ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: Best Practices for Recruitment of Women Leaders in Academic Medicine

Name and Institution: Monica M. Farley, MD, Emory University School of Medicine, Department of Medicine, Division of Infectious Diseases

Collaborators and Mentors: Joshua A. Barwick, J.D. Associate Dean Administration; Kathy Griendling, Ph.D. Associate Dean Faculty Affairs, Emory University School of Medicine

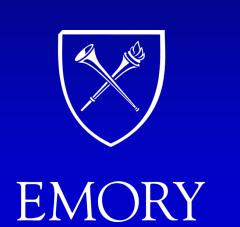
Background, Challenge or Opportunity: Despite decades of gender equity among medical school graduates, progress with promotion and advancement of women into leadership positions in academic medicine has been slow.

Purpose/Objectives: The objectives of this project are the following: 1) to assess gender distribution in faculty leadership positions at my institution and compare to national averages; 2) to review current leadership recruitment practices at my institution; 3) to determine best practices for increasing women in leadership positions in U.S. Medical Schools; and 4) to develop institutional guidelines to promote greater equity in leadership positions in our Health Sciences Center.

Methods/Approach: The 2013-2014 distribution of women in faculty leadership positions at Emory School of Medicine (SOM) was determined and compared to the American Association of Medical Colleges (AAMC) published benchmarks. The existing leadership recruitment process at Emory SOM was reviewed. The gender composition of SOM leadership position search committee chairs and members, the gender distribution of the candidates interviewed, and the outcomes of the searches were assessed over a six-year period at Emory University SOM. The gender distribution among individuals selected for an institutional leadership program in the Health Sciences Center at Emory was evaluated for the 13 years of its existence. Representatives from academic institutions with demonstrated success in recruiting women to leadership positions were interviewed. The literature on best practices for recruiting women to leadership positions in academic medicine was reviewed.

Outcomes and Evaluation Strategy: Emory was below the AAMC benchmarks for women Division Chiefs (20% vs. 24% AAMC), Associate Chairs/Vice Chairs (21% vs. 24% AAMC), Deans (O vs 16%), Senior Associate Deans (0 vs. 33%), Associate Deans (22% vs. 39%) and Assistant Deans (33% vs. 46%), and was ahead of the national average for women Department Chairs (17% vs. 15%). Implicit bias training was not routinely provided for SOM leadership position search committees. Average search committee makeup was 31% female. Among ten leadership position searches, only 12% of candidates selected for interviews were female; 22% of the hires were female. In contrast, 50.5% of fellows selected for an institutional leadership academy at Emory SOM were female. Best practices identified for recruitment of women to leadership positions included: 1) emphasis on diverse search committee composition and structured interviews, 2) active identification of female candidates, 3) programs to mitigate unconscious bias, 4) emphasis on faculty diversity in departmental reviews, 5) attention to leadership and career development needs of women faculty, 6) equity in academic promotion, and 7) mentoring, coaching, and sponsorship programs. Recommendations for revised institutional recruitment guidelines are under development. Short term goal: education and implementation of new guidelines. Long term goal: measure progress towards greater diversity among leadership at our institution.

Best Practices for Recruitment of Women Leaders in Academic Medicine



Monica M. Farley, MD

Department of Medicine, Division of Infectious Diseases, Emory University School of Medicine Mentors: Joshua Barwick, JD, Kathy Griendling, PhD



Presented at the 2015 ELAM® Leaders Forum

Introduction

Despite decades of gender equality among medical school graduates, progress in promotion and advancement of women into leadership positions in academic medicine has been slow. Many have argued that inherent gender differences and work-life integration choices are driving individual decisions not to pursue higher level positions. However, the role of recruitment, selection and retention practices at the institutional level in this gender gap has not been sufficiently explored. The goal of this project is to assess current recruitment practices at my institution, gather information on best practices from benchmark institutions and the literature, and to develop recruitment guidelines to promote greater gender equity in leadership positions in our academic center.

