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Women in Pediatrics: Recommendations for the Future

Women Chairs of the Association of Medical School Pediatric Department Chairs

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Women in Pediatrics: Recommendations for the Future

Women Chairs of the Association of Medical School Pediatric Department Chairs

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There are many reasons for addressing issues of family balance in the lives of pediatricians during training and practice, including concerns regarding productivity, career advancement, and individual fulfillment. The most compelling reason derives from the central responsibility of our profession. The commitment of pediatrics to the health and well being of children and youth should encompass the families of those who choose to pursue careers in pediatrics.

Task Force on Women in Pediatrics¹

THE FEDERATION OF Pediatric Organizations (FOPO) recently issued the "Report of the Task Force on Women in Pediatrics,"¹ and the Association of Medical School Pediatric Department Chairs (AMSPDC) has endorsed the recommendations made. The current women chairs of the AMSPDC support the goals set forth in the FOPO report and believe that successful realization of the FOPO goals requires an understanding of the changing demographics and expectations of physicians who choose careers in academic medicine along with an appreciation of the importance of work/home balance in the successful career development of academic physicians. Here we identify 4 specific areas of focus and provide suggestions for implementation that are consistent with the FOPO report. This commentary is directed to the senior leadership of medical schools and academic medical centers who share an interest in developing effective strategies and systems that will enhance the career development of women in academic medicine.

BACKGROUND

Over the past few years, ~50% of medical students have been women.² The specialty of pediatrics has experienced a steady increase in the percent of women entering the field.³ In 2002, women comprised nearly 70% of pediatricians in training and 50% of all practicing pediatricians.⁴ Although the percent of women in medicine has more than quadrupled over the last 30 years,

women continue to represent only 14% of tenured faculty and 12% of full professors.⁵ Although the statistics for departments of pediatrics are somewhat better, with 19% of women at the full professor rank, only 14 (9.5%) of the 147 current members of the AMSPDC are women.

There is substantial evidence that women have not advanced in academic rank as rapidly as men in medical schools and are less likely to be considered for or hold leadership positions in academic medicine.⁶⁻⁸ A traditional explanation for these findings has been that the pool of qualified women to be considered for such positions is too small because of an inadequate pipeline. We can no longer content ourselves with this "pipeline" theory; the pipe has been primed for well over a decade, and the results have been discouraging. This commentary is not only a call for equity but also a call to improve the quality of our profession by engaging and nurturing the best talent available, including both women and men. Current trends indicate that the profession of medicine will be composed of equal numbers of men and women over the next generation.² If we do not change the system to encourage and enable women to contribute maximally to their profession, academic medicine will lose a major source of potential talent.

We have chosen to focus on 4 issues that greatly affect

Abbreviations: FOPO, Federation of Pediatric Organizations; AMSPDC, Association of Medical School Pediatric Department Chairs

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women in academic careers: (1) the option to work part-time at specific career stages; (2) the availability of high-quality child care; (3) the need for flexibility in the career paths of physician-scientists; and (4) the desire to draw more women into leadership positions in academia. It is our intent to support a new paradigm that encourages productivity among women by allowing them to design their career paths to be more family-friendly rather than trying to mold their career to a more traditional model that was developed decades before the current predominance of the 2-career family. Although we often talk about "work/life balance," we need a system that not only allows but also encourages different, sometimes nontraditional, career trajectories. Although this commentary is written from the perspective of female chairs of pediatrics with the intent to encourage more women to enter academic fields and aspire to leadership positions, many of the concepts discussed will support career advancement and promote job satisfaction among men as well as women. For example, many men in generation X are also seeking work environments that will allow them to have a high-quality personal life outside the hospital and/or office.^{9,10} Thus, many of the recommendations offered here apply to the professional development of both women and men.

The following 4 areas need systematic thinking, explicit policy development, and strategic reorganization throughout academic medicine.

THE OPTION TO WORK PART-TIME

Women often have multiple roles beyond work, including responsibilities to their families. Although there are federal mandates regarding family and medical leave, women often need flexible work schedules or part-time employment to meet concurrent ongoing responsibilities outside of the workplace. The optimal time for child-bearing and child rearing occurs at the same traditional time for career advancement in academic medicine, which means that many parents are in the untenable position of having to choose between the needs of their families and the demands of their profession. Having the option of working part-time, at least for a few years, can be a beneficial situation for parents and employers. Although part-time work often incurs extra costs for an institution, the positive impact it may have on faculty morale and institutional loyalty should offset any short-term financial burden. In addition, significant benefits may also be realized with faculty retention and recruitment.

