and Letters of Recommendation: Agentic and Communal Differences. Journal of Applied Psychology. Vol. 94 (6): 1591-9, November 2009*

# Watch your language!

## Letters for **MEN**:

- Longer
- More references to CV
- Publications
- Patents
- Colleagues
- Highlight research, skills and abilities → portray men as researchers and professionals



## Letters for **WOMEN** :

- Shorter
- More references to personal life
- Fewer terms of praise
- More “doubt raisers” (hedges, faint praise, and irrelevancies)
  - “It’s amazing how much she’s accomplished.”*
  - “She has significant accomplishments ... even though she had a child.”*
- Highlight teaching and training → portray women as teachers and students

Sources: Trix & Psenka (2003) *Discourse & Society*, Volume 14(2): 191-220 and STRIDE Program at the University of Michigan, *Strategies and Tactics for Recruiting to Improve Diversity and Excellence*

# Don't take “no” for the final answer



- Be persistent
- Was your nominee a “good fit”?
- Always update nominee’s information

# Part-Time Faculty in Academic Medicine

Linda Chaudron, M.D., M.S.  
University of Rochester School of Medicine and Dentistry

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University of Virginia School of Medicine

Amelia Grover, M.D.  
Virginia Commonwealth University School of Medicine



## GWIMS Toolkit

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Slide 37: Resources for Faculty

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# The Data

- Declining work hours for physicians
- The up and coming generations of physicians
  - What they want
  - What is driving their choices
- Who works part-time in academic medicine?  
And why?
- Where do they work? In which departments?
- What do we know about faculty satisfaction with part-time work?

# Physician Work Hours Declining

Mean self-reported hours worked per week by physicians between 1977 and 2007

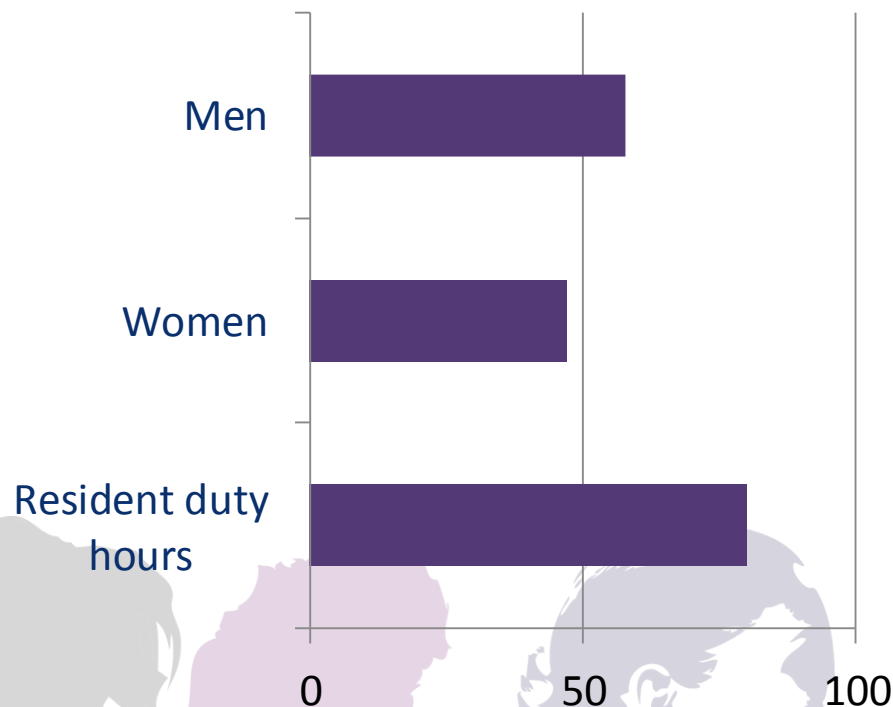
Characteristic	Observations	% change
All physicians	40,291	- 7.2
Non-resident MD	33,625	- 5.7
Resident MD	6,666	- 9.8
Men*	26,682	- 5.0
Women*	6,943	- 5.1
< 45 years*	15,155	- 7.4
≥ 45 years*	18,470	- 3.7

\*excluding resident physicians

Staiger, D. O. et al. JAMA 2010;303:747-753

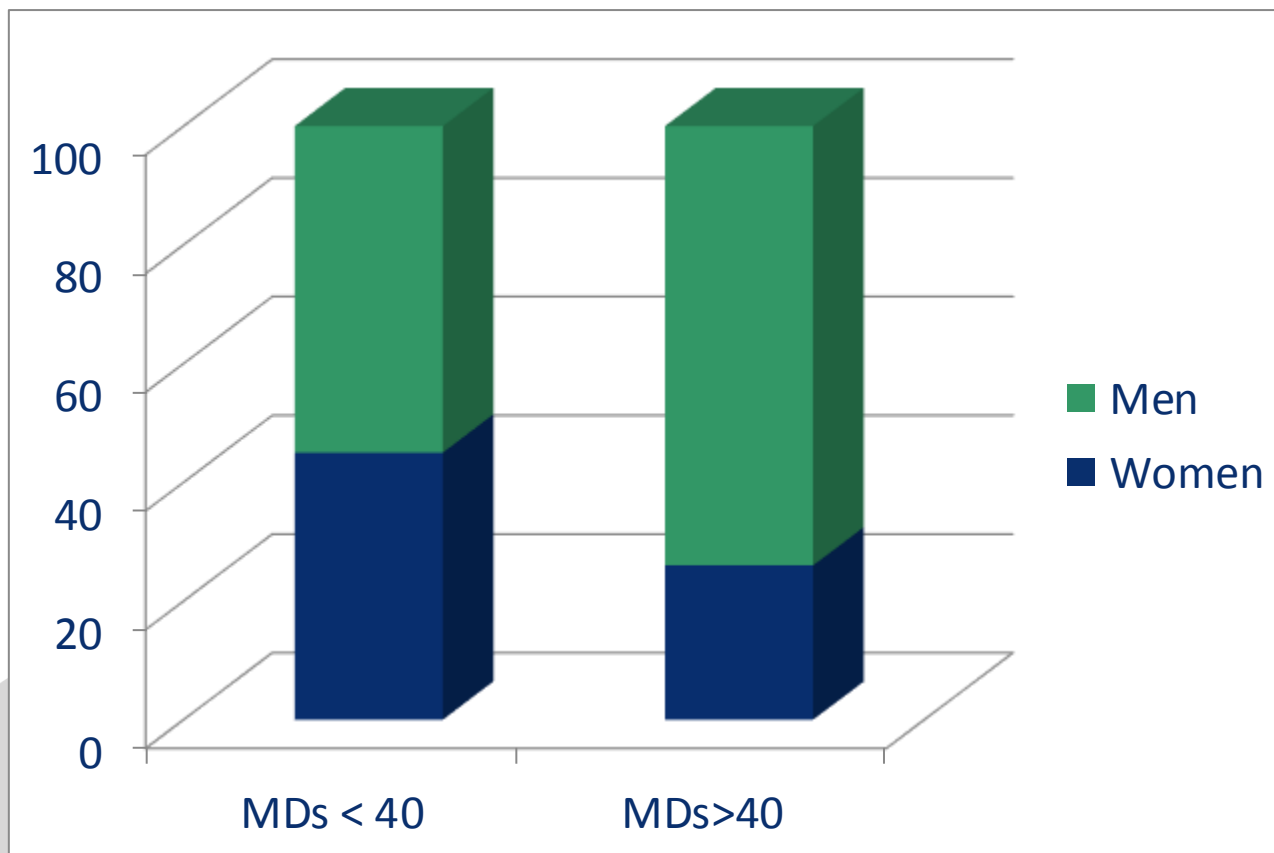
# Gender Differences in Work Hours

Work hours/week for physicians < 50 years of age  
in active clinical practice



AAMC Center for Workforce Studies, 2006.

# Generational Differences in Physician Workforce by Gender



AAMC Reporter, September 2011.

# Future Generations

Percent of graduating medical students indicating intent to work part-time

Year	PT academic position*	PT practice position#
2010	9.1	3.3
2011	8.4	3.2
2012	8.0	2.6
2013	7.6	2.7
2014	7.2	2.7

\*Part-time university faculty position (Basic science/research OR Clinical teaching/research)

# Part-time non-academic clinical practice

AAMC Graduation Questionnaire 2009-2013

# Future Generations

Percent of graduating students noting the importance\* of 'work-life' balance in determining specialty choice

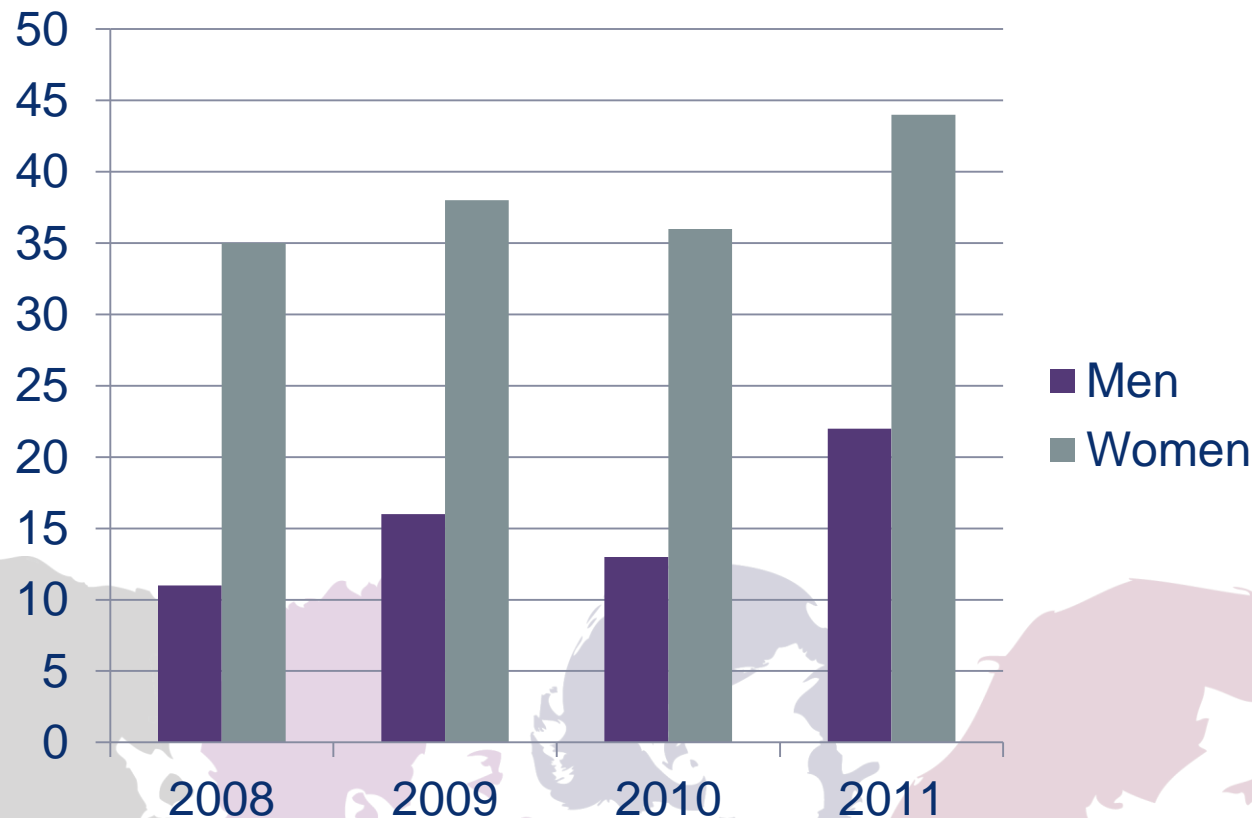
Year	Moderate/Strong Influence
2010	71 %
2011	78 %
2012	77%
2013	78 %
2014	78%

\*Percent noting "moderate" or "strong" influence

AAMC Graduation Questionnaire 2009-2013

# Gender Differences in Part-Time Physicians, 2008-2011

% of MDs working part-time by gender



2011 Physician Retention Survey, Cejka Search and AMGA, March 12.

# Part-Time Faculty

## Department type

	Department	
	<u>Basic Science</u>	<u>Clinical</u>
<u>Faculty Status</u>		
Full-time	14%	86%
Part-time	6%	94%
Part-time (excludes retirees)	5%	95%

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Part-Time Faculty

## Gender and FTE

	Gender	
	<u>Male</u>	<u>Female</u>
<u>Faculty Status</u>		
Full-time	63%	37%
Part-time	38%	62%
Part-time (exclude retirees)	32%	68%
<u>FTE of Part-time Faculty</u>		
.1-.4 FTE (22%)	<b>57%</b>	43%
.5-.7 FTE (52%)	21%	<b>79%</b>
.8-.9 FTE (26%)	22%	<b>78%</b>

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Part-Time Faculty

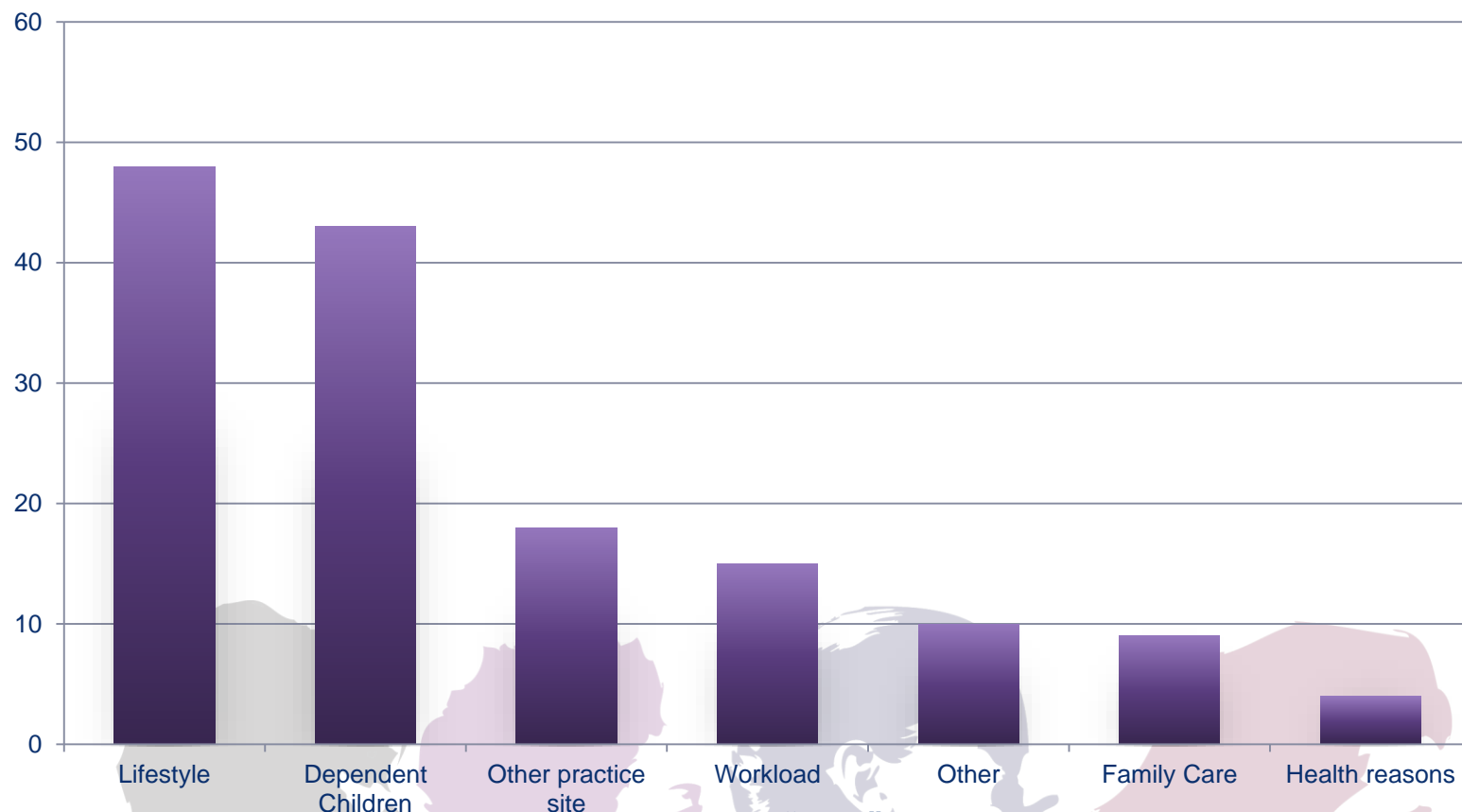
## Specialty and FTE

	Specialty	
	<u>Primary Care</u>	<u>Non-Primary Care</u>
<u>Faculty Status</u>		
Full-time	11%	89%
Part-time	23%	77%
Part-time (excludes retirees)	26%	74%
<u>FTE of Part-time Faculty</u>		
.1-.4 FTE	19%	81%
.5-.7 FTE	29%	71%
.8-.9 FTE	28%	72%

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Reasons for Part-Time

Percentage



\*Respondents were able to answer “yes” to more than one reason

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Part-Time Faculty Satisfaction

Percentage distribution of faculty satisfaction with aspects of the medical school, by faculty type

	Satisfaction/ dissatisfaction with your department as a place to work		Satisfaction/ dissatisfaction with your medical school as a place to work	
	<u>Satisfied*</u>	<u>Dissatisfied</u>	<u>Satisfied*</u>	<u>Dissatisfied</u>
<b>Gender:</b>				
Part-time, Male	72	15	62	13
Part-time, Female	76	11	65	8
<b>FTE</b>				
Part-time, .1-.4 FTE	79	12	62	10
Part-time, .5-.7 FTE	75	12	68	9
Part-time, .8-.9 FTE	74	14	63	12

\* neutral responses are not shown

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Part-Time Faculty Satisfaction

Percentage distribution of faculty satisfaction with aspects of part-time work, by faculty type

Agreement that  
institution has clear  
expectations for part-  
time faculty

Satisfaction with opportunities  
for advancement

	<u>Agree*</u>	<u>Disagree</u>	<u>Satisfaction*</u>	<u>Dissatisfaction</u>
Gender:				
Part-time, Male	54	24	70	14
Part-time, Female	41	29	57	22
FTE				
Part-time, .1-.4 FTE	43	30	40	28
Part-time, .5-.7 FTE	46	30	47	24
Part-time, .8-.9 FTE	44	27	46	25

\* neutral responses are not shown

Pollart S, et al. Characteristics, Satisfaction and Engagement of Part-time Faculty in U.S. Medical Schools. Acad Med, Sept. 2, 2014

# Making the Case for Part-Time

- Slide 17: Benchmark Definitions
- Slides 18-19: Benchmark Policies
- Slides 20-23: Satisfaction Data
  - Part-time faculty
  - Patient
  - Chair
- Slide 24: The national landscape for part-time careers
- Slides 25-26: Challenges and Advantages of a part-time faculty position

# Defining Part-Time Faculty

- Definition depends on the institution
- No standard or agreed upon definition
- Survey results found:
  - 45% of institutions defined it as <100% FTE
  - 37% of institutions defined it as 50-90% FTE

Bunton SA, (2014). Personnel Policies to support part-time faculty members in US medical schools: A status report. Analysis in Brief, 14(1), 1-2. Washington, DC, AAMC.

# Part-Time Policies

- Variable
- Survey results found:
  - 26% had written policy regarding productivity and performance expectations
  - Often negotiated individually with the chair
  - 80% had one or more career tracks for part-time basic science faculty
  - 84% had career tracks for their clinical faculty

Bunton SA, (2014). Personnel Policies to support part-time faculty members in US medical schools: A status report. Analysis in Brief, 14(1), 1-2. Washington, DC, AAMC.

# Part-Time Options for Faculty

<b>Number of Tracks</b>	<b>% of Institutions with Tracks for PT Basic Science Faculty</b>	<b>% of Institutions with Tracks for PT Clinical Faculty</b>
<b>0</b>	<b>20%</b>	<b>16%</b>
<b>1</b>	<b>41%</b>	<b>38%</b>
<b>2</b>	<b>27%</b>	<b>21%</b>
<b>3 or more</b>	<b>13%</b>	<b>24%</b>
<b>Total</b>	<b>100 % (n=112)</b>	<b>100 % (n=112)</b>

Bunton SA, (2014). Personnel Policies to support part-time faculty members in US medical schools: A status report. Analysis in Brief, 14(1), 1-2. Washington, DC, AAMC.

# Part-Time Physicians...Satisfied

Multivariate regression for part-time and full-time physicians

Variable	Part-time	Full-time	P value
Job satisfaction	3.96	3.61	<0.001
Job stress	3.24	3.36	0.307
Intent to leave	2.00	2.12	0.407
Burnout	1.90	2.25	.002
Work control	2.70	2.44	<0.001

Mechaber et. al. J Gen Intern Med 2008, 23(3):300-3.

# Patient Satisfaction

Multivariate regression for part-time and full-time physicians

Variable	Part-time	Full-time	P-value
Patient satisfaction	1.45	1.52	0.206
Trust in MD	4.57	4.50	0.200

Mechaber et. al. J Gen Intern Med 2008, 23(3):300-3.

# Chair Satisfaction

	Medicine	Pediatrics	Surgery	Family Med	Total
Employ Part-time Faculty	89%	94%	72%	86%	85%
Chair satisfaction with PT (1-5)	2.3	2.2	2.4	2.4	Average score = 2.3 (between satisfied and very satisfied)

**Responses from 308 chairs (of 519 contacted)**

Socolor and Kelman, Ambulatory Pediatrics, 2002.

# Chairs' Thoughts on Employing Part-Time Faculty

## Advantages

- Keeping talented people in the workforce who might otherwise leave
- Leveraging financial resources and skills of part-time faculty

## Disadvantages

- Less academic productivity of part-time faculty
- Lack of shared goals/values of part-time faculty with the department.

Socolor and Kelman, Ambulatory Pediatrics, 2002.

# Changing Landscape

- Gender roles
- Family roles
- Sandwich Generation
- Breadwinner roles
- Generational expectations
- Healthcare reform
- Return to work after retirement
- Do these impact choices? If so, how?

Benko, C., & Weisberg, A. C. (2007). *Mass career customization: Aligning the workplace with today's nontraditional workforce*. Boston, Mass: Harvard Business School Press

# Areas of Satisfaction and Concern for the Part-Time Faculty Member

## Satisfaction

- Professional relationships
- Academic Culture
- Leadership and support
- Flexibility

## Concern

- Perceptions of devaluation
  - From colleagues and administrators
  - Role in governance and access to resources
- Role clarity
  - Professional advancement
  - Protected time
  - Expectations about workload
- Professional development

Bunton, S.A., & Corrice, A.M. (2011). An exploration of part-time U.S. medical school faculty: thematic overview. Washington, DC: Association of American Medical Colleges

# Challenges and Advantages of Part-Time Faculty for Organizations

## Challenges

- Performance evaluation
- Advancement
- Faculty development
- Administrative hassles and scheduling issues\*
- Financial considerations (malpractice, etc.)\*
- Coverage / Call Issues\*
- Equity\*

## Advantages

- Diversity of workforce\*
- Work Schedule and Flexibility\*
- Recruitment
- Retention\*
- Workplace Adaptation
- Leverage financial resources\*

\*Socolor and Kelman, Ambulatory Pediatrics, 2002.

# Individual Examples

Challenges

Rationale

Lessons Learned

Nuts and Bolts to Consider



# Challenges for Individuals

- Paid for less effort than currently contributing
- Still have guilt – may be more about work than home at time
- Time to promotion and benefits tied to promotion takes much longer
- Limited interaction with colleagues
- Less ability to take advantage of events during work time
- Perception of colleagues
- Equity of call
- Intrusion of electronics in “off hours”

Bunton, S.A., & Corrice, A.M. (2011). An exploration of part-time U.S. medical school faculty: thematic overview. Washington, DC: Association of American Medical Colleges

# Example #1

## Description agreed upon for 75% FTE in psychiatry

- 8 hours in emergency room (hours/times vary, evenings, overnights, weekends)
- Weekly Monday and Tuesday full day clinics 8-5 PM
- Every other Thursday full day clinic 8-5 PM
- Resident preceptor meeting 1 hour per week

## Reality experienced for 75% FTE in psychiatry

As described above PLUS

- Tuesday evening stays until 8 PM weekly to complete notes OR
- Comes in Wednesday morning to complete notes, do paperwork, and precept resident staying at work until 1-2PM
- Is available by pager for outpatient practice 24/7 and takes all calls
- Does inpatient weekend call every 2 months (same as full-time faculty)

# Example #2

## Description agreed upon for 65% FTE in pathology

- Monday, Wednesday and Friday 7:30 AM – noon
- Tuesday and Thursday noon – 5 PM
- Resident supervision during Monday and Wednesday clinic
- Medical student clerkship director, 10% FTE, “scheduled” for Thursday 8 AM - noon

## Reality experienced for 65%FTE in pathology

As described above PLUS

- Grand Rounds is Wednesday noon – 1 PM
- M&M Rounds Tuesdays noon – 1 PM
- Most Mondays, Wednesdays, and Fridays stays until 2 PM
- Schedules students and clerkship activities Monday, Friday afternoons, and Thursday mornings
- Available by pager for calls from residents at all times
- Takes equal weekend and evening call as full-time faculty
- Does her academic work from home on some Thursday mornings
- Answers e-mails within 24 hours all week.

# Reasons Given Why Faculty Choose to be Part-Time

- Flexibility to attend to life outside of the job
- Less guilt
- Continued involvement in academic medicine and training the next generation
- Option to attend educational events on “off-time” as well as work hours
- Being a role model
- May increase salary through other means on off-hours

# How to Address the Challenges: Lessons Learned

- THINK about ALL the details of your full-time job to accurately consider the effort for your part-time job
- Consider ALL your job responsibilities when negotiating your part time agreement
- Get clear written agreement on expectations – clinical (including call and supervision), research, education, and administration.
- Set your boundaries and be public about them, i.e. what days/times are not flexible
- Clarify your support (staff and funding)

# How to Address the Challenges: Lessons Learned

- Advocate for full-time professional development benefit to continue your academic career and your academic contributions
- Be flexible to attend events and respond to opportunities but say no when appropriate
- Make clear your commitment to the department/institution
- If the hours do not equate to the FTE that you have negotiated, re-evaluate and renegotiate the hours, the FTE or the responsibilities
- Consider your schedule carefully – full days vs. half days (half days may be harder to contain)

# Nuts and Bolts: Important *Institutional Questions* to Ask when Considering Part-Time

- How is the compensation calculated/pro-rated for my time?
- What is the expectation for call?
- What benefits do I retain or lose? Can I get them back if I return full-time?
  - Health
  - Educational/Tuition
  - Retirement
- What is the impact of part-time on promotion and tenure options?
- What kind of time will I still receive for academic pursuits?

# Nuts and Bolts: Important *Personal Questions* to Ask when Considering Part-Time

- What benefits do I need?
- How much do I want to be an academic and what type? research, education, clinician-teacher?
- What is my ultimate career goal? Can I achieve it if I go part-time at this stage in my career? How hard will it be to get there if I go part-time?
- What does my family need? Are there alternatives that I've not considered?
- Do I like working full-time or am I happier part-time?
- What is the cost of help and the balance of loss of income?