Methods

The 2013-2014 distribution of women in faculty leadership positions at Emory School of Medicine (SOM) was determined and compared to the American Association of Medical Colleges (AAMC) published benchmarks. The existing leadership recruitment process at Emory SOM was reviewed. The gender composition of SOM leadership position search committee chairs and members, the gender distribution of the candidates interviewed, and the outcomes of the searches were assessed over a six-year period at Emory University SOM. The gender distribution among individuals selected for an institutional leadership academy in the Health Sciences Center at Emory was evaluated for the 13years of its existence. Representatives from academic institutions with demonstrated success in recruiting women to leadership positions were interviewed. The literature on best practices for recruiting women to leadership positions in academic medicine was reviewed.

Results

Current Status: Emory was below the AAMC benchmarks for women Division Chiefs (20% vs. 24% AAMC), Associate Chairs/Vice Chairs (21% vs. 24% AAMC), Deans (O vs. 16%), Senior Associate Deans (0 vs. 33%), Associate Deans (22% vs. 39%) and Assistant Deans (33% vs. 46%), and was ahead of the national average for women Department Chairs (17% vs. 15%) (Table 1). Implicit bias training was not routinely provided for SOM leadership position search committees.

Search Committees: Average search committee makeup was 31% female. Among ten leadership position searches, only 12% of candidates selected for interviews were female; 22% of the hires were female. In contrast, 50.5% of fellows selected for an institutional leadership academy at Emory SOM were female (Table2).

Figure 1. Emory Medical School Faculty by Category and Gender

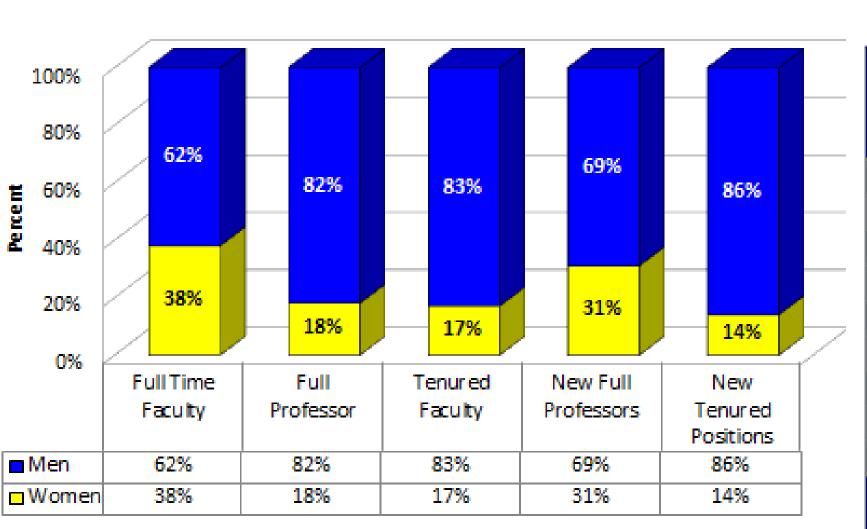


Table 1. Percentage of Women in Leadership Positions Held by Women Emory vs. U.S. Medical Schools, 2013-14

| Leadership Position | Emory 2013-14 | U.S. Medical Schools 2013-14 |
|-----------------------|---------------|------------------------------|
| Division Head | 20% | 24% |
| Vice Department Chair | 21% | 24% |
| Department Chair | 17% | 15% |
| | | |
| Assistant Dean | 33% | 46% |
| Associate Dean | 22% | 39% |
| Senior Associate Dean | 0 | 33% |
| | | |
| Medical School Dean | 0 | 16% |

Discussion

Despite good intentions, recruitment efforts frequently fail to identify qualified female candidates for leadership positions. Best practices for recruitment of women include careful attention to the composition of search committees, recognition of and training to adjust for implicit/unconscious bias, active outreach to identify female candidates and expansion of the candidate pool. Importantly, general attention to the professional development, leadership training opportunities and pathway to promotion for women in academic medicine is critical to expanding the pipeline of women available to fill leadership positions. In my institution, representation of women in an institutional leadership academy was excellent and may ultimately increase the pool of internal candidates for leadership positions.

