

## **GWIMS Equity Recruitment Toolkit**

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

Marisha Burden, MD Amira del Pino-Jones, MD Michelle Shafer, MD Sangini Sheth, MD Kathryn Rexrode, MD



**GWIMS Toolkit** 

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

-Telle Whitney





### **Background**

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

In this tool kit we address *recruitment* for:

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

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

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



#### **Outline - Recruitment for Positions**

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



### **Search Committee Membership and Tools-Search Committee Composition**

#### Ensure diverse search committee and applicant pool

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

<sup>1</sup>https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/discrimination/gender-equality/gender-balance-decision-making-positions\_en



### **Search Committee Membership and Tools-Search Committee Composition**

#### Ensure diverse search committee and applicant pool

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

<sup>1</sup>Heilman M. the Sex 1980.



### **Search Committee Membership and Tools- Equity and Unconscious Bias Training**

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

#### **Search Committee Membership and Tools**

Provide **toolkit** to committee with:

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

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



### **Advertise for Diversity – Job Descriptions and Job Postings**

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





### **Advertise for Diversity – Job Descriptions and Job Postings**

- Web resources
  - https://www.glassdoor.com/employers/blog/10-waysremove-gender-bias-job-listings/
  - http://www.chairs-chaires.gc.ca/programprogramme/equity-equite/best\_practicespratiques\_examplaires-eng.aspx#b
  - Website to assist in identifying how job description language is gender-coded: http://genderdecoder.katmatfield.com



### **Search Committee Membership and Tools- Evaluating Applications**

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

- Heilman ME, Martell RF, Simon MC. The vagaries of sex bias: Conditions regulating the undervaluation, equivalence, and overvaluation of female job applicants. Organizational Behavior and Human Decision Processes. 1988;41:98–110.
- http://wiseli.engr.wisc.edu/docs/BiasBrochure\_3rdEd.pdf

Develop review criteria in advance

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

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

How to evaluate applications with nontraditional components:



### **Search Committee Membership and Tools- Evaluating Applications**

#### **Letters of Recommendation**

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

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

- <sup>1</sup> Excellent, superb, outstanding, unique
- <sup>2</sup> Hardworking, conscientious, dependable, dedicated, careful, meticulous.
- Negative language, unexplained comments, faint praise



#### Search Committee Membership and Tools-Evaluating Applications

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

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

http://csw.arizona.edu/sites/default/files/avoiding\_gender\_bias\_in\_letter\_of\_reference\_writing.pdf



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

#### Web resources:

- https://hbr.org/2016/02/how-to-assess-a-job-candidate-who-doesnt-fitthe-mold
- https://www.forbes.com/sites/gradsoflife/2017/04/13/employers-areoverlooking-non-traditional-candidates-and-its-costingthem/#49babe0567e7
- https://www.slideshare.net/WorkableHR/structured-interviews-101how-to-make-the-most-effective-interview-process-work-for-yourhiring-team
- https://fosteredu.pennfoster.edu/how-to-evaluate-job-candidates-withnon-traditional-backgrounds

#### **Books:**

What Works by Iris Bohnet



### **Search Committee Membership and Tools-Interview Questions**

- Develop a list of interview questions that <u>all</u> candidates are asked
  - Some search firms will provide you lists of standardized questions to choose from
  - Interview questions on equity and diversity
    - http://faculty.medicine.umich.edu/appointmentspromotions/appointment-policies/michigan-medicine-searchcommittee-recruitment-toolkit/behavior-based-interview-questionsrelated
  - Web resources:
    - https://hbr.org/2016/02/7-rules-for-job-interview-questions-thatresult-in-great-hires
    - https://r.search.yahoo.com/\_ylt=AwrBT4VNK0VaOFwApRpXNyoA; \_ylu=X3oDMTEyOGJqOWJtBGNvbG8DYmYxBHBvcwMzBHZ0a WQDQjM4NjFfMQRzZWMDc3I-/RV=2/RE=1514511309/RO=10/RU=https%3a%2f%2fwww.purdue .edu%2fhr%2fdoc%2fInterview%2520Questionnaire%2520Guide.d oc/RK=2/RS=QrWrcnabshsWVYVyAUPeVLMPbC0-

### Advertise for Diversity – Job Postings and Commitment to Equity Statements

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

#### **Examples of Commitment to Equity Statements:**

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





#### Interview

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

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

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

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

Conduct an environmental scan. Does the environment support diversity?



#### **Hiring decisions**

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

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

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

Publically available report of selection committee composition.



### Hiring Process Guides that We Selected from Online Resources

- http://www.uleth.ca/diversityadvantage/documents/FacultyEquityHirin gGuideOct07final\_web.pdf
- http://diversity.berkeley.edu/sites/default/files/recruiting\_a\_more\_diverse\_workforce\_uhs.pdf
- http://odi.rutgers.edu/sites/odi/files/Columbia%20U%20guide%20to% 20best%20practices%20in%20faculty%20search%20and%20hiring.p df
- https://www.cpp.edu/~officeofequity/documents/Faculty%20Hiring%2 0Workshop%20Manual.pdf
- https://policies.westernsydney.edu.au/document/view.current.php?id =324&version=1
- http://www.wwu.edu/eoo/docs/hiringguide.pdf
- https://www.ius.edu/diversity/files/best-practices.pdf



#### References

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

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

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

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

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

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



#### **Committee (Non-search) membership**

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

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

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

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

#### Annual reviews

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



#### References

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

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

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

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

https://www.westernsydney.edu.au/\_\_data/assets/pdf\_file/0010/1258075/WSU\_WGEA\_Compliance\_Report\_PUBLIC\_18\_07\_2017\_signedSH.pdf