# Resources

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# Writing an Effective Executive Summary

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**Vice Dean for Faculty Affairs & Professional Development**  
**Wayne State University School of Medicine**  
**Executive and Career Coach**  
**April 1, 2015**



GWIMS Toolkit

# When planning a career change internally or externally

- **Need to re-conceptualize how to present yourself**
- **Need to determine which documents to develop and what to include in them**
- **Need to explain who you are in writing.....**

**The EXECUTIVE SUMMARY**

# What is an Executive Summary?

- **The Executive Summary is a narrative of two to three pages, used in conjunction with a CV, to present ones-self in the best possible light when seeking a new position or opportunity.**
- **While the CV factually summarizes what the individual has accomplished, the Executive Summary outlines the individual's talents, personal qualities, traits, values, motivation (not part of a CV).**
- **Preparation of a good Executive Summary requires the ability to identify these personal strengths.**

# The Executive Summary

- Provides synopsis of background, competencies and accomplishments relevant to a particular career objective
- Particularly useful when applying for leadership positions; offered as a companion to a CV
- A strategic and focused document written for a specific position
- May lead with an **OBJECTIVE**, followed by a **PROFILE**, supported by a **SKILLS SUMMARY** that is derived from accomplishment statements.
- Therefore, the first thing to develop are several accomplishment statements

# Accomplishment Statement

(Appreciative self-inquiry)

- **Begins with a brief description of a problem or issue that had to be resolved. This is followed by an active verb (how the problem was resolved) and a result – the outcome of the problem**
- **The action and result can be used as a bullet point on an executive summary**

**By definition, it is always something positive – it is about a successful accomplishment**

# Identify Your Strengths

- Analyze your accomplishment statements for knowledge, skills, attitude and behaviors that led to each successful outcome. You will discover that some show up repeatedly in different situations: These are your *competencies*
- Competencies include
  - What you know - what you have *learned* and/or *acquired*
  - How / who you are - your talents, personal qualities, traits, values, motivation

# The Executive Summary

- **OBJECTIVE**
- **PROFILE**
- **SKILLS SUMMARY**

***NOTE: in some cases, the order of the PROFILE and SKILLS sections may be reversed. If personal skills and qualities are more important for the position than specific prior job accomplishments, it may be best to put the Skills section right after the Objectives, before the Profile listing previous accomplishments.***

# The Objective

- Written for a specific position, the objective details what you hope to find, that (hopefully) matches what the employer is looking for
- The OBJECTIVE is **targeted to the opportunity advertised**
- May use (and emphasize) key words from the position announcement or job description

*Writing the Objective may also lead to a re-evaluation of personal goals, making sure that the proposed position matches strengths, roles, culture and other factors*

# Objective - examples

- **Seeking a Senior management position in research administration, where 10 years of experience will add value and increased funding success**
- **To serve as President of a university which values outstanding research and scholarship, encourages innovative strategic planning, and values ethical community service**

# Profile

- **The profile outlines your actual experience**
- **The profile details your readiness for the position and experience with similar roles and responsibilities**

# Profile – Example

- **MD, Professor of Pediatrics, with extensive experience and achievements as Vice Chair of a major department. Responsible for development of a \$50MM outpatient system**
  - **Doubled number of physicians in system through recruitment and group acquisitions**
  - **Tripled outpatient visits**
  - **Led growth of the system from one site to more than 10 clinics in 8 counties.**

# Skills Summary

**The skills summary tells them who you really are and what you are good at**

**It IS about you.. It is OK to toot your own horn!**

# Skills Summary - Example

- **Ph.D. psychologist with successful administrative and teaching experience in the academic setting.**
- **Creative and effective management skills. Flexible and efficient working with changing priorities and diverse audiences.**
- **Three years' experience in design, development and evaluation of curricula, programs, and instructional materials. Strong commitment to quality in all aspects of work.**

# Skills summary - other examples

- **Responsible faculty member with fundraising and academic administrative experience. Effectively manage changing priorities and diverse groups.**
- **Strategist able to assess situations and trends, internally and externally, to identify and secure funding opportunities for growth and development.**
- **Able to navigate through complex issues and conceive of solutions leading to cooperation between disparate groups and individuals.**

# Executive Summary developed in response to an Ad

- **Match** accomplishments and skills to the job requirements – use language from Ad
- Be convincing; show enthusiasm
- Customize wherever possible
- May use “T” format as a worksheet



# T Format

**Ad in *Science* for research faculty, Department of Radiation Oncology asks for requirements which closely match my experience and skills**

## **Their Requirements**

**Develop competitive research program**

**PhD, tenure eligible as Associate Professor / Professor**

**Experience in medical physics and an interest in oncology**

**Collaborative, innovative**

## **My Experience / Skills**

**Co-PI on RO1 grant and PI on institutional grant in neuroscience**

**PhD Physicist, certified for patient care, 8 years teaching experience**

**Interest in prostate cancer and significant research this field**

**Team builder and player; creative**

# Executive Summary [Sample]

Jane Doe, MD, FACS  
Professor & Vice Chair, Department of Surgery, Big State U  
Mytown, Mystate, Zip

## OBJECTIVE

Build a Department of Surgery that is scientifically renowned, clinically active, and financially productive. As chair, I would mentor and help develop faculty, teach medical students and residents, mentor surgeons in subspecialty fellowships, and develop a novel curriculum on Comprehensive Leadership Skills for Surgeons.

## PROFILE

*MD, Professor of Surgery, with extensive experience and achievements as Vice Chair of a major department. Responsible for development of novel clinical programs, through prioritizing and focusing interdisciplinary teams to accomplish their goals. Responsible for development of new surgeon leaders in the department and beyond*

- Built and led multidisciplinary colon cancer clinic that included colo-rectal surgeons, gastroenterologists, oncologists, a radiologist, 2 nutritionists, nurse practitioners, a social worker, a Pharm D, a laboratory technician, and support personnel. We evaluated and treated 40-60 complex patients per clinic. The staff held GI health fairs, and gave health information lectures at area churches.
- Started an ostomy service at MyTown General Hospital that allowed the quality of care from Big State U to be delivered in the community setting. By taking my staff to the site, we were able to care for the ostomy population on site, in their community.
- Identified, recruited and developed faculty from diverse backgrounds. Mentored them to reach their fullest potential. Three assistant professors were promoted to associate professor during the initial 2 year time period. Developed a successful leadership program for junior faculty, where over a 3-year curriculum, we covered the essential competencies for successful leadership in an experiential and safe environment. Several participants have already achieved leadership roles.

# Executive Summary- Page 2

- Wrote a staff development program geared towards the operating room environment. Our OR technician of 15 years has applied to a program to be a surgical PA. An anesthesia tech has been accepted to nursing school, with the plan to become a CRNA. An administrative assistant is making plans to finish college.
- Acquired formal training in executive management skills. Completed AAMC Early and Mid-Career Professional Development Seminars for Women Faculty, and Executive Leadership in Academic Medicine- Program for Women (ELAM)

## SKILLS SUMMARY

Clinically active surgeon with sixteen years of increasing administrative responsibility, teaching, and financial management. Proven administrative leader recognized for vision, energy and integrity. Demonstrated commitment to faculty development. Deep understanding how to integrate teaching and learning styles of medical students and residents. Leadership experience and management skills include:

- Identifying, recruiting and developing people from diverse backgrounds to their fullest potential
- Leading and mentoring faculty and staff Working collaboratively with diverse constituencies
- Fostering a collegial environment
- Team builder: able to gain consensus from diverse groups of professionals, so that they worked seamlessly in a highly productive team
- Able to see and paint the “big picture” in a way that engages people
- Attracting external funding

## Bottom Line

- **The Executive Summary is a valuable tool for graceful self promotion. The CV tells prospective employers what you have objectively accomplished, while the Executive Summary allows you to tell them what you are really good at, and how well you match the position they want to fill. It is often the first document they read.**

# Author Biography

Roberta E. Sonnino, M.D., FACS, FAAP, is Professor of Pediatric Surgery, Vice Dean of Faculty Affairs and Professional Development at Wayne State University School of Medicine, and Associate Provost for Medical Affairs at Wayne State University. She is also a Contributed Service Professor in the Center for Health Policy and Ethics at Creighton University, and an Executive Coach (RES Coaching LLC). Before becoming a full-time medical school administrator, Dr. Sonnino practiced Pediatric Surgery as well as served as Chief of Pediatric Surgery and Surgeon-in-Chief of the Children's Hospital at Mercer University School of Medicine, and Professor and Chief of Pediatric Surgery, at the University of Kansas School of Medicine. Dr. Sonnino completed the Executive Leadership in Academic Medicine (ELAM) fellowship in 1998, and currently serves on its faculty. She has served as an officer and committee member for more than 15 professional societies. She is currently Chair of the AAMC Group on Faculty Affairs. In her faculty affairs roles, Dr. Sonnino established new offices of faculty affairs, wrote medical school policies, developed numerous successful programs in faculty development, professional career advancement, mentoring, promotion and tenure and women in medicine.



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# Mentoring Toolkit For Mentors

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Chief Science Officer

American Association of Colleges of Pharmacy

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GWIMS Toolkit

# Topics Covered

- 1. Why Engage In Mentoring Women Faculty, Fellows and Students?**
- 2. Essential Elements of Mentoring Women to Achieve Career Satisfaction and Success**
- 3. Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring**
- 4. Maximizing Your Success As A Mentor**
- 5. Mentoring Women Trainees**

# Why Engage in Mentoring of Women Faculty, Fellows and Students?

# Why Engage in Mentoring of Women Faculty, Fellows and Students?

- Women make up nearly half of the medical students and over half of the biomedical sciences graduate students today, yet the percentage of faculty in academic medical centers that are women is only 38% (AAMC, 2014; National Academy of Sciences et al., 2007); an increase of only 8% in the last 10 years (AAMC, 2014).
- Women faculty continue to be overly represented at the instructor and assistant professor faculty ranks (65% of all women faculty are at these ranks), with significantly decreasing representations at the higher ranks; only 13% of women faculty are full professors compared to 30% of male faculty at that rank.

# Why Engage in Mentoring of Women Faculty, Fellows and Students?

- There has been little change in the representation of women on faculty in the past 10 years within academic medicine (AAMC, 2014). This fact remains despite adjustment for productivity, faculty track, specialty or other factors (Reed et al., 2011; Wright et al., 2003).
- Women remain disadvantaged compared to men in terms of mentoring, compensation, unconscious biases, and resources (Bickel, 2000, 2002; Dannels et al., 2009; Pololi and Jones, 2010; Wright et al., 2003).
- Women faculty continue to face many obstacles that decrease their satisfaction and retention in academic medicine (Cropsey et al., 2008; Shollen et al., 2009).

# Why Engage in Mentoring of Women Faculty, Fellows and Students?

- Mentoring increases faculty productivity, career advancement, and career satisfaction (e.g., National Research Council, 2010; Pololi et al., 2002; Shollen et al., 2014), yet women have reduced access to mentoring (Bickel, 2000; Bickel et al., 2002; Blood et al., 2012; Hill et al., 2010; National Academy of Sciences et al., 2007).
- The objective of the *Mentoring Toolkit for Mentors* is to assist senior faculty in understanding the importance of mentoring women and identifying ways to accomplish it.
- This Toolkit is divided into different topics that cover a range of important issues related to mentoring women in academic medicine.

# Essential Elements of Mentoring Women to Achieve Career Satisfaction and Success

# Essential Elements of Mentoring Women to Achieve Career Satisfaction and Success

As careers in academic medicine continue to be challenging, mentoring women is a key approach to creating a positive environment that will empower a sense of satisfaction with one's professional accomplishments – such as publication of an exciting research finding; development of an educational program; or progression of a professional student, postdoctoral trainee or clinical fellow; or one's selection to a national committee in their professional organization (i.e. a study section appointment); obtaining a research funding award; appointment on an institutional committee.

- Academic medicine can be a dynamic and stimulating career choice

There are challenges along the way in an academic career...

Academic careers are, at times, much like an exciting rollercoaster ride – with ups and down, as well as highs and lows, with twists and turns.

In order to be fully prepared for developing resilience and staying power as a faculty member, mentoring has become increasingly important as a necessary tool to enable the successful navigation of an academic career – especially as the environment in the academic medical enterprise continues to face challenges.

Mentoring throughout a professional career is a critical key to success, long-term satisfaction, retention and gaining new skills for each phase of one's career journey.

# A. The Mentor's Perspective

All mentors should keep in mind that mentorship refers to a dynamic, collaborative, reciprocal, and sustained relationship in which the mentor assists and guides another colleague, typically a more junior colleague, to the acquisition of what they need for success – what is needed to be a successful professional.

*Modified from Abedin et al., 2012*



Mentors need to know their roles and responsibilities with mentees

From the work of Dr. Kram (1988), attention to career functions and psychosocial functions are needed for success in an organizational life.

Career functions – serve to provide the mentee with tools and information to advance

Psychosocial functions - contribute to establishing and maintaining self-worth and confidence both inside and outside the organization

As a mentor of women, it is critical to note that **attention is needed to both domains**; should a mentor focus only on one domain (i.e. the technical side of being in a unit), the early career stage faculty member may not feel appreciated or valued in their new community.

# So what are roles and responsibilities of mentors?

Attention is needed to an effective mentoring relationship that include:

- Mutual respect

- Mutual commitment

- Maintain confidentiality

- Identification of shared goals

- High standards

- Realistic expectations

- Effective communication

- Commitment to a regularity of interaction

**Overall: Mutual Trust**

Mentors may need to have different roles with different skills sets including...

Observable behaviors as:

**Coach** — who can engage with or observes mentee during their work and provides constructive feedback

**Counselor** — who listens actively and encourages self-reflection as well as attention to short- and long-term goals

**Sponsor** — enables new networks and opportunities, serving as an advocate for the mentee



Mentors also need to develop their skills...

Being an effective mentor requires attention to essential qualities **or competencies** of Mentorship.

Example: Developing a mutual understanding of goals and expectations

The mentor can ensure that the mentee is encouraged to bring her goals to the initial conversations with the mentor. Set the stage for understanding each other's respective view points can launch a relationship in a highly effective manner that is primed and ready to flourish.

Consider the positive benefits  
for being a mentor

Mentors can enhance their personal and  
professional source of career satisfaction –

**Generativity** inherent as mentor can be an  
accomplishment in which the pride in the  
success of a mentee can be rewarding

**Learning from the mentee** with their unique  
perspective can open new venues, provide  
new insights, information and fresh ideas for  
stimulating one's own creativity in the  
academic medical setting

## B. The Mentee Perspective

The roles and responsibilities of an effective mentee are very similar to that of the mentor –

Key is to establish and communicate your own expectations for the mentoring relationship  
*(do not leave this to one's imagination...)*

Establish the goals of the relationship

Discuss the scope of the relationship (boundaries)

Frequency and format for meetings, including preferences for communication

Demonstrate commitment

Maintain confidentiality

Seek mutual feedback, respect and trust

# What are positive benefits for the mentee?

Dynamic mentoring relationships can provide you with

- **Confidence** that you are on track
- **A safe haven** to test your ideas and plans
- Encouragement to take a risk or move ahead
- **Critical feedback** on what is going on in the organization (local and national) or your behaviors
- **Sponsorship and recognition** within your profession
- A colleague with whom you can **celebrate your success!**

## C. The Organizational Perspective

Why is mentoring so important to the overall success of an organization?

Academic medicine is a **challenging career** and junior faculty require support for their professional growth, development, and retention.

- Mentees need to develop confidence in finding their own solutions
- Mentees need to develop their own leadership skills, style and unique niche
- Mentees need support to sustain active participation and avoid burnout

# Mentoring is key to success of one's organization and to achieving one's missions

Mentoring helps to create a culture where communication flourishes so the workplace is a **desirable environment**

*Women faculty are needed who will **discuss the undiscussable** and counteract organizational silence to transform their academic environment into a dynamic, learning environment for all (Dankoski et al., 2014).*

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

- All faculty regardless of gender encounter challenges in their paths to a successful career in academic medicine.
- Now more than ever, significant changes in healthcare delivery, clinical reimbursement, research funding, and medical curriculum models, stress our systems and our faculty.
- In addition to these challenges, women in academic medicine face additional challenges and decisions that can add weight and stress to their already burdened shoulders, leading to burn out and departure from an academic medical career.

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

## ➤ Some of these added challenges include:

- 1) Male faculty are primarily “career oriented” while many female faculty are primarily “career and family oriented” (Bland et al., 2009; Humphrey & Smith, 2010).
- 2) Women have to take into consideration promotion and tenure clock limits and provisions while navigating their personal decisions regarding family time (Bland et al., 2009; Humphrey & Smith, 2010).
- 3) Gender bias, discrimination, and sexual harassment remaining challenging for women faculty in academic medicine (Bland et al., 2009; Humphrey & Smith, 2010; Kram, 1988).

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

- 4) Women often negotiate poorly for resources (e.g., staff/technical support, laboratory space, research support, or salary) (Humphrey & Smith, 2010).
- 5) Women faculty are less likely to be networked and are less likely to be sponsored/nominated or to proclaim their accomplishments (Bland et al., 2009; Humphrey & Smith, 2010).

These issues are pursued further in the following slides.

# Cross-Gender Mentoring: “Career Oriented vs “Career and Family-Oriented”

- Mentors need to be respectful and sensitive to supporting their mentees choices of orientation regardless of the mentor’s orientation.
- In particular, mentors should work toward improving institutional culture and policies regarding work/family struggles.
- Additionally, mentors should educate themselves on institutional resources, policies, and practices regarding family leave, child care, part-time faculty status, and alternative career paths so that they can help their mentee integrate their lives successfully.

# Cross-Gender Mentoring: Consideration of Promotion, Tenure Clock Limits and Personal Decisions of Family Time

- Mentors need to understand their institutional policies on timing of promotion, changing career tracks, and tenure clock possibilities to assist their mentee in making the best choices for her situation.
- Women faculty may not be able to give as much effort as may be needed in their scholarly pursuits for promotion due to family issues. Helping mentees identify alternative ways to evidence productivity is particularly critical for primarily clinical faculty.
- Because women faculty with children may fall behind in acquiring the appropriate requirements for promotion, their mentors should be sure that their mentee understands the promotion requirements of their specific career path and annually review their mentee's appropriateness for promotion to help them keep on track.

# Cross-Gender Mentoring: Gender Bias, Discrimination and Sexual Harassment Challenges Remain

- Mentors should become sensitive to discriminations and conscious or unconscious biases against women that exist within their institution and themselves.
- Mentors need to support and validate their mentees concerns and complaints about experiencing any of these issues.
- Mentors need to be aware of institutional policies and resources regarding these circumstances to assist their mentee in handling their particular situation.

# Cross-Gender Mentoring: Gender Bias, Discrimination and Sexual Harassment Challenges Remain

- Mentors should work toward not only raising awareness of the fact that women still face these issues in academic medicine, but also work toward eliminating these factors from the work environment.
- Mentors need to be aware of the power differential (social, positional, etc.) between their mentee and themselves that needs to be managed carefully in cross-gender mentoring relationships.

# Cross-Gender Mentoring: Women Often Negotiate Poorly for Resources

- Mentors should work with their mentee to fully understand their mentee's resource needs/desires and their negotiated or provided resources to conduct their activities.
- Mentors need to advise and guide their mentees in obtaining additional needed resources to be productive. Actively advocating for additional resources for their mentee may also be required by the mentor.
- Mentors need to introduce their mentees to opportunities that may expand their resources (e.g. collaborators, peers, bridge funding, grant mechanisms).

# Cross-Gender Mentoring: Women Faculty are Less Likely to be Networked, Sponsored/Nominated or Proclaim Their Accomplishments

- Mentors need to guide their mentees in determining which institutional committees or projects are worthwhile or important to consider agreeing to or avoiding.
- Mentors should advise their mentees on unwritten rules of the institution (e.g. working from home, availability to students, acceptance of bringing family members to work).
- Because women often are poor self-promoters, mentors can look for opportunities to publicly support their mentee (e.g., advocacy through nominations for awards, projects, or committees to raise mentee visibility and recognition) and teach their mentees the art of graceful self-promotion.

# Cross-Gender Mentoring: Women Faculty are Less Likely to be Networked, Sponsored/ Nominated or Proclaim Their Accomplishments

- Mentors need to nominate/sponsor their mentee to expand their networks (e.g., for local/regional/national service opportunities, grant or manuscript reviews, scientific meeting presentations; see Travis et al., 2013) and include their mentee in networking opportunities (e.g. social events, introduction to colleagues). These actions are especially critical for women faculty who may not travel as much to meetings or who have not become active in specialty or scientific organizations.

# Cross-Gender Mentoring: Additional Challenges to Women's Potential Career Success and to Cross-Gender Mentoring

- Cultural taxation (Bland et al., 2009)
  - an obligation to serve on committees needing a woman representative
- Feelings of isolation (Bland et al., 2009)
  - related to few other women in their department or lack of a collegial network
- Success as a barrier (Bland et al., 2009)
  - related to violating stereotypes of how women should act
- Public scrutiny (Kram, 1988)
  - how others see the mentoring relationship

# Cross-Gender Mentoring: Additional Challenges to Women's Potential Career Success and to Cross-Gender Mentoring

- Limitations of role modeling (Kram, 1988)
  - women face some dilemmas that are unique to being female
- Assuming stereotypical roles for male mentors and female mentees (Kram, 1988)
  - defined by assumptions and expectations of appropriate behavior for each gender



# MAXIMIZING YOUR SUCCESS AS A MENTOR

# MAXIMIZING YOUR SUCCESS AS A MENTOR

Here are some skill sets, techniques and tips that you as a mentor may find useful in your mentoring relationship.

## **A. Active Listening And Other Communication Skills**

<http://www.mindtools.com/CommSkll/ActiveListening.htm>

<http://www.skillsyouneed.com/ips/active-listening.html>

## **B. Mentoring Competencies & Self-Assessments**

<http://pcaddick.com/page19.html>

<http://www.mccneb.edu/sos/advising/mentorsselfassessment.asp>

<https://mentoringresources.ictr.wisc.edu/EvalTemplates>

<https://mentoringresources.ictr.wisc.edu/CoreCompetencies>

<http://www.go2itech.org/HTML/CM08/toolkit/training/>

# MAXIMIZING YOUR SUCCESS AS A MENTOR

## **C. Helping Your Mentee Create A Developmental Career Plan**

<http://hrweb.berkeley.edu/learning/career-development/career-management/planning/action-plan>

<http://careers.bmj.com/careers/advice/view-article.html?id=1446>

## **D. Coaching vs Mentoring**

<http://www.management-mentors.com/resources/coaching-mentoring-differences/>

<http://www.coachingandmentoring.com/Articles/mentoring.html>

[http://www.brefigroup.co.uk/coaching/coaching\\_and\\_mentoring.html](http://www.brefigroup.co.uk/coaching/coaching_and_mentoring.html)

# MAXIMIZING YOUR SUCCESS AS A MENTOR

## **E. Mentoring Behaviors To Embrace & Behaviors To Avoid**

<http://pcaddick.com/page2.html>

<http://gvsu.edu/leadershipuniversity/effective-vs-ineffective-mentoring-behaviors-52.htm>

<http://www.wakehealth.edu/JUMP/Negative-Mentoring.htm>

<http://www.wakehealth.edu/JUMP/Mentor-Roles.htm>

## **F. Sponsorship**

<http://www.ncbi.nlm.nih.gov/pubmed/?term=travis+e+and+sponsorship>

# MAXIMIZING YOUR SUCCESS AS A MENTOR

## G. Institutional Validation of Your Role as a Mentor

- List your mentees in your CV (see next slide)
- Include your mentoring activities in your annual performance review
- List metrics associated with your mentoring relationship(s) (e.g. grants, manuscripts, presentations, awards, promotions, national recognition, leadership roles, innovative clinical care/services etc.) that you or your mentee received or produced through your mentoring relationship
- Consult with your Faculty Affairs Dean for ways to demonstrate your role as a mentor at your specific institution

# MAXIMIZING YOUR SUCCESS AS A MENTOR

## CV example of validating your mentoring activities:

### Mentoring/Advising:

#### Mentoring Faculty:

- 2000-2004 Founder and Director, Mentoring Program for Women Junior Faculty, Women's Health Center of Excellence for Research, Leadership, Education
- 2000-2007 Mentor to XXX M.D., Department of Radiology, Providing career advice and counsel, assist in development of promotion portfolio
- 2005-2013 Mentor to XXX, Ph.D., Department of Internal Medicine, Providing career advice and counsel
- 2007-2012 Mentor to XXX, Ph.D., Department of Otolaryngology Providing career advice and counsel, assisted with grant application that received funding
- 2010-2015 Mentor to XXX, Ph.D. Department of Radiation Oncology Providing career advice and counsel

# Mentoring Women Trainees



# Mentoring Women Trainees

Congratulations on your decision to serve as a trusted mentor for a woman trainee!

You are making an important and generous contribution to the professional development, success and career satisfaction of an individual who is the future of academic medicine.



# Tips to guide your new mentorship relationship

This section of the GWIMS Mentoring Toolkit for Mentors is designed to assist you in your role as a mentor – and the multiple roles you will likely serve as a Coach, Counselor and Sponsor to your more junior colleague.

Topics to be addressed include:

- Checking your availability
- Setting goals and expectations
- Mentoring across differences
- Providing guidance and feedback
- Using your network to empower your trainee

## A. Checking your availability as a mentor

Time and attention to meeting the needs of your trainee will be required of you for a successful and effective mentoring relationship. So several questions to reflect upon before the decision to mentor a trainee is finalized.

### **Key Questions:**

1. Do you have the time in your own career to accommodate a new relationship?
2. Do you consider this mentoring relationship to be a good match for both you and your mentee? (Consider what you might learn from your mentee).
3. Do you have a clear understanding of the mentoring needs of your trainee and ideas on how you might address them?
4. Are you enthusiastic, positive and willing to support a women trainee in a mentoring relationship?

## B. Setting goals and expectations for the mentoring relationship

Strategies to **set the stage** for a successful and satisfying mentoring relationship include:

- Discuss mutual expectations, boundaries, ethics and vision
- Establish, clarify and write down mutually agreed-upon steps and approaches to achieve the vision
- Build an understanding of the personal goals and expectations of this mentoring relationship
- Begin a dialogue to share career goals and aspirations
- Discuss and agree upon a schedule for meeting together

# Skills for mentors: preparing for the first meeting

Consider what you might include in a first meeting:

- ❖ Obtain and review your mentee's CV
- ❖ Share information about your professional and personal life
- ❖ Learn something new about your mentee
- ❖ Review expectations and ground rules for the relationship (*frequency of meetings, email versus face-to-face discussions, important issues with your own professional schedule, how best to contact each other*)

# Skills for mentors: setting expectations

## Define clearly...

- Scope of the mentoring relationship
- Scheduling and logistics for meetings
- Frequency and mode of communication between meetings
- Responsibility for rescheduling any missed meetings
- Commitment to confidentiality and “Off-limits” conversations

**Consider use of a written mentoring agreement**

# New mentoring relationships benefit from a discussion about communication

- ❑ Seek to identify respective preferences
- ❑ Clarify expectations for communication
  - Frequency of meeting
  - Confidentiality
  - Mutual feedback
- ❑ Develop an initial plan for communication
- ❑ Recognize that this plan will likely need to be adjusted in the future – as it is a starting point

## C. Mentoring across differences

Useful discussions have considered **gender differences** in mentoring. Age and experience are other factors for consideration.

However, the visible differences between a mentor and mentee are sometimes the easiest to assess, discuss and learn from.

Much more difficult are **the “invisible” differences**

- Differences in work styles
- Differences in capacity, energy and drive
- Differences in temperments
- Differences in defining success

# Addressing “invisible” differences in a mentoring relationship

Personal skills including **active listening** by the mentor can be critical to enabling a women trainee to feel comfortable with differences

Skills to bridge differences effectively include:

- Non-judgemental
- Altruistic
- Patient
- Honest
- Reliable
- Motivator

## D. Providing guidance and feedback for a trainee

The mentoring skills of a coach, counselor and sponsor are important as is the manner in which ideas, advice, and reflection are provided.

So **set the stage** for focused discussions so that you and your trainee will be able to discuss what maybe be difficult issues.

