



PENN Medicine

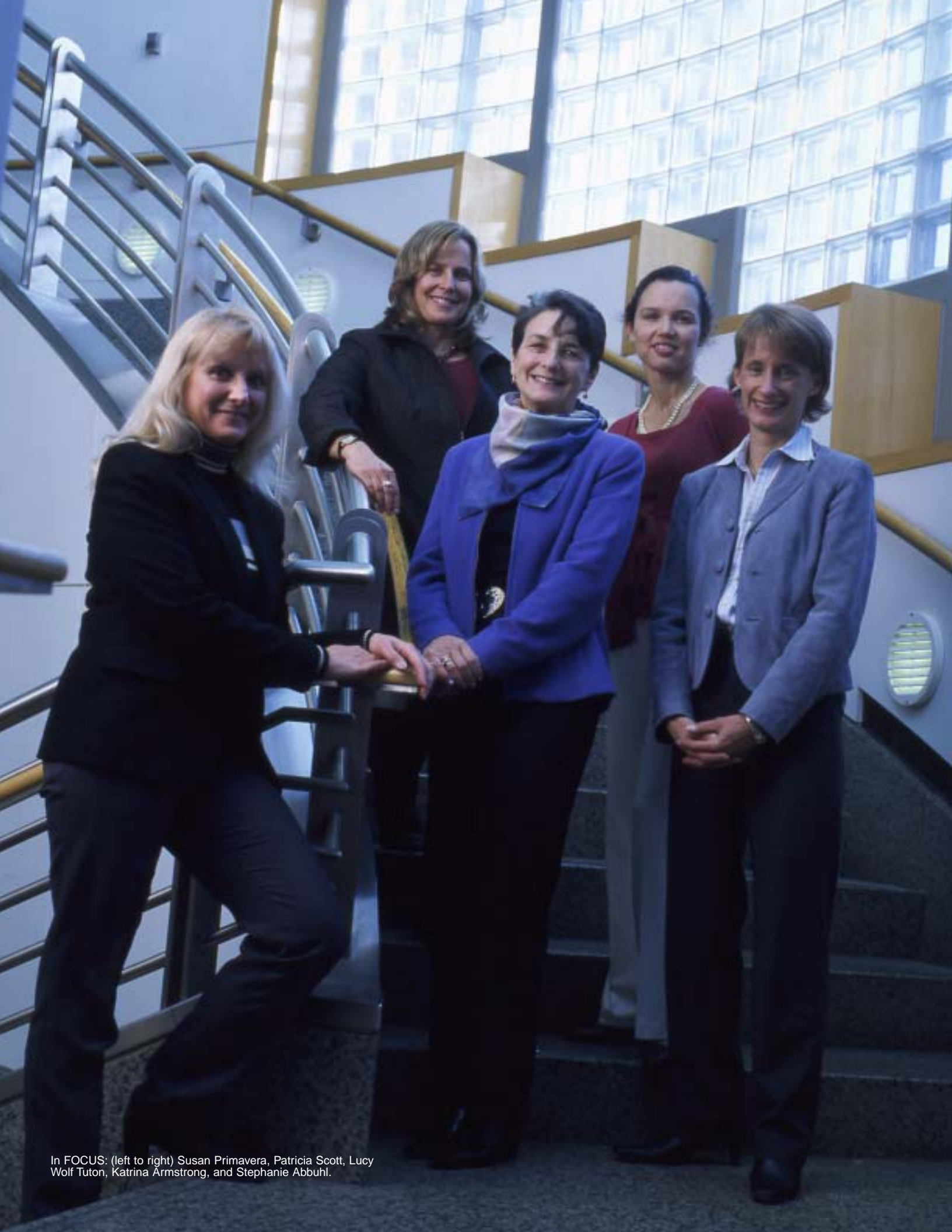
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magazine!

**Women in Academic Medicine:
Balancing Responsibilities,
Realizing Potential**
DANIEL HALLER, MASTER OF MORE
RETRIEVING A DONOR LUNG



In FOCUS: (left to right) Susan Primavera, Patricia Scott, Lucy Wolf Tuton, Katrina Armstrong, and Stephanie Abbuhl.