# **Speaker and Conference Recruitment Planning**

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

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

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



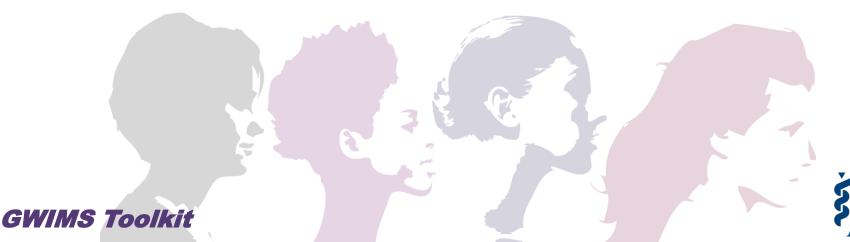
#### References

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

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

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

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

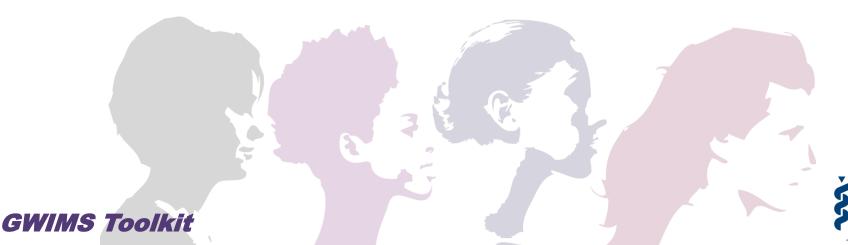




#### Reporting

Monitor and report on gender equity results

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





#### We want your feedback!

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

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





#### **Authors and contact information**

- Marisha Burden, MD <u>Marisha.Burden@ucdenver.edu</u>
- Amira del Pino-Jones, MD –
   Amira.delPino-Jones@ucdenver.edu
- Michelle Shafer, MD mshafer@bwh.Harvard.edu
- Sangini Sheth, MD Sangini.sheth@yale.edu
- Kathryn Rexrode, MD Krexrode@bwh.Harvard.edu



Basic Steps to Achieving Gender Equity in Recruitment to Committees		
Composition of Committee Members	Yes	No
• Formalize a process for invitation for committee members with high consideration for open invitation to key stakeholders. If no, document rationale for appointing members.		
• There is gender balance among the committee members. [Should there not be sufficient diversity from within a group then seek diversity from members external to the group] Goal: Minimum of 40% for either gender.		
All committee members have (or will have received) unconscious bias training. <u>See toolkit for resources.</u>		
Annual Committee Review		
Senior leadership in conjunction with equity/diversity expert have reviewed committee composition (Date:)		
Reporting		
• Committee composition will be publically reported as well as how membership is selected (appointed, elected, etc.)		
• Committees lacking the minimum 40% of either gender will prepare report on how they will increase the representation of the underrepresented group to senior level/executive level leadership		
Reporting for Committees lacking the minimum 40% of either gender will:		
<ul> <li>Add additional members from the underrepresented gender</li> <li>Appoint a deputy chairperson from the underrepresented gender</li> </ul>		
• Seek members from the underrepresented group elsewhere within the organization		
• Recommend changes to composition (limit terms, limit ex-officio members, broaden eligibility for more junior members) declined, final candidates, etc.]		
<ul> <li>Schedule and organize meetings that work for as many staff as possible with consideration for staff who have caring responsibilities</li> </ul>		

#### References:

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

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

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

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

https://www.westernsydney.edu.au/\_data/assets/pdf\_file/0010/1258075/WSU\_WGEA\_Compliance\_Report\_PUBLIC\_18\_07\_2017\_signedSH.pdf

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

	sic Steps to Achieving Speaker Gender Balance	Yes	No
	1 0	1 68	110
•	There is gender balance among the meeting or conference planners/committee.		
	[Consider having a diversity expert serve on the planning committee]		
•	Committee has reviewed the speaker data (with breakdown by gender) from the		
	previous meeting or conference? [This should include number of men and		
	women for: keynote speakers, speakers, leadership of interest groups or other		
	similar events, attendee makeup of the conference, membership in the		
	professional society, department, etc.] Please see conference data tracking sheet.		
	professional society, department, etc.] <u>rease see conference data tracking sheet.</u>		
			1
•	Committee/organization/group has developed a speaker policy that addresses		
	goals for gender equity. For example, "The conference committee wants to		
	achieve a gender balance of speakers that roughly reflects that of its audience."		
•	Speaker policy is visible and publically available and reported to the public		
	including websites, advertisements, and/or invitations that are sent to		
	speakers/attendees.		
	•		
•	Planning committee has developed a database of qualified, diverse speakers, both		
	regionally and nationally.		
•	Planning committee has worked with public relations/advertising to ensure that		1
•	marketing materials have diverse and equitable representation of men and		
	women, paying attention to roles they play in the advertisements [i.e. if pictures		
	of providers utilized ensuring that men and women are pictured in these roles]		
Aı	nnual Reporting		
•	Planning committee completed annual report. Please see conference data		
	tracking sheet. [Examine those invited, those who declined, final speakers		
	examining by role (if applicable)]		
•	Reviewed annual reporting with action plan as needed for gender equity. See		
	example of action plan for increased gender equity/diversity.		
•	Reporting presented to organization leadership (i.e. executive committee, high		
	level leadership)		

#### References:

Casadevall A. Achieving Speaker Gender Equity at the American Society for Microbiology General Meeting. MBio 2015;6:e01146. Burden M, Frank MG, Keniston A, et al. Gender disparities in leadership and scholarly productivity of academic hospitalists. J Hosp Med 2015;10:481-5. Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues 2017;27:374-81.

http://www.sciencemag.org/careers/2015/07/countering-gender-bias-conferences Accessed December 10, 2017. Questions or feedback: Please email Marisha.Burden@ucdenver.edu and Amira.DelPino-jones@ucdenver.edu