Remember your role as a mentor is **to ask good questions** – and not to make decisions for the mentee

Providing effective feedback requires giver and recipient to be allies with common goals

Feedback on one's performance is a means by which we receive data to bring about a change and improve as a professional.

Trainees are frequently new to the concept of feedback – so mentors will need to discuss how they may serve as an **observer** who can provide **constructive feedback** in order for the **recipient** to receive data that can bring about a change.

**Mentor** – Provides observation of performance

**Mentee** – Receives feedback and chooses response

## E. Using your network to empower your mentee

Effective mentoring of women trainees should include attention to **Sponsorship**.

Observable behaviors of the Mentor as Sponsor include:

- Facilitation of “referrals” to a trainee

- Involvement of trainees in a project

- Provides introduction of a trainee to leaders in the professional field

- Advocates for the trainee, thereby opening up new opportunities for broadening networks and connections and/or collaborations

- Facilitates nomination for awards, committees, key positions

Mentors can encourage women trainees to network

Mentors can provide a visible demonstration of effective networking –

Consider situations where you and your trainee can attend an event, meeting and/or conference together – and introduce your trainee as a colleague.

### **Networking Venues**

- Social events
- Local seminars
- National/international conferences
- Committee service
- Research collaborations

# Concluding Statements

In these challenging times of academic medicine, mentorship for our women faculty is critical for their success.

Nationally women make up only 38% of faculty and occupy ~15% of senior leadership positions in academic medicine. These low numbers have significant negative impact on all missions of academic medical institutions, on our patients, and on society at large.

Senior faculty need to realize that it is time to embrace the theme of “It Is Not About Me” and step up to the plate to mentor our women junior faculty to help them be successful in their chosen career paths. This Mentor’s Toolkit will help you.

Mentoring our women faculty is some of the most important work that we can do to continue to diversify ourselves and to serve our diverse patient populations.

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GWIMS Toolkit

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# Author Biography



Joan M. Lakoski, PhD, is Vice President of Research and Graduate Education and Chief Science Officer at the American Association of Colleges of Pharmacology. She previously served as the Associate Vice Chancellor for Academic Career Development at the University of Pittsburgh Schools of the Health Sciences, and the Associate Dean for Postdoctoral Education, Professor of Pharmacology and Chemical Biology, and Professor in Clinical and Translational Sciences at the University of Pittsburgh School of Medicine. Dr. Lakoski received her doctoral degree in pharmacology from the University of Iowa, completed postdoctoral training in the Department of Psychiatry at the Yale University School of Medicine, and has held faculty positions at the University of Texas Medical Branch in Galveston and the Pennsylvania State University College of Medicine, including appointment as interim chair of the Department of Pharmacology at Penn State. Dr. Lakoski was the Founding Executive Director of the Office of Academic Career Development (2002-2009) and the Office of Science Education Outreach (2010-2014) at the University of Pittsburgh.



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# **GWIMS Mentoring Women Toolkit for Mentees**

Mentoring for Your Academic Career Success

Mary Lou Voytko, Wake Forest School of Medicine

Joan M. Lakoski, American Association of Colleges of Pharmacy



**GWIMS Toolkit**

# Types of Mentoring

There are many forms of mentoring. You may find that one or several work best for you.

- One-on-one
- Group (e.g., facilitated, workshops)
- Peer
- Informal (e.g., socials, hallway conversations)
- Multiple Mentors (e.g., committee)
- Situational (e.g., putting in a catheter)
- Supervisory (e.g., with one of your students)

# How to Identify Mentors Committed to the Professional Success of Women in Medicine and Science

# Finding Your Mentor(s)

## Define your needs for a mentoring relationship

- Do you need of a **coach** to learn new skills, knowledge and/or behaviors?
- Do you need a **sponsor** to provide general career guidance?
- Do you need a **counselor** for advise on personal and professional situations?

## Consider finding multiple mentors

- You may need specialized expertise
- One individual may be able to address some, but not all, of your mentoring needs
- Your mentoring needs will likely change over time

# The Critical First Step: Know Your Goals

Begin your search for a mentor by asking yourself questions regarding your goals, challenges and aspirations – self reflection is essential

- “What support do I need?”
- “Where do I feel the need for improvement in professional competencies?”
- “Where am I struggling?”
- “What am I enjoying?”



# With Your Goals in Hand Search for the Mentor Who is a Match

So how and where to search?

- Keep in mind that you are seeking a new relationship that will guide and support you as a professional in academic medicine...
- ... and you have great insights and unique experiences to share with your mentors

Two basic types of mentors are:

- A) Internal** to your organization
- B) External** to your organization

# Internal Mentor Searching

Places to Look:

- 1) **Within** your department
- 2) **Outside** your department

It is essential is to look for an individual with high professional standards and values – and an interest in supporting **your professional development and growth**

# Choosing a Mentor from Within

Should your goals be focused on moving through a promotion and/or tenure process, a fellow senior faculty colleague may best meet your needs

- This senior colleague will likely know your institutional process – and can provide you with feedback on your portfolio (both strengths and weaknesses)
- Keep in mind that having your Chair as your mentor can be effective but is not ideal due to potential conflicts of interest in reporting roles

# Choosing a Mentor Outside

Among the advantages of a mentor who is not a member of your department and/or unit, is their unique perspective.

- Often a mentor outside your academic home is a key content expert in your field – someone who can be an sponsor for you and/or you can utilize their respective networks
- A mentor outside your daily environment can provide fresh insights – from a different vantage point

# External Mentor Searching

Looking closely at your goals consider a colleague from the following:

- A) Your professional societies
- B) Your professional organizations
- C) Your external community
- D) Within your personal community

# External Mentors: Professional Contacts

Should you be in an early stage of your career, you may need assistance with developing your niche and unique professional expertise and identity

Often a key experienced leader in your professional world can be a key resource for your mentoring needs

- Keep in mind that face-to-face meetings may be more limited to the times you cross paths on a professional basis, i.e. conferences that you both attend, but the network and knowledge base of this senior leader in your specialty and/or field can be an outstanding resource
- Seek out individuals in your professional societies and organizations who share common interests with you – perhaps you have even seen them “in action” by serving on a committee with them.

# External Mentors: Your Communities

Consider a mentor who is a role model in your community but perhaps in another field – i.e. a woman who is in a leadership position in her respective profession.

- Often times the skills needed to navigate professional relationships can be provided from another experienced leader
- Frequently your neighbors in your local community are experts in many of the difficult tasks that are inherent in your daily activities as a professional – issues such as time management and/or work-life integration – individuals with whom you share common values and concerns

# Considerations of Your Mentor

Key to an effective mentoring relationship is knowing your goals and needs

- Seek out individuals who are interested in your success and professional growth
- Sometimes you may seek a mentor who has common life experiences and other times you may look for a mentor with a totally different vantage point that can challenge and stimulate your thinking.

# Searching Tips: Key Mentor Qualities

- ❑ Look for individuals as mentors who enjoy their roles and responsibilities
- ❑ Look for individuals as your mentors who are experienced yet willing to listen to your concerns and needs
- ❑ Look for individual mentors with whom you can build a relationship on trust, mutual respect and confidentiality
- ❑ Consider any personal and/or professional biases that they may bring to your mentoring relationship

# Mentoring vs Sponsorship

Mentoring and sponsorship are quite different and you should know the difference and recognize the importance of having both.

**Mentors** provide advice, feedback, and coaching.

**Sponsors** are advocates in positions of authority who use their influence intentionally to help others advance.

Sometimes mentors can act as sponsors depending on their level within the organization.

Both mentors and sponsors are important to advancement as employees navigate the workplace and earn opportunities for growth.

See: <http://www.ncbi.nlm.nih.gov/pubmed/?term=travis+e+and+sponsorship>

# Inviting a Mentoring Relationship

So you have considered your goals and needs for a mentoring relationship

And also developed a short list of potential excellent mentor candidates

So take a deep breath and invite them...



# Tips for Contacting a Potential Mentor

You can send an email but personal contact is best

A) Introduce yourself

- Include brief personal information and a CV

B) Be specific about your need for guidance

- Define how the mentor can be of help to you

C) Describe why you are asking this person for assistance as a mentor

- What is the mentor's relevant professional expertise?

# Creating a New Mentoring Relationship

If at all possible, find an opportunity to ask for a mentoring relationship **in person**

- **Asking someone to serve as your mentor is a *sign of great strength* on your part as a mentee**
- Mentors will be flattered that you have found a quality within them that is attractive and can meet your needs as a professional

**Keep in mind that someone who will make an excellent mentor for you will need to listen to your needs and then decide for her/him-self if this is a responsibility they would enjoy as they make a professional commitment to your development and growth**

***There are many individuals  
committed to the professional  
success of women in medicine  
and science – find a mentor  
committed to your success!***

# Essential Elements of Mentoring to Achieve Career Satisfaction and Success

# Essential Elements of Mentoring: The Mentee Perspective

To achieve the maximum benefits of a new mentoring relationship, the mentee must “**drive**” the relationship by knowing her goals, concerns and professional development support needs.

- As the “owner” of the relationship, be sure to review your roles and responsibilities as a mentee.
- Likewise, keep in mind the benefits that you can obtain from your investment in this customized professional development relationship.

# Roles and Responsibilities of a Mentee

To develop and sustain a dynamic mentoring relationship, mentees should demonstrate the following:

- ❖ Arrive prepared to meet with your mentor
- ❖ Respect each other's time
- ❖ Follow through and accept responsibility for your choices
- ❖ Demonstrate insight and self-knowledge
- ❖ Bring solutions and options – not just problems
- ❖ Seek clarification in communications with your mentor
- ❖ Give, request and honor feedback from your mentor

# An Effective Mentee Considers the Mentor's Perspective

What should mentors expect of a mentee?

## 1) Professionalism

- Responds to messages
- Keeps scheduled appointments or gives notice in appropriate time to reschedule if needed
- Strives for honesty regarding needs

## 2) Listening to advice

- Listening does not imply acceptance of all advice!

## 3) Providing feedback

- Mentors will need your feedback to know if they are meeting your needs as a mentee

# Positive Benefits of Being a Mentee

Embarking on a dynamic relationship with a trusted professional colleague can bring lasting value and success to your academic career.

- Anticipate growth in your knowledge of your profession
- Anticipate expansion of your knowledge of yourself
- Anticipate a deeper understanding of challenges that you face on a daily basis
- Anticipate development of a broader understanding of academic medicine – both within and external to your organization
- Anticipate the support of your career success by a colleague who can provide numerous degrees of support, confidence to you and encouragement

# Consider the Organizational Perspective to Your Being a Mentee

Your institution/department/unit has placed a significant amount of resources in your recruitment and success in being an effective member of your new community.

Mentoring can ensure a “return on this investment”.

# Roles and Responsibilities of Mentors in a Dynamic Mentoring Relationship

Without question, your mentor has a critical obligation to you if they have agreed to join in a new mentoring relationship with you.

This is a mutually beneficial relationship – do not forget that you are also providing important stimulation and insights to your mentor

Mentoring is a “two-way street” relationship

*Please see the GWIMS Toolkit: Mentoring Women – A Guide for Mentors for an in-depth discussion of the roles and responsibilities of mentors*

# **Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring**

# **Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring**

There are important aspects to mentoring across differences, including gender.

You as a mentee need to be aware of the issues related to cross-gender mentoring, for yourself and for your mentor.

By being aware of the challenges of cross-gender mentoring, you will be able to help your mentor understand the differences between yourselves so that you can obtain the most reward from your mentoring relationship.

You also will become aware of the limitations of your mentor if they are unable to work through the differences between yourselves.

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

- All faculty regardless of gender encounter challenges in their paths to a successful career in academic medicine.
- Now more than ever, significant changes in healthcare delivery, clinical reimbursement, research funding, and medical curriculum models, stress our systems and our faculty.
- In addition to these challenges, women in academic medicine face additional challenges and decisions that can add weight and stress to their already burdened shoulders, leading to burn out and departure from an academic medical career.

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

➤ Some of these added challenges include:

- 1) Male faculty are primarily “career oriented” while many female faculty are primarily “career and family oriented” (Bland et al., 2009; Humphrey & Smith, 2010).
- 2) Women have to take into consideration promotion and tenure clock limits and provisions while navigating their personal decisions regarding family time (Bland et al., 2009; Humphrey & Smith, 2010).
- 3) Gender bias, discrimination, and sexual harassment remaining challenging for women faculty in academic medicine (Bland et al., 2009; Humphrey & Smith, 2010; Kram, 1988).

# Mentoring Women Faculty: Issues Related to Cross-Gender Mentoring

- 4) Women often negotiate poorly for resources (e.g., staff/technical support, laboratory space, research support, or salary) (Humphrey & Smith, 2010; Sege et al., 2015).
- 5) Women faculty are less likely to be networked and are less likely to be sponsored/nominated or to proclaim their accomplishments (Bland et al., 2009; Humphrey & Smith, 2010).

These issues are discussed further in the **GWIMS Toolkit – A Guide for Mentors.**

# **Maximizing Your Success as a Mentee**

***How to Begin, Sustain, and  
End Mentoring Relationships***

# Maximizing Your Success as a Mentee: *Stages of Mentoring Relationships*

Mentoring relationships transition through phases of development.

- **Initiation** = mentor admired/respected and mentee feels supported/cared for; both motivated/committed by relationship
- **Cultivation** = time of great growth of mentee with more self-confidence, satisfaction, and observable changes
- **Separation** = mentee gains independence/autonomy; relationship becomes less important to mentee as they gained all able and ready to move on
- **Redefinition** = become peers, friends or end contact; mentee now mentors

Initiation (6-12 mos)--- Apprentice



Cultivation (2-5 yrs)---Colleague



Separation (6 mos-2 yrs)-Mentor



Redefinition

*Kram, 1983*

# Maximizing Your Success as a Mentee: *Starting Your Relationship*

- Get to know each other
  - establish rapport; identify points of connection; CVs
- Talk about mentoring in general
  - views of mentoring; previous experiences
- Determine general mentoring goals and needs
  - goals (broad statements e.g., promotion)
  - Objectives (measurable e.g., obtain grant in 2 years, write manuscript in 8 months)
- Talk about desired outcomes (for both)

# Maximizing Your Success as a Mentee: *Starting Your Relationship*

- Establish and communicate expectations at the start of the mentoring relationship:
  - Develop a schedule that includes frequency of meetings
  - Agree on communications between meetings
  - Own that the mentee schedules the meetings
  - Agree on confidentiality
  - Discuss boundaries, including what may be “out of bounds”
  - Agree to give and receive feedback

# Maximizing Your Success as a Mentee:

## *Potential Mentoring Discussion Topics*

- Promotion and Tenure
- Research
- Networking
- Clinical
- Scholarship
- Work-Life Integration
- Teaching
- Work-Work Integration
- Professional and Career Development
- Service or Administrative

# **Communication is Key in Mentoring**

***Active Listening Skills are  
Essential***



# ***Active Listening Skills***

Active listening is a very important communication skill that you should be facile in as it will serve you extremely well in any relationship and any interaction.

When you are an active listener, you are totally engaged in the conversation with another individual.

The next 2 slides note the basic points of being an active listener.

# ***Be an Active Listener***

- **Pay attention**
  - Look at them directly
  - Don't be distracted
  - Watch their body language
  - Don't be thinking about your response
- **Show that you are listening**
  - Nod occasionally
  - Use facial expressions to mirror theirs
  - Make small verbal comments (uh uh..)
  - Watch your posture
- **Provide feedback**
  - Paraphrase, reflect back to them
  - Summarize points
  - Ask clarifying questions

# ***Be an Active Listener***

- **Defer judgement**
  - Allow them to finish before asking questions
  - Don't interrupt
- **Respond appropriately**
  - Be open, honest, and candid
  - Assert your opinions respectfully
  - Treat them in a way that you would want to be treated

Active listening is not easy but with practice becomes more natural

# ***How to Sustain Your Relationship***

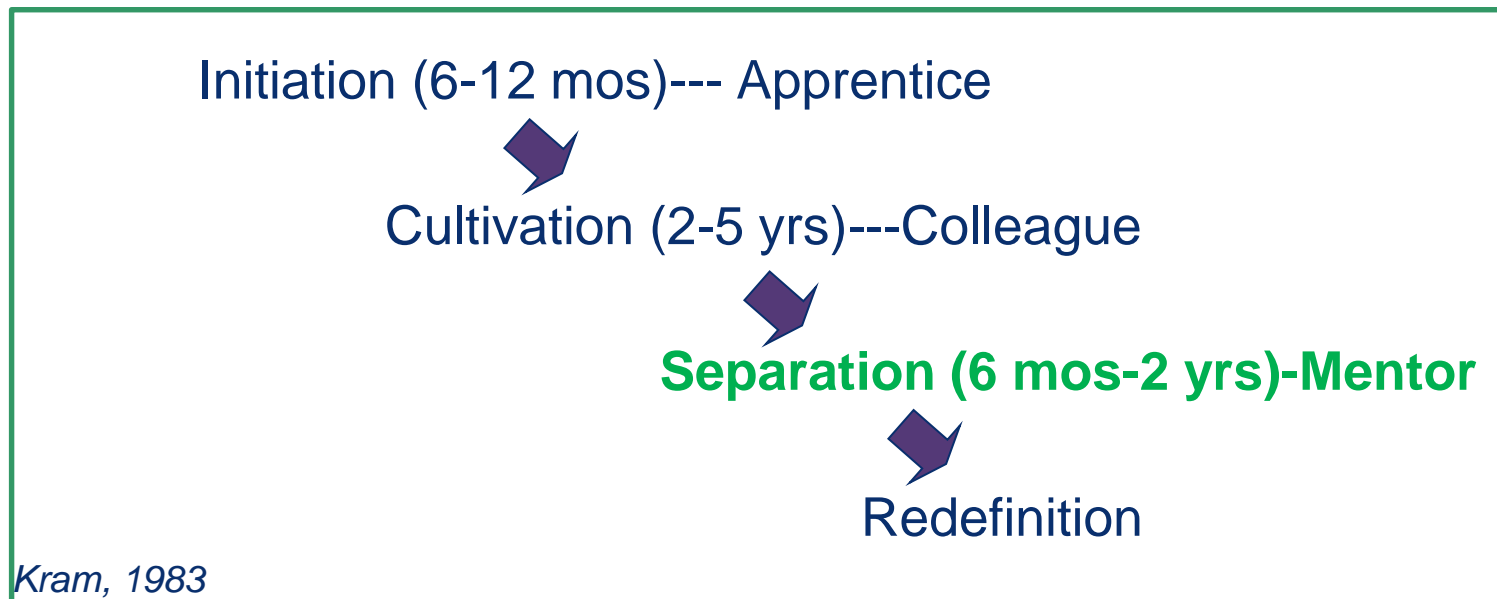
Here are some tips for keeping your mentoring relationship fresh and active over time:

- Formulate and review 1, 3, and 5 year goals
- Reexamine goals to determine if on target
- Keep ongoing record of activities and progress
- Assess gaps in professional development and seek opportunities for training
- Identify conference/society participation
- Engage in socials for networking with other senior faculty
- Identify additional mentors as needed
- Discuss strategies for dealing with stress

# Maximizing Your Success As A Mentee: *Time For Separation*

With most mentoring relationships there comes a time when the relationship should end.

This stage is the **Separation** stage and can take some time to mature enough that the relationship partners realize it is time for a change.



# ***Recognizing Signals That a Change is Needed in a Mentoring Relationship***

## **Mentee**

- Run out of things to talk about
- Not feel like making progress
- Been consistent breach of confidence
- Feel drained when meet with mentor
- Appears to be 1-way relationship; mentor never available

## **Mentor**

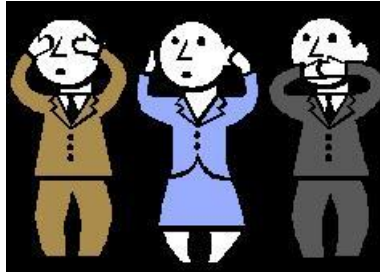
- Mentee is high maintenance
- Mentee not making progress
- Mentee listens to advice but never follows through
- Begrudge time must spend to maintain relationship
- Mentee never responds

# ***Potential Barriers to Mentoring***

One needs to be aware of obstacles to mentoring that could play a role in a changing mentoring relationship or for mentoring to occur in an institution at all:

- Mentors time is not compensated
- Time threatened by increased clinical, research, teaching, administrative demands
- Mentoring concept undervalued
- Insufficient numbers of senior faculty who are women or underrepresented minorities to mentor junior faculty
- Senior faculty, not mentored themselves, may not feel qualified to mentor
- Junior faculty perceptions they will be viewed as weak

# ***Dysfunctional Mentoring Relationships***



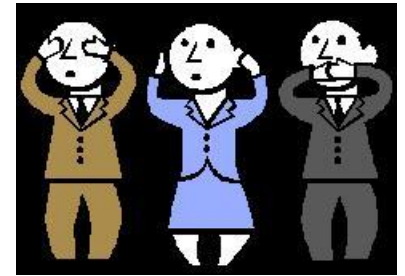
A definite time to separate out of a mentoring relationship is when/if it becomes a dysfunctional mentoring environment. It is dysfunctional when:

- Mentor/mentee perceive costs outweigh benefits over the long-term
- One or other engage in specific concrete behaviors to sabotage work or career of other

# ***Consequences of Dysfunctional Relationships***

## **For Mentees:**

- Greater stress and anxiety
- Lower self-esteem
- Exit organization



## **For Mentors:**

- Feelings of betrayal and anger
- Less interest in mentoring again
- Less interest in involvement in other activities

## **For Institution:**

- Decreased levels of trust
- Less collaborative behavior/teamwork

# ***Toxic Mentoring***

Mentor's own needs take precedence

## Types of Toxic Mentoring:

- Cloggers
  - leave you out of loop
- Wreckers
  - initially take pride, but then nothing is right
- Escape Artists
  - brag about mentoring but are never around



# ***Toxic Mentoring***



- **Passive Negative Mentoring**  
(= neglectful mentors)
  - Ambivalent/inattentive
  - Inaccessible
  - Insecure in own career; ? knows how to mentor
  - Has unrealistic expectations leading to “guaranteed failure” of mentee
  - Undervalues mentee’s abilities

# ***Toxic Mentoring***



- Active Negative Mentoring:
  - Displays inappropriate behaviors
  - Gives only negative feedback
  - Squelches enthusiasm or initiatives of mentee
  - Takes credit for mentee's work
  - Places mentee in perpetual underling role
  - Unsupportive of independent efforts
  - Doesn't set up and keep regular meetings
  - Uses the relationship to advance own projects
  - Undermines mentee to others
  - Fails to fulfill essential mentoring responsibilities

# ***How To End a Mentoring Relationship***

- Need to bring closure and have a conversation
  - show appreciation
  - express that you need a change
  - do not just stop meeting as this often leaves the mentor wondering what happened
  
- Tell your mentor any benefits you achieved from the relationship (if any)
  - goals achieved
  - new experiences or skills
  - enjoyment of interactions
  - appreciated getting to know someone outside of the department

# ***How To End a Mentoring Relationship***

- As a mentee, reflect on what you learned from the relationship
  - about being a mentee
  - about how to mentor (good or bad)
- What will you do differently in the next relationship?
  - especially as you become a mentor to others
  - if you take on a new mentor
- Next steps?
  - any further interactions between selves?
  - has the relationship become more of a peer relationship?

# Concluding Statements

It is a fact that mentoring increases faculty productivity, career advancement, and career satisfaction (e.g., National Research Council, 2010; Pololi et al., 2002; Shollen et al., 2014).

Regardless at what stage you are as a junior faculty member, if you do not have a mentor now you need to do your best to find one so that you too can reap the rewards of being mentored.

*Hopefully, we have provided you a guide to get you on your way successfully!*

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# Joan M. Lakoski, PhD,

Dr. Lakoski is Vice President of Research and Graduate Education and Chief Science Officer at the American Association of Colleges of Pharmacology. She previously served as the Associate Vice Chancellor for Academic Career Development at the University of Pittsburgh Schools of the Health Sciences, and the Associate Dean for Postdoctoral Education, Professor of Pharmacology and Chemical Biology, and Professor in Clinical and Translational Sciences at the University of Pittsburgh School of Medicine. Dr. Lakoski received her doctoral degree in pharmacology from the University of Iowa, completed postdoctoral training in the Department of Psychiatry at the Yale University School of Medicine, and has held faculty positions at the University of Texas Medical Branch in Galveston and the Pennsylvania State University College of Medicine, including appointment as interim chair of the Department of Pharmacology at Penn State. Dr. Lakoski was the Founding Executive Director of the Office of Academic Career Development (2002-2009) and the Office of Science Education Outreach (2010-2014) at the University of Pittsburgh.





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# Strategies for Cultivating Career Satisfaction and Success through Negotiation



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Associate Professor and Deputy Chair for Faculty and Financial Operations  
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# **GWIMS Toolkit**

# Learning Objectives

1. To appreciate the different approaches towards negotiation and the theoretical literature regarding concepts such as “positional bargaining” and “principled negotiation”
2. To learn from the experiences described by other academic medical faculty regarding negotiation
3. To recognize how gender affects negotiations and understand strategies that can optimize effectiveness in negotiation settings

# What is Negotiation?

“Put simply, negotiation is a tool to help change the status quo when change requires the agreement of another person.”

Babcock L, Laschever S. 2009.  
**Ask For It: How Women Can Use the  
Power of Negotiation to Get What  
They Really Want. Bantam Dell.**

# Problem: “Positional Bargaining”

## Playing the Game

### *The Rules*

- Depends upon successively taking – and then giving up – a number of positions
- Must choose between two negotiation styles, either soft or hard

### *The Outcome*

- Arguing over and sticking to positions is inefficient and can damage relationships
- Those choosing a softer approach are vulnerable to others playing hard ball

Adapted from: Fisher R, Ury W, Patton B (ed). 2011. *Getting to Yes: Negotiating Agreement Without Giving In*. Penguin Books.

# Solution: “Principled Negotiation”

Changing the Game	
<i>New Rules</i>	<i>Better Outcome</i>
<ul style="list-style-type: none"><li>• “Focus on interests, not positions”</li></ul>	<ul style="list-style-type: none"><li>• Leads to mutually satisfying options and “wise agreement”</li></ul>
<ul style="list-style-type: none"><li>• Negotiation style neither hard nor soft, but rather both hard and soft – “hard on the problem”, “soft on the people”</li></ul>	<ul style="list-style-type: none"><li>• Participants work side by side to attack the problem, not each other</li></ul>

Adapted from: Fisher R, Ury W, Patton B (ed). 2011. *Getting to Yes: Negotiating Agreement Without Giving In*. Penguin Books.

# Four Points of “Principled Negotiation”

1. “Separate the **people** from the problem”
2. “Focus on **interests**, not positions”
3. “Invent **options** for mutual gain”
4. “Insist on using objective **criteria**”

Fisher R, Ury W, Patton B (ed). 2011. Getting to Yes: Negotiating Agreement Without Giving In. Penguin Books.

# Importance of Negotiation in Academic Medicine

“You need to recognize that what you get is what you negotiate. . . Negotiation is the key to shaping your career. . . Negotiation is a game and you need to know it. . . You don’t get what you deserve, you get what you negotiate.” (Male, M.D., professor)

Sarfaty et al., 2007

# What Kinds of Things Are Negotiable in Academic Medicine?

- Lab equipment or research space
- Funding for research
- Support staff
- Reduction in clinical hours or time flexibility
- Work schedule or work responsibilities
- Salary or raise
- Position or promotion
- Authorship

Holliday et al., 2015; Sarfaty et al., 2007

# Pitfalls and Barriers to Negotiation

- Naïveté and Lack of Preparation
- Structure of the Institution
- Lack of Strategy and Leverage

# Pitfalls and Barriers to Negotiation

## *Naïveté and Lack of Preparation*

“There is no concept that negotiation is a part of academic medicine; it is a fascinating question to think that one has to be trained in these things. I wish I had learned that there was even a concept.” (Female M.D., associate professor)

Sarfaty et al., 2007

# Pitfalls and Barriers to Negotiation

## *Structure of the Institution*

“[It's] not really possible in our system... I would have had to quit my job.... Other people that have asked have been flatly told no.”  
(Female, K-Awardee)

Sambuco et al., 2013

“You feel powerless and helpless towards this big elephant [the institution] . . . which has no interest in empowering faculty.” (Male MD, Associate professor).