The School of Medicine is working to attract and retain talented women, yet at Penn and other academic medical centers, women continue to be under-represented, especially in the senior ranks of the faculty. What can be done?



A MATTER OF POTENTIAL

By Linda Bird Randolph / Photographs by Addison Geary

Imagine yourself at one of the “white coat” ceremonies of recent years, observing the young people entering medical school. About half – sometimes more – of these first-year students are female. Yet move ahead 10 to 15 years and take a group shot of these same peers. Many of the women are working hard to advance their careers but barely surviving, pulled between their obligations to their careers, their young children, and their aging parents. That’s the reason many women drop out of academe for a time, which raises implications for tenure and long-term success. All in all, the women represented in this imaginary picture do not advance as steadily as the men, and things only get worse as time goes on.

Across the country, medical institutions are working to correct inequities and attract and retain talented women in academic medicine – but it remains to be seen if these efforts will work.

In 1996, a task force at the Johns Hopkins University School of Medicine published “Career Development for Women in Academic Medicine: Multiple Interventions in a Department of Medicine” in the *Journal of the American Medical Association*. At the time, only 11 percent of full professors in the Hopkins Department of Medicine were women. The study’s investigators found that by promoting deserving women faculty, guaranteeing salary equity, providing mentors, and decreasing isolation, institutions were able to retain and promote women faculty much more successfully.

Although it would seem the situation is improving, especially in schools that have launched concentrated efforts, the Association of American Medical Colleges considered the matter serious enough to create the Increasing Women Leadership Project Implementation Committee. The committee issued a report in 2002. According to the executive summary, “With women comprising only 14 percent of tenured faculty and 12 percent of full

professors, the Committee concludes that the progress achieved within academic medicine over the last 25 years is incomplete and inadequate. Few schools, hospitals, or professional societies have what might be considered a ‘critical mass’ of women leaders, and the pool of women from which to recruit academic leaders remains small. Scientific and medical careers involve considerable personal and public investment, but the potential of most women is being wasted.”

Indeed, despite the interventions in the mid-1990s, by 2002 the situation at Hopkins looked much the same as before: only 11 percent of the full professors in the Department of Medicine were women (*Hopkins Medicine News*, Spring/Summer 2002). Nationally, the percentage of all women faculty who are full professors has risen less than 2 percent in more than 20 years.

The Background at Penn

At Penn, the problem of the lost potential of women faculty has been formally recognized for more than ten years through the FOCUS on Health & Leadership for Women program. FOCUS began as an initiative to promote women’s health care through enhanced and directed clinical research. Led back then by Jeane Ann Grisso, M.D., M.Sc., then associate professor of medicine, the program urged the inclusion of more women subjects in research projects. It has continued to encourage junior faculty to devise innovative studies on women’s health issues and has also worked to promote attention to women’s health issues in medical curricula.

Bolstered by extramural funds and office space provided by Penn’s Center for Clinical Epidemiology and Biostatistics, FOCUS grew over the years – and its mission has broadened. “The FOCUS program is a very different animal than it was in its

beginning phases, when its sole mission was women's health research at Penn," says Patricia Scott, director of operations for FOCUS.

In 1997, with generous funding from the dean of the medical school, FOCUS expanded its mission to include initiatives in leadership mentoring and professional development. To that end, the program now supports efforts to retain, support, and advance women in academic medicine. Through conferences for professional development, seminars, and workshops centered on building skills and networking, FOCUS works toward achieving greater gender equity in academic medicine and helping women to successfully integrate work and family responsibilities. One example is a collaboration with the Wharton School through which FOCUS runs intensive workshops to teach presentation skills. During these seminars, women are videotaped while delivering talks and are then critiqued by communications experts.