#### Updated 4.21.18

	sic Steps to Achieving Gender Equity in Recruitment – Recruitment equiring Search Committee		
	arch Committee	Yes	No
•	There is gender balance among the committee members. [Should there not be sufficient diversity from within a group then seek diversity from members external to the group]		
•	Equity/diversity expert will serve on the planning committee or at serve as an advisor to the committee.		
•	All committee members have (or will have received) unconscious bias training. See toolkit for resources.		
•	Selection committee has access to a recruitment toolkit with methodology on how to create job description, evaluating applications with nontraditional components, list of interview questions		
•	Committee has or will review diversity of applicants at each stage and will plan accordingly when there is a lack of gender equity/representation.		
•	Criteria for selection have been determined in advance.		
Jo	b description/job posting/advertisement		
•	Diversity expert has reviewed job posting.		
•	Inclusive unbiased, ungendered language has been utilized throughout the job description. Have avoided prioritizing traits that are traditionally masculine.		
•	Applicants required to submit a track record related to diversity (i.e. commitment to equity statement) and is stated in the job posting.		
•	Advertise widely including professional societies and associations of designated groups.		
In	terview		
•	Selection criteria ranked in advance to ensure unbiased, consistent, and transparent selection process.		
•	Variety of formats are planned for interview (small groups, one on one, town hall).		
•	Candidates explicitly told that career breaks for family/medical leave will not negatively impact candidate		
Hi	ring Decisions/Reporting		
•	Report provided of the entire selection process with a focus on how women and other underrepresented groups were identified. Should be reviewed and approved by diversity expert. [Examine candidates invited, those who declined, final candidates, etc.]  Report of selection committee composition		

#### References:

Ibrahim H, Stadler DJ, Archuleta S, Cofrancesco J, Jr. Twelve tips to promote gender equity in international academic medicine. Med Teach 2017:1-7. Westring A, McDonald JM, Carr P, Grisso JA. An Integrated Framework for Gender Equity in Academic Medicine. Acad Med 2016;91:1041-4. Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues 2017;27:374-81.

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

Isaac C, Lee B, Carnes M. Interventions that affect gender bias in hiring: a systematic review. Acad Med 2009;84:1440-6. http://www.hr.uwa.edu.au/policies/policies/equity/gender-balance-on-committees-policy Accessed December 10, 2017. Questions or feedback: Please email Marisha.Burden@ucdenver.edu and Amira.DelPino-jones@ucdenver.edu

Conference tracking sheet Year:	Total	Male	Female	URM*
	N	(N, %)	(N, %)	(N, %)
Membership of organization, department, division, or other group [If there is not gender equity, examine the reason why]				
Planning committee composition				
• Total speakers (for annual conference, or if reoccurring throughout the year include total for the year) INVITED; [track declined invitations and find out why]				
Total speakers (for annual conference, or if reoccurring throughout the year include total for the year) ACCEPTED				
• Keynote/featured speakers (typically if at a conference they are the only speakers at that time, somehow highlighted as different from other speakers)				
Focus group/interest group leads (or similar type of group lead)				

Reporting	Yes	No
Conference statistics are publically reported (i.e. placed onto website, conference		
marketing materials, annual report for organization)		
Conference statistics compared to previous years		
Action plan developed for increased gender equity/diversity (if applicable)		
Report and action plan shared with executive level leadership/high level leadership		

URM = Under-represented minority;

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

Version 1.0 Work in Progress.3.6.18

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

URM = Under-represented minority;

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

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

URM = Under-represented minority;

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





Learn Serve

Lead

Association of American Medical Colleges



### **GWIMS** Equity in Promotion Toolkit



**GWIMS Toolkit** 

#### **Table of Contents**

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



# **Learning Objectives**

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



## **Definitions**

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

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

**Gender Gap:** the gap in any area between women and men in terms of their levels of participation, access, rights, remuneration or benefits. <a href="http://eige.europa.eu/gender-mainstreaming/concepts-and-definitions">http://eige.europa.eu/gender-mainstreaming/concepts-and-definitions</a>



## **Definitions**

**Intersectionality:** the theory that the overlap of various social identities, as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual. <a href="http://www.dictionary.com/browse/intersectionality?s=t">http://www.dictionary.com/browse/intersectionality?s=t</a>

**Implicit Bias**: attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. <a href="http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/">http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/</a>



# **Background: How Diversity Supports Excellence in Academic Medicine**

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

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



#### **Background: Gender Inequities in Academic Medicine**



#### New data for 2016:

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

## Promotions to associate professor:

Women 41% (men 59%)

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



# **Background: Consequences of Gender Inequities in Academic Medicine**

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

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



# **Challenge #1**

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





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

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



# **Challenge #2**

Bias and discrimination occur during the hiring and promotion processes.





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

When ¾ of the short list is women, the chance a woman will be hired is 67%; when ½ are women, the chance is 50%; when ¼ are women, the chance is **0%**. In other words, "If there's only one woman in your candidate pool, there's statistically no chance she'll be hired." (Johnson et al, 2017)



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

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

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



# **Challenge #3**

Women lack a supportive network and inclusive environment.





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





# **Challenge #4**

# Women have fewer opportunities to participate in scholarly activities.

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



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

Provide training on authorship considerations to all genders.

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

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



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

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



## **Challenge #5**

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

- Women are 20% less likely to receive feedback when they ask for it.
- o Gap in leadership ambition: 40% of women v. 56% of men seek top executive status. https://womenintheworkplace.com/
- Women ask for raises and promotions in equal quantity, but receive less.
   <a href="http://www.catalyst.org/system/files/The\_Myth\_of\_the\_Ideal\_Worker\_Does\_Doing\_All\_the\_Right\_Things\_Really-worker\_Worker\_Does\_Doing\_All\_the\_Right\_Things\_Really-worker\_Worker\_Does\_Doing\_All\_the\_Right\_Things\_Really-worker\_Worker\_Worker\_Does\_Doing\_All\_the\_Right\_Things\_Really-worker\_W
- Perceived brilliance favors men.
- Unlike 5 yo girls, 6 yo girls associate boys with genius, and avoid games for kids who are "really, really smart."
- Women receive Distinguished Service Awards at much lower rates than men Bian, 2017; Silver, 2017.
- Letter writing for women has different areas of focus.