Sarfaty et al., 2007

# Pitfalls and Barriers to Negotiation

## *Lack of Strategy and Leverage*

“If I had additional grant support, then I'd be able to use that as a lever to negotiate with but, until that time, I really don't have any negotiating ability.” (Male, K-Awardee)

Sambuco et al, 2013

“Had I actively pursued outside options and been fully aware of my earning potential before going into [the] negotiation, I would have had more leverage” (Female, PhD, Professor)

Sarfaty et al., 2007

# Gender Differences in Negotiation

- Inefficacious Attitudes, Expectations, and Behaviors
- Family Circumstances Affecting Strategy and Leverage



# Gender Differences in Negotiation:

## *Inefficacious Attitudes, Expectations, and Behaviors*

“I think women tend to try to...please and do a good job....they may be sort of asked to do something that's not in their best interest to do it....A man would say I can't do this; a woman might go ahead and do it because she wouldn't want to displease the person asking her to do it. That's a disadvantaged behavior... [Women] are sort of reticent about demanding more pay and more time off or more compensation than men do.” (Female, Mentor)

“I just think as a woman you need to be more aggressive and outspoken...I would say I notice it in other women ...[who] haven't necessarily been promoted at the same pace as men or received the same resources as me.... If they would have asked for it they would have gotten it, but they don't ask for it.” (Female, K-Awardee)

Sambuco et al, 2013

# Gender Differences in Negotiation:

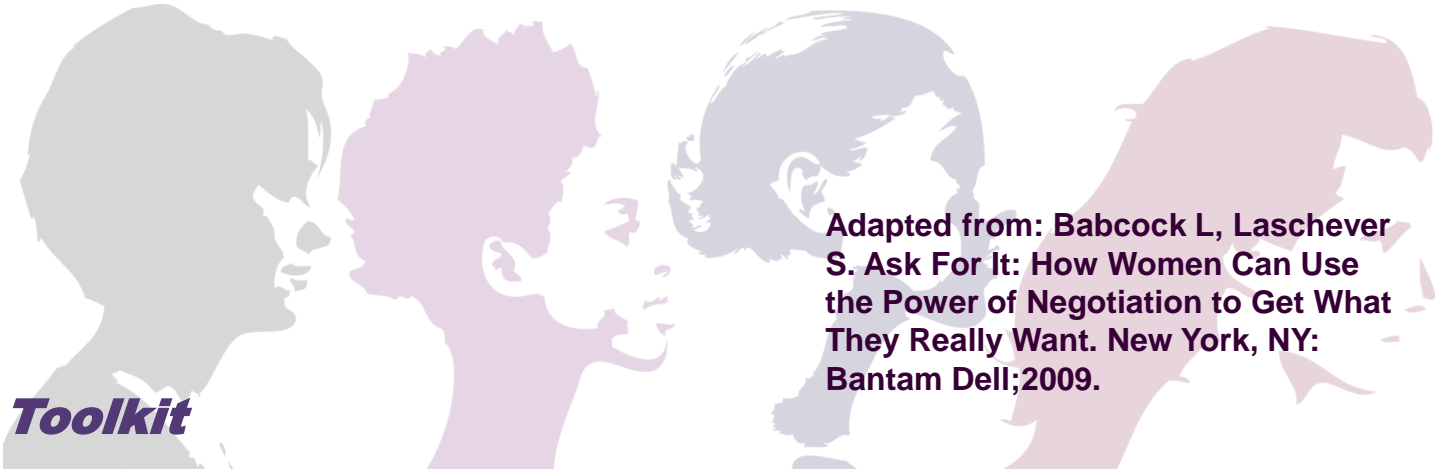
## *Family Circumstances Affecting Strategy and Leverage*

[Men will] look for different jobs so that they'll get a better retention package...I should maybe be threatening to leave or finding other positions and then coming back and asking for a retention package...I think people would naturally think women aren't going to leave because it's much harder for us to uproot our families. (Female, K-Awardee)

Sambuco et al, 2013

# Ten Steps to Negotiating Effectively

1. **Figure out what you want and what you can do** - identify your ideal job, personal needs, career/life goals; identify your strengths and weaknesses
2. **Commit to being in control** - establish an internal “locus-of-control” rather than relying on external factors to determine your life
3. **Find out if you are being treated fairly** – recognize unconscious bias; examine your organization’s policies and practices more closely to uncover implicit forms of unfairness; cultivate social and professional networks to build alliances and gain insider information



Adapted from: Babcock L, Laschever S. *Ask For It: How Women Can Use the Power of Negotiation to Get What They Really Want*. New York, NY: Bantam Dell;2009.

# Ten Steps to Negotiating Effectively (cont.)

4. **Assess the negotiation environment** – do your research; determine your position in the context of other key players (e.g., how much you are worth, how much bargaining power you have); measure the playing field (e.g., how many parties are involved, the nature of the relationships)
5. **Identify your “best alternative to a negotiated agreement” (BATNA)** – aim to negotiate an outcome better than your BATNA; use your BATNA as a source of bargaining power

Adapted from: Babcock L, Laschever S. Ask For It: How Women Can Use the Power of Negotiation to Get What They Really Want. New York, NY: Bantam Dell;2009.

# Ten Steps to Negotiating Effectively (cont.)

6. **Determine your “reservation value” (RV), but focus on your “target value” (TV) or “aspiration value”** – set a “bottom line” or “cutoff point”, which will be the worst deal you will accept, but be ambitious and aim high for what you really want
7. **Tap into the power of “cooperative bargaining”** – engage in “interest-based” rather than “position-based” bargaining to reach a successful “win/win” agreement
8. **Have a good strategy** – tailor your negotiation strategy to your specific situation; decide on your approach, mode of communication, timing, and location

Adapted from: Babcock L, Laschever S. Ask For It: How Women Can Use the Power of Negotiation to Get What They Really Want. New York, NY: Bantam Dell;2009.

# Ten Steps to Negotiating Effectively (cont.)

9. **Practice and rehearse**— try warming up by negotiating for smaller things first; role-play ahead of time with a trusted colleague; recognize that your tone of voice, posture, facial expressions, and body language might affect how you are perceived; avoid appearing overly aggressive; practice framing requests in a positive way
10. **Be a Closer**- “seal the deal”; don’t walk away too soon; focus on what you have identified as your target, continue to aim high, and hang in here!

Adapted from: Babcock L, Laschever S. Ask For It: How Women Can Use the Power of Negotiation to Get What They Really Want. New York, NY: Bantam Dell;2009.

# Negotiation Strategies

- Identify your goals, strengths, and weaknesses
- Find out if you are being treated fairly
- Determine your position on the playing field
- Set a bottom line, but aim high for what you want
- Focus on mutual interests: aim for “win/win”

# Negotiation Strategies

## *Identify your goals, strengths, and weaknesses*

“The first thing that needs to occur as part of the negotiation process is your own self-assessment of your performance and your goals. . . . I think my most useful skill is self-assessment and self evaluation, which helps me to define strategies for achieving where I want to go.” (Female MD, Assistant Professor)

Sarfaty et al., 2007

# Negotiation Strategies

*Find out if you are being treated fairly*

“I've found that many places [exploit] junior faculty and take advantage of the fact that they don't really understand a lot of the nuances of how the system works.” (Male, Mentor)

Sambuco et al., 2013

# Negotiation Strategies

*Determine your position on the playing field*

“[T]hat's what you want to keep focused on: what are you going to bring them that they want that they don't have.” (Male, Mentor)

Sambuco et al., 2013



# Negotiation Strategies

***Set a bottom line, but aim high for what you want***

“Going into these crucial negotiations. . . have a fair idea of what [you] want, what you’re willing to concede. . . . Start out in a position that’s an advance of your bottom line. . . . It’s good to have something you can yield and also to have decided what you’re not going to yield and really stick to that.” (Female MD, Associate Professor)

Sarfaty et al., 2007

“Ask for a little bit more than they think they would need at this point...they've gotten so used to doing research ... on a shoestring, they don't tend to think about what they could do if they [could] have ... really adequate resources ... as opposed to just barely adequate resources.” (Female, Mentor)

Sambuco et al., 2013

# Negotiation Strategies

*Focus on mutual interests: aim for “win/win”*

“There are multiple different ways to come up in the end with a package that helps you be successful. It's not necessarily exclusively in one category that's immutable ... [One] of the things I keep harping on is being strategic...thinking about what your boss wants and what will make him or her happy and what his or her constraints are and... work for win/win situations.” (Female, Mentor)

Sambuco et al., 2013

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# Additional Readings

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3. Miller L, Miller J. A Woman's Guide to Successful Negotiating: How to Convince, Collaborate & Create Your Way to Agreement. New York, NY: McGraw-Hill;2002.

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Reshma Jagsi, M.D., D.Phil., is Associate Professor and Deputy Chair in the Department of Radiation Oncology and Research Investigator in the Center for Bioethics and Social Sciences in Medicine at the University of Michigan. She graduated first in her class from Harvard College and then pursued her medical training at Harvard Medical School. She also served as a fellow in the Center for Ethics at Harvard University and completed her doctorate in Social Policy at Oxford University as a Marshall Scholar. Dr. Jagsi's medical research focuses on improving the quality of care received by breast cancer patients, both by advancing the ways in which breast cancer is treated with radiation and by advancing the understanding of patient decision-making, cost, and access to appropriate care. Her social scientific research includes research into issues of bioethics arising from cancer care and research regarding gender issues, including studies of women's representation in the medical profession. She is the author of over 100 articles in peer-reviewed journals, Senior Editor at the International Journal of Radiation Oncology Biology Physics, Immediate Past-Chair of ASCO's Ethics Committee, and Chair of the Research Committee of the Radiation Oncology Institute. She is on the editorial boards of the Journal of Clinical Oncology and JAMA Oncology. Her research has been funded by the National Institutes of Health, the American Cancer Society, the Robert Wood Johnson Foundation, and other philanthropic foundations.



# Rochelle DeCastro Jones, MS

Rochelle DeCastro Jones, MS is a Research Associate at the University of Michigan Medical School Department of Radiation Oncology and the Center for Bioethics and Social Sciences in Medicine. She was the study coordinator and project manager for a nationwide mail survey, which sought to understand the barriers facing junior clinician -researchers, particularly women, in order to improve gender equity in academic medicine. In addition, she was the study coordinator and project manager for a nationwide qualitative study, which employed semi-structured, in-depth telephone interviews to explore issues of negotiation, mentoring, work-life balance, and retention within academic medicine among former recipients of National Institutes of Health career development awards and their mentors.

# Martha Gulati, MD, MS, FACC, FAHA

Martha Gulati, MD, MS, FACC, FAHA is an Associate Professor of Medicine and Clinical Public Health in the Division of Cardiology at The Ohio State University. She is also the Sarah Ross Soter Chair in Women's Cardiovascular Health and the Section Director for Women's Cardiovascular Health and Preventive Cardiology at The Ohio State University. She is the author of the best-seller, "Saving Women's Hearts." Her exceptional commitment to the study of women and cardiac diseases has won her numerous awards and distinctions, including being named by *Crain's Chicago Business* as one of Chicago's "Top 40 under 40," a list that honors 40 outstanding individuals who have made a major impact in their respective industries before the age of 40. In 2011, she received the first *CREDO (Coalition to Reduce Racial and Ethnic Disparities in Cardiovascular Outcomes)* Award from the American College of Cardiology that was given to honor her contributions to improve cardiovascular healthcare of women patients. In 2012, she was awarded the National Red Dress Award for her efforts in raising awareness of heart disease in women and advancing research in this field. Dr. Gulati completed medical school at the University of Toronto, Canada. She went on to complete her internship, residency, and cardiology fellowship at the University of Chicago. She received a Master in Science at the University of Chicago and is a fellow of the American College of Cardiology and the American Heart Association. She is board certified in cardiovascular disease.





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# A Case Study: Creative Faculty Development through your GWIMS Office



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## GWIMS Toolkit

# Objectives

Increase women's faculty development through networking

Provide mechanism for mentoring that will engage experienced senior research faculty to collaborate with novice junior faculty in research

Focus on women's health topics as a means to encourage women faculty to participate

Advance research in women's health topics

Generate funding strategies for development programs

Provide a format for engaging, mutually-beneficial mentoring experiences across gender and ranks



**GWIMS Toolkit**

# Secrets to Success

Align Faculty Development Vision with Institutional Vision

Develop a strategy to get key administrative and faculty support

Use tough issues to your advantage

- Mentoring is almost uniformly a challenge;
- so, provide the opportunity for senior faculty to mentor junior faculty in a mutually beneficial arrangement . . .
- . . . and turn Research Speed Date Synergies into Collaborative Seed Grant Teams!

# Aligning the Vision

- USF Health programs and USF vision statements all with strong focus on research programs and increasing research presence
- Women's Health Collaborative Vision Statement includes:
  - Develop strategies to foster recruitment, retention, and promotion of diverse women in academic medicine
  - Provide opportunities that will enhance the career development of women in academic medicine through leadership seminars, involvement in continued medical education programs to build regional and national reputation, and provide research opportunities

# Clear Vision: The environment

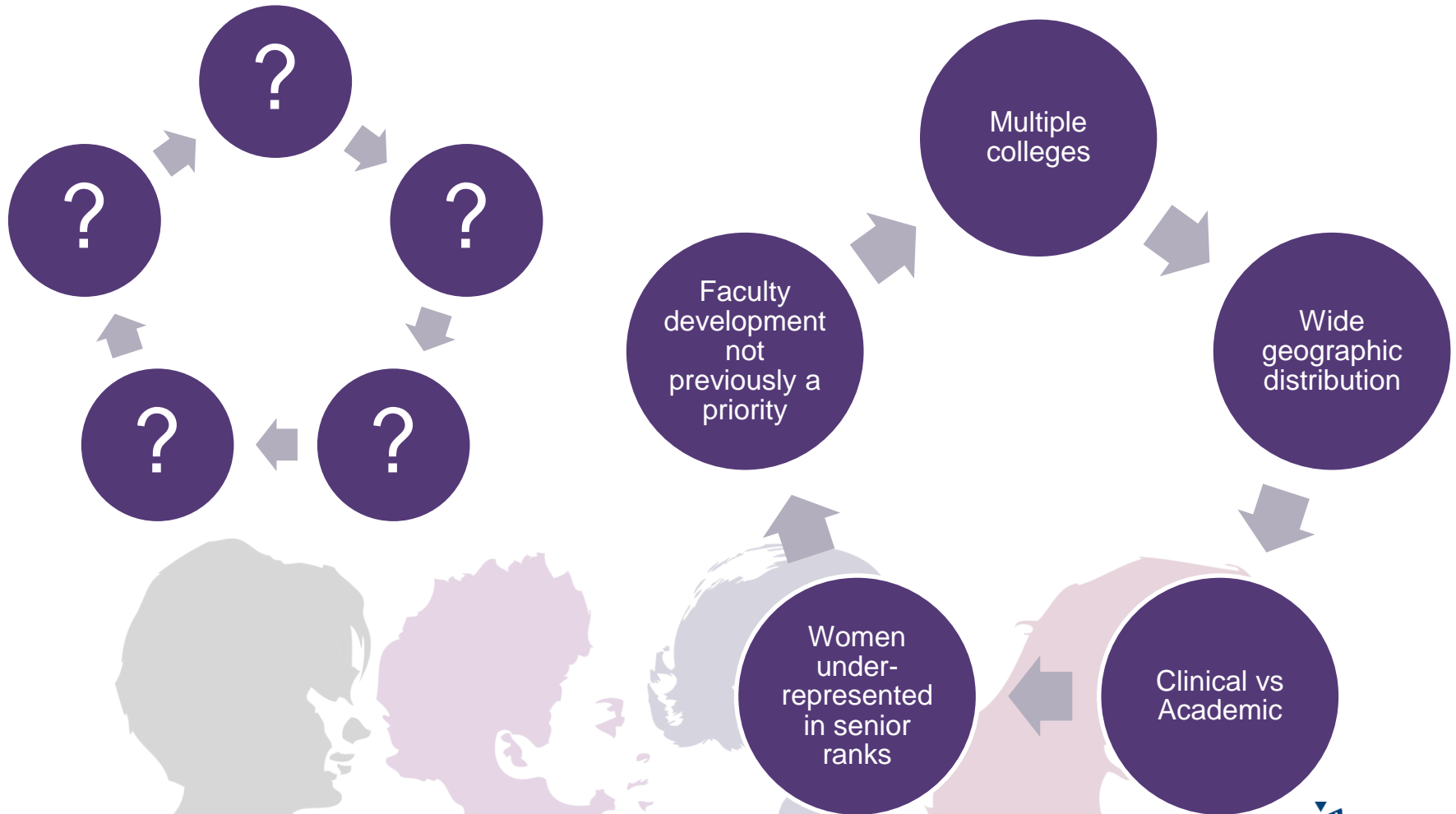
Few senior, tenured faculty are women

More junior faculty are women

College of Medicine junior faculty are predominantly on clinical non-tenure-earning pathways

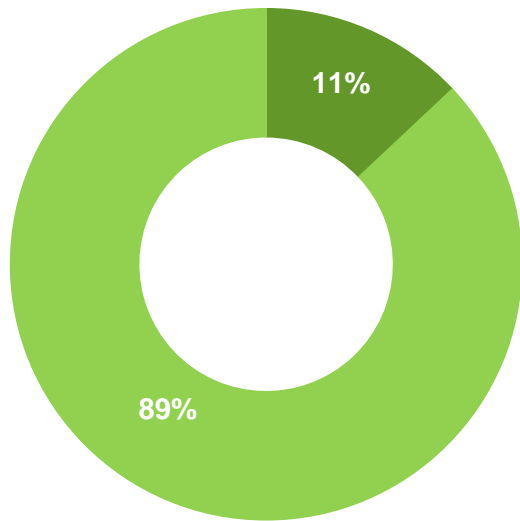
USF Health resources include Colleges of Pharmacy, Public Health and Nursing, and most of these faculty members work 15 miles away from the main teaching site

# What drives the way your program looks?



# Potential Mentoring Environment

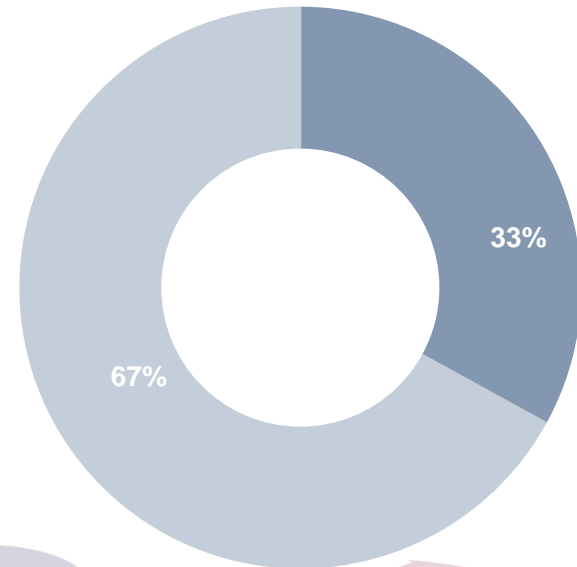
USF MCOM – % of Women who are Full Professors



■ Women Full Professors

■ Women Other Ranks

USF MCOM– % of Men who are Full Professors



■ Men Full Professors

■ Men Other Ranks

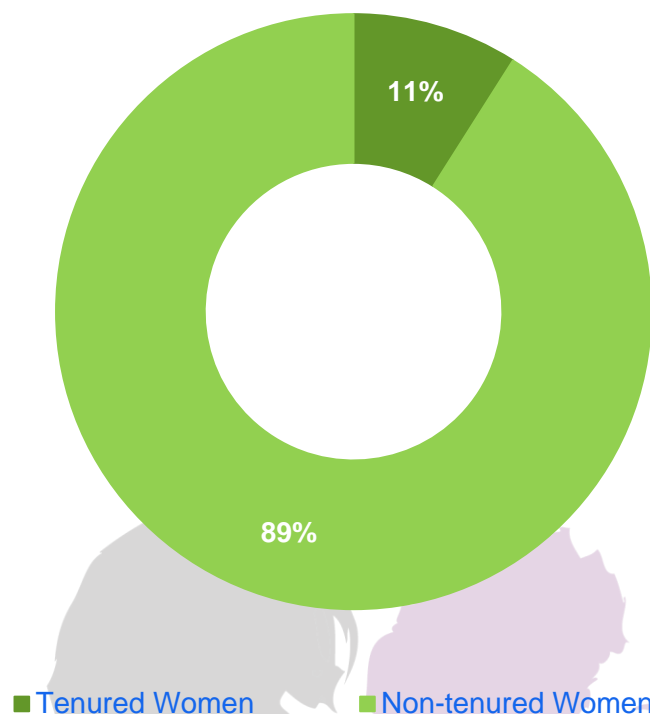
Find your Data:

The biennial AAMC Women in Academic Medicine benchmarking survey:

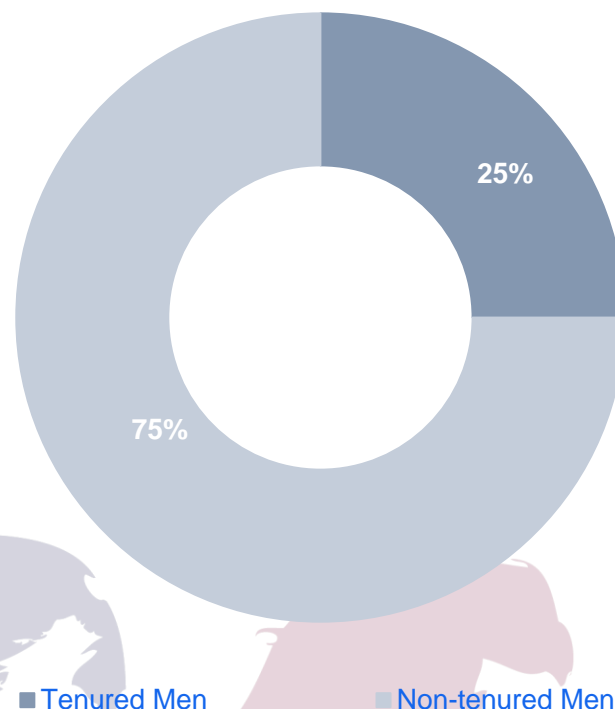
<https://www.aamc.org/members/gwims/statistics/>

# Full-Time Tenured Faculty by Gender

USF MCOM – % of Women who are Tenured



USF MCOM– % of Men who are Tenured



Source: The biennial AAMC Women in Academic Medicine benchmarking survey:  
<https://www.aamc.org/members/gwims/statistics/>

# Program Development

**Get buy in from key faculty and administration**

**Create an interdisciplinary advisory group**

- At least one member from each health college
- Members promote programs to their college faculty
- Uncovers resources other colleges may not be aware of
- Expands universe of possible mentors

**Prepare your **elevator speech**:** how this program will expand research by faculty to help improve retention and promotion

# Team

Associate Vice President

Administrative support person

Women's Health Advisory committee comprised of six diverse faculty members

- To solicit program suggestions, provide expertise, feedback
- To promote programs among faculty
- To rank seed grant applications

# Develop your Elevator Speech

Why is it critical and exciting to do?

- Junior faculty experience
  - Help faculty satisfaction, sense of engagement and promotion
- Mentoring aspects
  - Engage senior faculty in activity they enjoy with motivated mentees
- Publications, Presentations at Meetings
  - Promote University prestige
- Grants
  - Advance University rankings

# Initial Funding

Initial funding approved at \$25,000 by the Senior Vice President of Health

- Pitch your elevator speech to SVP

After 10 seed grant applications were received in the first round with 40 faculty collaborators including senior mentors(!), the committee increased the funding ask to a total of \$36,000 for first call and budgeted \$50,000 for the next year.

- Convert program success to increased funding

# Additional Funding

Involved University Development Office early in the process

Created an annual luncheon to showcase the proposed abstracts of grant recipients with amount award listed for each

Proceeds from luncheon go to supporting program

Development office identified a donor looking to support research on women and directed the donation to the seed grant program

# Donor Opportunities

Work the seed grant into discussions and share vision

Take or make opportunities to speak to local women's groups and promote program

- Junior League
- American Association of University Women
- Women in Leadership and Philanthropy
- Chamber of Commerce may have a woman's section

# No Budget?

Submit proposal to chair or dean requesting a stipend to start a program

Solicit a community donor; offer to put their logo on all programs

Ask Foundation to keep their ears out for potential donors

Ask alumni association to consider donating a few dollars

Request department dollars in next year's budget for a program (basic \$ or "all the way" and negotiate up or down as needed)

Ask department(s) to sponsor one or two events and build on success and faculty demand

# Bang for the Buck

Small award can go a long way for junior faculty

Junior PI learns to navigate IRB and grant budget process under mentorship of experienced faculty

A little investment can be a great incentive for mentorship, engagement and also donor involvement

**USF Women's Health  
Collaborative  
Additional Seed Grant  
Opportunity!**

**\$30,000 (two @ \$15,000)**

*and an additional*

**\$20,000 courtesy of Dr. Phil Marty, AVP  
USF Research!**

**Seed Grant Application Highlights**

reference the application for complete details

- any topic related to women's health
- faculty teams of three or more that have not worked together previously
- collaboration comprised of a minimum of three USF Health colleges or USF main campus or USF Health partners (such as LVHN, Moffitt, VA)
- USF Health faculty member must be main PI
- preference given to teams comprised of junior faculty PI with senior faculty team members to encourage mentorship interactions
- All teams submit both a \$15k and \$20k budget
- **Highest Rated PROJECT WILL BE FUNDED AT \$20,000!**

*"A little Seed Money can go a long way!"*



**Seed Grant Application Deadline: April 30**  
**Electronic Application to: [LLowe1@health.usf.edu](mailto:LLowe1@health.usf.edu)**

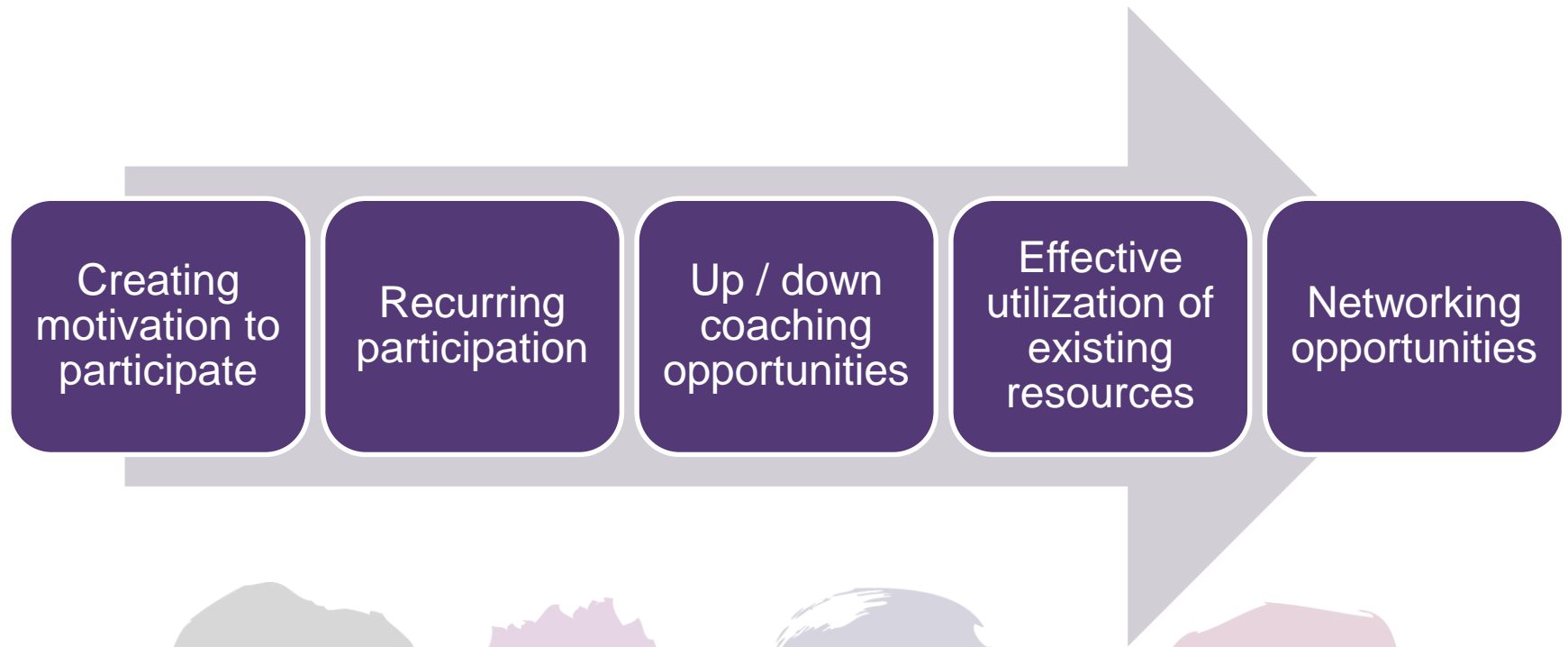


Research Collaboration

# **SEED GRANTS**

**Additional information on Seed Grants at USF Health Women's  
Health Collaborative**

# Effective Faculty Development



# Goal and Objective

## Goal:

- Develop seed grant program for research in women's health

## Objective:

- Award small seed grants to:
  - cross-collaborative research teams focusing on women's health topics
  - new interdisciplinary teams with strong junior faculty / senior faculty mentorship pursuing new research in women's health.
- Grant review committee considers criteria including:
  - new study collaborations across colleges,
  - strong interdisciplinary teams,
  - junior faculty with strong senior faculty mentoring,
  - articulated plans for further research and publishing in basic science and/or psycho-social behavioral studies.

