

# Beyond Parity

# Workbook for Action

**Transforming Academic Medicine  
Through Women's Leadership**

**UIC** The University  
of Illinois at Chicago

University of Illinois at Chicago (UIC)  
Center for Research on Women and Gender  
National Center of Excellence in Women's Health



U.S. Department  
of Health and  
Human Services



Office on Women's  
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# How to use

## Beyond Parity Workbook for Action

The Beyond Parity Conference was organized to encourage coordinated activism on the part of women and men who wish to promote institutional change through women's leadership in academic medicine. The Beyond Parity Workbook for Action was developed to assist in this transformation.

### Anticipated Outcomes of Activism

- Promoting positive gender climates at medical institutions
- Increasing diversity within leadership positions
- Creating a life-friendly work environment
- Reframing academic excellence and success to value and reflect the contributions of women faculty

### 3 Call To Action!

Presents background information on the need to increase the leadership of women and underrepresented groups in academic medicine

### 9 Conference Synopsis

Provides a summary of the Beyond Parity conference by objectives utilizing the information provided by presenters and participants to help move us forward:

- Objective 1:** Define the current status of women in academic medicine, nationally and in Region V
- Objective 2:** Delineate the structural and cultural barriers that impede women's advancement in academic medicine
- Objective 3:** Describe successful efforts to dismantle these barriers
- Objective 4:** Redefine traditional notions of success beyond the issue of parity

### 23 Models of Success

Offers a summary of 20 models currently in place at academic medical institutions

### 41 Steps for Transformation

Outlines 20 suggested steps to implement at your institution. Use or adapt those steps that best fit your organization, reflecting its own identity and culture

### 47 Addenda

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- B.** Conference Presenters
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# Call to Action!

## Preface: Notes on conference title

Conference organizers chose the title “Beyond Parity” to signify their belief that many women in academic medicine are interested in more than simply achieving equality in numbers within the present system, though this is an important goal. Women academics, by necessity and desire, are seeking more balanced lives than are possible when commitment is judged within the context of unlimited time for professional endeavors. There is growing evidence that men just entering academe with partners who work full-time share this perspective.

Women are also concerned with how academic work is judged, questioning the overvaluing of quantitative research and undervaluing of qualitative research, service, clinical work and teaching—areas where women have excelled. It is the authors’ hope that the Beyond Parity Workbook for Action will help women faculty examine and critique academic medicine, and work for a more equitable and balanced working environment. Women leaders can truly, we believe, transform academic medicine for the benefit of all.

## Institutions need to change, not women faculty

Although the number of women enrolling in medical school and practicing medicine has increased dramatically over the last 30 years, there continue to be few women in leadership positions in academic medicine—12% of full professors, 8% of academic department chairs, 6% of Deans. Women physicians consistently lag behind their male counterparts in terms of remuneration, promotion, and tenure regardless of their numbers and accomplishments. This stubborn persistence of differential advancement has led to a rethinking of what was previously perceived as simply a pipeline problem: too few women entering medicine leading to too few choosing academic medicine; too few achieving distinction in their fields; too few interested in leadership positions. Clearly there are other dimensions to this problem beyond the oft-claimed scarcity of qualified women.<sup>1</sup>

Attention is increasingly being directed toward the operations and culture of medical academe itself, a system, like others, that rewards or marginalizes to preserve the status quo.<sup>2</sup> Women faculty—majority and minority—are negatively affected by this stasis in several

*“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has.”*

**Margaret Mead**

<sup>1</sup> Etzkowitz H, C Kemelgor, B Uzzi. (2000). *Athena Unbound*. Cambridge: Cambridge University Press

<sup>2</sup> Morahan P, J Bickel. (2002 February). Capitalizing on Women’s Intellectual Capital in the Professions. *Academic Medicine*. Vol. 77, No. 2

ways. **First, the norm that assumes unlimited time for professional endeavors differentially disadvantages women.**<sup>3</sup> The standard by which faculty commitment is measured is still based on the age-old model of paying for the services of one while receiving the benefits of two—a man and his wife. This standard is an anachronism in the 21st century when dual-career families are common.<sup>4</sup> Even though women have entered waged labor in record numbers during the last quarter century, they continue to have primary responsibility for childrearing, elder care, and housework. Thus the time beyond the 40-hour workweek that can be devoted to professional endeavors is often more limited for women than men.<sup>5</sup> These competing demands cause acute problems for women in academic medicine where the period of peak career obligations coincides with childbearing and early childrearing.

Complicating this picture, career demands have grown for all workers over the last 30 years. Americans work six more weeks per year than we did two decades ago and eight more than the average European. In fact, U.S. workers are putting in more hours per year than in any other country across the globe.<sup>6</sup> “Commitment creep” only intensifies the difficult decisions women academics must make between work, on the one hand, and private interests and obligations, on the other.

**Second, system norms facilitate ongoing discrimination against women and minorities, however inadvertent or subtle.**<sup>7</sup> Decision-making is too often undemocratic, lacking in transparency, and based on veteranism and cronyism, resulting in access to fewer resources—space, start-up funds, support facilities—and more service and teaching expectations for women faculty.<sup>8</sup> As Tobias, Urry and Venkatesan note in *Science*, “To be sure, women need to better understand the mechanisms of hiring, funding, and promotion; that is, how to play the game. But the game itself has to be purged of cloning, patronage, and outright discrimination if transparency in hiring and promotion is to become the rule.”<sup>9</sup>

**Third, given that top leadership in academic medicine continues to be major-**

“Forget conventionalisms; forget what the world will say, whether you are in your place or out of your place; think your best thoughts, speak your best words, do your best works, looking to your own conscience for approval.”

**Susan B. Anthony,  
1863**

<sup>3</sup> Bickel J et al. (2002 October) Increasing Women’s Leadership in Academic Medicine: Report of the AAMC Project Implementation Committee. *Acad Med* 77: 1043-1061

<sup>4</sup> Meyerson D, J Fletcher. (2000 November/December). A Modest Manifesto for Shattering the Glass Ceiling. *Harvard Business Review*

<sup>5</sup> Valian V. (1998). *Why so Slow: the Advancement of Women*. Cambridge, MA: MIT Press; Williams J. (2000). *Unbending Gender: Why Family and Work Conflict and What to Do About It*. New York: Oxford University Press

<sup>6</sup> Scheier L. (2002, May 5). Call it a Day, America. *Chicago Tribune*. Section 13 Health and Family

<sup>7</sup> Stuart R. (1999). Organizational Approaches to Building Gender Equity. Prepared for, *Made to Measure: Designing Research, Policy and Action Approaches to Eliminate Gender Inequity*. National Symposium, Halifax, Nova Scotia, 3-6 October 1999

<sup>8</sup> Study on the Status of Women Faculty at MIT. (1999 March). *The MIT Faculty Newsletter*. Vol XI, No. 4 <http://web.mit.edu/fnl/women/women.html>

<sup>9</sup> Tobias S, M Urry, A Venkatesan. (2002 May 17). Physics: For women, the Last Frontier. *Science*. Vol 296 [www.sciencemag.org](http://www.sciencemag.org)

**ity male, women and minorities are often underrepresented on high-level committees and other decision-making bodies, rendering them voiceless on important procedural issues and policy decisions.** Their experiences are not brought to bear on the critical issues of how medicine should be framed and practiced, and how the academic system must change to meet the demands of a new century. Women now represent nearly half of all medical students. Academic leadership must more closely reflect this gender profile in order to guide their institutions towards more relevant scholarship, teaching, and service.

Lack of diversity, upheld by system norms and operations, stifles innovation and creativity. Research findings reveal that heterogeneous teams consistently out-perform homogeneous ones.<sup>10</sup> Yet, attracting women and minorities to academic medicine is becoming more difficult. Currently, the academy is perceived as having a chillier climate for women than does industry, serving to decrease the pool of women in academic careers.<sup>11</sup> If medicine is to attract the best and brightest, regardless of sex or ethnicity, concerted efforts to warm the climate and reconfigure work commitments to 21st Century realities must be initiated and endorsed by senior leadership. The Beyond Parity conference was one effort to facilitate that process.

### **Beyond Parity Conference 2002**

In the fall of 2001, the UIC Center of Excellence in Women's Health (CoE) underwent a routine site visit by the U.S. Department of Health and Human Services (U.S. DHHS), National Office on Women's Health. Participants in that process expressed concerns about the lack of advancement opportunities for UIC women medical faculty. With the encouragement and financial support of the Regional Women's Health Coordinator, U.S. DHHS Region V Office on Women's Health, UIC CoE leadership committed to organizing a day-long symposium to examine the issue of women in academic medicine, nationally and regionally. Leaders from each of the three additional Region V CoEs and a National Center of Leadership in Medicine became active members of the planning committee.

The conference "Beyond Parity: Transforming Academic Medicine Through Women's Leadership" was organized around the belief that institutions need to change, not women faculty. Janet Bickel, Associate Vice President for Medical School Affairs, Association of American Medical Colleges, began the program by elucidating the current status and trends for women in academic medicine—nationally and at the four sponsoring Centers of Excellence in Women's Health. Over 130 leaders from throughout the U.S. then examined structures and customs within academic medicine that impede women's

*"A blank wall of social and professional antagonism faces the woman physician that forms a situation of singular and painful loneliness, leaving her without support, respect or professional counsel."*

**Elizabeth Blackwell**

<sup>10</sup> Lippman H. (2000, May). Variety is the Spice of a Great Workforce. *Business & Health*. pp. 24-29

<sup>11</sup> Women Scientist in Industry: A Winning Formula for Companies. (1999) *Catalyst*. New York: Catalyst

advancement. They highlighted successful efforts to dismantle institutional barriers and began to redefine traditional notions of success beyond simply parity in number.

The Beyond Parity organizers intended that each conference participant would return to her institution armed not only with the latest data and renewed resolve, but also with a blueprint for change. Prior to the conference, participants were sent a self-study guide to help them begin developing approaches for improving the climate for women in academic medicine at their own institutions. We considered this conference objective incomplete, prompting the creation of this workbook.

### **The Beyond Parity proceedings are geared to action.**

Rather than a simple conference report, what follows is organized as a workbook to assist you with system transformation. After a brief synopsis of the conference, the workbook highlights best practices and useful models found throughout U.S. academic medical centers. We then offer a step-by-step approach to tackling change at your own medical center.

The conference organizers welcome feedback on the usefulness of this workbook and offer ongoing support for your efforts. The Region V Office on Women's Health U.S. DHHS is committed to promoting the advancement of women in academic medicine. As such, the Office is interested in partnering with, and providing resources where possible, to those committed to developing women's leadership programs in their respective institutions.

*Good luck and great courage!*

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# Conference Synopsis

1

## Objective One:

**Define the current status of women in academic medicine, nationally and in Region V**

### Janet Bickel, MA

*Associate Vice President and Director*

*Women in Medicine Program*

*Association of American Medical Colleges*



In her address entitled “The Status of Women in Academic Medicine: Where Are We Now?” Janet Bickel predicted that in the near future 50% of medical students will be female. There were 20% in 1977, when women began applying in force. All along, however, women who have applied have been accepted at the same rate as men. Statistics for faculty are more uneven. The proportion of full-time medical school women faculty only increased from 25% to 28% between 1995 and 2001. The proportion of full professors who are women grew from 10% to 12% during this same time period, with women comprising only 14% of tenured faculty. Dramatic differences in gender composition between departments also remain, with women concentrated in family medicine and obstetrics/gynecology. Examining the faculty cohort appointed in 1980, men achieved associate or full professor rank at higher levels, with 83% of men compared to 59% of women with this status by 1991.

When looking at leadership positions in U.S. medical schools, it was found that women chair approximately 214 departments. This represents only 8% of all medical school chairs, with an average of only 1.7 per medical school. As of August 2001, women hold deanships at eight of the 125 U.S. medical schools. **This waste of human capital is limiting academic medicine.** Studies from industry confirm that there is an improved bottom line with more women in leadership positions. Long-term success of academic health centers is linked to the development of women physicians, and **only those institutions that can recruit, retain, and promote qualified women will have the best faculty.**

The situation for women faculty in Region V<sup>12</sup> is consistent with the national scene. The percentage of women faculty hovers around the national average of 29. The range for full professor runs from a low of 8% at the University of Michigan and The Chicago Medical School, to a high of 21% at the University of Wisconsin. Across the nation, only 8% of department chairs are filled by women. Within the region that dearth holds true with a low of 4% at Rush and Northwestern to highs of 9% at the University of Illinois and Loyola. **Clearly institutional transformation is overdue.**

<sup>12</sup> University of Illinois, Indiana University, University of Michigan, University of Wisconsin, The Chicago Medical School, Loyola University, Northwestern University, Rush Medical College, University of Chicago. 2000 data from AAMC website: [www.aamc.org/members/wim/resources.htm](http://www.aamc.org/members/wim/resources.htm).