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

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



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

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



## **Challenge #6**

#### Ineffective pipeline programs to leadership.

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



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

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

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



## **Action Items: Individual**

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



## **Action Items: Individual**

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



## **Action Items: Institutional**

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



## **Action Items: Institutional**

- Monitor promotion outcomes annually with respect to gender and race/ethnicity and share the outcomes with faculty.
- Provide unconscious bias training for all Department Chairs, Search and P & T Committees, both within departments and at the institutional level, and evaluate effectiveness of training.
   <a href="http://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model">http://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model</a>)



## **Action Items: Institutional**

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



# Action Items: Academic Community

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



## **GWIMS' Resource List**

#### **Volume 1: Leveraging Your Career**

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



## **GWIMS' Resource List**

#### **Volume 1: Leveraging Your Career**

- Chapter 8: Mentoring Women- A Guide for Mentees (Mary Lou Voytko & Joan Lakoski)
- Chapter 9: Strategies for Cultivating Career Satisfaction and Success through Negotiation (Reshma Jagsi, Martha Gulati, & Rochelle DeCastro Jones)
- Chapter 10: A Case Study: Creative Faculty Development through your GWIMS Office (Catherine Lynch)
- Chapter 11: Transitioning to a New Role: Practical Tips on Navigating From One Chapter to the Next (Archana Chatterjee, Meenakshi Singh, Roberta Sonnino)

Chapter 12: Strategies for Advancing the Careers of Women of Color in Academic Medicine- Individual Strategies (Archana Chatterjee, Chiquita Collins, Linda Chaudron, Barbara Fivush, Laura Castillo-Page, Diana Lautenberger, Ashleigh Moses)



## **GWIMS' Resource List**

# Volume 2: Institutional Strategies for Advancing Women in Medicine

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



## **Resource List**

AWIS Equitable Workplaces Resources <a href="https://www.awis.org/equitable-workplaces/">https://www.awis.org/equitable-workplaces/</a>

Executive Leadership in Academic Medicine <a href="http://drexel.edu/medicine/Academics/Womens-Health-and-Leadership/ELAM/">http://drexel.edu/medicine/Academics/Womens-Health-and-Leadership/ELAM/</a>

Northwestern University Resources on unconscious bias <a href="http://www.northwestern.edu/provost/faculty-resources/faculty-search-committees/unconscious-bias.html">http://www.northwestern.edu/provost/faculty-resources/faculty-search-committees/unconscious-bias.html</a>

Office of Research on Women's Health, NIH Career Development Resources <a href="https://orwh.od.nih.gov/career/mentored/resources/">https://orwh.od.nih.gov/career/mentored/resources/</a>



### **Resource List**

Stanford Center for the Advancement of Women's Leadership <a href="https://womensleadership.stanford.edu/voice">https://womensleadership.stanford.edu/voice</a>

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

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

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

WISELI: Promoting Participation and Advancement Of Women in Science and Engineering <a href="http://wiseli.engr.wisc.edu/">http://wiseli.engr.wisc.edu/</a>



### **Resource List**

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

Diverseo (cognitive bias advisors): Reducing unconscious bias: A highly effective toolbox (<a href="http://weprinciples.org/files/attachments/Reducing\_Unconscious\_Bias-a\_highly\_effective\_toolbox.pdf">http://weprinciples.org/files/attachments/Reducing\_Unconscious\_Bias-a\_highly\_effective\_toolbox.pdf</a>)

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

Project Implicit: <a href="https://implicit.harvard.edu/implicit/aboutus.html">https://implicit.harvard.edu/implicit/aboutus.html</a>

Stanford Block Bias Toolkits:

https://womensleadership.stanford.edu/tools



## References

Bian L, Leslie S-J, Cimpian A. Gender stereotypes about intellectual ability emerge early and influence children's interests. *Science*. 2017;355(6323):389-391. doi:10.1126/science.aah6524.

Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Women's Health Issues. http://www.sciencedirect.com/science/article/pii/S1049386716303395. Published January 4, 2017. Accessed October 6, 2017.

Carter NM, Silva C. The myth of the ideal worker: does doing all the right things really get women ahead? New York: Catalyst; 2011.

Concepts and definitions. EIGE. http://eige.europa.eu/gender-mainstreaming/concepts-and-definitions. Accessed October 6, 2017.

Diversity 3.0 Learning Series - Diversity and Inclusion - Initiatives - AAMC. Association of American Medical Colleges.

https://www.aamc.org/initiatives/diversity/learningseries/346528/howardrossinterview.html. Accessed October 6, 2017.



## References

Drinkwater J, Tully MP, Dornan T. The effect of gender on medical students' aspirations: a qualitative study. Medical Education. http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2008.03031.x/abstract. Published March 12, 2008. Accessed October 6, 2017.

Emory C. Women Rising: The Unseen Barriers. *CFA Digest*. 2013;43(5). doi:10.2469/dig.v43.n5.1.

Equal pay. Dictionary.com. http://www.dictionary.com/browse/equal-pay. Accessed October 6, 2017.

Equitable Workplaces Archives. AWIS. https://www.awis.org/equitable-workplaces/. Accessed October 6, 2017.

Faculty Advancement. Diversity at the UW. http://www.washington.edu/diversity/faculty-advancement/. Accessed October 6, 2017.



## References

Fine E, Handelsman J. UC Davis ADVANCE. Benefits and Challenges of Diversity in Academic Settings. http://ucd-advance.ucdavis.edu/post/benefits-and-challenges-diversity-academic-settings. Accessed October 6, 2017.

Frank E, Harvey LK. Prevention advice rates of women and men physicians. *Archives of Family Medicine*. 1996;5(4):215-219. doi:10.1001/archfami.5.4.215. Gender imbalance in science journals is still pervasive. Nature News. https://www.nature.com/news/gender-imbalance-in-science-journals-is-still-pervasive-1.21348.

Accessed October 6, 2017.

Hong L, Page SE. Groups of diverse problem solvers can outperform groups of high-ability problem solvers. *Proceedings of the National Academy of Sciences*. 2004;101(46):16385-16389. doi:10.1073/pnas.0403723101.

Intersectionality. Dictionary.com. http://www.dictionary.com/browse/intersectionality?s=t. Accessed October 6, 2017.

Isaac C, Lee B, Carnes M. Interventions That Affect Gender Bias in Hiring: A Systematic Review. *Academic Medicine*. 2009;84(10):1440-1446. doi:10.1097/acm.0b013e3181b6ba00.

