Women in Medicine Today

Tabassum Salam, MD, FACP
VP, Division of Medical Education
Why are we even discussing this topic today?
Women in Medicine Up Sharply

By EVAN JENKINS

In a movement that could alter both the teaching and practice of medicine, American women are entering the profession in dramatically increasing numbers.

In just three years, the number of women enrolled in the country's medical schools has more than doubled from 3,894; or 9.6 per cent of total enrollment, to 7,824, or 15.4 per cent.

Moreover, the curve is clearly rising. The percentage of first-year women students in medical schools last fall had reached 19.4.

Women Students in U.S. Medical Schools

Sources:
- Journal of the American Medical Association
- Association of American Medical Colleges

The New York Times/July 17, 1974
2001: Women medical students in the United States now number over 29,000 -- 44% of enrollees.

More Women Than Men Enrolled in U.S. Medical Schools in 2017

DECEMBER 17, 2017
Women medical students as % of enrollees

1974: 16%
2001: 40%
2017: 51%
Women – 34% of all physicians in the US

Men – 66% of all physicians in the US
Women in Medicine Today

- 7% Editors-in-Chief at prestigious medical journals
- 10% Senior authorship
- 16% of all Deans and Department Chairs in the US
- 18% of Hospital CEOs

Women medical students as % of enrollees

7 - 18%
WOMEN IN MEDICINE ACROSS THE WORLD

U.S.A.

U.K.

SCANDINAVIA

E. EUROPE & RUSSIA

QATAR, U.A.E.

JAPAN

SINGAPORE
Percentage of female physicians in eight Organisation for Economic Co-operation and Development (OECD) member nations between 1993 and 2010. Source: (OECD). Note: Russia is excluded from this figure because comparable data were not available.
Women are under-represented in medical leadership and academic roles and in some specialties, such as surgery. Only 24% of trust medical directors are women.
Clinician educators’ perception of actual rewards by gender

# Women’s Participation in the Medical Profession

<table>
<thead>
<tr>
<th></th>
<th>Japan</th>
<th>Scandinavia</th>
<th>Eastern Europe &amp; Russia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% of Women Physicians</strong></td>
<td>18%</td>
<td>42 - 56%</td>
<td>55 – 75%</td>
</tr>
<tr>
<td><strong>Leadership Positions</strong></td>
<td>2%</td>
<td>5.1% in Norway – 20% in Finland</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Cultural attitudes that promote work-life balance</strong></td>
<td>↓↓</td>
<td>↑↑</td>
<td>↓↓</td>
</tr>
<tr>
<td><strong>Financial, Maternity Leave, Childcare Challenges</strong></td>
<td>↑↑</td>
<td>↓↓</td>
<td>↑↑</td>
</tr>
</tbody>
</table>

Examples of Gender Inequities in Medicine
A study to determine whether women who graduate from medical schools are more or less likely than their male counterparts to pursue full-time careers in academic medicine and to advance to the senior ranks of medical school faculties.

**Table 3. Actual and Expected Numbers of Women Who Advanced to the Rank of Associate or Full Professor, According to the Department.**

<table>
<thead>
<tr>
<th>Department</th>
<th>Total</th>
<th>Associate Professor</th>
<th>Full Professor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Men and Women</td>
<td>No. of Men</td>
<td>No. of Women</td>
</tr>
<tr>
<td><strong>Basic science</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy</td>
<td>13</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>11</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Microbiology</td>
<td>17</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Pathology (basic)</td>
<td>159</td>
<td>51</td>
<td>66 (-25 to -5)</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>12</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Physiology</td>
<td>10</td>
<td>0</td>
<td>1 (-2 to 0)</td>
</tr>
<tr>
<td>Other basic sciences</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>305</td>
<td>58</td>
<td>79 (-24 to -8)</td>
</tr>
<tr>
<td>Dermatology</td>
<td>49</td>
<td>10</td>
<td>20 (-15 to -5)</td>
</tr>
<tr>
<td>Family medicine</td>
<td>108</td>
<td>40</td>
<td>53 (-23 to -8)</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>1473</td>
<td>295</td>
<td>387 (-92 to -66)</td>
</tr>
<tr>
<td>Neurology</td>
<td>192</td>
<td>28</td>
<td>43 (-24 to -6)</td>
</tr>
<tr>
<td>Obstetrics–gynecology</td>
<td>240</td>
<td>81</td>
<td>97 (-16 to -4)</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>144</td>
<td>23</td>
<td>39 (-14 to 0)</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>109</td>
<td>6</td>
<td>9 (-8 to 2)</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>73</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Pathology (clinical)</td>
<td>83</td>
<td>16</td>
<td>22 (-11 to -1)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>564</td>
<td>181</td>
<td>237 (-56 to -28)</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td>46</td>
<td>12</td>
<td>16 (-4 to -1)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>232</td>
<td>51</td>
<td>278 (-40 to -16)</td>
</tr>
<tr>
<td>Public health</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Radiology</td>
<td>44</td>
<td>0</td>
<td>44 (-6 to -6)</td>
</tr>
<tr>
<td>Surgery</td>
<td>66</td>
<td>0</td>
<td>66 (-7 to -7)</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1 (-1 to -1)</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>4727</td>
<td>935</td>
<td>3892 (-1118 to -666)</td>
</tr>
</tbody>
</table>