## 2

## Objective Two: Delineate the structural and cultural barriers that impede women's advancement in academic medicine

### Janet Bickel, MA

Janet Bickel noted that **women face many cumulative career disadvantages**. A major one is **inadequate mentoring** that results in isolation, which in turn reduces professional risk taking and assertiveness. Another disadvantage is **tenure and promotion policies** that force unnecessary “either advancement/or family” choices during the decade following residency training when most female (and male) physicians have young children. Since women physicians tend to be most productive between the ages of 50 and 60, they **do not fit the career trajectory**

**assumed by promotion policies** and therefore do not reach for promotion to senior rank. **Gender-related stereotypes** also inhibit women from maximizing their potential. Such cumulative career disadvantages translate into a virtual “personal glass ceiling.” Women internalize the difficulties and stop reaching up and forward.

Bickel and others studied these barriers more extensively in 2002 by conducting in-depth interviews with 34 chairs and two division chiefs of U.S. Medical schools. The authors found that there were some important distinctions between men and women's professional development goals and needs. In particular, women were less likely to have:

- office or laboratory space
- protected time for research
- begun their faculty careers with grant support

Even after controlling for factors such as hours worked per week, number of publications, etc., women remained substantially less likely to be promoted than their male counterparts. The chairs' explanations for the continuing scarcity of women leaders centered on constraints of traditional gender roles, manifestations of sexism in the medical environment, and lack of effective mentors.

*“It was a lonely situation at first, but I learned to manage challenges by viewing them as a source of excitement and opportunity instead of fearing them. With so few women in medicine in the 60s and 70s, I was often the only woman or one of the few women involved in my professional activities. My philosophy then and now is not to let obstacles, no matter how great they may seem, stand in the way of accomplishing your goals. And to do this, one must be intellectually prepared and dedicated to those pursuits.”*

**Dr. Vivian W. Pinn**

### The findings also show that even when women become chairs, they face:

- lack of recognition
- inappropriate attention paid to them
- resistance reporting to them
- constraints on their leadership and decision-making styles.

Information gathered through interviews with these chairs revealed that women are given less freedom for assertive behavior, and that they receive less administrative and nursing support than men do. **Just as striking is the fact that women in academic med-**

icine continue to earn significantly less for the same work. With these challenges come some **positive characteristics of women’s leadership**, such as a more collaborative decision making style, managing interpersonal dimensions of problems in a meaningful way, and moving a group to consensus.

**Suggested strategies included:**

- one-on-one interventions
- institutional changes such as extending probationary periods and instituting mechanisms for responding to unprofessional behavior
- establishing mentoring networks across the university.<sup>13</sup>

**3**

**Objective Three:  
Describe successful efforts to dismantle these barriers**

**Topic One: Effective Mentoring**

**Lesly T. Mega, MD**

Center for Excellence in Leadership  
Brody School of Medicine at East Carolina University



A significant barrier to women’s advancement is a lack of role models and mentoring relationships. Rarely can women find a formalized, safe and confidential space to come together and talk about their work. Ideally, a mentor acts as both an advisor and a role model and has experience that can guide the mentee. Mentors traditionally assist with obtaining funding, advising about research projects, and recognizing achievements. Women in academic medicine who don’t have role models or mentors have fewer publications.

**There are five formal mentoring models:**

- One-on-One Mentoring
- Multiple Mentors
- Peer Mentors
- Structured Workshops
- Mentor Training and Support

**One-on-one mentoring** is the traditional mentoring model, especially with regard to promotion and tenure benefits. One-on-one mentoring may include traditional mentoring relationships, buddy programs, and programs for shadowing an administrator. Junior faculty can benefit from relationships with established, knowledgeable advocates. However, such one-on-one relationships may offer a limited perspective and may be diminished by personality clashes, or the mentor may not be dependable or have sufficient time to devote to the mentee. Other complications can occur when the mentor has the dual role

<sup>13</sup> Janet Bickel, et al. Increasing Women’s Leadership in Academic Medicine: Report of the AAMC Project Implementation Committee. *Acad Med* 2002 77: 1043-1061

of supportive mentor and also assessor. Also, in a long-term relationship, the mentor may eventually become uneasy about the mentee's influence, power and authority in comparison with her own.

The purpose of having **multiple mentors** is to meet various academic needs (research, teaching, clinical), various personal needs (single, married, family), help in periods of transition (career change, value assessment), and offer support and networking. One example of an effective multiple mentor model is the Women and Medicine Committee at East Carolina University (ECU), which has helped junior academic women with promotion and tenure issues. Another is the listserv created for collective actions such as university elections and the formation of committees.

**Peer mentors** are important for values clarification, goal setting, self-empowerment, and team building. The ECU Center of Excellence in Leadership model began with a three-day, off-site workshop and was followed up by six one-day sessions for reflection and values clarification. Facilitated peer mentoring provides opportunities to gain skills and knowledge necessary for advancement. The sessions discussed scholarly writing requirements, academic development planning, and new research. Participants included all junior faculty members along with a facilitator. This format allowed for discussion with peers, without the hierarchy introduced by a relationship with senior faculty. The workshop created networks among departments with little previous contact and provided opportunities for participants to find allies within their own departments.

*“Be committed,  
not just concerned.  
The difference is when  
you're committed,  
it's not for sale.”*

**Jocelyn Elders, MD**

The purpose of **structured workshops** is to raise awareness and teach skills for professional advancement. They can offer continuing education, personal support, and professional development. Two-hour or half-day workshop topics might include curriculum development, writing test questions, and teaching the inpatient service. At ECU a four-day class was developed on teaching skills with reflection groups. There is a yearlong course on Leadership in Teaching for both junior and senior faculty. Content includes time management and small group process. There is also a Scientific Writing Program to help participants prepare for scholarly writing.

**Mentor training and support** improves mentoring skills. It allows a diverse population to succeed by raising the consciousness of mentors and helping them avoid pitfalls. Mentors report that training raises satisfaction. It is important that mentoring programs are aligned with institutional missions to create a win-win situation for both. Also, leadership support is important so that staff can attend and use skills, as is organizational support such as meeting space and secretarial support.

Evaluation of mentorship programs in relation to retention, recruitment, promotion and tenure, patient satisfaction, job satisfaction, administrative responsibility, teaching effectiveness, and research productivity is important for ongoing institutional support and funding. Outcomes of successful mentorship programs include an improved sense of

community among faculty, enhanced scholarship, interdisciplinary collaboration, faculty satisfaction and retention, and career advancement. Secondary gains of mentorship programs include consciousness raising – “I didn’t know I should be thinking about that.”

**Some suggestions for effective mentoring programs include:**

- Target professional development needs of women within the context of helping all faculty make the most of their faculty appointment, including guidance for men to become more effective mentors to women
- Create an award for excellence in mentoring
- Create safe spaces for women in similar situations to talk about issues and reflect. This may take the form of breakfast meetings six times a year or regular meetings to critique one another’s work
- Explore good ideas and good practices for mentoring
- Create networking opportunities by celebrating other women’s achievements as a group

**3**

**Objective Three:**

**Describe successful efforts to dismantle these barriers**

**Topic Two: Gender Climate –  
Rough Seas or Smooth Sailing?**

**Molly Carnes, MD, MS**

Director, University of Wisconsin Center for Women’s Health  
University of Wisconsin Medical Center



In 1997, the University of Wisconsin sent a survey adapted from one developed at Johns Hopkins to all (n=864) Medical School faculty and received a 61% response rate. That survey found that women significantly more than men endorsed answers that revealed a professional environment far less welcoming and supportive. Such findings mirror those of similar surveys carried out at other universities. In keeping with the theme of the Beyond Parity conference to focus on institutional change, the goal of this workshop was to discuss what would constitute a supportive gender climate for women and how this could be achieved.

Attendees were first asked to write three features of a supportive gender climate. These were collected and grouped as follows:

1. Equitable salary and resources
2. Respect for diverse roles to create a collaborative environment
3. Clear and consistent communications and expectations
4. Inclusive processes of decision-making and supportive leadership
5. Commitment to mentoring and faculty development at all levels

Next, attendees were asked to write three specific actions that could help move an institution to incorporate these features. Listed below are paraphrased suggestions for each grouping. The suggestions are from individual participants and do not reflect a consensus of the group.

### **Features of a Supportive Gender Climate**

#### **1. Equitable salary and resources**

- Salary structures based on performance and effort whatever the field—it takes all types of work to make the institution function
- Timely and repeated data gathering that tracks salary, resources, promotion and leadership positions of women faculty
- Survey results made public by the Dean, with recommendations for action
- Unions established for faculty
- Salary ranges electronically published—with all jobs “coded”—extra jobs get extra codes, which equals more money
- Bartering among departments – “I’ll give you more lab space in exchange for more administrative help.”

#### **2. Respect for diverse roles to create a collaborative environment**

- Resources are allocated based on talent and needs. There is recognition that career paths may be different between women and men, yet everyone is valued
- Affordable and convenient childcare is available
- There is a design-your-own career track, where agreed-upon goals and objectives are evaluated according to one’s own timetable
- The institution has provisions for family leave and accepts those who make use of it
- A flexible tenure structure exists
- Training in cultural sensitivity is ongoing at both the college and department levels
- Progress towards gender equity is tracked with true accountability—rewards and perhaps disincentives. Monetary or resource reward (e.g. more lab space) can be a powerful incentive for departments that successfully increase recruitment and retention of women faculty

#### **3. Clear and consistent communications and expectations**

- Formally communicate expectations and feedback about promotion on a periodic basis
- Shared communication, not just one-on-one meetings
- Retreats to facilitate communication between administrators and faculty are held
- Tenure and promotion guidelines that value both work done more often by women (clinical research) and work done more frequently by men (bench research) are consistently followed
- Departmental and chair reviews that incorporate consequences if goals are not met—both rewards and disincentives
- Goals set for having a certain number of women in leadership positions even if the search takes twice as long. This helps to build a critical mass of women
- Routine exit studies that look at why men and women leave
- Faculty members receive an annual review by their departments and a 3-year review for tenure

#### 4. Inclusive processes of decision-making and supportive leadership

- Leaders and administrators acknowledge the dearth of women as a problem and as an issue to address in all college and departmental activities
- Proportionate involvement of women physicians at all levels, in particular in leadership positions, must be the goal
- A Dean expressly focused on appointing more women department chairs
- Women appointed as chairs of search committees with a critical mass of female members
- Faculty satisfaction surveys done with parity issues brought to the attention of the Dean
- University leaders should conduct focus groups regarding restructuring needs
- Establish a women faculty association at the medical center to listen to women faculty concerns and recommend and develop policies for change
- Set goals for hiring women at associate professor and professor levels. Superficial answers to why this is not happening are not acceptable
- Change the tenure system if necessary
- Once a year, require department heads to address climate issues within their departments, such as number of women recruited, etc.

#### 5. Commitment to mentoring and faculty development at all levels

- Create a nurturing environment by instituting faculty development programs, by helping faculty entering administrative roles or changing research directions, and by providing individualized mentoring based on talents, desires and impediments
- Provide networking and mentoring opportunities: a) poster presentation to increase awareness of colleagues' work, b) a list of faculty who are willing to mentor, c) luncheon to acquaint faculty with others in order to raise awareness of collaborative opportunities
- Institutionalize mentoring programs – both short and long term. Make mentoring a requirement of all faculty members with Dean tracking results
- Hold faculty career path reviews that address what is being valued towards advancement
- Develop workshops that teach women “the ropes” for advancement and negotiation strategies
- Provide ongoing diversity training at the department level

*“Women of color have not received the recognition they deserve for the contributions they have made to health care technology. Oftentimes, these women have overcome a landscape of personal challenges, social inequity, and workplace immobility to make their mark on America’s health care.”*

**–Tyrone D. Taborn,  
Chairman & CEO of  
Career Communications  
Group**

## 3

**Objective Three:****Describe successful efforts to dismantle these barriers****Topic Three: Tempered Radicals—  
How Can We Use Diversity to Inspire Change?****Janet Bickel**

Janet Bickel gave the following advice for women in academia: Think of the politics of organizing as relationship management and what you need to do to get what you want. Think of it constructively as an opportunity. In our training we're taught to be reductionist. Instead, develop systems thinking.