In addition to Scott, the leaders of FOCUS include Stephanie Abbuhl, M.D., executive director (she is vice chair of emergency medicine and medical director and associate professor of emergency medicine); Katrina Armstrong, M.D., M.S.C.E., director of research programs (she is an assistant professor of medicine and clinical epidemiology as well as director of research at the Leonard Davis Institute of Health Economics); and Lucy Wolf Tuton, Ph.D., director of professional development (she is an adjunct associate professor of medicine and prevention and population health in the Center for Clinical Epidemiology and Biostatistics as well as executive director of Bridging the Gaps). Susan Primavera is the administrative coordinator for FOCUS.

An obvious obstacle that women in academic medicine face is that, because they are outnumbered in the upper echelons of academic medicine, they are not represented the way they deserve to be.



Keeping tabs: (left to right) Lucy Wolf Tuton, Stephanie Abbuhl, and Patricia Scott

The Buyske Method

Many seasoned women in academic medicine have developed systems for successfully combining their careers and their families. In 2004, Jo Buyske, M.D., chief of surgery at Presbyterian Hospital of the University of Pennsylvania Health System, spoke at a FOCUS presentation and shared some of her insights.

Because she and her husband, Joseph S. Friedberg, M.D., are both Penn surgeons, the demands on their time are great. Buyske outlined some differences between what she perceives as the “male approach” to family/career management and the “female approach.”

“The general assignment and organization of our house falls on me,” she said. “I feel it’s more important to be there – for example, to go to the parent-teacher

conferences – than my husband. It has just happened that way. I was not forced into the role. So I spend a little less time at work than my colleagues.”

In her presentation, Buyske mentioned the typical stress factors that medical faculty generally identify in their lives. Women tended to pick conflict of family time and career time, whereas men identified patient interactions, malpractice, and promotion stresses as most significant.

Buyske offered some tips, such as “never be committed to be at two places at the same time.” As she exclaimed, “It’s my biggest nightmare – the fear that I’ll have a patient with an emergency and a sick kid who must be picked up, and I’ll be the only one to do it. I go to great extremes to make sure that this never happens.” So Buyske and Friedberg have



The most recent data (from January 2005) show that, of 1,472 faculty members at Penn's School of Medicine, 378 (26 percent) are women. On the other hand, of the 718 medical students, 342 (48 percent) are women. There is only one woman chair of an academic department in the School of Medicine, out of 28 positions. Since 1999, Abbuhl points out, there have been 15 searches to fill positions of department chairs, and no woman was appointed. At present, some additional searches for chairs are under way.*

"If we do not address these issues," Abbuhl adds, "we will waste half the talent that the next generation could offer."

But the problem for these under-represented women usually goes further. According to Abbuhl's statistics, 95 percent of female assistant professors at Penn have a full-time working spouse, whereas only 51 percent of male assistant professors have a full-time working spouse. "In our culture," she says, "women usually spend more time and energy on home and care-giving matters. Dual career couples are often the most stressed by lack of time.

This is where both men and women faculty have equal concerns about the 65-hour work week so prevalent in academic medicine."

As Tuton puts it, "A professional woman in academia can have a very different career experience depending on the management style of her department chair and on the nature of the combined demands of her personal and professional life." Medical schools need more female and minority leaders to promote an institutional culture more conducive to the success of all faculty members.

At present, both men and women at Penn can request to go "part time" when

competing demands become overwhelming. It is no surprise that women choose this option significantly more often than men. Yet this change is technically called a "reduction in duties," which sounds – and may feel – like a step down to those who take it. On the other hand, many academic institutions are launching flexible part-time options for faculty who have care-giving responsibilities. The goal is to attract the best young faculty, both men and women.

To increase the numbers of women in academic medicine, the AAMC committee recommended several significant steps. One is to evaluate department chairs in part on how well they develop women faculty in their departments. Another is to target the "professional development needs of women within the context of helping all faculty make the most of their faculty appointment." Part of this process would include counseling men to become more effective mentors of women. The AAMC also advised institutions to assess practices that tend to favor the professional development of men more than women.

One of the staunchest supporters of FOCUS is the dean of the School of Medicine, Arthur H. Rubenstein, M.B., B.Ch. Rubenstein, who is also executive vice president of the University of Pennsylvania for the Health System, served on the AAMC committee that issued the report on increasing the leadership of women in academic medicine. In remarks last fall, he asserted that FOCUS "has become an essential part of our institution." Like almost all of its peers, he said, "PENN Medicine has a way to go to live up to its ideals. But with the help of FOCUS and many interested individuals, we are indeed making progress."