* CI denotes confidence interval.

**Associate Professor**
- Expected: 1353
- Actual: 1019

**Full Professor**
- Expected: 103
- Actual: 59

Grant attainment

This Venn diagram depicts the attainment of success in grant attainment, publications, and leadership by gender in the responding population of 589 National Institutes of Health K awardees (211 women and 378 men)

Similarities and Differences in the Career Trajectories of Male and Female Career Development Award Recipients

Jagsi, Reshma MD, DPhil; DeCastro, Rochelle MS; Griffith, Kent A. MS; Rangarajan, Soumya MPP; Churchill, Cristina; Stewart, Abigail PhD; Ubel, Peter A. MD

Mentorship

Important influence on personal development, career guidance, career choice, and research productivity, including publication.

<20% of faculty members had a mentor.

<50% of medical students reported having a mentor.

Women perceived that they had more difficulty finding mentors than male colleagues.

Pay Disparities

Gender differences in the salaries of physician researchers.

Pay Disparities

Gender differences in the salaries of physician researchers.


Mean salary $31k less than expected

Work Activities and Compensation of Male and Female Cardiologists

Misconceptions about the Gender Wage Gap in Medicine

- Specialty choice is a major factor
- Men work longer hours and have more experience
- Men take on more call, administrative commitments, leadership roles
Gender Differences in Time Spent on Parenting and Domestic Responsibilities by High-Achieving Young Physician-Researchers

Table 3. Percentage of Time Spent on Parenting and Domestic Tasks by the Respondent Versus Other Potential Providers *

<table>
<thead>
<tr>
<th>Variable</th>
<th>Time Spent on Parenting and Domestic Tasks, %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respondent</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
</tr>
<tr>
<td>Women (n = 336)</td>
<td>43.8</td>
</tr>
<tr>
<td>Men (n = 492)</td>
<td>25.2</td>
</tr>
<tr>
<td>Married or Partnered Women With Children (n = 336)</td>
<td>8</td>
</tr>
<tr>
<td>Married or Partnered Men With Children (n = 492)</td>
<td>10</td>
</tr>
</tbody>
</table>

What’s contributing to this inequity?
Implicit Gender Bias

- Cognitive bias
- Stereotypes shape perception, memory and inferences
- Assuming that all women will conform to a stereotype
The Impact of Gender on Application Review

The “Maternal Wall”

A perceived trade-off between competence and warmth

Feminized stereotype of being nonthreatening & “nice”

Maternity leave and coverage

Attribution bias: time away from office = child focus
Perceived Discrimination Experiences by Physician Mothers

Speaker Introductions at IM Grand Rounds

<table>
<thead>
<tr>
<th>Men introducing men</th>
<th>Women introducing women</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.4%</td>
<td>97.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women introducing men</th>
<th>Men introducing women</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.0%</td>
<td>49.2%</td>
</tr>
</tbody>
</table>

Workplace Policies

Inconsistent policies on paid vs. unpaid leave

Policies at discretion of departmental or practice leadership

Unspoken encouragement to take shorter leave

Cooperative parenting is hampered by “primary caregiver” designation

Key grants for career development in academic medicine limited to physicians within 10 years of finishing training
For Women in Medicine, a Road to Compromise, Not Perks

By JENNIFER STEINHAUER

PART TIME: Dr. Gail Bauchman found she had to cut her work hours to care for her 19-month-old twin daughters, Avital and Natalia (standing).