D. Myerson writes in her book *Tempered Radicals*, that tempered radicals are committed to succeeding in an organization while acting on their own values. We must balance maintaining our values and fitting into the mainstream. We can't always bring our whole selves to work because it may be psychologically destructive, but we can use difference to inspire positive change at work.

**Strategies:**

- Behind the scenes work: rechannel resources, information, opportunities
- Disruptive self-expression: disrupt expectations, display symbols of values
- Verbal ju-jitsu: turn forces against you into opportunities
- Use opportunistic small wins and strategic coalition building
- Use humor to release tension
- Delay to find a better time or place to address issues

**Reminders to Tempered Radicals:**

- Sometimes biases are so deep that it seems as if you're the one creating the problem by raising it—you didn't
- Adopt an opportunity frame: ask questions, search for alternatives, and see silence as a choice. A third party may need to raise issues in situations in which you're personally invested
- Find allies, such as a man of good conscience, who can raise issues with you. Give allies support

**Care and Feeding of Tempered Radicals:**

- Learn to detach from specific outcomes
- Take joy in small victories
- Depersonalize seemingly personal setbacks
- Establish a strong group of allies
- Take the long view and persevere. Ultimately, what is good for women is good for the institution

## 4

**Objective Four:**  
**Redefine traditional notions of success  
 beyond the issue of parity**

**Topic One: Family Friendly vs. Life Friendly –  
 Everyone Deserves a Life in Academic Medicine**

**Lynda J. Means, MD**

*Executive Associate Dean for Academic Affairs*

*Professor of Anesthesia and of Surgery*

*Indiana University Medical Center*



Traditionally, academic institutions have been set up to accommodate the needs of men. As women have moved into academic medicine, most institutions have neglected to update the policies and procedures that govern how they are run. If they do reflect the needs of a diverse workforce, such processes often aren't evident in the actual culture. Assumptions are made that women really only want to be mothers, but that most academics are willing to sacrifice their quality of life to advance professionally in their institutions.

This issue is important because institutions will lose valuable intellectual capital if they do not focus on the needs of women. Research has shown that **as diversity increases, the performance, stability and resilience of an institution increases as well.** Fortune 500 companies with the highest percentage of women executives have increased earnings over their counterparts. Attracting, motivating and retaining qualified faculty, staff and students will increase the prestige of the institution. If women are not able to match their professional needs and desires with their personal needs and desires, they will either not advance or they will leave the institution. Employees leave places of employment for many reasons, including lack of compensation, limited opportunities for advancement, viewing their work as inconsequential and/or not utilizing their talents. There may be unclear or unreal management expectations, limited resources, or even, in some cases, abuse.

The estimate of the cost of job turnover is between 150 and 250 percent of an annual salary. These costs are both visible and invisible and include recruiting costs, background checks, costs of other workers' picking up the slack, orientation periods, loss of institutional memory, loss of patient relationships, and a possible chain-reaction turnover.

By developing and enacting policies and procedures that support the twin demands of family and career on women's lives, organizations control losses and enhance productivity. Such policies promote a positively motivated and diverse workforce. They give organizations a competitive edge over those where women struggle to balance their obligations at work with their family's needs and demands. Ultimately, organizations that make these changes see an improved bottom line.

While it will require significant, long-term culture change for full benefits, **the only way to start is to begin with first steps:**

- Change is generally data driven. Measure and assess turnover, interventions, advancement, and satisfaction
- Gather information about other institutions that have programs and policies that address the needs identified by your staff
- Assess gender-related effects of institutional practices, such as regarding academic success as a largely independent act, and rewarding unrestricted availability to work (at the neglect of one's personal life)
- Create new definitions of the ideal worker, and remove outdated notions that the ideal worker has no children or other dependants, is never sick, etc.
- Begin by instituting a committee to examine practices and policies for unintended effects on women's advancement. Women are most productive in their 50s, not their 20s and 30s

According to the Great Place to Work Institute, what is important to employees is that they “trust the people they work for, have pride in what they do, and enjoy the people they work with.” Other factors important to the culture of the workplace are credibility in communications, competence and integrity, respect (employers are supportive, appreciative, support collaboration, and care for employees as individuals), fairness, pride and camaraderie.

*“...giving to women the opportunity of a complete education does not mean that they will thereupon spend all their lives in reading, so, on the other, denying them education does not mean that they will occupy themselves in household affairs...”*

**Emily Davies**

**Some issues that improve the quality of life for female employees in particular, but male employees as well, also translate into business benefits.** For example, a company that provides for backup childcare will reduce absenteeism. The option to go down to part-time work can result in reduced turnover when employees experience significant changes in their lives, such as the birth of a child. Flexible hours foster increased productivity. Hewitt Associates and Business Today conducted a Best Employer Study in India. Characteristics of the Best Employers included openness, pride and faith in company and services, trust, flexibility, extensive use of technology to deliver human resource services, equity in eligibility to benefits, leading-edge human resource benefits, thoughtful life benefits, and an employee-oriented work environment. The payback to the companies for providing such positive work environments was that each of the Best Employers outperformed peers in three areas of industry operating performance: return on assets, capital, and net worth.

Indiana University (IU) offers employees a wide range of traditional and non-traditional **benefits that help them manage the balance of work and family.** These benefits include:

- Health care at a reasonable price that covers dependents, domestic partners, and disabled children
- A defined contribution plan for retirement; tax saver benefits

- Group life insurance
- An Employee Assistance Program
- Child care
- The Indiana College Savings Plan
- Discounted memberships to affiliated health club facilities

IU has in place life-friendly policies that include a variety of leaves, such as a sabbatical leave program, leave without pay, a partially-paid family leave policy, and pregnancy and childrearing leaves. Such policies and benefits allow for a positively motivated and diverse workforce, which gives organizations a competitive edge. It is critical for academic institutions to address work/life issues as an investment that will reap benefits. Many of the institutional barriers to change are not recognized by individuals within the system. **It will require significant, long-term culture change in many cases to see benefits.**

4

**Objective Four:  
Redefine traditional notions of success  
beyond the issue of parity**

**Topic Two: Promotion, Advancement, Success:  
Which Ladder Are You Climbing?**

**Jayne Thorson, PhD**

*Assistant Dean for Faculty Affairs*

*University of Michigan Medical School*



**Many women in academic medicine are just thankful for the jobs they have.** Women are often not privy to either what their salary should be or to the unspoken (but well understood by colleagues in the “old boys’ network”) guidelines concerning promotion and advancement. Promotion, advancement, and success go beyond salary and tenure to include resources such as space and research help. When these are included, even larger disparities exist between women and men in academic medicine. Women generally consider themselves and are considered by others to be less mobile than men. This puts women at a disadvantage during negotiations, where their bargaining skills may already be less effective than men’s.

Promotion happens in one direction. It has an established sequence of titles, an established timeline and established criteria. **Women must learn the rules, understand the criteria and fulfill them, and make their work apparent.** Women must not assume they will be taken care of by the system. Rules are both written and unwritten. It is important to get a current and complete copy of the written rules and read it. As for the unwritten rules, find out which criteria are the most seriously considered: what are the absolutes, and what is considered fluff. Ask these questions to find out what the process is: Who decides? Who is on the committee? How did they get there? What do they review, and what is the timeline?

To understand the criteria, one must determine what is measured, what is good for the individual compared to what is good for the institution, and what will achieve promotion. Evidence of a national reputation is one highly valued criterion. This is measured by examining invited presentations, manuscript or grant reviews, editorial board membership, external letters, offices held in national organizations, and the quality of journals in which publication appears. Another criterion is excellence in teaching. This is measured by looking at student evaluations, faculty evaluations, fan letters, and CME evaluations, as well as national presentations, external letters, textbooks and chapters written, and curricular revision undertaken. Fulfill the criteria by prioritization, carefully selecting where to spend time and energy, reviewing which committees to join, and annually checking progress.

**It is important for women to make their work apparent.** What those in decision-making positions don't know about the extent and quality of one's work can hurt chances for promotion. Make sure a *curriculum vitae* includes everything that one has participated in, and use both external and internal reviewers. When one acknowledges one's achievements, collaborators are also acknowledged, and alliances are strengthened. **Do not assume the system will take care of anyone. Question and learn who is "the system."** Know that a woman might work hard and do a good job and still might not be promoted.

Institutions must emphasize faculty diversity in department reviews, and evaluate chairs on their development of women faculty. Track the number of women recruited, promoted, and retained. Department chairs are key individuals who recruit faculty, determine their benefits, and assess for promotion. Enhance the effectiveness of search committees to attract women candidates by assessing their group processes and the ways that they define and evaluate candidates' qualifications. Financially support institutions' Women in Medicine and the AAMC Women Liaison Office, and regularly monitor the representation of women in senior ranks. Look at outside positions even if not likely to move, and make sure the institution understands that one considers outside possibilities. Encourage flexibility in the tenure system, for example, two-thirds time for women (and men) with small children.

In contrast to promotion, **advancement can happen in many directions.** There is no established sequence, timeline, or criteria, and it can take many forms. Advancement can be about money, authority, resources, free time, autonomy, or enjoyment. There are many approaches one may take towards advancement. Think broadly and look forward by expanding parameters and learning from the lives of others. **Identify trends and view everything as an opportunity.**

**Be visible.** Stealth workers don't advance. Network and develop underground connections. Volunteer for new challenges, and think about the dream job. Do what is enjoyable. Recognize and develop strengths by watching one's feet, following one's heart, and using one's head. Learn the economics of the institution: follow the money, and find out

*"When I dare to be powerful – to use my strength in the service of my vision, then it becomes less and less important whether I am afraid."*

**Audre Lorde**





# Models of Success

The model programs highlighted below offer guidance for advancing women's leadership in academic medicine at your institution. While each program is embedded in a medical center that may be unique in terms of its resources and culture, it is hoped that these initiatives will prove useful for your transformation effort. The information in this section was compiled April 2003.

## Eastern Virginia Medical School

[www.evms.edu/index.html](http://www.evms.edu/index.html)

The **Women in Medicine (WIM) program** in the Office for Women's Affairs at Eastern Virginia Medical School assists women to foster gender equity in medicine, to plan and develop careers optimally, and to set high standards of achievement. The program seeks to improve pathways to leadership and career advancement by providing opportunities to socialize, network, brainstorm, learn skills, share ideas, advise others, and have input into the nationwide effort to foster a manageable balance between career and family.

The **Office for Women's Affairs**, funded by the Dean, offers a facilitated **mentoring program** to assist women students, residents, and junior faculty in planning and developing their careers by providing skill-building opportunities, with the advice and guidance of more experienced senior faculty members. Mentees are those of any rank up to and including assistant professors, while mentors are associate and full professors from all disciplines within the medical school community. Potential mentors and mentees are asked to participate in the mentoring program and requested to commit at least one year to the program. For research purposes, mentors and mentees complete monthly activity reports and biannual evaluation forms. The long-range goal of the program is to assist the institution in attracting and retaining women faculty through increasing the number of:

- Women faculty and students involved in mentoring
- Junior faculty advancing to the level of associate and full professor
- Women faculty assuming leadership positions in local, state, and national medical organizations
- Women faculty conducting and publishing research and winning funded grants

*"This is not a pipeline issue any longer; that is, the proportion of women who obtained PhDs (and MDs) 20 years ago was higher than the proportion of women full professors today. There is no single magic bullet that will increase that proportion; rather it will take institutional commitments of many kinds."*

**Shirley  
Tilghman, PhD**

Other activities of the WIM program include **workshops**, social gatherings, a resource center, and the Women in Medicine Network (WoMeN) Newsletter. Workshops are organized as a lunchtime gathering with a topic chosen from the needs assessment survey of EVMS women in medicine. Workshops feature guest speakers, panels, and skill development programs. Social gatherings are also usually at lunchtime and offer women an opportunity to meet other women in medicine, network, share research endeavors, and share ideas. The **WoMeN Newsletter** is published three times a year and serves as a networking vehicle to expand communication, share information, and promote issues affecting women in medicine. The newsletter covers forthcoming events; reviews of articles, books, and research; spotlights of EVMS women in medicine; career advancement strategies; promotion guidelines; tips on winning grants and getting published; how to juggle home and work responsibilities; and ways to improve leadership skills.