Results

Table 2. Characteristics of Nine Search Committees for Leadership Positions at Emory SOM, 2009-2014

| Search Committee | Committee Co-Chairs Male:Female ratio | % Female Committee Members | Males Interviewed (%) | Females Interviewed (%) | Gender of Hire |
|---------------------|--|----------------------------------|-----------------------------|-------------------------------|-------------------|
| 1 | 2:0 | 60% | 3 (100%) | 0 | Male |
| 2 | 1:1 | 56% | 4 (80%) | 1 (20%) | Female |
| 3 | 1:1 | 33% | 14 (87.5%) | 2 (12.5%) | Male |
| 4 | 2:0 | 27% | 11 (100%) | 0 | Male |
| 5 | 2:0 | 36% | 15 (83%) | 3 (16.7%) | Male |
| 6 | 0:2 | 14% | 5 (71%) | 2 (29%) | Female |
| 7 | 2:0 | 20% | 12 (80%) | 3 (20%) | Male |
| 8 | 2:0 | 33% | 8 (89%) | 1 (11%) | Male |
| 9 | 1:1 | 24% | 14 (100%) | 0 | Male |
| TOTAL | 13:5 | 31% | 86 (87.7%) | 12 (12.24%) | 22% Female |

Figure 2. Emory Woodruff Leadership Academy Gender Composition, 2003-2015

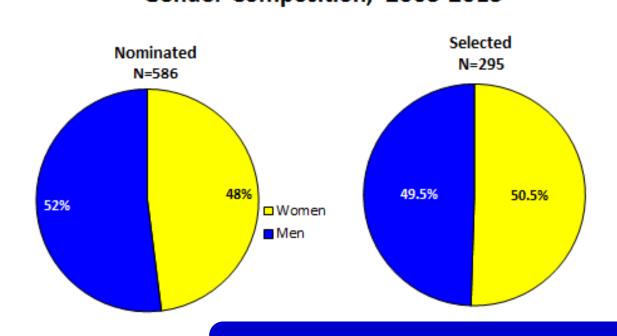


Table 3. Summary of Best Practices

Literature Review and Interviews

Specific recruitment/hiring practices:

- Give appropriate attention to areas where mistakes are most often made
 Job description, assembling candidate pool, evaluation of credentials, assessing candidate's interest, treatment of candidates at interview, quality of job offer
- Active identification of female candidates (active search); consider nontraditional sources and paths; seek out female candidates
- Attention to composition of Search Committees
 Goal: 50% women; include individuals who represent different identity and specialty perspectives; avoid "token" representatives; include up and comings, not just full professors
- Provide training in implicit/unconscious bias to each Search Committee
- Consider standardized interviews
- Assess Search Committee group processand how candidates qualifications are being evaluated

General practices:

- Presence of female role models in leadership positions
- Professional development workshops and courses
- Institutional culture that embraces diversity; buy-in from leadership; emphasis on diversity in departmental reviews
- Equitable Promotion and Tenure practices
- Mentoring, coaching and sponsorship

Conclusions

Underrepresentation of women in leadership positions at Emory was similar to U.S medical schools. Assembly of the candidate pool, including active identification of female candidates was identified as a specific area for improvement. Development of leadership recruitment guidelines that incorporate best practices is likely to have a positive impact.

References

- AAMC Analysis in Brief. The Underrepresentation of Women in Leadership Positions at U. S. Medical Schools. Volume 15, Number 2, February 2015.
- 2. AAMC The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership 2013-2014. available at www.aamc.org/publications
- 3. Valantine H, Sandborg CI. Changing the Culture of Academic Medicine to Eliminate the Gender Leadership Gap: 50/50 by 2020. Academic Medicine 2013; Vol. 88:1411-13.
- . AAMC Analysis in Brief. Unconscious Bias in Faculty and Leadership Recruitment: A Literature Review. Volume 9, Number 2, August 2009.
- Bickel J, Wara D, Atkinson BF, Cohen LS, Dunn M, Hostler S, Johnson TRB, 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; Vol 77:1043-61.
- 6. Nora, LM. Academic Medicine Gets a Poor Report Card—What Are We Going to Do? Academic Medicine 2002; Vol. 77:1062-66.

Acknowledgments

Many thanks to Dorothy Brown, Lynell Cadray, Nancy Bliwise, Robyn Fivush, Greg Jones, and Nancy Andrews for providing advice and information.