Jena AB, Olenski AR, Blumenthal DM. Sex Differences in Physician Salary in US Public Medical Schools. *JAMA Internal Medicine*. 2016;176(9):1294. doi:10.1001/jamainternmed.2016.3284.



Johnson SK, Hekman DR, Chan ET. If There's Only One Woman in Your Candidate Pool, There's Statistically No Chance She'll Be Hired. Harvard Business Review. https://hbr.org/2016/04/if-theres-only-one-woman-in-your-candidate-pool-theres-statistically-no-chance-shell-be-hired. Published October 5, 2017. Accessed October 6, 2017.

Kaatz A, Lee Y-G, Potvien A, et al. Analysis of NIH R01 Application Critiques, Impact and Criteria Scores: Does the Sex of the Principal Investigator Make a Difference? Academic medicine: journal of the Association of American Medical Colleges. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4965296/. Published August 2016. Accessed October 6, 2017.

Lerback J, Hanson B. Journals invite too few women to referee. *Nature*. 2017;541(7638):455-457. doi:10.1038/541455a.

Lopez SA, Svider PF, Misra P, Bhagat N, Langer PD, Eloy JA. Gender Differences in Promotion and Scholarly Impact: An Analysis of 1460 Academic Ophthalmologists. *Journal of Surgical Education*. 2014;71(6):851-859. doi:10.1016/j.jsurg.2014.03.015.

Marchant A, Bhattacharya A, Carnes M. Can the Language of Tenure Criteria Influence Womens Academic Advancement? *Journal of Womens Health*. 2007;16(7):998-1003. doi:10.1089/jwh.2007.0348.



Mentoring Resources. National Institutes of Health. https://orwh.od.nih.gov/career/mentored/resources/. Accessed October 6, 2017.

Nivet MA. A Diversity 3.0 Update. *Academic Medicine*. 2015;90(12):1591-1593. doi:10.1097/acm.000000000000050.

Office of the Provost. Northwestern University. http://www.northwestern.edu/provost/faculty-resources/faculty-search-committees/unconscious-bias.html. Accessed October 6, 2017. Our Philosophy. Kirkpatrick Partners, The One and Only Kirkpatrick Company. http://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model. Accessed October 5, 2017.

ProjectImplicit. About Us. https://implicit.harvard.edu/implicit/aboutus.html. Accessed October 6, 2017.

Roter DL, Hall JA, Aoki Y. Physician Gender Effects in Medical Communication. *Jama*. 2002;288(6):756. doi:10.1001/jama.288.6.756.

Sánchez NF, Rankin S, Callahan E, et al. LGBT Trainee and Health Professional Perspectives on Academic Careers--Facilitators and Challenges. LGBT health. https://www.ncbi.nlm.nih.gov/pubmed/26788776. Published December 2015. Accessed October 6, 2017.



Shauman K, Howell LP, Paterniti DA, Beckett LA, Villablanca AC. Barriers to Career Flexibility in Academic Medicine. *Academic Medicine*. 2017:1. doi:10.1097/acm.00000000001877.

Sheridan JT, Fine E, Pribbenow CM, Handelsman J, Carnes M. Searching for Excellence & Diversity: Increasing the Hiring of Women Faculty at One Academic Medical Center. *Academic Medicine*. 2010;85(6):999-1007. doi:10.1097/acm.0b013e3181dbf75a.

Sidhu R, Rajashekhar P, Lavin VL, et al. The gender imbalance in academic medicine: a study of female authorship in the United Kingdom. Journal of the Royal Society of Medicine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2726808/. Published August 1, 2009. Accessed October 6, 2017.

Silver JK, Slocum CS, Bank AM, et al. Where Are the Women? The Underrepresentation of Women Physicians Among Recognition Award Recipients From Medical Specialty Societies. PM & R: the journal of injury, function, and rehabilitation. https://www.ncbi.nlm.nih.gov/pubmed/28606837. Published August 2017. Accessed October 6, 2017.

Sims-Boykin SD, Zambrana RE, Williams K, Salas-Lopez D, Sheppard V, Headley AJ. Mentoring Underrepresented Minority Female Medical School Faculty: Momentum to Increase Retention and Promotion. <a href="http://www.crge.umd.edu/pdf/rez/Mentoring URMinorityWomen.pdf">http://www.crge.umd.edu/pdf/rez/Mentoring URMinorityWomen.pdf</a>. Journal of the Association for Academic Minority Physicians. 2003;14(1):15-18. Accessed October 6, 2017.

Smith JL, Stoop C, Young M, Belou R, Held S. Grant-Writing Bootcamp: An Intervention to Enhance the Research Capacity of Academic Women in STEM | BioScience | Oxford Academic. OUP Academic. https://doi.org/10.1093/biosci/bix050. Published June 7, 2017. Accessed October 6, 2017.

Toolkit - Group on Women in Medicine and Science (GWIMS) - Member Center - AAMC. Association of American Medical Colleges.

https://www.aamc.org/members/gwims/toolkit/343518/toolkithometsr.html. Accessed October 6, 2017.

Tools. Center for the Advancement of Women's Leadership. https://womensleadership.stanford.edu/tools. Accessed October 6, 2017.

Tricco AC, Thomas SM, Antony J, et al. Strategies to Prevent or Reduce Gender Bias in Peer Review of Research Grants: A Rapid Scoping Review. PLoS ONE. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5218731/. Published 2017. Accessed October 6, 2017.

Trix F, Psenka C. Exploring the Color of Glass: Letters of Recommendation for Female and Male Medical Faculty. *Discourse & Society*. 2003;14(2):191-220. doi:10.1177/0957926503014002277.



Tsugawa Y, Jena AB, Figueroa JF, Orav EJ, Blumenthal DM, Jha AK. Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians. *JAMA Intern Med.* 2017;177(2):206–213. doi:10.1001/jamainternmed.2016.7875

Understanding Implicit Bias. Kirwan Institute for the Study of Race and Ethnicity. http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/. Accessed October 6, 2017.