### **East Tennessee State University**

[http://infoserv.etsu.edu/dbonline/profile/details.asp?](http://infoserv.etsu.edu/dbonline/profile/details.asp?Action=SU&SU=COM+%2D+Women+in+Medicine)

[Action=SU&SU=COM+%2D+Women+in+Medicine](http://infoserv.etsu.edu/dbonline/profile/details.asp?Action=SU&SU=COM+%2D+Women+in+Medicine)

The **Office of Women in Medicine (OWM)** was formed in 2000 within the administrative structure of the college of medicine. The goals of OWM are to:

- Coordinate women's issues across the college of medicine
- Provide leadership support for women faculty
- Initiate, supervise, and evaluate support programs

OWM has completed the third biennial Needs Assessment Survey of college of medicine women faculty and is preparing a second Climate Survey that will include cultural diversity as well as gender issues. OWM initiatives include:

- supporting the **Committee on Women and Gender Issues (CWGI)** and the **Student Women in Medicine organization (SWIM)**
- facilitating the recruitment, professional development and retention of women faculty and administrative staff
- serving as a networking locus within the institution and with other medical colleges and national organizations

CWGI and SWIM have been supported in several ways. OWM assisted with a review of state and federal legislation on reproductive rights and worked with the Medical Student Education Committee to identify the Association of Professors of Gynecology and Obstetrics' competencies for education in women's health. An ad hoc committee was then established to determine which topics are included or absent from the present student and residency training curricula. OWM staff coordinated student voting and presentation of the Gender Equity Awards for Basic Science and Clinical Faculty. OWM has provided training and a training site for the new Women's Health Elective, and has hosted networking meet-

ings at mealtimes. The latter have no set topic; they are for sharing strategies for academic success and networking.

OWM staff have presented talks, workshops and conferences on issues related to **improving the situation of women in academic medicine**. OWM created a lectureship in the memory of Dr. Sherry Apple, Class of '86, one of the first women neurosurgeons in the U.S. OWM has provided sexual harassment and gender discrimination training and review sessions at orientation sessions for medical students, residents, and those beginning clinical clerkships. A joint sexual and racial/ethnic harassment training module is in development with the Associate Dean for Cultural Diversity for the Division of Health Affairs. OWM has also provided confidential counseling to many individuals, including faculty, staff, resident physicians and medical students, both male and female, regarding issues of harassment and mistreatment.

### Georgetown University

<http://smwf.georgetown.edu/>

The mission of the **Society for Medical Women Faculty (Society)** is to promote women faculty at Georgetown University Medical Center. The Society's main goal is the establishment of policies and a working environment that promote equality and diversity in hiring, promotion, and compensation throughout the Medical Center. Support is provided for the **enhancement of leadership skills** through networking and involvement in Medical Center growth. With support from the Society, women medical faculty will continue to strengthen scholarship and excellence in teaching, research, and patient care.

Society Task Forces include Salary Equity, Leadership Equity, Mentorship, and Programs. Frequent lectures, events, and workshops are given on topics of interest to women faculty. In addition, the Society and the Committee on Faculty have compiled a guide for career planning and advancement. Women faculty can utilize this web-based resource when inquiring about faculty tracks and devising a strategy for promotion and advancement. The site contains valuable information and tips for enhancing women's leadership.

*"We cannot expect in the immediate future that all women who seek it will achieve full equality of opportunity. But if women are to start moving towards that goal, we must believe in ourselves or no one else will believe in us;..."*

**Rosalyn Yalow,  
1977**

### Harvard University

[www.hms.harvard.edu/jcsw/](http://www.hms.harvard.edu/jcsw/)

In 1973, the **Joint Committee on the Status of Women (JCSW)** at Harvard Medical School and Dental School was established. The task of the JCSW is to facilitate the development and contribution of women affiliated with both schools by expanding and improving opportunities for women to achieve their maximum potential and to advance professionally. Since 1974, initiatives to further the goals of the JCSW include:

- Collecting and analyzing data on the number of women on faculty, on search committees, and on standing committees
- Identifying the under-representation of women in the junior and senior faculty ranks
- Establishing daycare facilities in the Medical Area
- Formalizing procedures for sexual harassment complaints

The JCSW helped establish the Office for Academic Careers, with special emphasis on women and minorities; the Harvard Medical Center Office for Parenting; and the Ombuds office. In 1985, the first JCSW newsletter was published. Many conferences, symposia, and seminars were given each year on topics relevant to women in academic medicine. Continued research on salary equity, promotion, and faculty appointments has been compiled over the years.

Currently, the 2002-2003 subcommittee on Archives for Women in Medicine will document the roles of women in medicine and make it available. The Dean's Award for the Support and Advancement of Women Faculty and Staff, Faculty Career Satisfaction Survey, Faculty Membership, Grant Funding Parity, Staff Career Development and Recognition, and Website and Publicity are all active subcommittees within the JCSW.

### **Massachusetts General Hospital**

*[www.mgh.harvard.edu/womenscareers/](http://www.mgh.harvard.edu/womenscareers/)*

Massachusetts General, a Harvard affiliated hospital, has established an **Office for Women's Careers (OWC)** as a resource for women faculty. The mission of OWC is to increase the number of women faculty promoted on academic tracks and in leadership positions, and increase retention of female talent through improved job satisfaction. The OWC hosts an e-newsletter, a Noontime Learning Series, a Financial Learning Series, as well as other opportunities to network and learn. The Office also sponsors the Clavin Distinguished Scholar Awards to provide transitional funding for junior faculty. These funds are aimed at helping women sustain research productivity during their childrearing years and thus increase opportunities to advance to senior positions in academic medicine. The OWC also serves as an advocate for women faculty at the department level, promoting transparency in promotional processes.

The OWC website includes a "Did You Know?" column that highlights employment policies, an Awards section showcasing scholarship winners, a "Resources" section with hotlinks to current funding opportunities, "OWC Happenings" with announcements of seminars, workshops, and networking functions, and a "Spotlight" on recent faculty achievements.

### Northeastern Ohio Universities

<http://www.neoucom.edu/DEPTS/WomMed/index.html>

The Women in Medicine Program at Northeastern Ohio Universities College of Medicine (NEOUCOM) dates back to 1982, when the second class entered undergraduate clinical training. The purpose of the program is to provide support, networking and special programs of interest for both students and faculty at NEOUCOM as well as the outlying campuses. The office offers **consultative services** regarding issues of women’s health in the medical curriculum, and **conducts research** in the areas of women’s health and well-being. The functions of the office are facilitated by student and women liaison officers (clinical faculty) at each of the outlying hospitals. The office is currently in transition having just welcomed a new director.

### University of California San Francisco

<http://statusofwomen.ucsf.edu/>

The **Chancellors Advisory Committee on the Status of Women (CACSW)**, formed in 1981, is charged with examining issues regarding the status of women at UCSF. CACSW hosts programs and workshops of interest to women, including a yearly “Celebrating Women Faculty” session to showcase the accomplishments of junior and senior women faculty. Chancellor’s Awards are presented each year to women who have contributed to the advancement of women. The CACSW website provides information on retention, promotion and mentoring and links to UCSF’s Center for Gender Equity and the Center on Excellence in Women’s Health.

**In 2001 a climate survey was fielded that revealed less satisfaction with university norms and systems by women faculty than men.** The following year the UCSF Chancellor’s Task Force on the Climate for Faculty was appointed to:

- review survey findings
- augment data with input from appropriate individuals and campus units
- identify and prioritize problems that need addressing
- identify existing efforts to resolve these problems
- recommend specific actions

#### **Recommendations stemming from the findings include:**

- 1.** The Chancellor and Deans must assign priority status to the implementation of recommendations
- 2.** Established career flexibility mechanisms must be utilized fully to decrease life/livelihood conflicts

*“From time immemorial we have by the powers that be, and the prejudice of man, been denied the right to minister to the wants of our own sex as practicing physicians. ... The female sex has, in the past, from false notions of propriety and refinement, been denied their rightful privilege of entering the medical profession.”*

**Cassandra Pickett  
Durham,  
1870**

3. Department merit appraisal processes must be transparent
4. Ongoing mentoring at the department level should be provided to assist faculty in negotiating and understanding the terms of their appointments
5. A mandatory on-line orientation program should be developed and established
6. Clear guidance and toolkits should be developed to establish best practices for faculty and leadership recruitment
7. “Springboard” positions should be identified that provide experience and are prerequisites for leadership positions
8. Social welcoming programs should be established for new faculty
9. A balance between work and personal life should be encouraged by changing the institutional culture that assumes unlimited availability to work
10. The contributions of active clinicians and investigators whose work is collaborative or qualitative should be more highly valued

### University of Illinois at Chicago (UIC)

*[www.uic.edu/orgs/womenshealth](http://www.uic.edu/orgs/womenshealth)*

After hosting the Beyond Parity Conference in September 2002, a small group of organizers and participants put their energy into two efforts:

- producing the Beyond Parity Workbook for Action
- establishing a College of Medicine (COM) Dean’s Committee for Faculty Academic Advancement which was formally announced by the Dean in January 2003 and is charged with designing and implementing **“an innovative program to maximize academic success for all faculty such that UIC COM is the desired destination for talented and diverse faculty.”**

The committee is composed of 16 leaders across departments and includes: 3 department heads; 5 full professors; 3 associate professors; and, 5 assistant professors including the Director of UIC’s National Center of Excellence in Women’s Health, and the Associate Director of UIC’s Center for Research on Women and Gender. The committee will report to the Dean of the COM twice yearly and produce an annual report detailing the status, progress, and plans for academic advancement as related to diversity and equity issues. This report will be distributed campus-wide.

A proposal for a Part-time Tenure policy, similar to one in effect at the University of New Mexico (see below), has been endorsed by the Dean’s Committee and will be presented before the UIC Faculty Senate.

### University of Iowa

*<http://www.uiowa.edu/~provost/dcn/>*

The University of Iowa has offered a **part-time tenure track** for many years. When it was established, the purpose of the policy was to allow faculty to split time between academia and industry. The part-time option can work in various ways. For example, a faculty

member may be hired part-time (.5 FTE or greater) with her/his tenure clock adjusted such that a 50% faculty member has 12 years to complete tenure requirements, a 75% faculty member has 8 years to complete tenure requirements, etc. Once established, the percentage time cannot be increased without approval from the department head and dean. Another option for tenure track faculty is to cut back on one's appointment for periods of time or request a semester of leave. These changes will lengthen the tenure clock appropriately, and again require approval from the department head and dean.

University of Iowa's **parental leave policy** allows both male and female faculty an additional year to obtain tenure after the birth or adoption of a child. Faculty are also allowed up to 2 additional years on their tenure clock for childrearing. Initially, junior faculty were hesitant to take this extra year; however it is encouraged by University administration and the policy is becoming more acceptable within departments.

Iowa also has a unique program to assist spouses and partners of University faculty and staff find employment at the University or in the community. The **Dual Career Network** is one of the first of its kind in the nation. The office staff has made connections with businesses in the community, and will assist individuals with resume writing, obtaining interviews, and career counseling.

In the College of Medicine faculty academic advancement is administered through the Office of Faculty Affairs, Faculty Career Development Program. The program promotes faculty professional growth and satisfaction, while assisting departments with retention efforts. This comprehensive program of planned services and activities is designed to impact faculty at all career stages. The Faculty Career Development Program encompasses:

- Professional Advancement and Growth
- Yearly sessions on promotion and tenure
- Early career advising system
- Departmental annual academic reviews
- Departmental mentoring systems
- Instructional and Skill Enhancement
- Workshops and seminars
- Communication skill development
- Clinical and teaching skill development
- Leadership Development
- Promotion of departmental/college committee participation
- Leadership and management skill development
- Institutional Understanding
- New Faculty Orientation
- On-going communication and Faculty Development publications
- Faculty meetings and fora
- Recognition and Awards
- Departmental and college-wide

*“Whatever women do they must do twice as well as men to be thought half as good. Luckily, this is not difficult.”*

**Charlotte Whitton**

### University of Michigan

[www.med.umich.edu/medschool/](http://www.med.umich.edu/medschool/)

The University of Michigan Medical School is committed to supporting the advancement of faculty women. Financial support is provided to faculty attending leadership development programs, including **Executive Leadership in Academic Medicine (ELAM)** and **AAMC Women's Professional Development Seminars**. The Medical School has distributed books related to women's professional advancement, including *Why So Slow* (Valian), *Hardball for Women* (Heim), and *At the Helm* (Barker). Additionally, faculty women benefit from numerous skill-building workshops and seminars featuring national and local speakers, as well as a variety of informal gatherings and celebrations of women's achievements. Gender-based data are collected and analyzed regularly to track faculty composition, promotion rates, and salary equity.