# Design of the Seed Grant

## Team composition

- Must be new collaboration
- Must have at least 3 schools or colleges of university represented
- Must have mix of junior / senior faculty teams
- Preference given to teams with PI as junior faculty

Must be able to state where they will apply for additional funding if project successful and where they see this research being able to be published and/or presented

# You'll need data!

Make it clear from the initial announcement that all publications, presentations, etc., must reference the (your) funding source – promote your program!

Make it clear that the PI must keep you informed of publications, presentation, grant submissions, etc. – remind them to update their resume

This will help justify the continuation of the program in the next budget cycle!

# Challenge

*How do I encourage my faculty to  
become involved in cross-  
discipline, cross-rank research  
teams?*

# Solution

## *Research Speed Dating Synergy:*

- Provides opportunity to meet new collaborators
- Appeals to successful grant writers' desire to try to get more grants, resulting in their becoming mentors in a way they find rewarding!
- Provides a low stress environment for faculty to meet and discuss research ideas

# Faculty Synergy Experience



USF HEALTH FACULTY DEVELOPMENT NETWORKING SYNERGY

## Research Speed Date

Moderator: Dr. Phil Marty

Thursday, August 21, 2014

5:30 PM to 7:30 PM

CAMLS, Downtown Tampa



RSVP: [LLowe1@health.usf.edu](mailto:LLowe1@health.usf.edu)

Parking with RSVP

*Enjoy some food and beverages and network with your faculty colleagues across USF Health. A great opportunity to prospect for seed grant collaborators!*

Research in Women's Health Collaborative Seed Grants Fall 2014

- ☐ Applications Deadline: Friday, October 3, 2014
- ☐ Awards Announcement: Monday, October 20, 2014

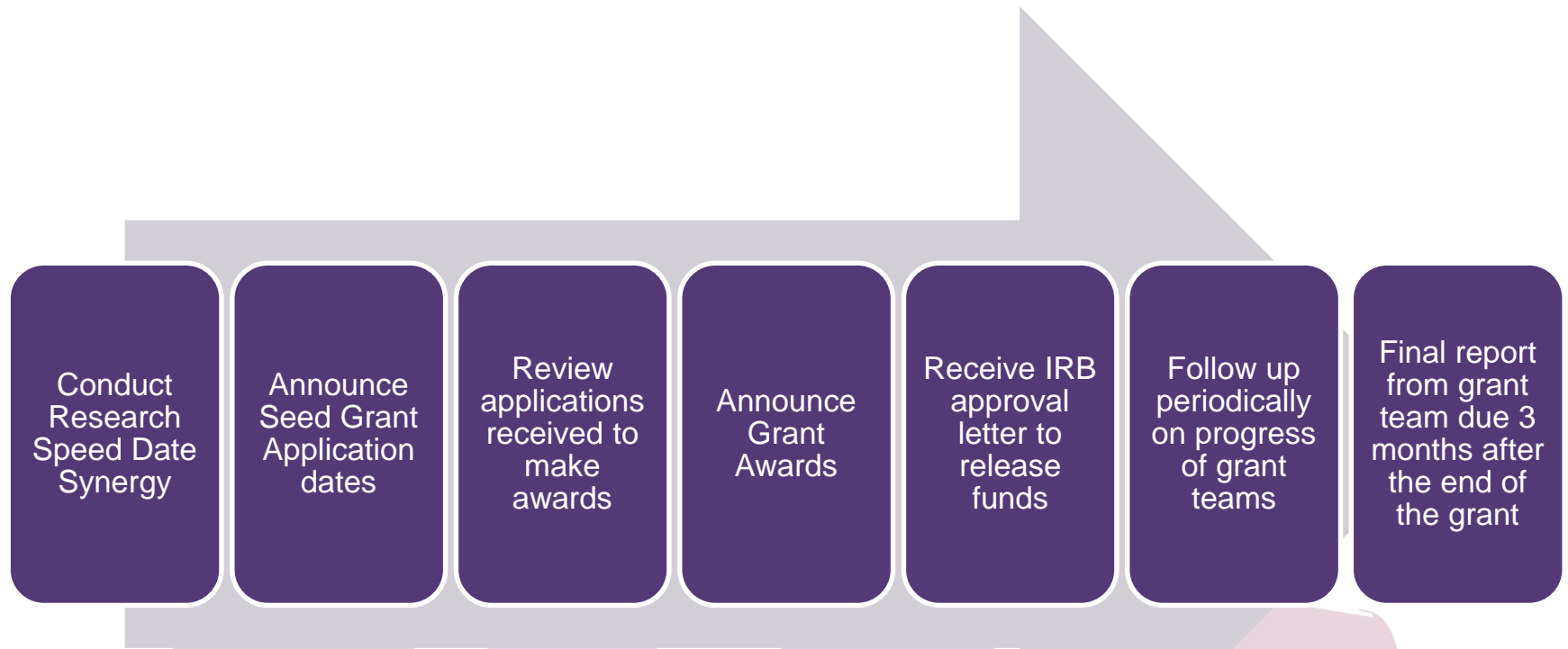
Sponsored by USF Women's Health Collaborative



Research Networking

# RESEARCH SPEED DATE SYNERGY

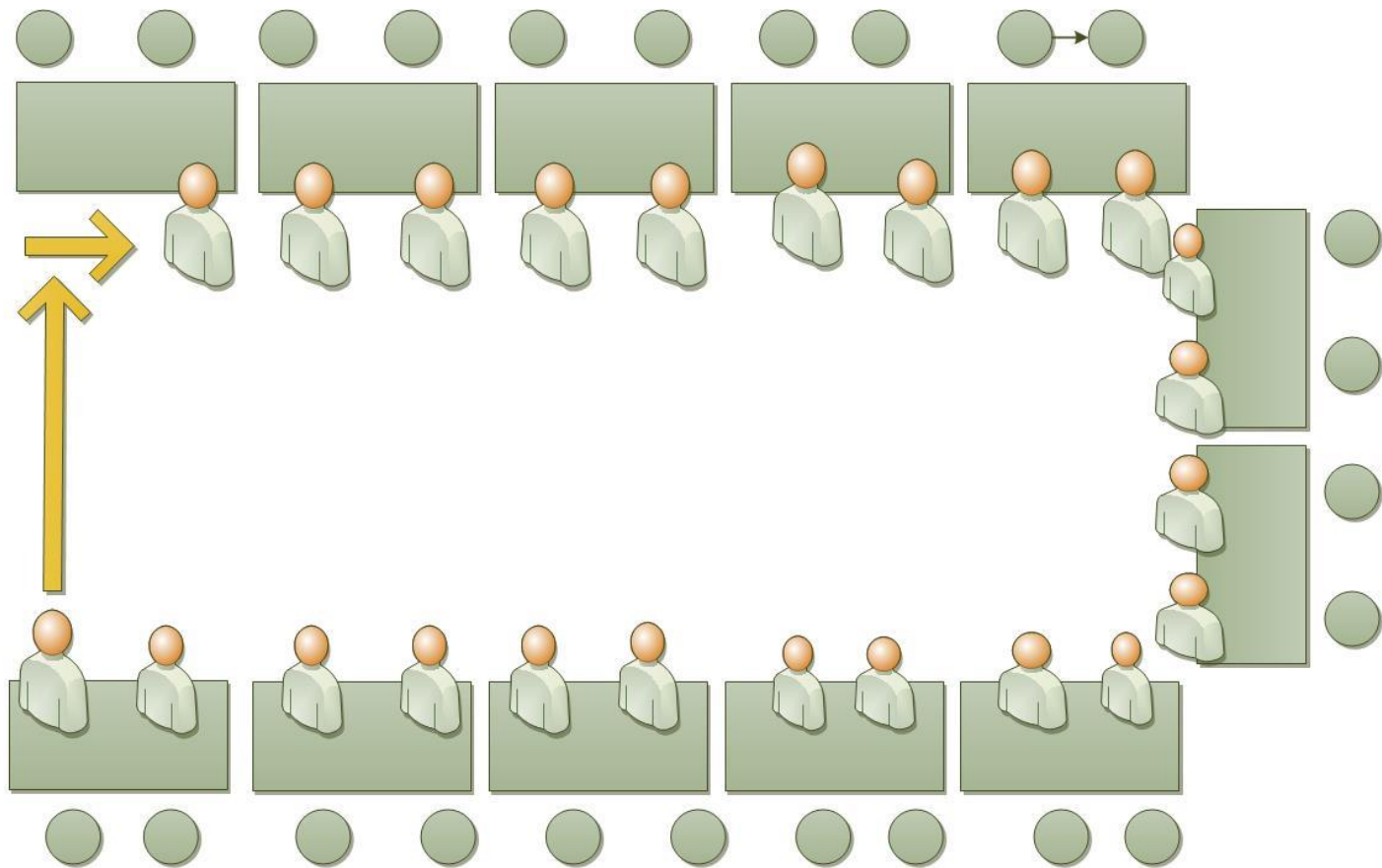
# Processes



# Processes

## Select venue for Research Speed Date

- Location, location, location
  - Central to target audience
  - Parking!
- Appropriate size to accommodate attendance #
  - Seating
  - Space for pre-event mingling
- Alcohol / food
- Encourage faculty to bring their business cards!



Moving  
Interviewer



Stationary  
Interviewer

Speed Date Facilitator uses stop watch to time the research interest interviews. At the end of three minutes, each inside seat moves to the right.

# Key Considerations

Utilizing recognized Researcher as facilitator helps give credibility to program

- e.g. Associate Vice President for Research
- Facilitator can also contact key mentors to encourage their participation in the program

Have copies of seed grant applications at the speed date

Allow time between speed date and grant deadline for faculty to connect into teams and create projects



# Overcoming Resistance

Possible faculty-perceived stumbling blocks to attendance:

- Parking
- Bus to location
- Childcare

# Overcoming Resistance

## Solutions:

Parking – offer free parking with rsvp

Bus to location – offer bus transportation / cite ridership results for future inquiries

Childcare – offer childcare / cite results for future inquiries

Department Chair support and administration support important for getting involvement of faculty especially junior faculty

# Certificates

Certificates are an easy way for faculty to keep track of their synergy attendance for EVU purposes.

They receive a certificate to add to their promotion/tenure file as they leave each event to be easily referred to as needed.

Certificates of Attendance are provided at CE events also, but it is clearly noted that this certificate is not the CE certificate.

Faculty enjoy taking away something substantial when attending an event. They feel they got something for their time.

Faculty must remain to the end of the program to receive a certificate.



# Processes

## Announce Seed Grant Application dates

- Send reminder of closing date before deadline
- Receive grant applications
- Prepare analysis of applications against requirements
- Prepare binders of applications for review committee

# Timeframe

## Examples of Seed Grant Announcement dates:

- Recommend Speed Date Synergy be held just prior to the start of the school year when faculty are beginning to plan their year.
- Coincide the timing of the award with your budget cycle to make it easier for those approving your subsequent budget requests.
- May want to precede the speed dating synergy with a synergy on the Promotion and Tenure process to get more awareness of need for research and publications

Important Dates	
Guidelines and Application:	2014-2015
Proposal Deadline:	Friday, September 26, 2014
Awardees Announced:	Friday, October 17, 2014

# Processes

Seed Grant Review Committee meets to review applications and select grant winners

- Women's Advisory Committee members are invited to sit on the review committee
- Include experienced researchers on committee to facilitate review
- AVP hosts the review committee at home for dinner each year with the grant reviews following dinner

# Seed Grant Application Review

Grants posted on a secure SharePoint site with reviewer-only access

Grants are initially evaluated on how well they met criteria for cross collaboration, new team, and junior/senior mentorship

Have a scribe at the review meeting to make notes of the comments so that feedback can be given to the teams, especially those that are not awarded.

Utilize a excel ranking worksheet

# Seed Grant Application Ranking

## Application Ranking Categories

- External Funding Potential
- Publication Potential
- Study Design Quality
- Study Feasibility (Time/Money)
- If study is not funded then what / what options do they have for other funding
  - We have had at least two studies we turned down suggesting they apply for bigger funding elsewhere and they have!
- Impact

# GWIMS Toolkit

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# Application Ranking

Reviewer ratings of “1 Strongly agree” to “5 Strongly disagree”

Determine average of reviewers and calculate

Lowest scores are awarded

Where natural breaks seem to occur in rankings is where the cut off / inclusion in funding is determined

Budgets are adjusted if needed to fund the programs meeting cut off

# Seed Money Can Grow

**Dean** provided minimal funding for synergy programs and small lump sum for first year seed grant awards from his budget line

**Foundation** funding is being built as the program matures

Found money from unexpected community donors to the Foundation Fund

**Research Department** added funds as AVP observed the success of the program in the areas of collaboration and mentorship.

You can use this slide and next as part of your pitch!

# Seed Grant Award Growth

\$25,000 first year seed grant (grants awarded up to \$12,500)

- Increased to \$36,000 by Dean after review of applications

\$50,000 budgeted for second year seed grants

\$50,000 budgeted for third year seed grants

Additional funding started to grow

- \$30,000 gift to foundation given to program
- \$20,000 given from Research Dean's fund to further support program

# Seeding Faculty Involvement

Seed Grant Cycle	Awarded	# of Faculty on Submitted Proposals
Spring 2013	\$36,000	40
Spring 2014	\$50,000	41
Fall 2014	\$50,000	62
Special Call 2015	\$50,000	67

# Fertilize your Seed Grants

Be ready and able to promote the program wherever you can

Keep in regular contact with grant recipients to track progress and monitor results

Be able to cite (especially to leadership) numbers of faculty involved, publications, presentations and subsequent grant submission

# Other Considerations

## Be adaptable

- Speed dating is not limited to just focus on women's health and other collaborative groups have been created that have applied for other grant funding
- Adjusting grant awards allowed for more participation early which has resulted in increasing faculty involvement

## Be visible

- Have opportunities for faculty to display their project and the award amount especially at high profile opportunities where key stake holders may be present (University President, Senior Vice President for Health, Deans etc)

## Be a cheerleader for the program!

# Catherine M. Lynch, MD, FACOG, FPMRS

**Catherine M. Lynch, MD, FACOG, FPMRS** is the Associate Vice President of Faculty Development and Women's Health, Associate Dean of MCOM Faculty Development, and Professor of Obstetrics and Gynecology at the University of South Florida, Morsani College of Medicine. Dr. Lynch oversees the effort to coordinate Women's health care, education, and research across department specialties at each of the USF Health colleges, which are the Morsani College of Medicine, College of Nursing, College of Pharmacy, and the College of Public Health, to transform USF Health into a multi-disciplinary hub for Women's Health research, education, and clinical care. Associate Vice President of Faculty Development, Dr. Lynch designed and launched the USF Health REACH Center for Resources, Engagement, Advancement, Coaching, and Health, a multi-faceted approach to promote and foster academic faculty career development for men and women.

Dr. Lynch completed her residency and post-graduate work at USF in obstetrics and gynecology and her clinical focus is general obstetrics and gynecology, contraceptive and hormonal therapy, and urogynecology and pelvic reconstruction. Dr. Lynch's expertise in her specialty has given her the singular opportunity to consult and work with non-human primates at Busch Gardens Tampa on a number of occasions, including a C-section delivery necessitated by complications of pregnancy in 2005 of the first baby gorilla in the park's then 46-year history. Dr. Lynch is married to City of Tampa Mayor Bob Buckhorn, and they have two children.



Dr. Lynch can be reached  
at [clynch@health.usf.edu](mailto:clynch@health.usf.edu)



Tomorrow's Doctors, Tomorrow's Cures

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Learn

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Serve

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Lead

Association of  
American Medical Colleges

# Transitioning to a New Role: Practical Tips on Navigating From One Chapter to the Next

**Archana Chatterjee, M.D., Ph.D.**

Professor and Chair, Department of Pediatrics  
University of South Dakota Sanford School of Medicine

**Meenakshi Singh, MD**

Professor of Pathology  
University of Kansas School of Medicine & Medical Center

**Roberta E. Sonnino, M.D., FACS, FAAP**

Professor of Pediatric Surgery,  
Wayne State University School of Medicine



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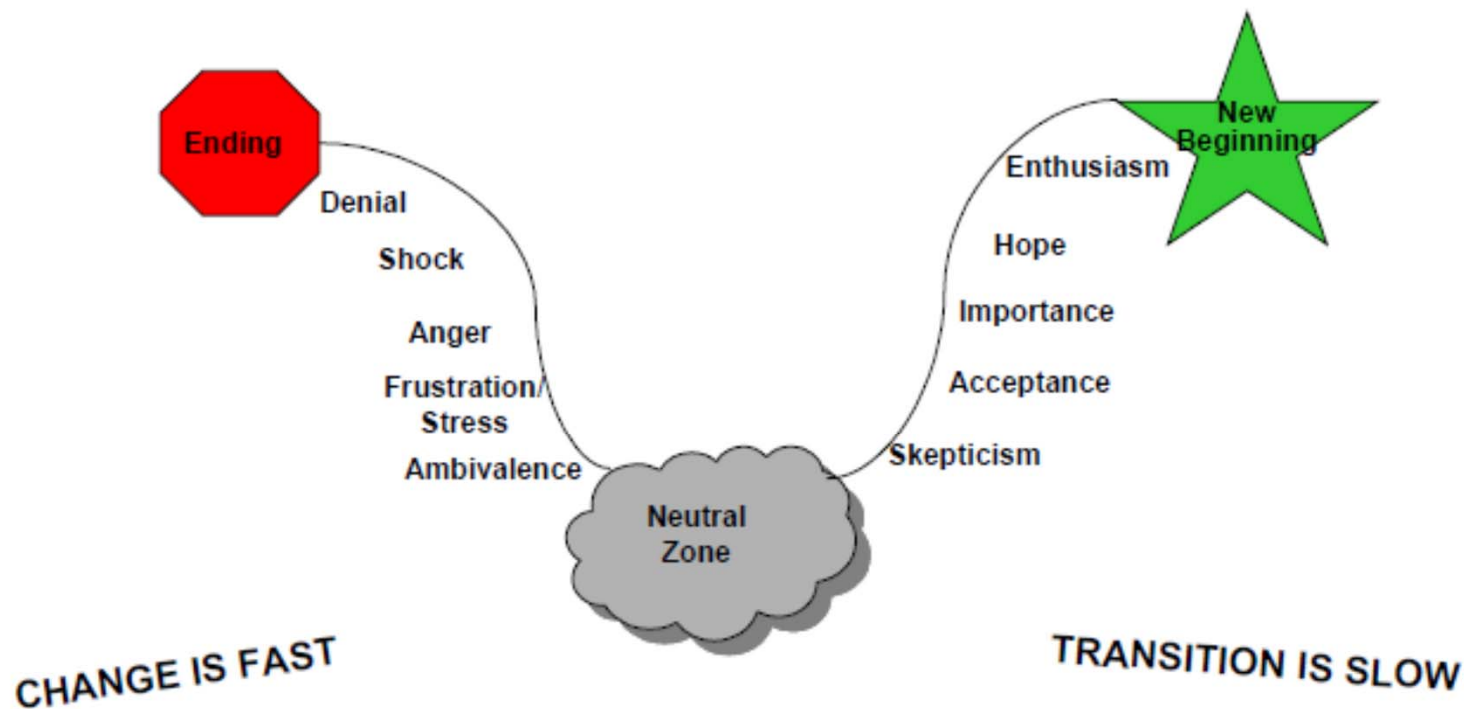
# "Not in His Goals but in His Transitions man is great" - Emerson



# Background

# Change vs. Transition – Change is Easy, Transition Hurts!

- **Change** is situational and happens without people transitioning
- **Transition** is psychological and is a 3 phase process where people gradually accept the details of the new situation and the changes that come with it



From "Managing Transitions" by William Bridges. Available at [http://www.moravian.org/wp-content/uploads/2013/06/Bridges\\_Transition\\_Model.pdf](http://www.moravian.org/wp-content/uploads/2013/06/Bridges_Transition_Model.pdf)

*GWIMS Toolkit*

# Why People Change Roles

- 1) Get recruited/asked to take on new role
- 2) Figure it is time to change

**How many of you:**

- Have Transitioned Recently?
- May Transition in the Near Future?



## Who Stays and Who Leaves?

Respondent Characteristic	YES	NO	UNSURE
Plan to retire in the next 1–2 years	3%	91%	7%
Plan to leave this medical school in the next 1–2 years	10%	71%	19%
Plan to retire, leave the medical school, or leave academic medicine in the next 1–2 years	13%	67%	20%

Select AAMC Faculty Forward data from 2011

# Factors that predict Intent to Leave

- Nature of work - 83%
- Collegiality + Collaboration - 72%
- Relationship with supervisor - 70%
- Focus on medical school mission - 67%
- Workplace Culture - 67%
- Faculty Recruitment + Retention - 63%
- Compensation + Benefits - 62%
- Medical school governance - 45%

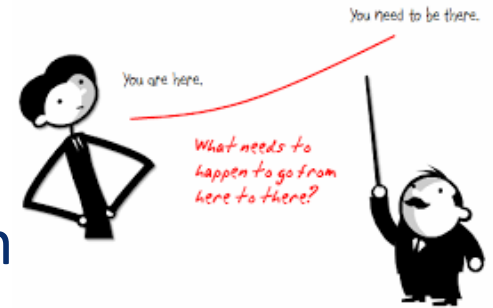
Select AAMC Faculty Forward data from 2011

\*Items in red font are designed to draw the attendee's attention to them

*GWIMS Toolkit*



# Objectives



- 1) Identify **need/opportunity** for transition
- 2) Prioritize **tasks associated with leaving** a position and institution
- 3) Describe strategies to **enhance knowledge of the new organization** and **establish priorities**
- 4) Establish **goals to be accomplished early**
- 5) **Avoid common pitfalls**
- 6) Describe methods of **building new collaborative relationships and effective teams**

# OBJECTIVE #1

## Identifying Need/Opportunity



Opportunity

# Strategies to Identify Need/Opportunity

## Where are the “Hot Jobs”?



- Are you happy in your current position?
  - If not, look for opportunities – Within Institution vs. External
- Engage your network
- Let trusted people know you may be willing to transition to a new position/role
- When asked to serve in a new role – SAY YES (If it is the right fit for you)!
- Connect with search firms
  - Typically hired by organizations to fill leadership positions
  - Some specialize in placing leaders in academic medicine
  - Helpful in identifying the right position for you and preparing you for interviews

# OBJECTIVE #2

## Prioritizing Tasks



# Leaving Gracefully (and with Integrity)

- 1) Create a Transition Plan
- 2) Make a TO DO list
  - 1) Professional
  - 2) Personal
- 3) Develop a Time Table (and stick to it!)
- 4) **Announce departure/new position**
- 5) Activate succession plan/delegate duties



# 1) What to Include in a Transition Plan

- Offer to write/modify a job description
- Offer to help recruit/suggest successor
- Prepare staff/colleagues
- Offer to provide training/support for replacement
  - Create list of responsibilities
  - Index paper/electronic files
  - Share “insider tips”



## 2) Things to include on a TO DO List

- **Professional**

- Apply for medical licensure/credentialing
- Arrange to transfer grants
- Meet with HR – Benefits, vacation, etc.
- Complete/hand off projects/charts, etc.
- Clear up files – paper/electronic
- Allow time to pack/organize office, lab., etc.