Villablanca AC, Li Y, Beckett LA, Howell LP. Evaluating a Medical Schools Climate for Womens Success: Outcomes for Faculty Recruitment, Retention, and Promotion. *Journal of Womens Health*. 2017;26(5):530-539. doi:10.1089/jwh.2016.6018.

Voice & Influence. Center for the Advancement of Women's Leadership. https://womensleadership.stanford.edu/voice. Accessed October 6, 2017.

Women in the Workplace Study. McKinsey & Company. https://womenintheworkplace.com/. Accessed October 5, 2017.



### **Authors**

Name	Title	Organization
Toi Blakley Harris	Associate Provost for Diversity, Inclusion, & Equity and Student Services, Professor of Psychiatry, Pediatrics and Family and Community Medicine	Baylor College of Medicine, GWIMS Steering Committee
Maria Baggstrom	Associate Professor of Medicine	Washington University School of Medicine
Melissa Bauman	Co-Director UC Davis Health Women in Medicine and Health Sciences (WIMHS) Program	University of California, Davis School of Medicine
Camille Clare	Associate Professor	New York Medical College
Libby Ellinas	Associate Dean for Faculty Affairs & Women's Leadership	Medical College of Wisconsin
Magali Fassiotto	Assistant Dean, Office of Faculty Development & Diversity	Stanford University School of Medicine
Elizabeth Gillespie	Physician	Denver Health
Kathy Griendling	Associate Dean for Faculty Affairs and Professional Development	Emory University School of Medicine
Richelle Koopman	Director of Research, Associate Professor	University of Missouri
Linda Nelson	Director of Faculty Development	University of Arizona, College of Medicine- Phoenix
Jennifer Sasser	Department of Pharmacology & Toxicology	University of Mississippi School of Medicine
Nancy Spector	Associate Dean for Faculty Development	Drexel University College of Medicine, ELAM





## Is your salary equitable?

A guide for individual faculty



**GWIMS Toolkit** 

#### Chances are ...

- You are making less than non-hispanic male colleagues
- In Massachusetts: (equalpayma.com)
  - 82¢ on the dollar if you are Caucasian
  - 81¢ if Asian
  - 61¢ if Native American
  - 61¢ if African American
  - 52¢ if Latina



#### Chances are ...

- You are making less than your non-hispanic male colleagues
- In 2016, the average gender pay gap in individual states ranged from 70 to 89 cents https://nwlc.org/resources/wage-gap-statestate/
- Pay gaps are generally larger for Latinas, Native, Black and Asian women than for nonhispanic white women,



## Scope of toolkit

- Salary elements
- Determining your market value
- Negotiating for salary
- Advancing equity in your local institution





# What factors might be considered in setting salary

- Years in training/post training
- Academic rank
- Salary in the field of expertise
  - Interventional vs cognitive specialties
- Regional differences
- Clinical work and associated RVUs
- Teaching roles
- Administrative roles



## You may hear of x+y+z

- X generally = base salary
  - May be determined by field, rank, experience
- Y may be negotiated, based on
  - Productivity on teaching, scholarly activity, clinical activity, research, and service.
- Z generally = incentive, bonus
  - RVUs, other revenue generated



## Clinical compensation

- Often defined as RVUs
  - Penalties if you don't meet RVUs?
  - Bonus if you exceed RVUs?
  - Based on billing or collections?
  - Expectations for first year(s)?



## **Education Compensation**

- Paid to your department or to you directly?
  - If department, then what?
- How does rate compare to clinical rate?
  - Often undercompensated
- May vary by learner
  - GME compensation
  - Medical school compensation
  - Some may be uncompensated
- Are there education RVUs?



## Compensation for administration

- Paid to your department or to you directly?
- How does rate compare to clinical rate?
  - May be under or over clinical comp.
- Are there metrics that will impact comp?





## Compensation for research

- Is there a ceiling of compensation?
- How might you be compensated if on leave?
- How will you manage grants if your salary increases and you have less grant money for other needs?
- What is the institutional policy on grants that do not include indirect costs?
- How does your department manage funding gaps?
- What are your institution's requirements for % salary coverage by grants?





### Your market value



**GWIMS Toolkit** 

## Determining your market value

- Is there data from your institution?
- Consider accessing data from:
  - AAMC
  - MGMA
  - Doximity
  - Salary.com (less likely to be relevant...)
  - VA (if a VA employee)
  - State data if you are in a public school
- Be clear on your value to the institution



## AAMC Faculty Salary Survey Data

- Collects information for full-time faculty at U.S. medical schools regardless of source of income.
- Data are reported by the institution on behalf of faculty. Faculty are classified by department of primary appointment.
- The majority of medical schools participate each year (99-100% across the past five years), providing compensation data on average of 70% of all full-time faculty.



## AAMC Faculty Salary Survey Data

- Available for purchase as online or paper publication.
- Standard tables display total compensation by rank, department/specialty, degree, and type of medical school (public/private, region).
- Dean's office may have access to custom report generators or special reports with additional data.
- For additional information on promotion and retention by gender, visit <a href="https://www.aamc.org/data/facultyroster">https://www.aamc.org/data/facultyroster</a>.



# Accessing AAMC Benchmarks AAMC Faculty Salary Report

The annual AAMC Faculty Salary Report displays total compensation of full-time medical school faculty broken out by rank, degree, department/specialty, school ownership, and region. The online report and printed publication are available for purchase through the AAMC Store with discounted member pricing. As the individuals responsible for participating in the survey, deans, Principal Business Officers, and their designees receive complimentary access to the full report, as well as online custom report benchmarking tools, at https://services.aamc.org/fssreports.

Contact fss@aamc.org with questions about this report.



#### **MGMA** Data

Medical Group Management Association (MGMA) represents more than 12,500 organizations of all sizes, types, structures and specialties in the United States.