### University of New Mexico

[http://www.unm.edu/~facsen/newhb.html#\\_Toc446474883](http://www.unm.edu/~facsen/newhb.html#_Toc446474883)

The University of New Mexico has had its current **part-time tenure policy** since 1998. Part-time appointments require the approval of the department, the dean, and the Provost. A formal agreement is signed stating that the faculty member is working toward tenure in a part-time position. Only faculty working half-time (0.5 FTE) or greater may request this option. The performance expectations for a faculty member on a part-time probationary appointment are the same as those for faculty holding full-time probationary appointments, but the probationary period is pro-rated based on the fraction of full-time equivalent.

A part-time probationary faculty member appointed as an assistant professor may, by agreement upon appointment, serve up to a maximum of 12 years in probationary status. A part-time probationary faculty member appointed at the senior ranks (associate professor and professor levels) may, by agreement upon appointment, serve up to a maximum of eight years in probationary status if initially appointed to the rank of associate professor, and serve up to a maximum of six years in probationary status if initially appointed to the rank of professor. When a part-time probationary faculty member is awarded tenure, there is no presumption that the faculty member will ever be placed on full-time status.

With approval of the faculty member, the department, the dean, and the Provost, part-time probationary faculty member may move to a full-time probationary position and a full-time probationary faculty member may move to a part-time position. Part-time probationary faculty and tenured faculty with part-time appointments are considered regular voting members of the department, the college/school, and the University. Performance reviews and procedures specified for full-time probationary faculty are utilized for Part-time tenure track faculty. Tenured faculty with part-time appointments are eligible for sabbatical leave, earned on the same timetable but with sabbatical salary proportionately reduced.

## University of North Carolina at Chapel Hill

[www.med.unc.edu/wrkunits/orgs/apwims/main.html](http://www.med.unc.edu/wrkunits/orgs/apwims/main.html)

The purposes of the **Association for Professional Women in the Medical School (APWIMS)** are to:

- support women faculty
- facilitate communication among women faculty and between them and graduate and medical students
- increase awareness of issues that significantly impact women
- promote the recruitment and retention of women
- promote equality for all people at all levels
- work with the administration to foster gender equity at UNC

APWIMS was started about 15 years ago, and its success has depended on the support of the medical school administration and a few committed and dedicated people who have kept programs and activities going.

Membership is open to all faculty holding full or part-time appointments, either tenure track or fixed term, to non-faculty, and to all post-doctoral fellows and residents in the School of Medicine. The organization meets four to five times per year with a variety of program offerings at each meeting. Some of the programs from past years include sessions with female department and program chairs, guest speakers from the School of Medicine administration, conferences on Women's Health Issues and the Ethics of Managed Care, and workshops on promotion and tenure requirements.

The APWIMS website contains information and links to articles, books, and items of interest to its members. Members can keep up to date on medical school policies for promotion and tenure, read salary equity studies, and learn about relevant events and meetings that directly affect women in the medical school. The website also contains information on mentoring for faculty, post-graduates, and graduate and professional students.

*"Men and women live in different environments, environments that are the same only on the surface. Women have puzzles to solve that men do not."*

**Virginia Valian, PhD**  
**Psychology, Hunter**  
**College**  
**Author of**  
**"Why So Slow?"**

## University of Oklahoma

<http://moon.ouhsc.edu/vwilliam/FLP2000/index.html>

The **University of Oklahoma College of Medicine Faculty Development Program** is a series of highly interactive, small group seminars led by faculty and administrators to give colleagues an insider's view of the academic health center. The Program has three goals:

1. increase junior faculty's knowledge about key faculty roles
2. help faculty develop effective collaboration and leadership skills to increase effectiveness within their unit and college

3. introduce junior faculty to campus colleagues who are engaged in similar roles. Participation is open to all early career faculty with the recommendation of their chair. Men and women participate in the program at roughly equal rates

Seminars are led by faculty, administrators, and guest speakers. They are designed to give the novice faculty member an insider's view of the academic health center and a framework for building an academic career. The benchmarks for success in teaching, scholarship and service are clearly articulated and avenues of gaining support for these roles are made clearer. The program complements department level mentoring and helps each participant develop an Individualized Faculty Development Plan. The recommendation from the Chair includes a commitment that adequate time and support will be made available to faculty to allow completion of the individualized plan-of study and Development Plan. The Faculty Development Program is designed to be completed over an 18-24 month period. Seminars cover six topical areas:

- Academic Career Foundations
- Communication Styles and Skills
- Teaching and Student Assessment
- Scholarship and Research
- Clinical Roles and University Service
- Leadership and Policy

### University of Pennsylvania

<http://www.cceb.med.upenn.edu/focus/>

In 1994 FOCUS was launched to increase the quantity, quality, and visibility of clinical and applied research pertaining to women's health. In 1997, with the support of the School of Medicine, FOCUS expanded its advocacy effort to include the career development of women medical faculty at the University of Pennsylvania. **FOCUS on Health & Leadership for Women** supports the twofold initiative of promoting women's health research and the advancement of women in academic medicine in order to foster growth of gender equity in medical education and in the research and delivery of health care.

FOCUS sponsors a workshop series on career development and mentoring, providing opportunities for faculty presentations to peers and thereby promoting networking within the School of Medicine, the hospital, and across the university. In 1997, with generous support from the Penn School of Medicine, FOCUS instituted the **Leadership Mentoring Program for Women in Academic Medicine (LMP)**. Its primary goal is the recruitment, retention, and promotion of women medical faculty at Penn. Through professional development conferences, seminars and workshops centered on skill building, and networking, the LMP works to increase the proportion of women faculty in all departments, particularly at the senior levels. The long-range goal of this program is gender equity in academic medicine that permits a healthy balance of work and family. Initiatives include a Promotion 101 lecture series, the compilation of an annual report, Benchmark Data: Gender

Statistics of Faculty, University of Pennsylvania School of Medicine (since 1999), an annual leadership/mentoring conference (in its 5th year), an annual conference for senior women in academic medicine (in its 4th year), and an annual mentoring award for excellence.

### University of Pittsburgh

<http://www.health.pitt.edu/oacd>

The University of Pittsburgh School of Medicine has developed separate tenure policies for faculty with and without clinical responsibilities. Tenure track faculty without clinical responsibilities are given seven years to complete tenure requirements, while those with clinical responsibilities are provided a 10 year tenure clock to help ease the burden of competing obligations. The University of Pittsburgh also has a policy that allows women to take time off for childbearing that adds time to the tenure clock.

**The Office of Academic Career Development (OACD)** was recently established for the six health sciences schools at the University of Pittsburgh. The Office is dedicated to assisting all biomedical researchers at the University of Pittsburgh, but has a particular focus on post-doctoral fellows and junior faculty. The OACD helps students and faculty with their career development needs as they struggle to balance multiple commitments by offering a variety of programs including workshops and mentoring.

### University of Virginia

[www.med.virginia.edu/schools/medschl.html](http://www.med.virginia.edu/schools/medschl.html)

The **University of Virginia School of Medicine's Committee on Women** has been in existence since the late 1980s and has had a major impact on the School of Medicine, as well as the broader University. The Committee developed and published a "Survey on the Status of Women" that raised the profile of women's position in academic medicine. This report was redone a decade later and is now due to be repeated. The Committee has made significant advances related to Promotion and Tenure, including making the process more transparent and allowing a "time off the clock" for personal or family illnesses or for crises. A faculty development program has been initiated, a Student Advocacy Committee formed, and a Dean's Leadership Women in Medicine award instituted. The Committee is currently working to establish a Career Day for clinical fellows to help them navigate their future course toward a life in academia, industry or practice.

The Committee also established a **Faculty Advocacy Committee** that has 3 missions:

1. To be an objective body to hear faculty concerns before they escalate to the level of true grievances
2. To gather data to be used in advocating for and focusing on identified faculty problem areas

*"I do not believe that women are better than men. We have not wrecked railroads, nor corrupted legislatures, nor done many unholy things that men have done; but then we must remember that we have not had the chance."*

**Jane Addams**

3. To be proactive in advocating to improve the climate and institutional policies in support of faculty to facilitate faculty achievement in patient care, education, research, and service

The success of the Committee is due in part to its approach to programming. Committee members meet on a monthly basis in an open forum to brainstorm issues of importance to women, formulate policy and programs, and anticipate developing problems of individuals or institutional climate. The Committee strives to be the inspiration for projects that, once established, run independently. Men are encouraged to participate but their involvement tends to occur in the latter formative or developed stage of a given initiative.

As a result of years of persistent and effective advocacy by former Dean Sharon Hostler, MD, Professor of Pediatrics, and resultant successes of the Committee on Women, the new Dean has developed the position of Associate Dean for Faculty Affairs with Dr. Hostler at the helm. A website is currently under development.

### University of Wisconsin

*[www.womenshealth.wisc.edu](http://www.womenshealth.wisc.edu)*

The University of Wisconsin has capitalized on the fact that investigators are drawn to research with which they have some personal connection. Therefore, they have strategically used the theme of women's health research as a means to draw more women into careers in academic medicine. Currently, there are three training programs administered through the Center for Women's Health & Women's Health Research:

- The Women's Health Research Fellowship began in 1995, funded by the Department of Veterans Affairs
- The Women's Health and Aging: Research and Leadership Training Grant began in 1999, funded by the National Institute on Aging (NIA)
- The Women's Health and Aging Clinical Scientist Development Program began in 2002, funded by the NIA

These programs provide **salary support, mentorship, and development of a customized research career plan** for each trainee. They work closely with the NIH K30 program which at the University of Wisconsin is called the Clinical Investigator Preparatory Program. Using the Women's Health and Aging Clinical Scientist Development Program, UW has initiated the Wisconsin Alternative Tracks to Leadership in Academic Science (ATLAS) Program, which pilots efforts to support non-traditional career paths that may be more compatible with some women's lives than the linear pathway currently supported by most training programs. Specifically, this program is open to clinical faculty who wish to re-train with the goal of moving from a clinical-based to a research-based academic career and to community leaders who wish to enter research training toward a career in biomedical or behavioral research related to women's health and aging.

To date, 14 individuals have completed training in one of these programs, and 8 remain in training. Of those who have completed training, eight are actively involved in

research (3 are faculty in tenure track positions at research universities; five are in non-faculty research positions). Six are in clinical positions. 100% of our trainees have been women. Two are from underrepresented minority groups (African American and Hispanic) and two from non-targeted minority groups (Asian and Pacific Islander).

At a strategic planning meeting in January 2003, UW set a goal of recruiting 30% underrepresented minority trainees by 2008 into these programs. To accomplish this goal several initiatives have been undertaken:

- promoting research that addresses health disparities among different populations of women
- forming a sister relationship with the Women's Health Institute at Howard University
- spearheading a Council on Minority Advancement in Biomedical and Health Sciences across the Schools of Medicine, Nursing, Pharmacy, and Veterinary Medicine, and Physical Therapy

### Virginia Commonwealth University

[www.womeninmedicine.vcu.edu/](http://www.womeninmedicine.vcu.edu/)

The School of Medicine Women's Program has four components:

- Women in Medicine & Science Faculty Organization (WIMS)
- The School of Medicine Committee on the Status of Women and Minorities
- The Women in Medicine & Science Student Organization the assignment of an Associate Dean for Faculty and Instructional Development

The first is the **Women in Medicine & Science Faculty Organization (WIMS)** established in 1992. Leadership for the Organization is provided by its Executive Council. The mission of WIMS is to further professional goals of women physicians and scientists at VCU. Its goal is to advance opportunities for women leaders in the VCU family by promoting networking; fostering mentoring relationships between students, residents and faculty; stimulating fruitful research and collaborations; and working cooperatively to change organizational culture and break down stereotypes.