FULL TIME: Dr. Holly Andersen, a cardiologist, in her office in Manhattan. She said she realizes the conflicts she will face if she has a family.

By all rights, this should be the perfect time to be a woman in medicine.

The days of women toiling as a mostly unwelcome presence in the country’s medical schools are long over: women now account for roughly 48 percent of all medical students, up from about 25 percent in 1980.

And once they graduate, they are in high demand: many patients, especially women, now request female doctors because, among other reasons, they are perceived as spending more time with patients. Further, women’s health issues — breast and ovarian cancer most prominently — are front and center in medical research and political agendas, fostering star-studded fundraisers, road races and the like in every major city in the country.

But despite these gains, the top tiers of medicine have remained inaccessible to many women, largely, experts say, because they are unwilling or unable to find a balance between the years of study those specialties require and a life outside of medicine.

“Basically, the picture is bad,” said Dr. Wendy Chavkin, editor of the Journal of the American Medical Women’s Association. “Women comprise very few dean and tenured faculty positions, and there are a lack of them in surgical specialties.”

The main reason, Dr. Chavkin said, is that in medicine, “there are still issues about career pathways that are the least bit off track, like taking time off for child rearing.”

But rather than giving up their medical careers for their families, as so many of their predecessors felt forced to do, or foregoing motherhood altogether, more female doctors today are finding ways to practice medicine part time — as some women in law, journalism, finance and other demanding fields have been doing for years.

They are joining multiphysician practices, or working as employees for practices run by managed-care companies that give them a chance for continued professional growth in their specialty.

Continued on Page 85
Men Say They Want Paid Leave but Then Don’t Use All of It. What Stops Them?

When balancing work and family becomes difficult, women tend to resort to caregiving and men to earning money.

By Claire Cain Miller

Dec. 4, 2019
Sexual Harassment
Table 2. Severity Among Women With KO8 and K23 Awards Who Reported Having Experienced Harassment (n = 150)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Respondents, No. (%) [95% CI](^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexist remarks or behavior</td>
<td>138 (92.0) [86.4-95.8]</td>
</tr>
<tr>
<td>Unwanted sexual advances</td>
<td>62 (41.3) [33.4-49.7]</td>
</tr>
<tr>
<td>Subtle bribery to engage in sexual behavior</td>
<td>9 (6.0) [2.8-11.1]</td>
</tr>
<tr>
<td>Threats to engage in sexual behavior</td>
<td>2 (1.3) [0.2-4.7]</td>
</tr>
<tr>
<td>Coercive advances</td>
<td>14 (9.3) [5.2-15.2]</td>
</tr>
</tbody>
</table>

\(^a\) Totals sum to more than 100% because respondents were asked to indicate all that applied.
A total of 124 faculty (79 women, 45 men) participated. Women reported higher frequencies of microaggressions than men in 33 of the 34 videos depicting microaggressions.

No such differences were seen with the control videos.
The Leaky Pipeline: 
Outflow of Women in Medicine

40% of women physicians go part-time or leave medicine altogether within 6 years of completing their residencies.
Outflow of women due to: poor professional advancement, inadequate mentorship, low salary, family commitments
What tools can we employ to achieve gender equity?
Study Gender Equity, Benchmark Against Other Organizations
Create Family-Friendly Policies

- Paid childbearing, adoption leave for new parents
- Lactation Rooms, Protected time for breast milk pumping
- On-site childcare services, Emergency back-up childcare
- Paid catastrophic leave
Workplace Changes Desired by Physician Mothers

Foster Alternative Career Advancement Tracks
Mitigate Bias, Discrimination and Harassment

Reporting Systems for Harassment

Training in Implicit Bias

Speak up when you see it!
Why Women Volunteer for Tasks That Don’t Lead to Promotions

by Linda Babcock, Maria P. Recalde, and Lise Vesterlund
July 16, 2018

- Work that has little visibility or impact
- Women volunteer more than men
- Women are more frequently asked to take these tasks on
- If asked, women are more likely to say yes
Create networks of Mentorship and Sponsorship
Informal Peer Mentoring
Maria Pepe: the New Jersey girl who sued to play baseball with the boys

Forty-six years after 12-year-old Maria Pepe fought for the right to play Little League baseball, her story matters more than ever.