Compensation data from 121,000 providers— one of the largest datasets available

Reports data by academic vs non-academic, specialties, region, practice size, work RVU, new hires and more

Accessible to members (i.e. physician organization) but may be hard to find in your organization

Too expensive for individual purchase



#### **MGMA** Data

#### **Pros**

- Also provides practice operational data, management and staff compensation, practice cost and revenue data
- More suitable for private practice or hybrid academicprivate practice

#### Cons

Does not provide data on

- Gender differences in physician compensation
- Gender gaps by specialty
- Differences in compensation by academic rank
- Compensation for basic science faculty



## **Doximity**

- April 2018 Physician Compensation Report
  - Gender disparity worsening
    - Average \$105,000 less for women
- Must provide your own data to access
- Data on
  - geographic regions
  - Specialty



#### **VA Salaries**

 Office of Human Resources Management (OHRM) provides the Title 38 Pay Schedules and publishes annual Pay Tables that provide ranges for physician compensation based on base and locality pay and published for state, specialty and assignment.



## **VA Market Pay Review**

Occurs every 2 years and takes into account:

- Level of experience in the specialty/assignment;
- The need for the specialty at the facility;
- Appropriate health care labor market for the specialty/assignment;
- Board certifications;
- Accomplishments in the specialty/assignment;
- Prior experience of the physician as an employee of the VHA;
- Consideration of unique circumstances, qualifications or credentials the individual possesses; unique skills and competencies for the specialty/assignment that is essential to recruit and retain:
- Equivalent specialty/assignments that are hard to find or in high demand within the local health care labor market;
- The availability and quality of the physician in the specialty/assignment



#### **VA Tiers**

- Tier 1 Base Pay and Market Pay typically welldefined by each facility. Will include factors of board certification/women's health provider designation/etc
- Tier 2 example would be Section Chief
- Tier 3 example would be Service Chief or Associate Chief of Staff
- Market Pay Review Panels compare everyone with adjustments to compensate for gaps



## VA pay scales

#### Final Approved Pay Ranges for Physicians and Dentists Effective January 8, 2017

Pay Table 1	Specialty/Assignment	Pay Table 2	Specialty/Assignment
Tier 1: \$101,967 - 225,000 Tier 2: \$110,000 - 234,000 Tier 3: \$120,000 - 262,000	Endocrinology Endodontics General Practice – Dentistry Geriatrics Infectious Diseases Internal Medicine / Primary Care / Family Practice Palliative Care Periodontics Preventive Medicine Prosthodontics Rheumatology All other specialties or assignments not requiring a specific specialty training or certification	Tier 1: \$101,967 - 284,000 Tier 2: \$115,000 - 292,000 Tier 3: \$130,000 - 320,000	Allergy and Immunology Hospitalist Nephrology Neurology Pathology PM&R / SCI Psychiatry
Pay Table 3	Specialty/Assignment	Pay Table 4	Specialty/Assignment
Tier 1: \$101,967 - 348,000  Tier 2: \$120,000 - 365,000  Tier 3: \$135,000 - 385,000	Anesthesiology Pain Management Cardiology (Non-Invasive) Emergency Medicine Gynecology Hematology – Oncology Nuclear Medicine Ophthalmology Oral Surgery Pulmonary	Tier 1: \$101,967 - 400,000  Tier 2: \$125,000 - 400,000	Anesthesiology Cardiology (Invasive/Non-Interventional) Cardio-Thoracic Surgery Critical Care Dermatology Dermatology MOHS Gastroenterology General Surgery Interventional Cardiology Interventional Radiology Neurosurgery Orthopedic Surgery Ottolaryngology Plastic Surgery Radiology (Diagnostic) Radiation Oncology Urology Vascular Surgery
Pay Table 5	Specialty/Assignment	Pay Table 6	Specialty/Assignment
Tier 1: \$150,000 - 309,000  Tier 2: \$145,000 - 289,000  Tier 3: \$140,000 - 270,000	VHA Chiefs of Staff – Tier assignments are based on published facility complexity level  Tier 1 – Complexity Levels 1a & 1b  Tier 2 – Complexity Levels 1c & 2  Tier 3 – Complexity Level 3, facilities with no designated level, Deputy Chiefs of Staff at Complexity Levels 1a and 1b	Tier 1: \$145,000 - 265,000  Tier 2: \$145,000 - 245,000  Tier 3: \$130,000 - 235,000	Tier 1 – Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Network Chief Medical Officers Tier 2 – Executive Directors; other Assistant Under Secretaries for Health; VACO Chief Consultants; National Directors; National Program Managers Tier 3 – All VACO physicians or dentists not otherwise defined

Minimum annual rates of pay for Pay Tables 1 through 4 adjusted to reflect increase made to the Physician and Dentist Base and Longevity Pay Schedule effective Jan 8, 2017.





#### **VA: Resources**

https://www.va.gov/ohrm/pay/

https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/

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

https://www.va.gov/OHRM/Pay/2018/PhysicianDentist/PayTablesRev.pdf

https://www.va.gov/OHRM/Pay/2018/PhysicianDentist/PhysicianDentistBaseLongevityRates.pdf
(Base/Longevity Table for US; basis for benefits like retirement)



## **State reports**

- Likely available for public institutions if required by state law
  - sometimes referred to as "sunshine laws"
- May miss full picture if numerous pay sources
  - private foundation, VA, others
- May have only base pay and not "Y+Z"





## **Negotiating for Salary**

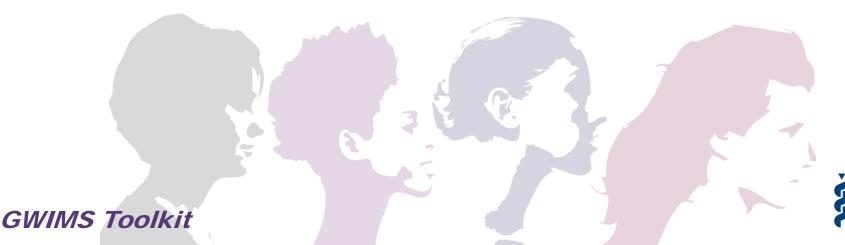
Practice, practice, practice



**GWIMS Toolkit** 

## General principles on negotiation

- See GWIMS toolkit (AAMC to add link)
  - and First Jobs toolkit (AAMC to add link)
- More specific information follows...