**The School of Medicine Committee on the Status of Women and Minorities** comprises the second component. The Committee, reconstituted in May 1995, serves as a resource to the Dean regarding the progress of women and minorities in the achievement of their full potential within the School of Medicine. The Committee conducts assessments and recommends improvements in recruitment and retention, promotion and tenure, salary equity, committee representation, and the involvement and participation of departmental chairs who influence women and minority career attainment. **The Women in Medicine & Science Student Organization**, the third component, has student representatives actively involved in the Women in Medicine Faculty Organization as well as in

*"Our struggle today is not to have a female Einstein get appointed as an assistant professor. It is for a woman schlemiel to get as quickly promoted as a male schlemiel."*

**Bella Abzug**

their separate activities. The fourth component is the assignment of an Associate Dean for Faculty and Instructional Development to represent women's issues under the auspices of the Dean.

A major initiative set up through this program is the **Pathways to Leadership Conference**, now in its 11th year. The conference has been extremely successful over the past years, bringing together women health professionals from across the country. Substantial grants from each educational institution and significant contributions from other sponsors now underwrite the conference, which allows for more participants.

Other parts of the program include a Women in Medicine Professional Leadership Award, support for ELAM fellows, WIMS faculty organization newsletter, professional development seminars and lectures, student activities, Faculty Mentoring Guide, Advisory Guidelines for Promotion and Tenure, and University Guidelines on Prohibition of Sexual Harassment. Virginia Commonwealth University won the AAMC Leadership Development Award for 2000.

### **Washington University School of Medicine**

<http://pathbox.wustl.edu/~awn/>

**The Academic Women's Network (AWN)** was formed in 1991 to promote professional and social interactions among academic women faculty at Washington University School of Medicine. It seeks to discover and support goals of mutual interest to women faculty and to assist junior faculty and trainees in their pursuits. One of AWN's first tasks was the establishment of a newsletter (AWNings) to enhance communication. After 35 issues, the newsletter has been replaced by a website ([pathbox.wustl.edu/~awn/](http://pathbox.wustl.edu/~awn/)), which contains information on members, awards, news, events, CME, and pertinent links. The organization sponsors educational programs, including an annual Women's Health Symposium, informal brown bag lunches, and annual spring and fall dinners. AWN also sponsors Student Leadership and Faculty Mentoring Awards presented annually at the spring dinner.

The AWN has implemented important programs and services related to supporting the family life of women in academic medicine. These initiatives include a published Family Resource Handbook, now in its 3rd edition, which contains extensive information on daycare facilities, resources for sick childcare, schools in the St. Louis area, services for disabled children, and elder care. The Committee on Childcare and Maternity Leave has helped expand and reorganize the daycare facilities at Washington University and St. Louis Children's Hospital. The AWN has been a strong force in establishing the University Family Leave Policy. Another area that has received attention, due to the efforts of the AWN, is the insufficient benefits provided to part-time faculty. As a result of this effort, the Human Resources Department of the University has made changes to the benefit packages for faculty and staff that are proportional to their time worked.

Since AWN continues an open dialogue with the Dean and Chancellor, the group has

been instrumental in improving medical school practices and policies. For example, it analyzed the 2001 Gender Pay Equity Report, which indicated the mean salary for women was lower than that for men; encouraged women to be represented on search committees for departmental chairs; curtailed medical school functions at private clubs that exclude women and minorities from membership; and helped establish a Dean for Faculty Affairs. Recently, a new subcommittee of the Academic Affairs Committee regarding Gender Equity has been appointed. This committee is completely devoted to the increased recruitment, retention, and promotion of women faculty. It is examining methods for delaying tenure clocks, evaluating childcare resources, and looking at ways to award more endowed professorships to women faculty. It is also again reviewing faculty salaries with regard to gender equity. The AWN was awarded the AAMC Women's Leadership Award for 2002.

### Yale University

<http://info.med.yale.edu/owm/>

In 1975, the **Office for Women in Medicine (OWM)** at Yale University School of Medicine was founded to advance the careers of women in medicine and the medical sciences. OWM is committed to promoting the academic growth and career development of women physicians, scientists and students. The Office provides a supportive environment for its constituents by fostering and promoting activities, policies, and strategies favorable to women in medicine and by demonstrating the enormous contribution women make and have always made to the medical and scientific professions.

Programs in the OWM include an annual lecture series that increases the visibility of women in medicine, provides the Yale medical community access to notable speakers, and creates a forum to discuss issues relevant to women. Informal lunches are sponsored to bring together women students and faculty to exchange ideas, view common problems from differing viewpoints, and gain perspectives from role models. Regional conferences and workshops are organized to provide another forum for the discussion of women's concerns with academic medicine. The OWM also provides access to mentors and advisors and holds workshops on how to find and be a mentor. An annual outstanding mentoring award is given to a faculty member each year. **The Prospective Student Program** matches women students in the Yale University School of Medicine with women applicants, so prospective students can discuss life as a student at Yale. The Committee on the Status for Women works closely with the OWM to evaluate the status of women in the school and to advise the Dean on issues regarding this topic. The Leah Lowenstein Award is presented to a School of Medicine faculty member who the students believe most clearly provides a positive image of a woman promoting humane and egalitarian medical education.

Yale University also has a unique tenure program that facilitates part-time work. The

*"There is no female mind. The brain is not an organ of sex. Might as well speak of a female liver."*

**Charlotte Perkins Gilman**

tenure clock becomes pro-rated for up to 13 years. In addition, when a woman has a child the clock is extended 6 months. It can be extended for another 6 months if she chooses to take additional unpaid leave. Individuals on a non-tenure track can alternate between part-time and full-time in their appointments and re-appointments. All duties are pro-rated if individuals are working part-time. This tenure policy is a university-wide policy that has been in place since the 1970's. Presently, faculty members are being encouraged to take advantage of the program should the need or interest arise.

Other services within the OWM include a counseling and referral service for students, house staff and faculty, support groups, a resource library, sexual harassment procedures, and a Women in Medicine Newsletter.

### **NSF ADVANCE Grants**

*[www.nsf.gov](http://www.nsf.gov)*

*[www.advance.gatech.edu](http://www.advance.gatech.edu)*

*[www.umich.edu/~advproj/](http://www.umich.edu/~advproj/)*

*[www.engr.washington.edu/advance/](http://www.engr.washington.edu/advance/)*

*<http://wiseli.engr.wisc.edu/index.html>*

Initiatives are currently underway at institutions that have been awarded NSF ADVANCE grants to further the leadership of women in science and engineering. This program is unique in that it not only supports initiatives to directly help increase the participation and advancement of women in academic science and engineering, but also funds studies to investigate the effectiveness of these various initiatives. For example, sites such as the University of Wisconsin are involving a cultural anthropologist to undertake an ethnographic study of men and women in academic science and engineering. They are also involving a linguist to study the often observed “ignoring my ideas” phenomenon reported by many women in academic science and engineering.

At Georgia Tech, NSF ADVANCE Professorships are offered to four senior women who will receive annual funds for 5 years to support their research and leadership activities to advance women in their respective colleges. ADVANCE will match the department/college contribution by twice the amount, up to \$50,000, in order to recruit top women at New Mexico State University. NSF funded grant competitions at the University of Michigan include a research fund to help meet the career needs of instructional-track faculty, one to help meet the career needs of primary research-track faculty; and, another to improve the hiring and retention of women in science and engineering. Michigan has also developed the STRIDE committee made up of senior faculty that gives presentations to Deans and Department Heads on proactive faculty search techniques.

A Visiting Professor Program takes place at both New Mexico State University and the University of Washington. Short term visits (three to five days) and long term visits by women professors are designed to increase interactions between nationally recognized





# Steps for Transformation

You've plowed through the grounding material and been inspired by what others are doing. **Now it's time to act!** Here are some suggestions on how to begin transforming your own institution. These steps are illustrative, given that every medical center has its own identity and culture. Your approach must reflect that reality. But systems are systems; the appropriate sticks and carrots applied with savvy can create the conditions for change. **See yourself as an agent of transformation and take that first step...**

**1 Identify allies** — both individuals and units — on campus. Common supportive units on most campuses:

- Office of Equity and Access
- administrators at campus and College of Medicine (CoM) levels charged with faculty development
- Chancellor's Committee on Status of Women
- Gender Studies Programs
- Office of Women's Affairs
- Office of Minority Affairs
- AMWA chapter

**2 Recruit a small cadre of advocates** (<10). This action group should include not only those from within the CoM, but some highly placed representatives from supportive units. And ACTION is the operative word. You can't go it alone. You'll need others just as committed as you to initiate and sustain the transformation process.

**3 Meet and develop goals and objectives.** The group of advocates should initiate a series of meetings to discuss desired outcomes for this initiative. Is success:

- A warmer more welcoming climate
- Greater networking opportunities and less isolation
- College-wide gender-equitable support policies
- Salary/space/start-up/support equity
- More transparent department policies and processes
- Holding the Dean and department heads accountable for improvements in gender equity in their routine evaluations
- A change in the percentage of women in each or selected departments
- An increase in the percentage of women faculty tenured or in tenure tracks
- More women heads of departments

*"If society will not admit of woman's free development, then society must be remodeled."*

**Elizabeth Blackwell, 1855**

- More women heading up or members of the “powerful committees”
- Redefining scholarship and redressing the undervaluing of teaching and service
- Increased retention rates
- All of the above?

**4 Document the present reality** for women and minorities in your CoM. Amass the kinds of data needed to make your case for change:

- Number and percentages of women—majority and minority—adjunct, non-tenure track, clinical track, tenured or in tenure track positions
- Change over time (5–10 year period)
- Number and percentage of women by position—tenure and non tenure track assistant/associate/full professor
- Female and male average time to tenure
- Salary/space/support differentials
- Female and male retention rates
- Average cost for recruitment
- Percent of women in national/regional hiring pool for CoM positions by departments
- Exit survey/interview information

**5 Understand the rules.** Know as much as you can about your institution’s (university, college and departments):

- Policies—P&T, rollback, part-time/flextime, family leave, spousal hire
- Support services—childcare, mentoring and shadowing programs, leadership training, networking opportunities
- Existing support units

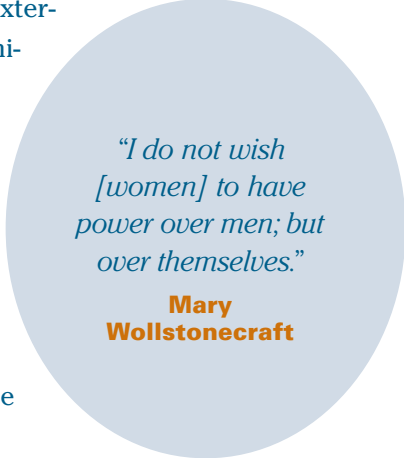
**6 Understand the issues:**

- Extend an invitation. Try to meet every woman faculty member, individually or in a small group, to talk about perceptions of the work environment and solicit suggestions for improvement
- Field a climate survey. Don’t reinvent the wheel—see models section
- Organize focus groups or use other fact-finding methods

**7 Know the gatekeepers.** Develop a set of questions and interview the Provost, CoM Dean, Deputy Deans, Dept Heads/Chairs, Div Heads/Chiefs, etc.

**8 Plan an approach.** Determine what is needed to improve the situation for women faculty at your institution and break that down into small steps. The first step might simply be getting the Dean’s attention and willingness to meet. The second might be his or her formal acknowledgment of the need to address the issues of faculty advancement.

- 9 **Meet with the Dean.** Give a compelling presentation (include charts and other supportive documentation) on the status of women and minorities at your institution. Provide several models for change. (Use examples from the most prestigious institutions you can find.)
- 10 **Put forth an actionable item.** One approach is to request the naming of an Associate Dean for Academic Affairs who will be responsible for monitoring faculty development. Another is the establishment of a high level (“Dean’s” “Executive”) committee tasked with faculty development and advancement to make your institution “the destination of choice” for the best and brightest. Don’t use the words “gender” or “diversity” in the title, but make it clear in the mission statement, goals, and objectives that the initial focus will be on faculty currently underrepresented in tenured and leadership positions—women and minorities. Once equity has been achieved for those constituencies (5 years? 10 years? 20 years?), the committee will focus on everyone.
- 11 **“Going public”** is an important accountability and leveraging strategy. Make sure the committee is formally announced. Some groups have set up External Advisory Committees or a single External Advisor to tap into technical expertise in the area of gender equity and enhance the visibility and transparency of committee efforts. The original advocates group may want to continue meeting informally.
- 12 **Request staff and budgetary support** from the Dean’s office. Nothing happens without dedicated staff and funding. Gender and diversity committees can be formed and then sidelined, a convenient strategy for administrators who are not vested in institutional change. Be prepared with a draft budget and staffing needs to give the Dean some rough idea of the College’s commitment.
- 13 **Construct a representative Executive Committee.** Although the Dean will have to officially name members to the committee, provide her/him with a short list of faculty and administrators who have shown an interest in faculty development and, if possible, gender diversity. There should be representatives from the Departments with the most clout, covering both clinical and basic science; also representatives from all faculty levels—although care should be taken not to place untenured professors in politically difficult positions. The committee should be made up of both men and women. A few high level administrators that are outside of the college (such as the administrator charged with faculty development at the institution level) and therefore not influenced by career considerations, should be invited. Limit the committee to 10–15 to make it workable.