Pediatric departments have more part-time faculty members than other medical school departments, and the overwhelming majority of part-time faculty members are women.¹¹ In many institutions, these individuals feel marginalized from mainstream academic activities. We believe that department chairs and division chiefs should make an effort to appropriately integrate

part-time faculty members into the administrative functions and activities of their unit and department and ensure that they are not marginalized as a consequence of their part-time position. This effort should include consideration for committee assignments and leadership/administrative roles. We would also counsel part-time faculty members to be receptive to invitations to participate in various department activities as one way to stay engaged in the department. Over time, some women may return to full-time positions as their children grow older.

We realize that part-time positions may not always be available in all departments. We also recognize that the needs of full-time faculty members (both men and women) must be considered and supported so that feelings of inequity do not arise and every faculty member believes that he or she is being treated fairly. This may require some creativity on the part of departmental leadership.

Although requests for part-time status most often occur when women have young children, many faculty members, like the rest of society, experience the stress of the "sandwich generation" as they struggle to care for their own children as well as their aging parents. In many instances, it may be appropriate to work part-time while caring for elder relatives. Like infant care, elder-care usually falls on the woman's shoulders in most families.

Therefore, we encourage all department chairs to seek means to allow faculty members to work part-time because of family responsibilities if requested and to find creative ways to engage such faculty members in academic and departmental activities.

THE NECESSITY FOR AVAILABLE HIGH-QUALITY CHILD CARE

Although substantial numbers of women have chosen careers in medicine for more than 25 years, less than half of academic medical centers have on-site day care.¹² Furthermore, almost no centers have day care facilities that are sufficient to meet the demand. Having safe, high-quality child care is the single major factor that young physician-parents must consider in accepting any professional position. Concerns about child care are major impediments to women who work long hours and may significantly interfere with their productivity at the workplace. The ability of women to work in close proximity to their infants and young children facilitates breastfeeding, allows women to feel involved with their child's care, and reduces the emotional tension often felt by young working mothers. In addition, on-site day care allows young female professionals to socialize with each other. Social isolation is a commonly expressed concern of professional women with children. They feel isolated from colleagues at work because of fears that they are perceived as not "pulling their own weight," especially if they choose to work part-time or need to leave early or

be absent because of child care issues.¹³ At the same time, they may feel isolated from young women who do not work or from women whose work hours are more circumscribed because of choices they have made regarding professional commitments.

Although it is the responsibility of departments of pediatrics and academics in general to be family-friendly and flexible, it is not within their purview to provide day care. We would argue, as has industry, that on-site day care results in stronger family attachment and more productive employees. In this context, it may be true that similar benefits would be realized in academic medical centers.

On-site day care is one model for child care, but this model may not meet the needs of all medical parents, because their professional responsibilities extend well beyond the usual hours of commercial day care whether provided on-site or off-site. These families may require in-home child care (eg, nannies, au pairs, etc) or child care assistance for an unexpected situation in which a child or baby-sitter is sick. To assist those parents, several institutions have contracts with emergency child-sitting services that fill in temporarily (eg, Parents-in-a-Pinch; Caregivers on Call). Usually, parents pay a reduced fee for such services.

Therefore, we encourage all departments of pediatrics to assume a leadership role in their institutions to develop day care programs that are adequate in quality and quantity to serve the needs of their institutions. Furthermore, we encourage academic medical centers to explore creative models to provide child care assistance for medical faculty and staff.

THE NEED FOR FLEXIBILITY FOR FEMALE PHYSICIAN-SCIENTISTS

Fewer women than men choose the physician-scientist career path.¹⁴ There may be several reasons for this. After completing residency or fellowship, young faculty may feel confident of their clinical skills but have less experience and confidence in their research abilities. In addition, the physician-scientist path is a tenure-track position in most universities, with the traditional restrictions and requirements to attain tenure. There is usually a restricted time frame in which one must achieve tenure coupled with explicit requirements for obtaining grant funding and producing publications. In most institutions, part-time work in such a track is not encouraged; the tenure clock is not altered but for rare exceptions; and, for women, the tick of the tenure clock coincides with the tick of their biological clock to bear children. These temporal demands coupled with the need to assume major responsibilities for child care often lead talented women to forego a career as a physician-scientist, which is a loss for our profession as well as for that particular woman. We offer the following suggestions:

1. Tenure-track appointments must have some flexibility. In many cases, the deterrent to implementing this recommendation is university policy, over which many medical school deans and chairs have limited influence. Some universities permit faculty members to stop the tenure clock with a reduction in full-time appointments to 75% to 80%. Often, these appointments allow faculty members the opportunity to maintain funding through foundation and National Institutes of Health granting agencies. Unfortunately, other universities permit only those who work full-time to remain on the tenure track. The security of knowing that a successful academic career can be pursued at less than full-time status may encourage young women to choose an academic career at the early stages of medical training.¹³ Even at institutions that grant tenure to faculty who work part-time, there is increasing evidence that those who work part-time are more likely to choose clinical rather than academic/tenure tracks.¹⁵ To attract women to the physician-scientist role, medical school leaders must be willing to mount a cogent argument to have outmoded policies changed.
2. Research/funding institutes, including but not limited to the National Institutes of Health, must allow part-time faculty to apply for grants. The perception that recipients of K awards are not permitted to work part-time has often been cited as a rationale for the requirement for full-time employment as a condition for tenure-track status and has clearly been a deterrent to some women who might otherwise pursue research during their childbearing years. Such permission should be the norm, without requiring special petition. There is considerable evidence that women are concerned that requesting "special" permission places them at career risk.¹⁵⁻¹⁷
3. For institutions that retain time-limited tenure decisions, serious consideration should be given to lengthening the tenure clock for women and men who are primary caregivers.^{18,19} In an informal survey of AMSPDC members, ~50% of responding pediatric chairs stated that the tenure clock could be stopped for varying periods at their respective institutions, and 40% said that the time to tenure could be lengthened. The potential for stopping the tenure clock is a component of the 2001 American Association of University Professors "Statement of Principles on Family Responsibilities and Academic Work."²⁰ Although more research is needed, at this point we endorse the policies of those institutions that permit a tenure-clock extension of 1 year for childbirth or adoption (maximum of 2 extensions) that is available to both men and women who are the primary caregivers for their children. It is quite possible that some

women would choose a more traditional career path and not want the tenure clock lengthened.

4. Chairs should explore ways to adjust the balance of the clinical/research ratio such that research productivity can be maintained if women choose to work part-time. For example, if the usual split is 30% clinical/70% research, this ratio should be retained at the 70% level even if a woman works part-time. By contrast, holding the clinical component steady while reducing the research portion effectively elevates the clinical time commitment overall and further handicaps progress in research. We recognize that the maintenance of such a ratio will involve a financial commitment from the institution. Furthermore, it may be difficult for smaller departments to meet clinical care needs and maintain this level of support for research time. In some situations, fathers may also desire, and benefit from, such reduced time.
5. Mentoring, which is important for all junior faculty members in research, is especially critical for women.^{13,19} It is well known that women do not network as well as men and have more difficulty identifying career mentors and finding mentoring opportunities, thus ensuring significant disadvantage for academic advancement.²¹ Conversely, studies have shown that women who have a mentor are more likely to be promoted to professor than those without a mentor.²² There are multiple ways to provide mentoring. In addition to the assigned mentor-mentee relationship, there are successful programs that use collaborative mentoring and facilitated group mentoring that provide a framework for professional development.^{23,24} Regardless of the format, mentoring is a professional activity that is crucial to academic development of all junior faculty members, but particularly women.

Therefore, we encourage all academic institutions to establish policies that provide flexible tenure clocks and modified duties for mothers (or fathers) who are primary caregivers, thus enabling those who are raising families to work part-time and remain on the tenure track. In addition, we strongly recommend that institutions offer formal mentoring programs for junior faculty members, particularly for women entering the research tenure track.