## 2) Things to include on a TO DO List (cont.)

- **Personal**

- Prepare/Engage your family/friends – this often plays a large role in women's decision to transition
- Arrange for school, bank transfers, mail forwarding, etc.
- Allow time to pack/organize
- Schedule a vacation
- Allow time to reflect on past, plan for future



## 3) & 4) Timetable/Communications

- Develop a realistic timetable
- Allow for “cushion”
- Create/deliver/rehearse notification of resignation/ transition
- Meet key stakeholders
- Notify patients/collaborators/friends/relatives
- Prepare/deliver “farewell” message
  - Emphasize the positive
  - Thank everyone (not a time to vent/gloat!)
  - Bid goodbye



## 5) Succession Plan/Delegation

- Allow sufficient time for transition
- Clarify work expectations during transition
- Be flexible on timelines
- Keep end date in mind
- Suggest appropriate successor
- Mentor successor if possible
- Offer future support (with realistic expectations)

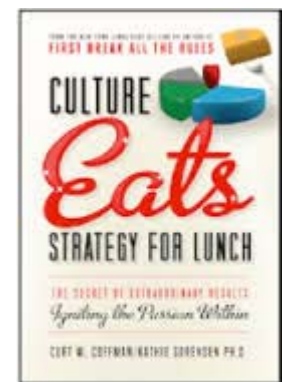
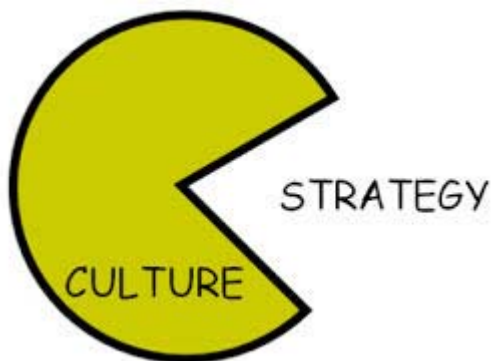


# OBJECTIVE #3

## Learning the New Culture



# What is “culture” and how do I learn it?



Definition of “Culture”

The behaviors and beliefs  
characteristic of a particular group

**OR**

“How we do things around here” –  
Dr. Kevin Grigsby

# Knowledge of New Organization

- **Learn Organizational Culture** – websites, publications/reports, key stakeholders, discussion with colleagues, utilize Linked In profiles to search for networks
- Situation Analysis - Understand Mission, Org. Chart, history and traditions, decision-making process
- Start “listening tour”
- Discuss with predecessor/interim person – issues, priorities
- Conduct stakeholder interviews
- Engage a Mentor/Coach
- **Connect with Admin staff** – Schedule “Unscheduled” Time



# OBJECTIVE #4

# Establishing Priorities/ Goals



# Establishing Priorities/Goals

- Priorities
  - Yours – “A” items
  - Your boss’s – urgent vs. longer-term
  - Others’



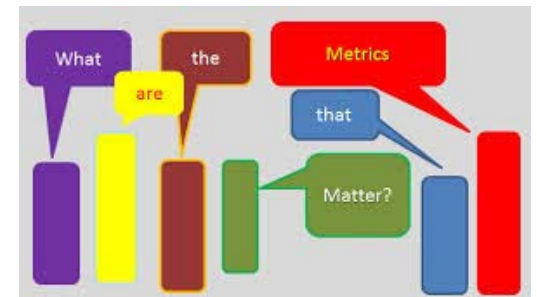
- Develop “Milestones”

- First week
- First month
- First quarter
- First year

**“Low-hanging Fruit”**

# Establishing Priorities/Goals (cont.)

- Analyze own strengths, weaknesses, learning style – take time to pause, question, reflect
- Build Personal Credibility/Trust – Define strategic intent, **connect with people**, “early wins”
- Demonstrate Authenticity – create transparency, show loyalty, confront reality, keep commitments
- **Delineate Outcomes/Metrics for Success** – clarify expectations, practice accountability
- Articulate Vision and Goals -  
Be a change agent (**respectfully**)
- **Create the role, don't just fill it!**



# OBJECTIVE #5

## Avoiding Common Pitfalls



# Common Pitfalls

- Overpromising/Underdelivering – “Human beings are overconfidence machines” – David Brooks, NY Times
- “Selective” listening
- Falling out of alignment with leadership
- Trying to orchestrate change without support
- Being inflexible
- **Poor communication**
- Underestimating resources needed to accomplish goals



## Common Pitfalls (cont.)

- Failure to understand/adapt to organizational culture
- Failure to establish strategic priorities
- Inadequate “face time” – with peers, subordinates, boss
- Hubris - Arriving with “the answer”
- Over-reliance on old strategies
- Tyranny of the “Urgent”
- Conspiracy of Interruptions
- **Failure to build team**



# Strategies for Avoiding Common Pitfalls

- Enlist trusted observer
- **Keep vision in sight** – plan for demands of new job, esp. time
- Continuously self-assess
- Let go of the past
- Hit the ground running
- “See” yourself in new role
- Relearn how to learn
- Rework your network – go to “them”
- Do not over-rely on strengths
- Watch out for “underminers”



# OBJECTIVE #6

## Building New Relationships and Teams



See “Strategies for Cultivating Career Satisfaction and Success through Negotiation” available at <https://www.aamc.org/download/439462/data/toolkit-negotiations.pdf>

*GWIMS Toolkit*



# Building Relationships and Teams

- Assemble/solidify team
- **Assess your “team”**
  - ? Right mix of skills
  - ? Right team dynamic
  - ? Right organizational support
- Keep “good” people
- May need to restructure – tough early calls
- **Foster collaboration**
- **Create supporting alliances and coalitions**
- May need formal team-building exercises/consultant

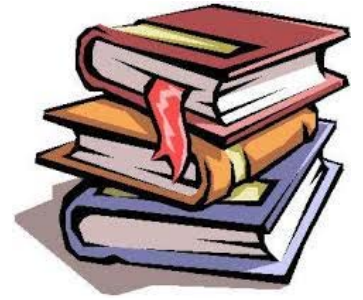


# “Takeaways”



- Transition **NOT** the same as change
- Preparing to leave takes time and planning
- Learning ASAP/AMAP about new position critical to success
- What worked before may not work again
- **Communication is key**
- A thoughtful approach will help prevent pitfalls
- Team-building is vital and takes time and energy

# Additional Resources



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- Morahan P. Traversing career changes gracefully. Academic Physician & Scientist, 2002.
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- [http://www.cvdtraining.pitt.edu/docs/Johnson2009\\_Essays.pdf](http://www.cvdtraining.pitt.edu/docs/Johnson2009_Essays.pdf)

**Resources**

# Archana Chatterjee, M.D., Ph.D.

Dr. Chatterjee is Professor and Chair of the Department of Pediatrics and Senior Associate Dean for Faculty Development at the University of South Dakota Sanford School of Medicine, Sioux Falls, SD. She has previously served as the Associate Dean for Academic and Faculty Affairs and Chief of the Division of Pediatric Infectious Diseases at Creighton University School of Medicine in Omaha, NE.

Dr. Chatterjee has been elected/selected to serve on several national Advisory Boards and Committees including the US Food and Drug Administration's Anti-Infective Drugs Advisory Committee, the Steering Committee of the Association of American Medical Colleges (AAMC) Group on Faculty Affairs, the Publication Committee of the Infectious Diseases Society of America (IDSA), and is currently serving on the Steering Committee of the AAMC Group on Women in Medicine and Science, the Clinical Affairs Committee and the Programs & Meetings Committee of the Pediatric Infectious Diseases Society (PIDS), and also as the PIDS liaison to IDSA's Standards and Practice Guidelines Committee (SPGC), as well as vice-chair for the Bone and Joint Infections Guideline Committee for PIDS/IDSA.

Dr. Chatterjee has published over 50 peer-reviewed articles, 25 invited review articles, 18 book chapters and one book. She serves as a reviewer for 30 journals. In the past 15 years, Dr. Chatterjee has delivered over 450 lectures and 110 scientific presentations at various international, national, regional and local venues



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# Meenakshi Singh, M.D.

Dr. Singh is a board certified Pathologist (AP and CP) and got her medical degree (MBBS) and post graduation in Pathology (MD) from the Christian Medical College Hospital, Ludhiana, India. She did a pathology residency at the University of Colorado Health Sciences Center, Denver, CO and a fellowship in Surgical Pathology from the University of Iowa Health Care, Iowa City, IA. She has over three decades of experience in diagnostic Surgical Pathology and Cytopathology. She is active in residency training, fellowship training and medical student education. Her research interests include biomarkers of breast and gynecologic cancers and pre-neoplastic lesions. She has a clinical focus on Quality Improvement and Patient Safety and in innovative utilization of technology for building efficiencies in the diagnostic laboratories. Dr. Singh is a graduate of the Executive Leadership in Academic Medicine Program for Women.

She has successfully mentored undergraduate students, medical students, residents, fellows and junior faculty. She has served as the Dean for Faculty Affairs and Faculty Development at the Stony Brook School of Medicine and is the current Russell J. Eilers, MD., Endowed Chair of the Department of Pathology and Laboratory Medicine and a Professor of Pathology at the University Of Kansas School Of Medicine.



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Tomorrow's Doctors, Tomorrow's Cures

# Strategies for Advancing the Careers of Women of Color in Academic Medicine

## Part 2 - Individual Strategies

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Lead

Archana Chatterjee, MD, PhD, Chiquita  
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Fivush, MD, Laura Castillo-Page, PhD, Diana  
Lautenberger, MAT, Ashleigh Moses, MA



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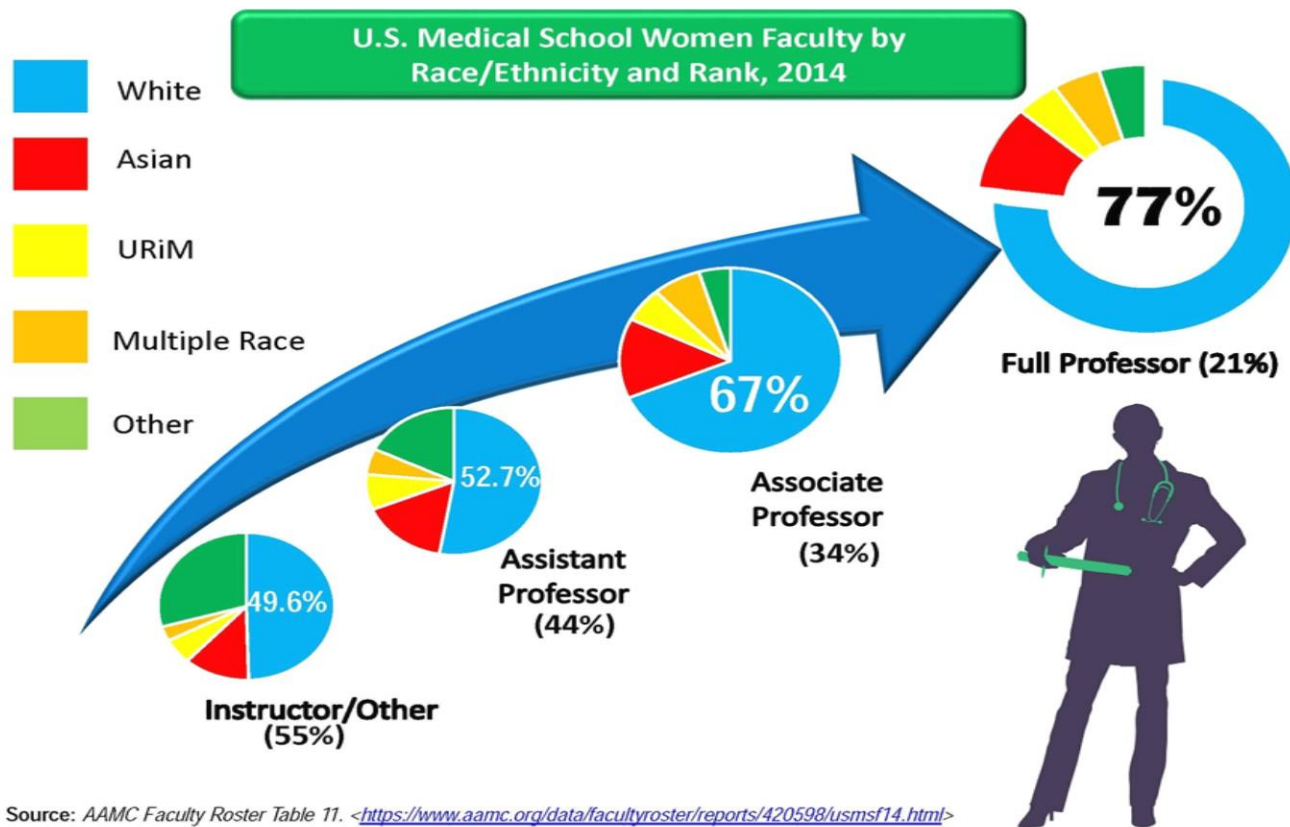
# Background

- 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 Women of Color in academic medicine.
- Offer suggestions for what may assist Women of Color faculty in navigating their careers and gaining the support needed to advance.

# Objectives

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

# Individual Actions

Topics relevant to actions WOC can and should take as individuals to be active participants in the advancement of their own careers:

1. Seek appropriate mentors, sponsors and role models.
2. Develop network of supporters.
3. Attend career development seminars and workshops.
4. Recognize bias and discrimination and learn how to respond to them.
5. Develop resilience, motivation, and confidence in approaching negotiations.
6. Practice work-life integration.
7. Acquire financial savvy - understand personal/professional finances as well as how budgets work and organizational finances.
8. Speak Up!
9. Use EQ (Emotional Intelligence)
10. Pay it forward. Share lessons learned and create a sense of community to help the next generation of WOC scholars.

# Seek Appropriate Mentors, Sponsors and Role Models

- Identify diverse, effective mentors (internal & external), initiate mentoring relationships, be an active listener, follow through with mentor recommendations, “check-in” regularly for feedback
- Recognize differences between mentors and sponsors
- Cultivate sponsors likely to assist in career advancement
- Find and emulate suitable role models, keeping diversity in mind

<https://www.aamc.org/download/431626/data/toolkit-mentorshipmentor.pdf>

<https://www.aamc.org/download/446684/data/toolkit-menteeguide.pdf>

# Develop network of supporters- “Think Outside the Box”

- Engage supervisors, subordinates and peers (Internal & External)
- Offer mutual support - barter/trade skills, expertise, opportunities
- Seek out diverse champions and allies
- Involve family, friends, community
- Publicize goals and metrics for success
- Encourage trusted supporters to hold you accountable
- Delegate tasks, ensuring accountability
- Employ appropriate staff for unskilled tasks
- Demonstrate gratitude to supporters

# Attend Career Development Seminars and Workshops

- Seek out internal and external professional/leadership development programs designed specifically for women and minorities e.g.
  - AAMC Early Career and Mid-Career Women Faculty Professional Development Seminars
  - AAMC Mid-Career Minority Faculty Seminar
  - Similar programs offered by professional societies
- Focus on areas of weakness
- Identify funding sources, application process and logistical hurdles to overcome
- Ask mentors and supporters for advice regarding programs
- Discuss relevancy of content with prior attendees

# Implicit or Unconscious Bias

Implicit or unconscious bias: Attitudes or stereotypes that are unintentional, automatic, robust, pervasive and typically triggered by situational cues (e.g., a person's skin color, manner of speech, cultural attire).

The Implicit Association Test: Developed by social psychologists Tony Greenwald and Mahzarin Banaji, to uncover and assess implicit biases across a range of topics, including race, gender, weight, sexuality and religion.

Bias influences not only individuals' perception and attitudes but also their actions and behaviors.

# Gender Bias Differs by Race

Women of Color face unique biases that do not affect white women, e.g. being mistaken for janitors

The multiplicity nature of WOC identities subject them to systemic and individual barriers, such as isolation, micro-aggressions, racial stereotypes, the “minority tax”, and discrimination.

# Barriers to Promotion

- Lack of networking opportunities
- Lack of mentor/sponsor
- Lack of same-race, same-gender role models
- Lack of high-visibility, Women of Color leaders

# Informal Networks and Women of Color

- Networking Approaches
  - Blending in: Networking with those in power (i.e., white, male, colleagues at work).
  - Separating: Networking with similar others (in terms of race/gender, and those outside the work environment).

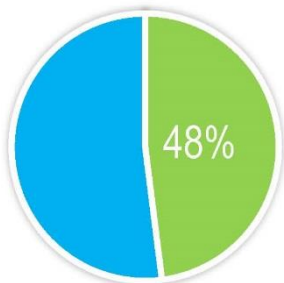
# Current State of Informal Networks among Women of Color

## Networking Approaches:

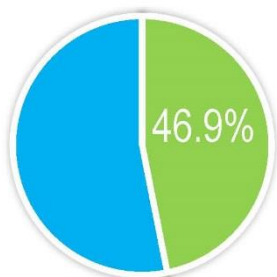
- African-American Women
  - Separating: Networks high in other African-Americans, particularly African-American women
- Latinas
  - Some Separating and Blending in: Networks high in whites, but have relatively more women than men
- Asian Women
  - Blending in: Networks high in whites and men

# Double Jeopardy

## Women of Color in STEM Careers



**48%** of **Black** women and **46.9%** of **Latinas** report having been mistaken for administrative or custodial staff.



Source: *Double Jeopardy? Gender Bias Against Women of Color in Science*, 2014

Women with intersectional identities (specifically those of gender and race) often experience exacerbated gender discrimination in both the personal and professional sphere (“Women’s Leadership and the Impact of Gender Toolkit,” 2016)

# Recognize Bias and Discrimination and Learn How to Respond to Them

Institutional strategies are NOT Solutions by Themselves-  
*What can you do?*

# Addressing Bias at the Individual Level

- Become aware of your own biases.
  - *Question first impressions and reactions.*
  - *Individuals and organizations that believe they are objective may exhibit the most bias.*
- Familiarize yourself with the literature.
- Attitude is a choice - choose wisely.
- Recognize the limits of “Sisterhood”.
- Make an enemy an ally by engaging in “difficult conversations.”
- Work together with other women (and men), and not just on women’s issues.

# Being an Ally or Finding an Ally

Ally:

“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](http://www.becominganally.ca)

# How Can Individuals Be Allies?

Answer: “Why do I have interest in working as an ally?”

Identify where you have privilege:

- Gender, race/skin color, sexuality, financial or social class, able-bodied, religion, veteran status, etc.
- Position in an organization

Know the group/community’s history and current issues.

Ask what you can do for the community or group.

Build relationships with people from the group with whom you wish to support.

Commit to being an ally in all areas of your life.

## How Can Individuals Be Allies? (cont.)

Commit to building trust with the community and individuals.

Be willing to:

- make mistakes, apologize, learn and try again.
- be uncomfortable.
- confront your own privilege.

Be aware that you cannot change others but you can empower and support others.

Learn how to speak up as an ally.

# Develop Resilience, Motivation, and Confidence in Approaching Negotiations

- **10 steps to negotiating respectfully and effectively**
    1. Identify goals and strengths
    2. Commit to being in control
    3. Find out if you are being treated fairly
    4. Assess the negotiation environment
    5. Aim high, but be realistic
    6. Define your BATNA (Best Alternative to a Negotiated Agreement)
    7. Focus on mutual interests
    8. Tailor strategy to situation
    9. Practice, practice, practice
    10. Close the deal - do not take “No” for an answer
  - Leave door open for future negotiations
- <https://www.aamc.org/download/439462/data/toolkit-negotiations.pdf>

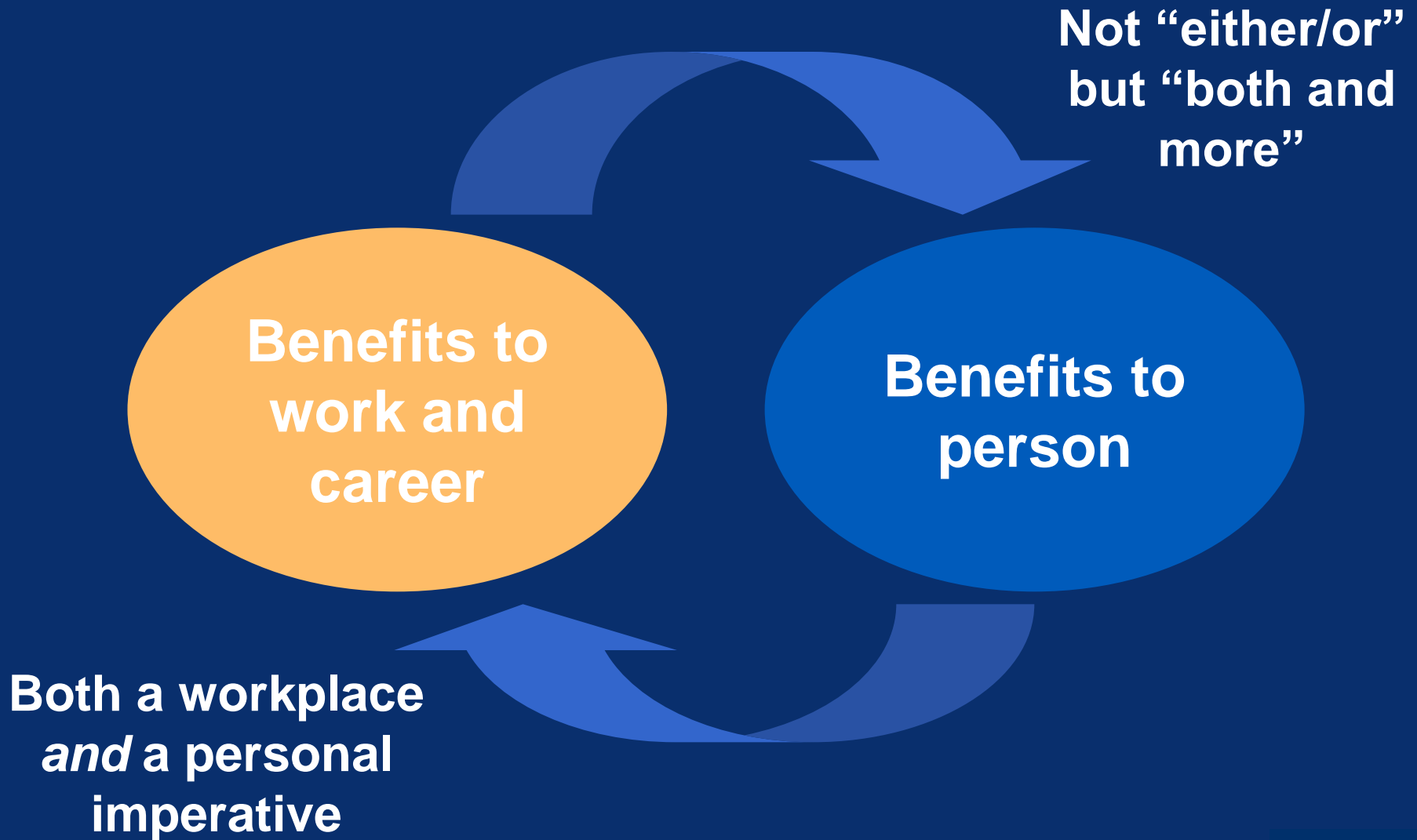
# Are all parts of your life in perfect harmony?



# Practice Work-life Integration

- The Maslach Burnout Inventory Scale focuses on three major domains: emotional exhaustion, depersonalization, and a sense of low personal accomplishment.
- WOC experience burnout disproportionately
- Aligning values with actions decreases stress
- Take the Four Domain view by:
  - “Timeshifting”: slow down and relax during downtime
  - Practice mindfulness
  - Set goals/revisit career plans
  - Seek feedback from stakeholders
  - Be realistic
  - Increase efficiency
  - Learn effective time management





# Acquire Financial Savvy

Participate in faculty development courses which provide in-depth knowledge of:

- Accounting principles

The Resource-Based Relative Value Scale System and  
Integration of CPT and ICD Coding

- Business Development Plans
- Moving up the Corporate Ladder

# Accounting Principles

## Interpretation of :

- Balance Sheets
- Income Statements
- Cash Flow Analysis
- Profit/Loss Statements

Will familiarize you with the accounting statements that assess the health of an organization at a point in time/ over a time period, and the availability of cash to fund operations.

# The RBRVS System and Integration of CPT and ICD Coding

## Knowledge of:

Relative Value Units (RVUs)

Relative Value Scale Update Committee (RUC)

Geographic Pricing Cost Index (GPCI)

Current Procedural Terminology (CPT)

International Classification of Diseases (ICD-10)

Reimbursement

Global Technical-Professional Fees

The currency of productivity in medicine is relative value unit (RVU) based. Physicians and leaders need to understand how the RVU system was created, the basis of remuneration CPT code, and the importance of a marriage of ICD and CPT codes to get paid for clinical work.

# Business Development Plans

## Include:

- Business Plans
- Return on Investment
- Years to Payback
- Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA)
- Sensitivity Projections

These topics are critical to justify expansion of your practice or for the installation of a new one

# Acquire Financial Savvy-Personal Skills

Equip yourself with financial knowledge about the documents you need to protect yourself, your wealth and your family:

Wills

Power of Attorney

Advanced Directives

Estate Planning

# Moving up the Academic Medicine Ladder

## Knowledge of:

- Strategic Planning
- Negotiation
- Graceful Self -Promotion

Having the right mission, vision and values that fit the organization is key to success

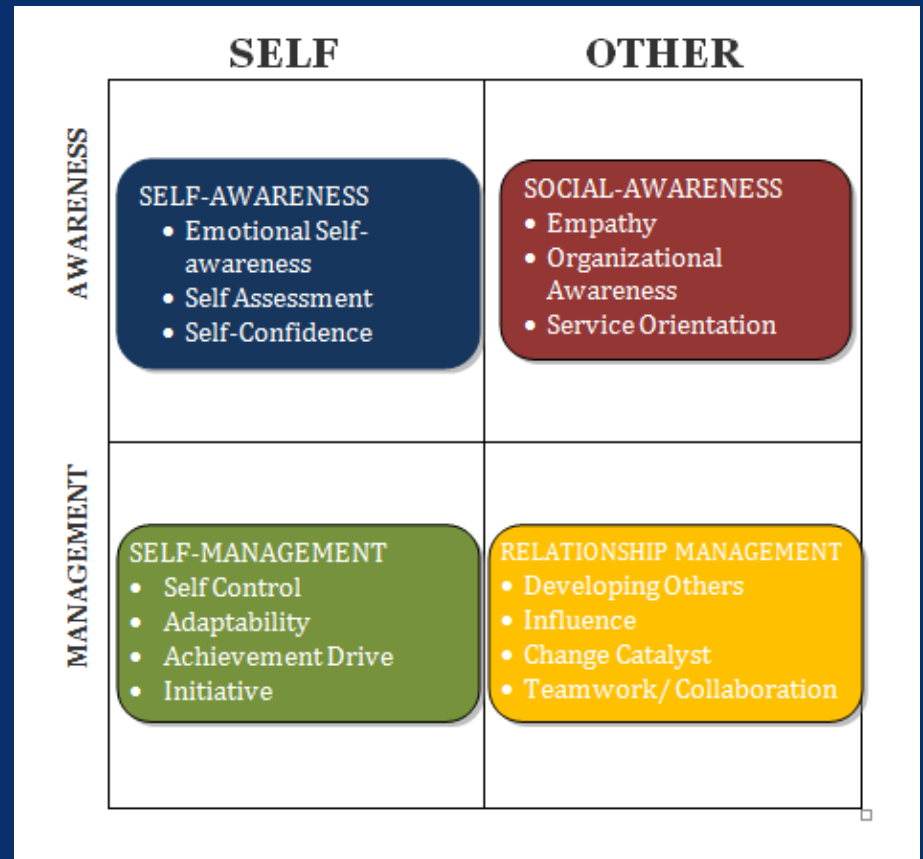
# Speak Up!

- Women of Color have a double hurdle:
  - Being perceived as too aggressive
  - Proving that they are intelligent enough to warrant an audience for their ideas
- Double bind harms organizations, depriving them of valuable ideas
- Organizations can increase Women of Color's contributions by focusing less on the speaker and more on the idea
- Leaders must encourage Women of Color to speak up
- Offering women the floor can be a powerful bias interrupter!

# Emotional Intelligence and Diversity

- Emotional Intelligence [EI] is the ability to manage oneself and to manage relationships with others (Goleman, 1995).
- On average, women tend to have more EI than men.
- Leadership development should include EI training that will improve the ways in which leaders manage themselves and their relationships with others, particularly with women of color.

## Four Components of Emotional Intelligence



# Pay it Forward

Grooming the next generation of Women of Color requires:

- Mentoring
- Speaking at events, seminars, workshops
- Partnering with academic institutions that are building talent pipelines

# 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 individual 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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# A Guide to Prepare for Your First Job in Academic Medicine



GWIMS Toolkit

# Your First Position in Academic Medicine

- Move into first professional role as educator, researcher, or clinical educator is complex
  - transition from grad student to professor
  - more power and responsibility
  - major milestone in formation of professional identity
- Reflecting on personal and professional values and goals before making important career path choices helps develop resilience which in turn may prevent dissatisfaction and burnout<sup>1</sup>
- This toolkit has been designed to help you prepare for your first position so that you may flourish in your new exciting role!