*“I do not wish  
[women] to have  
power over men; but  
over themselves.”*

**Mary  
Wollstonecraft**

- 14 Set the ground rules** for the Committee. Reporting lines, dissemination mechanisms and timelines (i.e., a yearly report that goes to the Dean and the Provost), meeting schedules, etc., are important to establish from the beginning.
- 15 Grow a viable committee.** The chances that such a representative group will have the orientation and sensitivity to gender issues needed for transforming the system are slim. After all, the persistently low numbers of women in leadership positions across the country attest to the high levels of complacency and inaction by current leadership. Thus, the committee itself will need exposure to gender issues and training to encourage commitment. Back to budget: training costs money.
- 16 Devise a (multiple-year) formal Action Plan.** The Plan should include accountability mechanisms and an evaluation component, with budget and adequate staffing to implement. The initial plan may be to focus on information gathering as in steps 4-7 if the advocates group was unable to gather these statistics initially (due to lack of “free” time or lack of access to data). Remember, data gathering takes time and evaluation costs money.
- 17 Implement the Action Plan.** Be sure to keep allies in the loop and maintain visibility on campus. If policy changes are recommended (P&T, family leave, rollback, etc.) involve other supportive units and campus champions in your efforts.
- 18 Evaluate at intervals.** Having done your homework initially, there will be baseline values for comparison. An outside evaluation at some point is important; it will lend credibility to Committee efforts.
- 19 Disseminate evaluation reports** internally and externally. Learn how to use academic channels and the media to make this an open process and heighten accountability.
- 20 Review and revise the Action Plan** based on feedback and evaluation.





# Addenda



## Meeting Agenda

### **Beyond Parity: Transforming Academic Medicine Through Women's Leadership**

- 7:30            **Registration and Continental Breakfast**
- 8:30            **Welcome**  
*Claudia Morrissey, MD, MPH, Associate Director,  
 UIC Center for Research on Women and Gender,  
 National Center of Excellence in Women's Health*
- 9:00–10:30    **Plenary**  
*Janet Bickel, MS, Associate Vice President and Director,  
 Women in Medicine Program,  
 Association of American Medical Colleges (AAMC)*  
**The Status of Women in Academic Medicine: Where Are We Now?**
- Buzz Sessions**  
 What institutional practices are having the most negative impact on women at your institution?  
 What efforts/programs are addressing these practices?
- Janet Bickel  
**Methods for Transformation: What Can Women Leaders Do?**
- 10:30–10:45    Break
- 10:45–12:00    Janet Bickel  
**Tempered Radicals: How Can We Use Diversity to Inspire Change?**
- Breakouts and Report Back  
**How to be more effective Tempered Radicals**
- 12:00–1:00 pm Lunch Presentation  
*Molly Carnes, MD, MS, Director,  
 University of Wisconsin Center for Women's Health*  
**She Who Laughs, Lasts:  
 The Strategic Use of Humor in Academic Medicine**

1:15–2:45

**Concurrent Sessions**

**“Family-friendly” vs. “Life-friendly?”  
EVERYONE Deserves a Life in Academic Medicine!**

Lynda J. Means, MD,  
*Executive Associate Dean for Academic Affairs,  
Professor of Anesthesia and Surgery, Indiana University Medicine Center*

**Civil Disobedience Within the Ivory Tower:  
Can You Say No and Still Get Ahead?**

Sarah Kilpatrick, MD, PhD, *Director,  
Division of Maternal Fetal Medicine,  
University of Illinois Medical Center at Chicago*

**Promotion, Advancement, Success:  
Which Ladder Are You Climbing?**

Jayne Thorson, PhD,  
*Assistant Dean for Faculty Affairs,  
University of Michigan Medical School*

**Effective Mentoring Models: What Works, What Doesn't?**

Lauren Whetstone, MD, *Professor,  
Department of Psychiatric Medicine,  
Brody School of Medicine, East Carolina University*

**Gender Climate: Rough Seas or Smooth Sailing?**

Molly Carnes, MD, MS, *Director,  
University of Wisconsin Center for Women's Health*

2:45–3:00

Break with Refreshments

3:00–4:30

**Institutional Action Plans:  
How Can We Begin the Transformation Process?**

Janet Bickel

4:30–5:00

**Call to Action**

Michelle D. Hoersch, MS,  
*Office on Women's Health – Region V,  
U.S. Department of Health and Human Services*

Saralyn Mark, MD, *Senior Medical Advisor,  
Office on Women's Health,  
U.S. Department of Health and Human Services and  
National Aeronautics and Space Administration (NASA)*

## B

## Conference Presenters

**Janet Bickel, MA**

Ms. Janet Bickel is the Associate Vice President for Medical School Affairs and Director of the Women in Medicine Program at the Association of American Medical Colleges (AAMC). She has worked at the forefront of medical education for over 25 years, most recently concentrating on women's professional development and faculty leadership development. At AAMC she established an Office of Women in Medicine of national repute. She has spoken at over 80 academic medical centers and dozens of professional societies. Ms. Bickel has also published broadly, including two books: *Women in Medicine: Getting in, Growing and Advancing* (Sage Pub, 2000) and *Educating for Professionalism: Creating a Culture of Humanism in Medical Education* (edited with D. Wear, U. of Iowa Press, 2000). Under her direction, a series of AAMC professional development seminars for prospective women leaders in academic medicine has been offered since 1988. She also recently served as Project Director of a Robert Wood Johnson Foundation-supported study of clinical department chairs' leadership challenges.

**Molly Carnes, MD, MS**

At the University of Wisconsin, Dr. Molly Carnes is a Professor in the Departments of Medicine and Psychiatry; she directs the Women's Health Fellowship, the NIH postdoctoral training grant in Women's Health and Aging, the Center for Women's Health and Women's Health Research (a National Center of Excellence), and the Women Veterans Health Program. She is co-director of an Institutional Transformation Award from the National Science Foundation that will focus on the development and evaluation of strategies to increase participation and advancement of women in academic science and engineering.

**Michelle Hoersch, MS**

Michelle Hoersch is the Regional Women's Health Coordinator for the Region V Office on Women's Health (OWH) in the U.S. Department of Health and Human Services. Region V consists of the six Great Lake states including Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. Michelle has a Master's degree in Health Law and Administration from DePaul University in Chicago. Directing the efforts of the Region V Office on Women's Health since 1996, Michelle has initiated work on a wide range of issues including incarcerated women, young women's health, women's leadership in academic medical centers, breastfeeding, lesbian health, mental health, domestic violence and sexual assault, health and fitness, and health concerns specific to racial and ethnic groups and other underserved groups of women. Before joining the OWH, Michelle was on faculty at Rush-Pres-

byterian-St. Luke's Medical Center in Chicago in the Department of Preventive Medicine where her work focused largely on women's health research. Before leaving the Department of Preventive Medicine, she was the Director of Recruitment for the Women's Health Initiative (WHI) funded by the National Institutes of Health. Prior to the site being awarded the WHI, Michelle was the Research Manager for the Department's Clinical Research Center where she oversaw the Center's clinical trials. She also worked with adolescents as a Mental Health Worker at Alexian Brothers Medical Center, also in the Chicago area. Michelle has been an active member of the women's health community in Chicago for many years.

### **Sarah Kilpatrick, MD, PhD**

Dr. Sarah Kilpatrick is the Director of Maternal-Fetal Medicine and Professor of Obstetrics & Gynecology at the University of Illinois at Chicago. She is board certified in Obstetrics & Gynecology and in Maternal-Fetal Medicine and is an examiner for the American Board of Obstetrics & Gynecology. Her goals are to provide the highest quality of patient care and education and to teach these standards to residents. Her research interests lie in clinical obstetrics, including amniotic fluid dynamics, labor, multiple gestations, and very pre-term birth outcomes.



### **Saralyn Mark, MD**

Dr. Saralyn Mark, an endocrinologist and a geriatrician, is the Senior Medical Advisor to the Office on Women's Health within the Department of Health and Human Services and the National Aeronautics and Space Administration (NASA). She is also an Assistant Clinical Professor at the Yale University School of Medicine in the Departments of Internal Medicine and Obstetrics and Gynecology. As the Senior Medical Advisor on Women's Health, Dr. Mark is responsible for the development and analysis of initiatives and programs on women's health across the lifespan. Additionally, she fosters collaborations between health care organizations and scientific agencies to increase their focus on women's health issues.



### **Lynda J. Means, MD**

Dr. Lynda J. Means, professor of anesthesia and of surgery, is a pediatric anesthesiologist and critical care consultant at Riley Hospital for Children in Indianapolis, Indiana. She is also the Executive Associate Dean for Academic Affairs, and a chair of the School of Medicine Admissions Committee, which selects the 280 students who are admitted to the IU School of Medicine each year. At Indiana University, her duties comprise supervision of faculty affairs, which includes school policies and procedure related to faculty diversity and faculty development. She oversees all aspects of compliance and conflict of interest issues pertaining to medical and research faculty. Strategic planning and implementation, faculty mentoring programs and departmental reviews are also part of Dr. Means' responsibilities.



**Lesly T. Mega, MD**

Dr. Lesly T. Mega is a Professor of Child and Adolescent Psychiatric Medicine and the Director of Medical Student Education in Psychiatric Medicine at the Brody School of Medicine (BSOM) at East Carolina University. As the only woman Professor of Psychiatry at East Carolina University for several years, Dr. Mega took the lead to make a difference. She founded the American Medical Women's Association Branch 77 for women faculty and students and local physicians. Dr. Mega is also the creator, director, and facilitator of Brody's M-I&II Elective, "Coping with Stress in Medical Education" and the Director of Medical Student Education at Brody, which has enjoyed the highest recruitment of students into psychiatry in the nation. In addition to this, she serves as Faculty Advisor to the Student AMWA Branch, Chair and Founder, Student AMWA Community Service Award and Committee, and Faculty Advisor, Psychiatric Medicine Interest Group (students and residents) at Brody.



**Claudia Morrissey, MD, MPH**

Dr. Claudia Morrissey is the Associate Director of the Center for Research on Women and Gender and the National Center of Excellence in Women's Health at the University of Illinois at Chicago. She has over 30 years experience promoting the health, wellbeing and empowerment of women as a primary care physician, a health programmer and policy expert, a community organizer, an educator and advocate. Dr. Morrissey teaches international public health at Northwestern University where she is on staff in the Department of Preventive Medicine. She consults on international women's health issues and is the Chair of the Advisory Board of AMWA's Reproductive Health Initiative.



**Jayne Thorson, PhD**

Dr. Jayne Thorson, is the Assistant Dean for Faculty Affairs and Director of Faculty Resources at the University of Michigan Medical School. Additionally, Dr. Thorson has taught several graduate and undergraduate courses related to reproductive biology within the School of Public Health, the Honors Program, and the Residential College. She has made numerous service contributions to the University in issues related to women, sexual orientation, and disability. Nationally, Dr. Thorson serves on the Women in Medicine Coordinating Committee of the Association of American Medical Colleges (AAMC). She is also an invited instructor at the AAMC Professional Development Seminar.

**Lauren Whetstone, MD**

Dr. Lauren MacKenzie Whetstone is Assistant Professor at the East Carolina University School of Medicine, Department of Family Medicine in Greenville, NC.



## Resource List

### Women in Medicine Professional Development Bibliography

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“Nothing in  
life is to be feared.  
It is only to be  
understood.”