THE DESIRE FOR MORE WOMEN IN LEADERSHIP POSITIONS

The fact that there are so few female chairs in the field of pediatrics is evidence of the fact that women have not risen past the glass ceiling in academics. The percent of female pediatric chairs has not increased appreciably in the past 15 years and has continually hovered at ~10%.^{25,26} Other departments have even fewer female chairs, and there are still very few female deans of medical schools. As the number of women in medicine increases, the paucity of women in senior ranks and lead-

ership positions becomes a liability for the institution. The desire to have more women in leadership positions is not based solely on numbers but, rather, on the desire for diversity in the workplace, opportunities for role modeling, and the ability to have senior-level teams with complementary talents and varying perspectives. To improve these figures, we offer the following suggestions:

1. Institutional search committees should actively look for qualified female candidates for academic leadership positions. In particular, efforts should be made to eliminate unconscious bias against women that undermines the search process to identify and recruit qualified female candidates. Formal bias-awareness training may be helpful in this regard. The National Science Foundation ADVANCE Institutional Transformation Program, the University of Wisconsin, and the Georgia Institute of Technology ADEPT program exemplify the effectiveness of this approach. Furthermore, the American Association of Medical Colleges document on chair responsibilities clearly indicates that chairs must be aware of the subtle challenges that prevent women and minority students and faculty from realizing their full potential and work to address those challenges.²⁷ Every institution should ensure that there is a climate of acceptance of women in the institution and that all leaders in the institution are held accountable for maintaining such a climate. For example, as part of the chair's annual performance review, the dean of the medical school could request a status report on the recruitment and retention of female faculty members as well as a plan on how improvements are being implemented. Evaluating chairs on these achievements could be supported by offering chairs educational sessions on improving mentoring in their departments, assistance from the medical school academic affairs office, or access to coaches for themselves or their female faculty.
2. Institutional leadership should support the career development of female faculty members by providing opportunities to attend established leadership-training programs such as the Executive Leadership in Academic Medicine program and the leadership seminars sponsored by the American Association of Medical Colleges.²⁸ There are 2 different seminars offered: one is for junior faculty who are just starting out in academia, and the other is for women who are at midcareer.
3. Institutions should develop internal or on-campus leadership-training programs. There are many reasons to hold local leadership-training programs.²⁹ Besides the convenience of not having to travel, institutions can use this venue to have a cadre of participants learn about leadership and develop leadership skills as part of a peer network over time.

4. Institutions should develop internal leadership-mentoring programs and proactively identify qualified women to participate in such programs. Although the desire to have a woman mentor may be expressed by many women, we suggest that having a strong, consistent, and encouraging mentor relationship with a male or female leader is more important than the gender of the mentor in helping women meet their goals. We note that minorities are also underrepresented in leadership positions in academic medicine and would probably benefit from the same attention to mentorship that we are recommending for women.
5. Institutions should include leadership-transition planning as a component of every major academic office, and qualified female candidates should be sought out for these positions when appropriate. Women with families are not always as flexible as men to relocate for the purpose of advancing their careers, which is both a challenge and an opportunity. Universities that identify women with academic potential and groom them for success are more likely to retain them on faculty and make optimal use of their talents.

Therefore, we suggest that institutions hold chairs (and other leaders) accountable for creating a climate of acceptance of women in their departments. Furthermore, although we support the development of on-campus leadership-development programs/academies at all institutions for all faculty, we recommend that such programs specifically target women and other underrepresented minorities. We also advocate active mentoring of talented women to be groomed for leadership positions. Finally, we encourage institutions to sensitize search committees to the presence of unconscious biases that could preclude such women from being chosen for such positions

CONCLUSIONS

We are entering a new era in the history of medicine when there are equal numbers of men and women becoming physicians. There is a pool of talented women in our midst, and it is our responsibility as leaders to find those individuals and groom them for success. To attract women to academic medicine and ensure that they will have successful careers, we must begin immediately to make thoughtful, meaningful, and even bold changes in academic medical center policies that affect work/home balance. We have addressed 4 issues that we deem to be of the highest importance for the future of women in academics: (1) part-time work options; (2) availability of high-quality day care and child care; (3) flexibility in tenure-track positions; and (4) recruitment of qualified women into leadership positions. We have suggested strategies for addressing these challenges at the depart-

mental and institutional levels but recognize that there may be many other strategies or models that we have not considered. Although the issues raised here apply to all women in academic medicine, the sheer number of women entering pediatrics makes these issues most urgent for our disciplines in the next few years. It is fitting that departments of pediatrics would take the lead in advocating for a new approach to academic careers, one that recognizes the vital role of work/home balance, so that parents who want to be excellent parents as well as outstanding academicians will never have to choose between their children and their careers; both should be possible.

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