# Table of Contents

- Preparing for your first job as a physician or postdoctoral research associate
- Networking in the Digital Age
- CVs and Cover Letters
- Interview Skills and Managing the Recruitment Process
- Balanced Work Environments and Family Considerations
- Setting the Stage for Career Success
- Practice Options and Contract Negotiation
- First Grant Acquisition

# Preparation for First Jobs

## Physicians and Postdoctoral Associates

# Timeline from Training to Hire: Physicians

## 12 – 16 Months prior to Practice

- Plan Career Strategies
- Professional Identify Formation
  - values, mission, vision
- Career Counseling
- Understand Physician Compensation Methods and Practice Options
- Research Opportunities/ Workforce Stats/ Community Demographics

## 9 – 12 Months prior to Practice

- Identify Specific Opportunities
- Prepare CV
  - Cover Letter
- Interview
  - References
  - Follow up

## 6 – 9 Months prior to Practice

- Negotiate Contract/Benefits
- Practice Paperwork
  - State License
  - DEA, NPI
  - Payer credentialing
  - Hospital Privileges
- Relocation Planning
  - Housing
  - Partner Considerations
  - Childcare, School

## 3 Months prior to Practice

- Pre employment PE
- Insurance
  - Medical Professional Liability,
  - Personal (Disability, Life, Health)
- Certification Exam Study
- Setting up for Success
  - Set Goals
  - Work Life Balance

# Timeline from Training to Hire: Post-Docs

## 4 years prior to Independence

- Evaluate Career Opportunities
  - Academic
    - Researcher/PI
    - Educator
  - Government
    - NIH, FDA
  - Industry
    - Researcher, Consultant, Medical Science Liaison, Field Specialist, Writer, etc.
- Publish
  - At least 1 first author paper
- Grant Applications
  - T32
- Develop Career Plan with your mentor

## 3 years prior to Independence

- Research Opportunities/ Workforce Stats/ Community Demographics
- Publish
  - At least 1 first author paper
- Grant Applications
  - F31
  - K99/R00
  - Private Fellowships

## 2 years prior to Independence

- Publish
  - At least 1 first author paper
- Grant Applications
  - K99/R00 Resubmission
  - K22
  - Private Fellowships
- Reevaluate Career Opportunities
  - *Are you still on track for your career plan based on publications and funding?*
  - *Should you pursue alternative options at this point?*

## 1 year prior to Independence

- Prepare CV
- Cover Letter
- Interview
  - References
  - Follow up
- Negotiate Contract/Benefits
  - AAMC Salary Survey
  - Relocation Planning

# Promoting Yourself on Paper

## CVs and Cover Letters



# Cover Letter: Tips and Tricks<sup>2</sup>

- Tailor your cover letter to the institution/ academic center/university to which you are applying (mission and values, tone).
- Know what qualities and skills they are looking for and then provide evidence that you have those qualities and skills with specific examples. Do NOT just re-list and re-state your experiences that are already in your CV.
- Clearly state what excites you about the opportunity.
- Paint a picture of how you are the ideal candidate who can fill their requirements and meet their mission. Consider how you can provide added value and state it.
- Promote yourself! Don't focus on your perceived weaknesses or components of the job that may not be a perfect fit. Show what you can do.
- Offer highlights in terms of concrete examples (e.g. a few \$, publications, etc.) where appropriate.

# CV: Represent Professionally<sup>3</sup>

- Style:
  - Ensure CV is visually consistent (font, margins, bolded sections, etc.)
    - Keep it clean and uniform with one font style throughout
  - Font: one font style throughout, sans serif recommended; 12-14 point font for headings; 10-12 for text (do not use smaller font sizes)
  - Place name and page number on all pages, dates on the right hand side
- Proofread! Spelling errors and typos are a common downfall of CVs.
- Have mentors or colleagues read and provide formative feedback.
- Maintain and update your CV continuously. You will want to send it at any moment to capitalize on unforeseen opportunities.
- Note that there is not one definitive CV format. Once hired, check to see if you are required to adapt yours (internal CV).

# CV Details

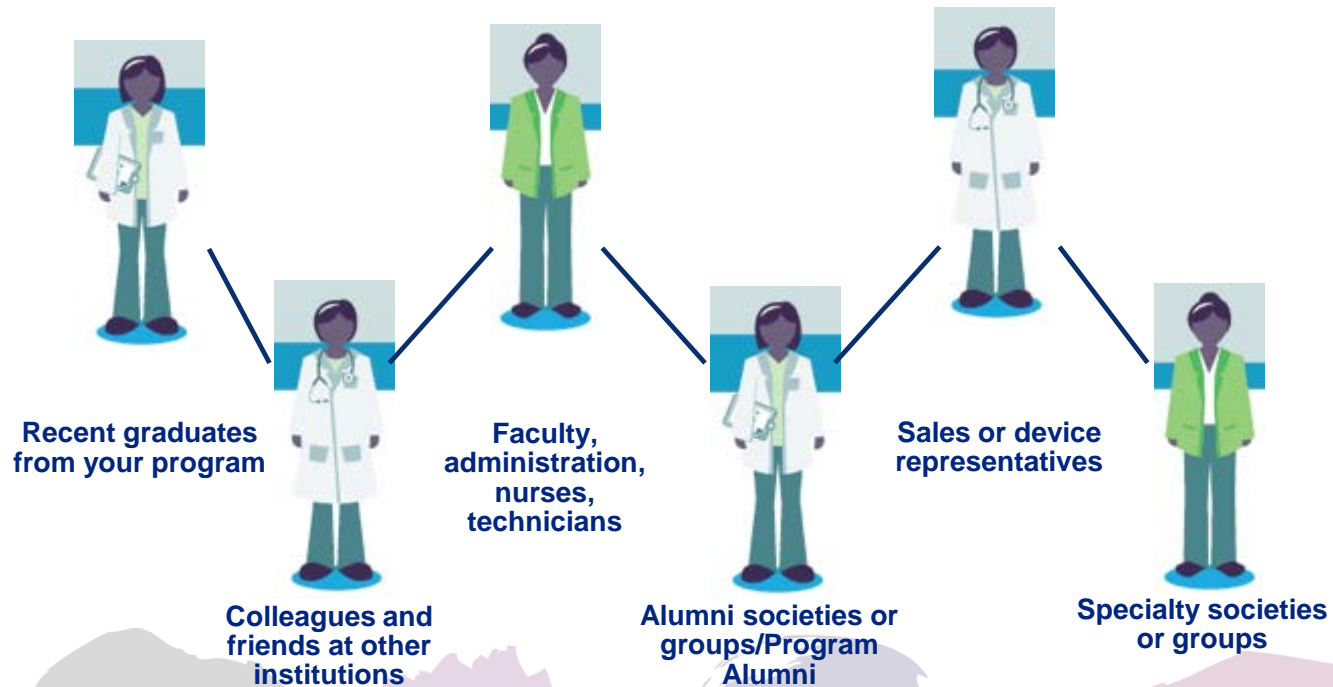
- Use brief, clear narratives to make sure your CV isn't only a list of your accomplishments
  - Example: if you conduct research, provide brief explanation of your role and key projects
  - Example: if you are a course director, describe your responsibilities, activities, curriculum development, etc.
- Use action verbs in the narrative sections of the CV<sup>4</sup>
- Do NOT overburden the CV with a combination of bullet points, italics and underlining. Pick ONE (no more than two).
- Avoid repetition

# Teaching Portfolio<sup>5,6,7</sup>

- In addition to a CV, academic positions look for evidence of teaching experience and potential
- Elements include:
  - Pedagogical Statement (Teaching Philosophy)
  - Evidence of teaching, curriculum development, assessment, student mentoring/advising, educational leadership.
  - Evidence of excellence in the above: student ratings, teaching awards, etc.
- Evidence of development as educator (webinars taken, etc.)
- Like the CV there may be institution specific criteria for documentation of teaching performance (internal teaching portfolio)

# Networking in the Digital Age

# You already have a large network<sup>8,9</sup>



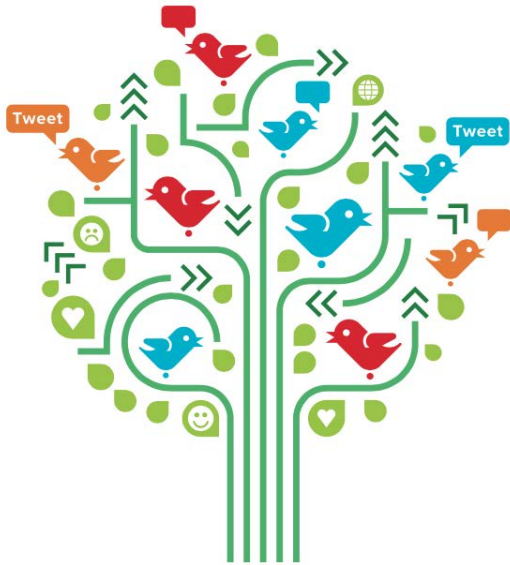
**ASK about potential jobs. ASK those in your network to connect with colleagues on your behalf. It will never hurt to ASK!**

# Utilizing Social Media for the Job Search<sup>10,11</sup>



- Follow your societies on Twitter, Facebook, and LinkedIn to be notified of new job postings. Allow recruiters to follow you to keep you informed of job opportunities.
- ResearchGate: connects you to researchers with similar interests and potentially a position
- Doximity: connects clinicians with colleagues to reach out for opportunities

# Tweet, Tweet: Twitter and Your Job Search<sup>12,13</sup>



- Write a 'Microblog', a brief regular update on your research, interests, and accomplishments
- Do more than 'lurk': put yourself out there!
- Follow those you find interesting: jobs may appear
- Prep for interviews: see what your interviewers tweet to prepare
- Employers are following you: be less personal, more professional, and always be respectful



# Facebook: What to Use, What to Lose<sup>14</sup>

## Use:

- Conversations regarding your achievements, presentations
- Connect with organizations and reach out
- Connect with recruiters
- Improve reputation and perceived expertise
- Privacy settings to limit content to certain groups

## Lose:

- Untag yourself from personal pictures that you would not want employers to see
- NEVER post HIPPA information
- Avoid over-posting, controversial subjects, and strong opinions

# LinkedIn: The “Professional” Site?<sup>15</sup>



- Largest social network exclusively for networking and development
- Keep your link up to date: completely populate, professional picture, share work examples
- Information **MUST** be accurate
- Creates a digital version of your professional network...and allows it to grow rapidly!
- Join groups, follow organizations, reach out to others in your field

# Interview Skills and Managing the Recruitment Process



# Managing the Calls and Emails: Recruiters

- External recruiters: work for private companies to recruit physicians for practices
- Internal recruiters: work for medical organization
  - **The Good:** point person for specific jobs or connection with multiple jobs
  - **The Bad:** financial incentives for the recruiter-make sure they are working to benefit YOU
  - **The Ugly:** multiple calls/pagers/distractions. Set ground rules on appropriate times to call and how to contact

# You've earned it, now go get it!

## Interview Skills

### Preparing

#### Research the Organization

#### Research the interviewers

Know their work, and their mission, vision, and values

#### Know your CV and your work

#### Practice, practice, practice!

Expose tics/kinks  
Mirror, friends, video

### The Interview

#### Nonverbal Communication <sup>16</sup>

Firm handshake  
Stand and sit tall  
Don't nod too much  
Good eye contact

#### Dress for Success

Casual is not appropriate  
Call to ask if unsure

#### Be Polite to Everyone

On the phone  
At the front desk  
Everywhere

#### Listen Carefully, Answer Succinctly

Allows for proper answer  
Don't babble to fill up silence

#### Be Friendly & Professional

Always attend to the situation  
Don't be overly familiar  
No slang or cursing

#### Display a Positive, Confident Attitude

Balance confidence and humility  
Promote yourself

### Following Up

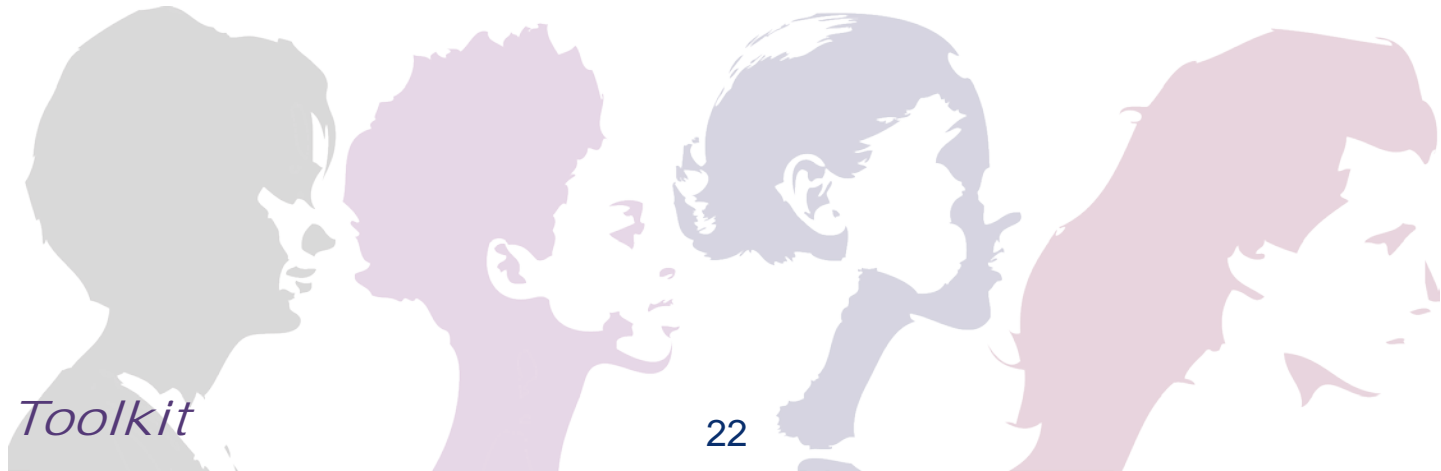
Commentators are divided on whether cards are now expected etiquette, but they surely don't hurt

Follow up email within 1-2 days  
Shows interest and refreshes your name

# Human Resources Offices<sup>16,17</sup>

- Institution's Hiring Processes
  - Timelines from interview to hire, etc.
- Description of Benefits
  - Whom to contact with questions
- General Interview Information
  - Typical interview questions

# Balanced Work Environments & Family Considerations



# Balanced Work Environment<sup>18</sup>

- A balanced work environment is a predictor of job satisfaction<sup>19</sup>
- Women physicians and younger physicians are more likely to suffer burn-out than men and older physicians<sup>20</sup>
  - Those who spend less than 20% of their time on the aspect of their work they find most meaningful are more likely to burn out
  - Women are twice as likely as men to want to reduce work load from full time to part time
  - Women are about 4 times more likely than men to work less than full time

# Balanced Work Environment: Summary of Starmer, et. al. Study<sup>21</sup>

- Only 43% of physicians report balanced work environment:
  - Women are more likely to have less balanced work environment and career satisfaction than men
  - Chaotic work environment and working > 50 hours per week associated with *lower* perceived work-life balance

# Family Planning for Geographic Mobility<sup>22,23</sup>

## *The Issue of Geographic Mobility*

- There is a positive correlation between a woman's geographic mobility and her advancement in administrative position at US Medical Schools.
- Geographic mobility can be particularly stressful when partners or children are involved.
- To improve your chances of success for relocating in a dual-career relationship, both must be competitive candidates in respective fields; diversify your interests and skill sets as much as possible.

## **Things to consider when planning your move:**

- Begin researching job opportunities for your partner up to one year in advance of your move.
- Inquire of your recruiter about relocation assistance for your partner. Dual careers are now the norm, and many universities offer regional job search assistance with neighboring institutions as a recruiting tool.
- Plan to stay an extra day or two during your interview (or make a return trip) to tour the area with a realtor.
- Set up tours of schools/daycare centers you may be considering if you have children. Ask about enrollment deadlines.
- Once you have a job offer negotiated, don't be afraid to contact people you met during your interview process to inquire about neighborhoods, schools, and commuting.

# Working Parent's Guide

- Expect to spend significantly more time on domestic labor if you have children.
- Planning Questions:
  - *What will you do for childcare?* Popular options include family, daycare centers, nannies, au pairs.
  - *What is the cost/availability of childcare in the area?*
  - *Are there waiting lists for childcare centers that you should get on?*
  - *Is there any flexibility in your contract to work from home or to have a 4 day week?*
  - *How much travel is expected of you in your current position and how will you coordinate 24/7 care during travel obligations?*
  - *What other household help should you budget/plan for if you so choose?* Popular options include cleaning services, laundry services, and household managers.

# What you can do early on to achieve balance

- The goal of balance is to flourish both professionally and personally
- Find a colleague or mentor at work who will support your primary career interests and aims
- Find or make a well-organized environment for yourself
- Take care of your health (eat well, manage stress, exercise, sleep)
- Set boundaries with how much you are willing to work (at the office and at home for the office)
- Don't avoid having children due only to concerns for balance – they may lead to more personal satisfaction!<sup>21</sup>

# Priming for Success

# Setting oneself up for future success

## **Know salary and academic parity with male peers<sup>24,25</sup>**

Needs to be reevaluated every few years, check AAMC salary surveys<sup>26</sup>  
Clinicians should understand call coverage (how much and how is it reimbursed comparatively).

## **Know the advancement/promotion criteria at your institution.**

How many publications are necessary? What activities count for promotion?

- Note that committee work and attending medical school activities (e.g. admissions committee, White Coat Ceremony) are networking opportunities for career advancement, even if you are in private practice.

# Setting oneself up for future success<sup>27,28,29,30</sup>

## **Prepare your Finances**

- For clinicians, seek out financial advisors well-established in the medical field.
- For all, look at federal loan payback/deferment programs

## **Mentor Others**

- Get involved with GWIMS, or start a chapter if none exists!
- Help ensure career path advancement for others

## **Always be Mindful of a Balanced Work Environment**

- Recognize the demanding workload of being a leader in research and/or clinical practice and the teaching world.
- Reflect on your life goals and values to ensure a good job fit.

# Practice Options & Contract Negotiation

# Physician Compensation & Practice Options

## COMPENSATION

- Salary
- Productivity
  - Collections, RVUs, incentives, revenue after expenses
- Ancillary Income
- Value Based Reimbursement
  - Quality Payment Program
  - Merit-based Incentive Payment System (MIPS)
  - Advanced Alternative Payment Models (APMs)
- MGMA or AAMC Salary Benchmarks

## PRACTICE OPTIONS

- Private Practice
  - Solo
  - Large group
  - Multi-speciality Group
  - Locum tenens
- Fulltime Academic
  - Clinician Educator / Teaching
  - Research
- Government Employment
  - Military (DoD)
  - Veterans Affairs (VHA)
- Hospital/ Health Systems Based

# Contract Negotiation: How<sup>31</sup>

- Do negotiate → any negotiation can net up to \$1,000,000 over the course of a career v. no negotiation
  - Women less likely to attempt negotiation
- Use “relational language” → explain how your asks help the department
  - Implicit bias: women who use “self-centered” language pay a social cost
- A “standard contract” still has room for negotiation
  - Consider what will make your life easier
    - Time distribution
    - Support staff
    - Admin load

# Contract Negotiation: The Physician Scientist<sup>32</sup>

- Other parts of the package to negotiate for the scientist include:
- Physical lab space
- Start-up package (~\$500,000-\$1,000,000 for bench scientists over 2-5 years)
- Expectations for external support
  - Do you need a grant to be recruited? If not, how long do you have to get external \$
- Protected time – how protected & for how long
- Mentorship committee that will be provided
- Women are less likely to enter and maintain a research position

# Contract Negotiation: Caveats for the Clinician<sup>33</sup>

- Remember Compensation is only one part of the puzzle.
- Term of the contract: How long are you & the employer *committing* to employment?
- Duties & Responsibilities should be *defined* as much as possible.
  - Can your employer move your worksite location without your input? Is there an RVU expectation?
- Benefits: leave (consider specifics), malpractice (\$ limits, scope, claims-made vs occurrence, tail/nose)
  - If claims-made, you will need to arrange tail coverage, which is expensive!
- Audits & Fees: The Employer & the Employee should *share risk*.
- Find out what is Customary for your state/region (e.g., non-competes).

# Contract Negotiation: Caveats for the Clinician

- Termination language: Is it fair for both sides?
  - With Cause vs Without Cause
    - *Timing* of notification: Is it *reasonable*? Can you find another job in this time frame? Is there *reciprocity* for both sides?
  - Non-Compete Clauses
    - *Duration and locality*: Is it reasonable? Is it based only on your primary worksite? Is it *impacted by termination specifics*? Consider with or without cause, and expiration. *What* are you prevented from doing? All medical care? Just your primary field?
- *If you don't ask for something, you cannot receive it* (e.g., organization dues)
- **Never sign anything without reading first!** Consult a Medical Contract Lawyer if your contract is non-standard.

# Grant Acquisition

# Getting Your First Grant

## Big Questions

1. Where is the grant from?
  - NIH – majority of grants
  - Institutional – internal grants may be available to provide start up or bridge funds, especially if being recruited
  - Foundations in the field
2. When should I apply?
  - Women tend to wait to get more preliminary data before submitting.
  - Trust mentors & program officers to tell you when you're ready.<sup>33</sup>

# Getting Your First Grant: K awards<sup>34,35</sup>

- Most first grants are K awards
  - K08 supports translational research
  - K23 supports clinical research
  - K99/R00 and K01 are funding mechanisms for non-clinicians
- NIH is a collection of institutes
  - Each institute has its own payline, requirements, etc.
  - Talk to the program officer at your institute to make sure it's best for you

***K Scoring is dependent on strongly worded “institutional commitment,” often self-written: it requires strong self-promotion***

# Grant Acquisition Resources

- Clinical and Translational Sciences Institutes
  - NIH-funded organizations that have grant writing resources
- Faculty Development Offices/Chair and Associate Deans of Faculty Development
  - May have funding for pilot studies that can help prepare for more substantial grant applications

# In Closing

*We offer the following references and resources to help you continue your preparations.*

*We wish you the best in your first job and look forward to having you as our colleague in academic medicine!*

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# Further Resources

- The Group on Women in Medicine and Science (GWIMS) has other relevant toolkits on the topics of mentoring, negotiation, career advancement for women of color, and career development in academic medicine at <https://www.aamc.org/members/gwims/toolkit/343518/toolkithometersr.html> Accessed August 2017.
- The American Women's Medical Association www site has many resources including a networking alliance, mentoring, and financial planning. <https://www.amwa-doc.org/> Accessed August 2017.
- The Association for Women in Science (AWIS) is a global network of over 100,000 members dedicated to achieving equity and full participation of women in all science, technology, mathematics and engineering professions. The members site includes webinars on career development and has opportunities for networking and mentoring. <http://awis.associationcareernetwork.com/> Accessed August 2017.
- Building the Next Generation of Academic Physicians (BNGAP) is an organization dedicated to advancing diversity in academic medicine targeting med students, residents, and post docs. They sponsor research, regional conferences, and have vast web resources. <http://bngap.org/> Accessed August 2017.
- The Center for Biomedical Career development at U Mass Medical School www site hosts a wide range of new career and professional development resources that support the training experience of Ph.D. students and postdoctoral scholars in biomedical sciences. <http://www.umassmed.edu/gsbs/career/> Accessed August 2017.
- The Group on Graduate Research, Education, and Training (GREAT) at the AAMC provides professional development to, and fosters the exchange of information and ideas among, the faculty and administrative leaders of biomedical PhD, MD- PhD, and postdoctoral programs. It has a list of resources at: <https://www.aamc.org/members/great/resources/> Accessed August 2017.
- Resident 360 is a site hosted by the *New England Journal of Medicine* and has a number of resources for career planning after residency: <https://resident360.nejm.org/pages/career>. Accessed August 2017.
- There are a www sites and open/ closed Facebook pages dedicated to the experiences of being a mom and a physician that have thousands of members, including Physician Moms Group <https://mypmg.com/> and PMG-BLW, <https://www.facebook.com/groups/1597245870305530/>. Accessed August 2017.

# First Jobs Task Force Members

**This toolkit was created to assist those about to enter a career in academic medicine by a group of volunteers representing clinician, scientist, and educator tracks in academic medicine at various career stages of career and from private and public institutions across a variety of geographic areas in the US.**

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# Caretaking in Academic Medicine: From pregnancy through early parenting



GWIMS Toolkit

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# Caretaking Toolkit Objective

The goal of the task force in creating this toolkit was to address the broad issues of caretaking in academia. The initial product from the Caretaking taskforce was this toolkit to address individual-level issues of parenting (for both men and women) and academic to include resources around preparing to take leave, guidance around eligibility and institutional policies of taking leave, as well as re-entry and early parenting tips.

This toolkit aims to take a broad approach to these issues and is not an exhaustive resource for all parental leave or caretaking leave issues or policies. GWIMS hopes to continue to develop additional resources in these areas to address caretaking needs that occur later in one's career.

# Federal Protection of Pregnancy

# Pregnancy Discrimination Act of 1978

- Forbids discrimination based on pregnancy when it comes to any aspect of employment including hiring, firing, pay, job assignments, promotions, layoff, training, firing benefits (leave and health insurance), and any other term or condition of employment
  - Be aware of discrimination behind good intention= Employer is doing something “for your safety”.
- Pregnancy complications = Disability
  - If woman temporarily unable to perform her job due to medical condition of the pregnancy or childbirth, the employer must treat her in the same way as any other disabled employee
  - Impairments such as gestational diabetes or preeclampsia may also be covered under the Americans with Disabilities Act (ADA)

Source: <https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

# Pregnancy Discrimination Act of 1978

- It is unlawful to harass because of pregnancy, childbirth, or medical condition related to pregnancy.
- Employer can not single-out pregnancy related conditions in determining an employee's ability to work.
  - A physician statement may be required by employer
- Employer cannot refuse to hire a woman because she is pregnant or may become pregnant in the future.
- Employer cannot base employment decisions on assumptions about pregnant women's capabilities and health concerns.
- Employer cannot fire a women for having or considering an abortion.

Source: <https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

# Other Federal Law Protections

## Family and Medical Leave Act (FMLA)

- An eligible employee who work for a covered employer:
  - Has worked for the employer for at least 12 months
  - Has worked at least 1250 hours during the 12 months prior to leave
  - Works where there are at least 50 employees within 75 miles of the employees workplace

## Fair Labor Standards Act (FLSA)

- Nursing mothers have the right to express milk in the workplace for her nursing child for 1 year after the birth of the child

**US Equal Opportunity Commission resources:** <https://www1.eeoc.gov/eeoc/publications/fs-preg.cfm?renderforprint=1>

**FMLA:** [www.dol.gov/whd/regs/compliance/whdfs28.htm](http://www.dol.gov/whd/regs/compliance/whdfs28.htm)

**ADA :** [www.eeoc.gov/laws/types/disability.cfm](http://www.eeoc.gov/laws/types/disability.cfm)

**FLSA:** [https://www.dol.gov/whd/nursingmothers/Sec7rFLSA\\_btnm.htm](https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.htm)

# Other Federal Law Protections

## Family and Medical Leave Act (FMLA) – Adoption and Foster Care

- Eligible for 12 weeks of leave (unpaid or paid if employee has earned or accrued it)
- Placement or adoption of a child
  - Absence from work is required for the placement for adoption or foster care to proceed.
  - Attend counseling sessions, appear in court, consult with attorney, submit to a physical examination, or travel
  - Leave must be continuous 12 weeks unless the employer agrees otherwise.
  - An employee's entitlement to FMLA leave for the placement of a child for adoption or foster care expires 12 months after the placement.

Qualifying reasons for leave under FMLA: <https://www.dol.gov/whd/regs/compliance/whdfs28f.pdf>

# Ensuring Occupational Safety During Pregnancy

**Health and safety issues are important to recognize early in and throughout the pregnancy**

- You may want to consult with occupational or environmental health and safety for guidance for patient care and laboratory safety issues
- There are published radiation safety guidelines for pregnant employees from the Occupational Safety and Health Administration (OSHA) as well as policies within some institutions

Pregnancy and the Lab –Feature Index. Science. 2006 April

# Parental/Medical Leave & their Financial Implications



# What is your institution's policy?

- It can be difficult to access and identify each institution's work-life policies.
- As of 2008, only 39% of policies were available and only 1 of the top 10-ranked (US News and World Report) medical schools had all policy information accessible online.
- Potential or current faculty may hesitate to inquire about these policies for fear of encountering bias.