**Marie Curie**

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*Compiled by Janet Bickel, Associate Vice President, Assoc Amer Med Colleges, 8/02*

## D

**Annotated Bibliography on Part-time Tenure**

**1. Drago R, Williams J,** A Half-Time Tenure Track Proposal. *Change*, 2000; 32:46-51.

In this article, Drago and Williams apply the concepts from Williams' outstanding "must-read" book (*Unbending Gender: Why Family and Work Conflict and What to Do About It*. Oxford University Press: NY, 2000) to academic tenure. Women faculty will continue to lag behind males in achieving tenure as long as the ideal academic is defined as someone who takes little time off for childrearing. The authors suggest redefining the ideal worker in academia by offering proportional pay, benefits, and advancement for part-time work. This article is particularly useful for its succinct analysis of the issues, and for its presentation of a detailed model half-time tenure track policy.

**2. Froom JD, Bickel J,** Medical school policies for part-time faculty committed to full professional effort. *Academic Medicine*, 1996; 71:91-6.

Building on the AAMC's 1993-94 survey of faculty appointment and tenure policies, in 1994 the authors surveyed 102 U.S. and Canadian medical schools reporting provisions for part-time faculty. Of the 71 survey respondents, 32 of these (45%) had developed specific procedures for "full professional effort" (FPE) faculty. Thirty-one of the 71 schools responding (44%) reported that FPE faculty could be appointed to, or remain on, a tenure track. Nineteen of these 31 schools also reported lengthening the probationary period on a prorated basis. Women, much more frequently than men, had chosen the FPE option, especially women clinical faculty. This core article contributes substantially to the literature by defining subtypes of part-time faculty and gathering survey data specific to the FPE ("sunlighter") subtype. They also discuss issues such as the "second-class citizen" syndrome experienced by FPE faculty.

*"I have a brain  
and a uterus, and  
I use both."*

**Former  
Congresswoman  
Patricia Schroeder**

**3. Levinson W, Kaufman K, Bickel J,** Part-time faculty in academic medicine: present status and future challenges. *Annals of Internal Medicine*, 1993; 119:220-5.

Of an estimated 400 part-time faculty in U.S. departments of medicine, 245 responded to a survey (69% return rate) about working conditions, attitudes toward professional and personal issues, and institutional policies. Sixty-three percent were men and 27% were women. Women faculty worked an average of 35 h/wk, combining their careers with childbearing, whereas men worked 51 h/wk, divided between their faculty position and private practice. Respondents' work time was devoted to teaching and patient care, with no time dedicated for research. Most faculty (86%) were in nontenured track positions. Only 8% reported that existing institutional policies allowed part-time faculty more time

to reach promotion and tenure standards. A high degree of career satisfaction existed (mean score, 8.6 on a 10-point scale) even though faculty believe that part-time status makes promotion more difficult and negatively influences colleagues' perceptions of them. This article may not be generalizable beyond internal medicine, but it is a recent national study that succeeds in its effort to characterize part-time faculty. It provides an interesting comparison to the University of Illinois sample discussed in my paper.

**4. Potee RA, Gerber AJ, Ickovics JR,** Medicine and motherhood: shifting trends among female physicians from 1922 to 1999. *Academic Medicine*, 1999; 74:911-9.

The authors surveyed 863 women who matriculated at Yale University School of Medicine from 1922 to 1999. They requested information on personal and professional demographics, career satisfaction, childrearing, and childbearing. Of the 586 responding women (70% response rate), 82% of those over 40 were mothers. Between 1950 and 1989, 42% of the women with children had them during medical training. More absolute numbers of women are having children during medical training, increasing the demand for longer leaves, greater training flexibility, and childcare opportunities. Recommendations for changes that recognize these trends are provided. Although this article may not apply beyond Yale, the survey is well-designed, serves as a wake-up call to those who have not noted the trend toward childbearing during training, and has a practical and relevant discussion section (not coincidentally, the first two authors are in residency and medical school, respectively).

**5. Socolar RR, Kelman LS, Lannon CM, Lohr JA,** Institutional policies of U.S. medical schools regarding tenure, promotion, and benefits for part-time faculty. *Academic Medicine*, 2000; 75:846-9.

The authors collected survey data on institutional policies regarding tenure, promotions, and benefits for part-time faculty at U.S. medical schools. Fifty-eight of 104 respondents from 126 medical schools had written policies about tenure, promotion, or benefits for part-time faculty. Of the 95 medical schools with tenure systems, 25 allowed part-time faculty to get tenure, but only 23 allowed part-time status as a reason to slow the tenure clock. The authors conclude that most medical schools do not have policies that foster tenure for part-time faculty, although many allow for promotion and offer a variety of benefits to part-time faculty. This study builds on the survey by Fromm and Bickel by collecting and analyzing additional data about part-time faculty policies. Their distinction between policies fostering tenure versus promotion for part-time faculty is also valuable.

**6. Bickel J, Wara D, Atkinson BF, Cohen LS, Dunn M, Hostler S, Johnson TR, Morahan P, Rubenstein AH, Sheldon GF, Stokes E,** Increasing women's leadership in academic medicine: report of the AAMC Project Implementation Committee. *Academic Medicine*, 2002; Oct; 77(10):1043-61.

The AAMC's Increasing Women's Leadership Project Implementation Committee examined four years of data on the advancement of women in academic medicine. With women comprising only 14% of tenured faculty and 12% of full professors, the committee concluded that the progress achieved was inadequate. The committee made specific recommendations to improve the situation:

- emphasize faculty diversity in departmental reviews;
- target women's professional development needs and improve mentorship;
- change institutional practices that tend to favor men's over women's professional development, such as "rewarding unrestricted availability to work," ie, neglect of personal life;
- redefine search committee processes and criteria;
- monitor on a continuing basis the representation of women at senior levels;
- provide financial support of institutional Women in Medicine programs.

This article's emphasis on changing institutional practice in support of work-family balance, in order to increase the number of women leaders, lends support to consideration of a pro-rated tenure track option.

**7. Carr PL, Ash AS, Friedman RH, Scaramucci A, Barnett RC, Szalacha L, Palepu A, Moskowitz MA,** Relation of family responsibilities and gender to the productivity and career satisfaction of medical faculty. *Annals of Internal Medicine*, 1998; Oct 1; 129(7):532-8.

The authors surveyed 1979 respondents from a sample of full-time academic medical school faculty in 24 U.S. medical schools. The 177-item survey questionnaire examined dependent responsibilities by gender, and identified their relation to the aspirations, goals, rate of progress, academic productivity, and career satisfaction of male and female medical school faculty. The survey found that, for both male and female faculty, more than 90% of time devoted to family responsibilities was spent on childcare. Among faculty with children, women had greater obstacles to academic careers and less institutional support than men. Compared with men with children, women with children had fewer publications, slower self-perceived career progress, and lower career satisfaction. However, no significant differences between the sexes were seen for faculty without children. The authors conclude that female faculty with children face major obstacles in academic careers, and suggest simple modifications to overcome these obstacles, including the creation of part-time career tracks.

**8. Socolar RR, Kelman LS,** Part-time faculty in academic pediatrics, medicine, family medicine, and surgery: the views of the chairs. *Ambulatory Pediatrics*, 2002; Sep-Oct; 2(5):406-13.

The authors surveyed all chairs of U.S. departments of pediatrics, medicine, family

medicine, and surgery. Chairs from 308 (59%) of 519 departments completed the survey. Overall, 85% of responding departments employed part-time faculty (50-100% time appointments). The average rating for satisfaction with part-time faculty was between “very satisfied” and “satisfied.” The most frequently cited advantages of employing part-time faculty were keeping talented people in the workforce who might otherwise leave; leveraging financial resources; and skills of part-time faculty. The most frequently cited disadvantages were less academic productivity of part-time faculty and lack of shared goals/values of part-time faculty with the department. Overall, more advantages than disadvantages were cited. Part-time faculty tended to have lower academic rank than full-time faculty. Interestingly, more absolute numbers of men than women worked part-time, but the percentage of women choosing part-time employment was equal to or greater than that of men. This study provides demographics of part-time COM faculty, and demonstrates that the contributions of these faculty members are valued by their department leadership, despite their reduced academic productivity within the current system.

Geri Fox, MD, Associate Professor of Clinical Psychiatry, University of Illinois at Chicago, 5/2003



## Gender Equity Studies List

Gender Equity Studies List last updated 2/9/04 by Judy Fountain, Ohio State University

### Case (Case Western Reserve University)

<http://www.cwru.edu/menu/president/resource.htm>

### Case (Case Western Reserve University)

<http://www.cwru.edu/pubs/cwrumag/winter2004/features/shine/index.shtml>

### Cornell University

[http://www.news.cornell.edu/Chronicle/01/11.29.01/Faculty\\_Senate.html](http://www.news.cornell.edu/Chronicle/01/11.29.01/Faculty_Senate.html)

### Duke University

[http://www.duke.edu/womens\\_initiative/report\\_report.htm](http://www.duke.edu/womens_initiative/report_report.htm)

### Emory University

[http://www.emory.edu/ACAD\\_EXCHANGE/2002/octnov/pcsw.html](http://www.emory.edu/ACAD_EXCHANGE/2002/octnov/pcsw.html)

### Emory University

<http://www.emory.edu/PCSW/>

### MIT (Massachusetts Institute of Technology)

<http://web.mit.edu/newsoffice/nr/2002/genderequity.html>

### MIT (Massachusetts Institute of Technology)

<http://web.mit.edu/faculty/reports/>

### Northwestern University

<http://www.northwestern.edu/womencenter/owf/commitment.html>

### Penn (University of Pennsylvania)

<http://www.upenn.edu/almanac/v48/n14/GenderEquity.html>

### Penn (University of Pennsylvania)

<http://www.upenn.edu/almanac/v48/n14/GE-Appx-IVD.html>

### Princeton

<http://www.princeton.edu/pr/reports/sciencetf/sciencetf-9-19-03.pdf>

### Princeton

<http://www.princeton.edu/pr/pwb/01/0212/7a.shtml>

### Rutgers

<http://www.cww.rutgers.edu/dataPages/smet.pdf>

### Rutgers

<http://www.cww.rutgers.edu/dataPages/gpc.pdf>

### Stanford

<http://news-service.stanford.edu/news/march15/equity-315.html>

### SUNY at Stony Brook (NY)

<http://www.sunysb.edu/provost/Reports/WFICresp.htm>

### SUNY at Stony Brook (NY)

<http://www.sunysb.edu/provost/Reports/WFICresp2.htm>

### University of Arizona

<http://www.u.arizona.edu/~millen/index.html>

**University of California**

<http://www.ucop.edu/news/factsheets/factsheetgender.pdf>

**University of California**

<http://www.ucop.edu/pressummit/>

**“University of California, State Audit Report”**

<http://www.ucop.edu/news/archives/2001/may2art1.htm>

**University of California-Davis**

<http://chancellor.ucdavis.edu/Resource/recruit/facultyrecruit/reportcivr.cfm>

**University of California-Irvine**

<http://www.evc.uci.edu/issues/index.html>

**University of California-Los Angeles**

<http://www.apo.ucla.edu/GEC/Report.pdf>

**University of California-Los Angeles**

<http://www.apo.ucla.edu/GEC/index.html>

**University of California-Los Angeles**

[http://www.senate.ucla.edu/SenateVoice/Issue3/gender\\_equity.htm](http://www.senate.ucla.edu/SenateVoice/Issue3/gender_equity.htm)

**University of California-San Diego**

<http://academicaffairs.ucsd.edu/offices/apo/default.htm>

**University of Colorado - Boulder**

<http://newmedia.colorado.edu/silverandgold/messages/410.html>

**University of Illinois at Urbana-Champaign**

<http://www.dmi.uiuc.edu/reg/>

**University of Michigan - Ann Arbor**

<http://www.umich.edu/~provost/reports/index.html>

**University of Nebraska-Lincoln**

<http://www.unl.edu/svcaa/priorities/diversity/plan/assess.html>

**University of North Carolina**

<http://www.unc.edu/faculty/faccoun/reports/R02CSW2.htm>

**University of Oregon**

<http://www.ous.edu/irs/statwomn/>

**University of Virginia**

<http://www.virginia.edu/topnews/equity.html>

**University of Wisconsin**

<http://www.wisc.edu/provost/GEFSguide.html>

**University of Wisconsin**

<http://wiscinfo.doit.wisc.edu/obpa/GenderEquity/facultysalaries1997.html>

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