## Negotiating for salary in new job

- Market value
- Determine the lowest # you will accept
- Consider benefits beyond take home salary that might mitigate lower offer
  - CME and travel funds
  - Support (i.e. NP, research assistant) that will make you more productive
  - Moving expenses



## More on negotiating for new job

- Ask what the prior incumbent was earning
- Don't divulge your current salary
  - This question may be illegal in your state/location
    - See mapayequity.com
- Practice your persuasive responses
- To your advantage to have >1 option
  - Interview broadly



### Negotiating for a raise

- Identify which benchmark your institution uses (AAMC, MGMA, blend of both, other?)
- Summarize your value
  - Specific accomplishments
  - Changes in responsibility
    - Check and update your job description
  - Savings or revenue increases to department
  - Awards, recognition, etc.
- Frame as "we/us" not "me/l"





# Moving your institution towards equity



**GWIMS Toolkit** 

# Moving your institution towards equity

- Share the national evidence on salary equity
- Share any state regulations
- Identify islands of best practice as allies and examples
- Organize through your local GWIMS group
  - Start a group if none exists (ref GWIMS toolkit)
- Organize through your national society
  - Is there a women's caucus? Society for women in .....





## The evidence on salary equity



**GWIMS Toolkit** 

## The evidence on salary equity in academic medicine

- NY state graduates 2007-2008 male>female salaries most specialties (LoSasso et al., Health Affairs, 2011)
- US Census population survey 2006-2010 malefemale gap 25% (Seabury et al, JAMA Int Med 2013)
- Doximity study public medical schools
   ~\$20,000 gap (Jena, JAMA Int Med 2016)
- Gap widening from 2000-2004 to 2010-2013; salaries lowest for black women (Ly et al, BMJ 2016)



#### More evidence

- Female 2000-2003 K award recipients earned ~\$13,4000 less than males (Jagsi et al., JAMA, 2012)
- Female internal medicine program directors earn less than male colleages (Willett LL et al. Am J Med 2015)
- Female cardiologists earn less than male colleagues (Jagsi R et al. JACC 2017)
- Male radiologists earn less than women! (Kapoor N et al, AJR 2017)
- Data in emergency medicine mixed (Madsen TE et al, Acad Emerg Med 2017)





Learn Serve

Lead

Association of American Medical Colleges

### **Contributors**

Name	Title	Organization	
Carol Bates, MD	Associate Dean for Faculty Affairs Associate Professor of Medicine	Harvard Medical School	
Cynthia Brown	Associate Professor of Clinical Medicine	Indiana University	
Rita Coram, MD, FACC	Associate Professor of Medicine Director, Women's Cardiovascular Health Program	University of Louisville School of Medicine	
Elizabeth Cuevas, MD	Assistant Professor of Medicine Director of Primary Care Transformation, Medicine Institute	Allegheny Health Network	
Rhonda Mattingly, PhD	Assistant Professor and Director of Clinical Education, Department of Otolaryngology-Head and Neck Surgery and Communicative Disorders	University of Louisville School of Medicine	
Poonam Sharma, MBBS	Professor & Chair, Department of Pathology	Creighton University School of Medicine	
Beena G. Sood, MD, MS	Professor of Pediatrics, Neonatology	Wayne State University School of Medicine	
Simone Thavaseelan, MD	Assistant Professor Surgery/(Urology), Clinician Educator Program Director Brown Urology Residency	Brown University	
Tracy S. Wang, MD, MPH	Professor, Department of Surgery Vice-Chair of Strategic and Professional Development Chief, Section of Endocrine Surgery	Medical College of Wisconsin	



American Association of University Women (AAUW)

University of California: Report on Health Sciences Faculty and the Health Sciences Compensation Plan 2016

**Doximity Annual Compensation Report** 

https://blog.doximity.com/articles/doximity-2018-physician-compensation-report



Baker, LC. Differences in Earnings between Male and Female Physicians. NEJM 1996; 334:960-964.

Freund KM. et. al., Inequities in Academic Compensation by Gender: A Follow-Up to the National Faculty Survey Cohort Study. *Acad Med.* 2016 Aug; 91(8): 1068–1073.

Golden C, A Grand Gender Convergence: Its Last Chapter. *American Economic Review* 2014, 104(4): 1091–1119

Jagsi et al., Gender Differences in the Salaries of Physician Researchers. *JAMA*. 2012;307(22):2410-2417.

Jagsi R et al. Work Activities and Compensation of Male and Female Cardiologists. *JACC* (2016); 67(5):529-541.

Jena et. al., Sex Differences in Physician Salary in US Public Medical Schools. *JAMA Intern Med.* (2016). Sep 1;176(9):1294-304

Jolly et al, Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Int Med* 2014 Mar 4;160(5):344-53.

Kapoor N et al, Sex Differences in Radiologist Salary in U.S. Public Medical Schools. *AJR* (2017);209(5): 953-958.

LoSasso et. al., The \$16,819 Pay Gap For Newly Trained Physicians: The Unexplained Trend Of Men Earning More Than Women. *Health Affairs* (2011); 30 (2): 193-201.



Ly et al,. Differences in incomes of physicians in the United States by race and sex: observational study. *BMJ* 2016;353:i2923.

Madsen TE et al, Current Status of Gender and Racial/Ethnic Disparities Among Academic Emergency Medicine Physicians. *Acad Emerg Med* (2017);24(10):1182-1192.

Moss-Racusin CA et. al., Science faculty's subtle gender biases favor male students. *PNAS* October 9, 2012. 109 (41) 16474-16479

Pew Research Center: On Pay Gap, Millennial Women Near Parity – For Now. Despite Gains, Many See Roadblocks Ahead. December 13, 2013.

Seabury et. al., Trends in the earnings of male and female health care professionals in the United States, 1987 to 2010. *JAMA Int Med* (2013). Oct 14;173(18):1748-50.

Willett LL et al. Gender Differences in Salary of Internal Medicine Residency Directors: A National Survey. *Am J Med.* 2015; 128(6):659–665.

Wright AL et. al., Gender differences in academic advancement: patterns, causes, and potential solutions in one US College of Medicine. *Acad Med.* 2003 May;78(5):500-8.