# What does a “good” policy look like?

In the same study, work-life policies were scored on flexibility and benefits beyond the FMLA minimum standards.

An additional study scored 10 more programs from the “Big Ten Conference.”

Bristol MN, Abhuhi S, Cappola AR, Sonnad SS. Journal of Women's Health 2008; 17: 1311-1320.

Welch JL, Wiehe SE, Palmer-Smith V, Dankoski ME. Journal of Women's Health 2011; 20: 725-732.

# Components of a “good” policy

- Paid leave offered to both full- and part-time faculty
- No required length of prior service in order to qualify for leave
- 12 weeks of paid leave is the longest cited
- 6 months total leave (paid + unpaid) is the longest cited
- Some policies allow parents to share leave if both on faculty

# What are the financial costs of leave?

In a study that evaluated faculty salaries over a 17 year period it was noted that taking a leave or working part-time for  $\geq 2$  months was associated with a \$28K smaller increase in salary

The effect of gender on change in salary over time was not significant.

- However, the starting salary was higher for men: with a gender disparity in which women earned 90% as compared to men.

Freud K, Raj A, Kaplan SE et al. Academic Medicine 2016; 91:1068-1073.

# Practical Tips

- Accurate/complete parental leave policies may be hard to find at your institution. It may take some effort to find the written policy.
- Parental leave policies vary widely among medical schools, and may not significantly exceed FMLA minimums.
- Differences in starting salary account for most of the gender difference. Be sure to negotiate before you are even hired!

**Potential Pitfall:** If you feel that the rules are not being followed at your institution, then you need to go to your faculty affairs dean, equity, diversity, and inclusion dean, or other local resource center, for example an ombudsman, to help negotiate a resolution.

# Broader Needs

- There is a need for standardized on-line availability of family leave policies
- There should be a movement toward higher-ranked policies
- Analyze causes of long-term lower pay for those who have taken leave, to determine if/how these can be resolved.



# How to Ask for Resources & Leave Time: Tips, Opportunities, and Pitfalls

# Time

- Time is a limited resource and we all recognize the wish to be able to stop the clock.
- This also means that there might be times you need to spend time on yourself or those you (will) care for.
- Requesting time off from work or asking for other resources can be challenging for various reasons.
- Practically, it might be difficult to know whom, how or when to ask, and what your rights are. In addition, you might worry about how time off may affect your work and future as well as health care benefits.



# Different Types of Leave

- Understand what you may have available to you even if there isn't a defined maternity leave:
  - Sick Time
  - Vacation
  - Medical Leave of Absence
  - Compensatory Time Off, e.g., work overtime “now” in exchange for paid time off after the baby arrives
  - Leave Sharing Programs, e.g., donated by other employees
- You must understand how leave time is accrued and when you become eligible to use it.

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf>

# Understand Your Options

- Caretaker leave after the birth or adoption of a child can take many forms. It is critical to understand the variety of ways it can be approached and this will necessitate a detailed conversation with a Human Resources Manager.
- First, understand your employer's maternity leave policy, if they have one.
- Understand what the Family and Medical Leave Act (FMLA) means for you. Don't assume you qualify!

Guide to FMLA: <http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf>

# Understand Your Options

- Other options for leave, including accrued (partially) paid leave, may differ by state and organization, and you may need to consult a variety of resources to inform you of the regulations of your organization.
- Possible resources include:
  - Human resources (HR) within your department or in the medical school or health system
  - Office of faculty
  - Diversity office
  - Office for women

# Family and Medical Leave Act

- FMLA provides *unpaid*, job-protected leave and is intended to protect seniority and your employer-provided health insurance.
- Briefly, you have to fulfill 3 criteria to qualify:
  - Your employer has 50 or more employees,
  - You have worked for your employer for at least 12 months and for at least 1,250 hours during the last year, and
  - You are taking time away from your job to care for a new child.
- Go to <http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf> for a helpful guide produced by the National Partnership for Women & Families.

# Whom to speak

Although your supervisor or 'boss' and HR/Office for Faculty should assist in the leave requests process, we suggest you discuss any leave request yourself with the following people to ensure timely communication and miscommunication:

- Immediate supervisor, mentor
- Department head
- HR and HR manager
- Academic personnel office
- You might also wish to mention your upcoming leave with immediate colleagues and/or patients who could be impacted by your leave

# What to mention

Requesting a leave may involve a sensitive topic that may make you uncomfortable. At the same time, it is important that you give enough information to allow your organization to determine the options and structure to support your request.

For example:

1. Birth and care for a newborn child might be easier to discuss than serious or stigmatized health conditions for children.
2. Depending on your situation, and sometimes unpredictable nature for your request, you should aim for a leave duration that is adequate. It might be easier to return to work earlier, than it is to ask for more time.

# When to request leave

- The earlier the better, in particular when it affects patient care or call schedules.
  - Make an appointment with the person overseeing you to specifically address your leave request (do not add this onto the end of another meeting)
- Don't wait until the last minute. For example, to fall under the FMLA a request should be made 30 days prior to the start of leave period (unless in an emergency situation).
- FMLA requests may involve providing medical information by a professional, so it is important to give this person adequate time.

# Suggestions for requesting a leave

- Preferably face to face with any direct supervisor or department head if possible.
- Prepare this person that you want to discuss a leave request prior to meeting, and follow-up in writing about the discussion.
- It is not necessary to meet HR manager in person for the request, but this person should be informed preferably directly by you, and can be included in any communications detailing your request with supervisors.



# Potential Trouble I

- Ensure that HR and supervisor/mentor/department head are all aware of your leave terms. If a manager fails to contact HR with your request, FMLA might be delayed. Leave requests are not retroactive.
- As expected there is paperwork associated with a leave request. Make sure you complete the right paperwork:  
<https://www.dol.gov/whd/fmla/forms.htm>

# Potential Trouble II

## During your leave, remind yourself that:

- You need this time to spend on yourself and those you care for, not work.
- Your employer most likely does not want you to work due to potential for interference with FMLA rights.
- Although you might respond to some emails or questions as a “professional courtesy”, any work requests that interfere with your leave are inappropriate and violate your rights. An automated message (email/voice) detailing the period of your leave should make clear to others that you are unavailable. If interruption from work is persistent, you can move from a friendly reminder to involving your supervisor and HR.

# Going Back: Flexible Work Arrangements

- Consider a different work arrangement when you return from leave. Getting creative may extend the amount of leave from work.
- Do your best to talk with your employer *before* your leave to make these arrangements and to propose possible solutions.
- Be sure to discuss how any variation from full-time status might impact your benefits.
- If you return in a part-time capacity, be sure to monitor how much time you're actually working and be your own best advocate to protect your part-time status.

# Going Back: Flexible Work Arrangements

- Some different options to consider:
  - You can talk with your employer about returning sooner but in a part-time capacity.
    - For example, instead of 12 weeks off, take 6 weeks off fully and then return for 12 weeks at half-time.
  - Job-Sharing positions
  - Telework
  - Work from home arrangements.
  - Flexible work arrangements have been shown to lead to higher job satisfaction and lower turnover intentions.

McNall LA, Masuda AD, Nicklin JM. Flexible Work Arrangements, Job Satisfaction, and Turnover Intentions: The Mediating Role of Work-to-Family Enrichment. *The Journal of Psychology*, 2010, 144(1), 61-81

# One Mother's Experience

Read this post for an example of one mother's experience of a maternity leave that went well and then one that didn't go so well when she changed jobs:

- <http://www.kevinmd.com/blog/2016/07/maternity-leave-cost-physician.html>

Try to take all the time your employer and your budget will allow. When scheduling leave, consider how a spouse or partner's leave will factor into your plans.



# Restructuring Clinical Demands in Late Pregnancy

# Planning for Late Pregnancy

- The third trimester can be the most uncomfortable. You may feel discomfort as your baby grows larger and your body gets ready for birth. This can cause trouble sleeping, walking quickly, and doing routine tasks.
- Pregnancy may be unpredictable. Although many women are able to work until the last possible moment, others may not be able to do as much in the final months.
  - Create back up plans with your partner(s) at home and at work

# Outpatient Tips

- Consider frontloading clinics earlier in your pregnancy so you can offload your schedule later and mitigate the effect on productivity.
- In late pregnancy consider holding some appointment slots until the day prior in order to minimize rescheduling in case you go into labor.
- Close to your due date, consider transitioning to seeing urgent care patients only.
- Schedule and take breaks!



# Inpatient Tips

- Surgical specialties: Try to plan ahead for when you might:
  - Stop elective cases
  - Stop night or trauma call
  - Focus on outpatient care
- Extra shifts or call night prior to, and early in pregnancy can help with productivity and colleague goodwill

# Resident Tips

- With some advanced planning, you can work with your Program Administrators to:
  - Schedule lighter rotations and outpatient clinics (i.e. less ward months) closer to your due date
  - Frontload with ICU and night rotations earlier in your pregnancy so these can be avoided later
  - Determine a stop date for being on call
- Don't forget that you can use your sick leave if you need to stop earlier than your due date
- Consider backup plans in case of pregnancy complications or unanticipated challenges

# Planning for Complications

- Pregnancy ‘inconveniences’ or complications may present in various forms and can occur at different stages of pregnancy.
- For example, you may have:
  - Physical pregnancy-related issues (e.g. back pain, nausea) that might affect work
  - Require frequent OB visits toward the end of pregnancy to check your health and that of your child during working hours
  - Potential “bed-rest” during a late complicated pregnancy (e.g. preeclampsia, preterm labor)

# Data on Pregnancy Complications in Residents

- There was no increased risk for pregnant residents of miscarriage, ectopic gestation, placental abruption, stillbirth, low-birth-weight infant, or preterm delivery
- There was an increased risk for preterm delivery in residents who worked >100 hours per week, compared to <100 hours per week.
- Preterm labor and preeclampsia requiring bed rest was twice as common among residents compared to residents wives. This was attributed to higher awareness and screening of residents who were anecdotally thought to be at higher risk at the time

Klebanoff et al. NEJM 1990;323:1040-1045

# Managing Complications

## **If pregnancy complications arise, you might:**

- Use sick time for missed hours at work, instead of having to take a whole day off
- Reschedule your work-load to allow doctor visits as needed
- Discuss your situation with those who need to know to allow additional flexibility
- Use disability insurance to cover potential loss of salary or the Family and Medical Leave Act, for unpaid time off, in case this is medically necessary



# Back from Leave: What to Expect

# Basics

- Returning from a medical or maternity medical leave is often a rough transition.
- It is helpful to have reasonable (low) expectations of productivity.
- Foremost follow the instructions of your physician, setbacks from pushing it too hard can lengthen recovery.
- Consider returning part time if possible.



# Tips to Take Care of You

- **Sleep**
  - Enlist family member or hired caretaker to help with infants at night
- **Nutrition**
  - Stock up on water, fruit, other healthy snacks
- **Memory**
  - Bring a small notebook with you to take notes, utilize a to do list and calendar to keep track of yourself and family
- **Anxiety/ Depression**
  - Post-partum depression is common and may benefit from professional help

# Breastfeeding

- Seek local resources for success:
  - Check with Office of Women in Medicine in Science or the Office of Diversity, whichever is appropriate based on the institution
  - Contact the Breastfeeding department at your hospital, they often have information and resources for working women
- Consider renting a hospital grade breast pump. They are faster than commercial pumps
- Expect you will need to take breaks several times a day to pump
- Identify access to refrigerator to store milk

# Child Care

- Consider full time nanny as they can also help with housework, laundry and cooking.
- Child care outside of the home can be more dependable, no sick day coverage needed if the primary care giver is ill.
- Search for caregiver with infant experience.
- Au pairs may be a good choice for some families. However they have limitations of work hours and approximately 30% of matches do not work out and require re-match.

# Financial Implications

- If you anticipate leave when negotiating a contract consider including paid leave
- You are entitled to pro-rated expectations for the time you are gone.
- This can be difficult to negotiate in small groups
- If your salary directly results from your revenues than you may not have income while on leave and your income may lag when you return to work
- You may be expected to “pay back” service or call, this can be incredibly difficult

# How to Handle Childcare/Nursing: Navigating Spaces, Facilities and Resources at your Institution

# Childcare

## Options Include:

- Nanny
- Au Pair
- Family Member
- Daycare Centers
- In Home Daycare Providers

## How to Find:

- Agencies (May be expensive)
- Training Programs
- Web-based services (e.g. Care.com, Sittercity.com, etc)
- Other Friends, Mom-Docs, etc.



# Childcare: Daycare Centers and In Home Daycare

## Questions to Consider:

- Does your hospital or institution have an onsite daycare?
- What is the state licensure requirement?
- **Is it accredited by another organization:**
  - National Association for the Education of Young Children (NAEYC)
  - or the National Association of Family Child Care (NAFCC),
- Does your state have a “grading system” for childcare centers?



# Childcare: Daycare Centers and In Home Daycare

## Questions to Consider:

- What are the centers hours? What days are they closed for holidays?
- What is their fee schedule?
- What are their philosophies on breastfeeding and feeding, sleeping, discipline, schedules, etc.?
- What are their caregiver to infant/child ratios?
- Request a list of parent references
- Is there a waitlist? If so, put your name on early!

# Childcare: Nanny or Au Pair

## Things to consider:

- Payment structure (hourly vs salary)
- The Nanny Tax
- Live-in sitter: advantages and disadvantages
- Flexibility of Hours
- Managing Vacations: Yours and Theirs
- References

# Breastfeeding at Work

- Legislature supporting and protecting breastfeeding women varies by state.
- Learn what your state laws are
- Resources include:
  - The U.S. Department of Labor
- <https://www.dol.gov/whd/nursingmothers/>
  - The National Conference for State Legislatures (This group collates state legislature data. It provides links back to the original government page)
  - <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>

# Breastfeeding at Work

## **Before your maternity leave or before your return to work:**

- Is there a pump you will be able to use at work or will you need your own?
- Check your insurance coverage of breastpumps.
- Is there a place to pump? (Know federal and state laws)
- Is there a place to store breastmilk or will you bring a cooler?
- Talk to your baby's pediatrician about the ideal time to start pumping.



# Breastfeeding at Work: Pumping and your schedule

- Are you able to block clinic time? If so, do so before you return from leave, so that patients do not need to be rescheduled
- Can you add pumping times to your day that do not interfere w/patient care (e.g. in the morning before clinical responsibilities, lunch time, administrative times, at home after your baby goes to bed, etc.)?

# A Sick Child: Now What?



# Illness in Children

According to the Center for Disease Control and Prevention, 84.4% of school-aged children aged 5-11 years are in excellent or very good health. 3.2% of this age group missed 11 or more days of school due to illness or injury in the past 12 months.

However, as parents we know that children get sick, with an estimated 6-10 colds a year (*Colds in children, 2005. Paediatrics & Child Health, 10(8), 493–495*).

This leaves working parents with the question of how to balance work and care.

# Temporary or Common Illnesses

If your child attends daycare or school, make sure to know the rules related to illness and recovery. These policies may or may not be evidence-based and vary by site. (For guidance on when children should be excluded from childcare settings:

<http://cfoc.nrckids.org/StandardView/3.6.1.1>)

Often policies aimed to reduce the spread of illnesses require a child to stay home until some amount of time has passed without symptoms or until the start of medication.



# Temporary illnesses

If you feel that you or someone you and your child is close to need to be with him/her, short term illnesses such as fevers, ear infections, diarrhea, and vomiting may be covered by:

- Sick time. Check at a time your child is not sick if unpaid or paid sick time is available to you. See also:  
<http://www.ncsl.org/research/labor-and-employment/employee-leave.aspx>
- Work from home (if this is an option)
- Trade off work time with your partner or enlist family members or relatives (if available)
- Friends (even for part of the day)

# Temporary illnesses

If you feel that your child is well enough or you simply cannot stay home (again!), check to see if the following are available:

- Employer sponsored back-up care. This benefit allows for a caregiver to come to your house and care for a 'mildly sick' child, typically for a low hourly rate.
- Local on-call nanny services: [www.care.com](http://www.care.com), <http://www.nannypoppinz.com/services/sick-childcare-services.html>. This often carries a more hefty price-tag.
- Out-of-home childcare such as <http://www.rainbowstation.org/get-well-place/> (available only in a few states).

# Temporary illnesses

Given that it is a guarantee our kid(s) will get sick, preparation can go a long way.

- Set up a network of at least 3-4 caregivers who might be available on short notice to care for your child can be a lifesaver: [www.care.com](http://www.care.com), or place an add on a local (university) job site.
- Check with your department whether it is possible to work from home or bring your child with you. Creating a make-shift bed and bringing some DVDs to entertain your child while you work might be an option for you.
- If you are teaching, check your university policy, but consider videotaping classes in advance, switching to web-based applications, or identifying colleagues that could cover your classes in case you cannot attend in person.

# Chronic or Severe Illness

- Caring for a child with a chronic condition or (recovery from) severe illness can be covered through the Family and Medical Leave Act (FMLA). FMLA can be used on an intermittent basis.
  - For info on FMLA terms and eligibility see:  
<https://www.dol.gov/whd/fmla/>
- Other longer term leave options, including paid leave, partially paid leave, or using accrued (partially) paid leave, differ greatly by state. HR or your academic personnel office should be able to inform you of the regulations of your organization.

# Shifting Priorities/Scheduling Conflicts

# Shifting Priorities

Your priorities and demands may change with parenthood, and it may be necessary to adjust institutional expectations.

- Many faculty members achieve their best work outside of normal work hours. This may change with parenthood.
- Anticipate less time for work outside of normal work hours including weekends. Anticipate more interruptions.
- Anticipate having less energy to work for extended periods of time, especially outside normal working hours.
- Ability to travel maybe also be limited.

# Shifting Priorities

Consult with other faculty at your institution, prior to discussing with your leadership.

- Both women and men can give helpful advice. Seek help from those who have children
- Seek out a mentor/supervisor who can advise you on managing the changing demands. Ask specifically about potential impacts on your career advancement and/or promotion.
- Find the designated representative for GWIMS and any local women's group.

# Shifting Priorities

- Several months in advance of delivery, talk to your supervisor about your anticipated change in work hours or productivity.
- Review your current yearly evaluation metrics, and readjust as necessary.
  - May need to prepare a new timeline for completion.
  - Discuss new timeline with clinical and/or research team.
- Identified items which can not be delayed (grants, etc.)
  - Block uninterrupted work time at home
    - trade off care with your partner, hire part time babysitter, etc.



# Scheduling Conflicts

## Those 7am and 5:30pm meetings...

- These are 'prime time' children rearing times and create conflict for the parent.
  - Valuable for parent-child bonding and meaningful work hours.
- Talk with other faculty as they may also have the same conflict.
- Ask if the meeting times could be changed or if there are alternatives (attend remotely, call-in)
- If unable to resolve this type of conflict, then you need to meet with your supervisor or the department chair to try to define other possibilities

# Scheduling Conflicts

- If the meeting *has* to be at a troublesome time, consider attending at specified intervals
- For flexible meetings, such as national committee conference calls, consider scheduling at times when you expect your children to be asleep.



# Policies for Academic Advancement & Promotion

# Scope of Issue

- Generally equal numbers of men and women at assistant professor level at entry into medical school faculty
  - Jena AB, Khullar D, Ho O, Olenski A, Blumenthal D. Sex differences in academic rank in US medical schools. JAMA 2015;314: 1149-1158
- More men than women at higher academic ranks
  - Association of American Medical Colleges. Distribution of full time faculty by department, rank, and gender. Women in academic medicine: Benchmarking ad statistics 2013-2014. Available at: [www.aamc.org/members/gwims/statistics](http://www.aamc.org/members/gwims/statistics)
- Women have been found to more frequently be in nontenure clinical tracks
  - Carr PL, Gunn CM, Kaplan SA, Raj A, Freund KM. Inadequate progress for women in academic medicine: Findings from the national faculty study. Journal of Women's Health 2015; 24: 190-199

# Scope of Issue

- There is an increased prevalence of part-time faculty in academic institutions, most of whom are women. Part-time faculty may be less satisfied with promotion opportunities
  - Pollart SM et al. Characteristics, Satisfaction, and Engagement of Part-Time Faculty at U.S. Medical School. Acad Med 2015; 90(3)
- Childrearing and other caretaking roles generally coincide with optimal time for career building

# Policies for Leave

- **Stop-the-Clock**

- Extension of promotion time limits to allow time to deal with major life events
- Pros: May allow some to pursue or stay in current track (tenure or non-tenure) who may have otherwise stayed away from it
- Cons: Generally has to be requested, which can lead to stigma. Also still prolongs time to promotion, which can contribute to fewer women in higher ranks.

**NOTE: LEAVE POLICIES OFTEN VARY BY INSTITUTION.**

# Policies for Leave

- **Opt-out Implementation**

- Assumes that everyone will use family supportive leave policies, they must take action not to use them
- Pro: May decrease stigma associated with taking leave or requesting use of other family-friendly policies
- Cons: Some gender neutral family friendly policies may benefit men more than women due to traditional gender roles in caretaking. (<http://ftp.iza.org/dp9904.pdf>)

**NOTE: LEAVE POLICIES OFTEN VARY BY INSTITUTION.**

# Research and Leave

## The NIH has initiatives for a family-friendly path in scientific research

- Refer to the reference below which will also lead to additional information
- Some awards will continue to provide full stipends for parental leave for the birth or adoption of a child
- There may be opportunities to adjust the appointment or percent effort for a period of less than 12 contiguous months
- Early stage investigators may be able to expand their eligibility, document gaps or delays in productivity in their biosketch or compete for special re-entry awards

[https://grants.nih.gov/grants/family\\_friendly.htm](https://grants.nih.gov/grants/family_friendly.htm)

# Action Items

- Learn about the different academic tracks (tenure vs nontenure, clinical, research, teaching, etc) offered by your institution, and consider the pros and cons of each in terms of expectations, promotion, prestige and how these fit into your career and personal goals.
- Learn about the leave policies at your institution.
- If you need to request a stop-the-clock option, ask trusted colleagues about their experiences with this process and who to contact within your institution.
- Advocate for family-friendly promotion policies that account for expected leave for caretaking roles.

Resource: <http://worklifelaw.org/wp-content/uploads/2013/01/Effective-Policies-and-Programs-for-Retention-and-Advancement-of-Women-in-Academia.pdf>

# Literature on Productivity of Mothers

# Workplace Challenges

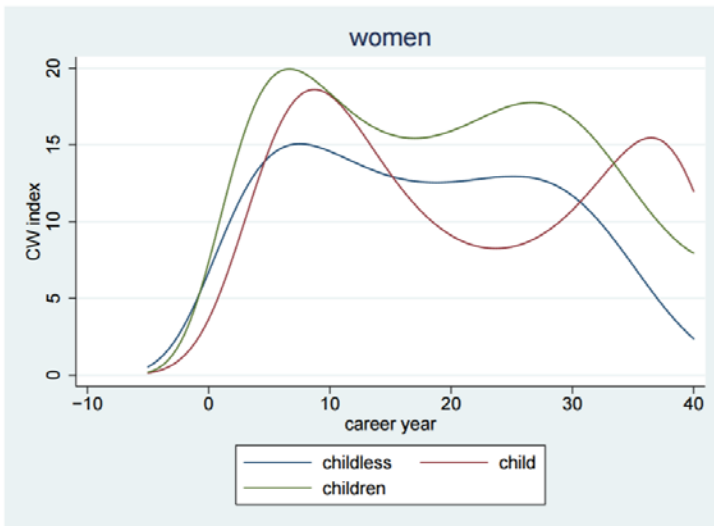
A 2017 study found that more than one-third of physician mothers can be subject to workplace discrimination. Of those reporting discrimination:

- 89.6% reported discrimination based on pregnancy or maternity leave
- 48.4% reported discrimination based on breastfeeding
- 39.2% report not being included in administrative decision making
- 31.5% report unequal pay and benefits relative to their male peers

Adesoye et al, JAMA Intern Med. 2017 May 8

# The Mommy Track Myth

The discrimination you may encounter is based on a myth that mothers “opt-out” of the workforce. Yet, many studies have shown that women with children are as productive in the long term, if not more, than women without children.



A study of 10,000 economists found that while mothers initially lose productivity after giving birth, they come back with greater efficiency.

**But what about  
Physician Mothers...**

Krapf, et al. Parenthood and Productivity of Highly Skilled Labor: Evidence from the Groves of Academe. IZA DP No. 7904.

# Gender and long-term productivity

- Overall, men in academic medicine have higher research productivity than women
- These differences are assumed by most authors to be partly due to **family responsibilities** during early- and mid-career
- However, later in their careers (after 25 years), women in medical specialties demonstrate **greater research productivity** than men
- In surgical specialties, men and women's research productivity **change at the same rate**

Reed DA et al. Acad Med 2011; 86:43-47.

Eloy JA et al. Laryngoscope 2013; 123:1865-75.

# How to Manage the Myth

- Take heart! The skills you are gaining as a new parent in these early years will greatly benefit your future work in terms of efficiency and interpersonal relationships.
- If you are sensing discrimination at work, consider showing this section to your department chair.



# Words of Encouragement

A short list of books to raise your awareness and boost your mojo:

- Katty Kay and Claire Shipman, The Confidence Code: The Science and Art of Self-Assurance – What Women Should Know
- Sheryl Sandberg, Lean In: Women, Work, and the Will to Lead
- Shankar Vedantam, The Hidden Brain: How Our Unconscious Minds Elect Presidents, Control Markets, Wage Wars, and Save our Lives

# Toolkit Task Force

This toolkit was created in order to be helpful to individuals who are facing the competing demands of pregnancy and children and was created by a group of volunteers, representing different stages in their academic journeys and from a variety of geographic areas across the country.

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# Resources

Pregnancy Discrimination Act of 1978:

<https://www.eeoc.gov/eeoc/publications/fs-preg.cfm>

US Equal Opportunity Commission resources:

<https://www1.eeoc.gov/eeoc/publications/fs-preg.cfm?renderforprint=1>

FMLA: [www.dol.gov/whd/regs/compliance/whdfs28.htm](http://www.dol.gov/whd/regs/compliance/whdfs28.htm)

ADA : [www.eeoc.gov/laws/types/disability.cfm](http://www.eeoc.gov/laws/types/disability.cfm)

FLSA:

[https://www.dol.gov/whd/nursingmothers/Sec7rFLSA\\_btn.htm](https://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btn.htm)

Qualifying reasons for leave under FMLA:

<https://www.dol.gov/whd/regs/compliance/whdfs28f.pdf>

Office of personnel management:

<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/handbook-on-leave-and-workplace-flexibilities-for-childbirth-adoption-and-foster-care.pdf>

Guide to FMLA:

<http://www.nationalpartnership.org/research-library/work-family/fmla/guide-to-fmla.pdf>

Breastfeeding state laws:

<http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>

US Department of Labor break time for nursing mothers:

<https://www.dol.gov/whd/nursingmothers>

When should you keep a sick child home?

<http://cfoc.nrckids.org/StandardView/3.6.1.1>

Family Leave Laws by state:

<http://www.ncsl.org/research/labor-and-employment/employee-leave.aspx>

Family friendly policies: <http://worklifelaw.org/wp-content/uploads/2013/01/Effective-Policies-and-Programs-for-Retention-and-Advancement-of-Women-in-Academia.pdf>

Research and Parental Leave:

[https://grants.nih.gov/grants/family\\_friendly.htm](https://grants.nih.gov/grants/family_friendly.htm)

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