As Dean Rubenstein has also pointed out, the goals of FOCUS have officially become part of the larger institution's goals as well. One of the first steps artic-

*As of July, there are two interim chairs and two chairs who had previously announced their intention to step down.

arranged their schedules so that they are never in surgery on the same days. She tries hard to be open with her children about her limitations as a busy parent, and they realize she can't attend every event. To help fill the gaps at home, Buyske has hired people – mostly Penn undergraduates. At one point, she had two full-time and one half-time employees in her house.

One trick Buyske uses, which she learned from Marjorie Bowman, M.D., M.P.A., is to keep her circles "close": she lives near work, the children's school is close by, and so are other daily functions, all of which helps her lose less time in transit.

Said Buyske, "People ask, 'How do you do it all? Can you have it all?' and I say, 'Yes – but not at the same time.'"

Some Tips from a

Marjorie A. Bowman, M.D., M.P.A., heads Penn's Department of Family Practice and Community Medicine – the only woman chair of a department in the School of Medicine. Over the years, she has studied and written about the role of women in academic medicine. In 2002, the third edition of a book she edited, *Women in Medicine: Career and Life Management*, was published. Sharing the editing duties were Erica Frank, M.D.,

1. Have professional short- and long-term goals so that you can design your path accordingly. Write them down. Regularly review them, at least annually.

2. Choose your job well, one that fits you and your long-term desires.

3. Know rank and tenure systems, particularly that of your institution, both what is written in the policy manual and what is not written but important.

4. Seek out mentors early; nurture the relationships, and ask questions, seek advice, and suggest ways that mentors can help you. For example, ask them to submit your name as a possible speaker for a meeting, or as a co-author, or as a co-investigator, or as a committee member. Ask for honest feedback. Mentors do not all need to be at your home institution. Remember, mentors are often honored that you see them as expert.

5. Network inside and outside the institution. It will be easier to find someone to help with a portion of the grant, to write your letters for promotion, or to have someone invite you for a visiting professorship if you already know them and they know you.



Lucy Wolf Tuton leads one of the many FOCUS seminars.



ulated in the strategic plan for PENN Medicine is to recruit, retain, and promote women and under-represented minority faculty and house staff “so that our mix reflects the diversity of our nation and our world.” Part of that effort, explained Rubenstein, involves having all department chairs “develop and submit a diversity plan for their departments, indicating strategies and targets for recruitment and retention, as well as development and promotion of women and under-represented minorities.”

Tackling the Problem

Still, there are matters to contend with in the present. At a recent seminar sponsored by FOCUS, some of the people attending – mostly women – described their frustrations. “As a senior member of the faculty here,” said one, “I’d like to know how to teach younger faculty members about integrating personal and professional goals. Younger faculty, particularly women who also have a working spouse and are here on campus doing an important job,

say to me: ‘How do I do this?’ I don’t know what to tell them. Here at Penn, it doesn’t seem possible to ‘have it all.’”

“You want to have a balanced life,” said another participant. “You’ve been working your buns off in medical school, you’ve done a demanding fellowship, and then you realize, ‘Oh, it’s time to have my first baby and I have to figure out which month I can do that this year.’”

Another attendee noted that many young people are choosing their specialties based on which will allow for a decent home life. Some may yearn to be surgeons, for example, but are scared away by “horror stories” about endless hours on the job.

Marcia S. Brose, M.D., Ph.D., an assistant professor in the Department of Otorhinolaryngology – Head and Neck Surgery and in the Department of Medicine, has faced similar challenges in trying to combine a standing faculty position on the tenure track with a full family life.

During the years she was an intern/resident and a clinical fellow, she says, “one

Department Chair

M.P.H., from Emory University's Department of Family and Preventive Medicine, and Deborah I. Allen, M.D., from Indiana University's Bowen Research Center. The book includes a handy checklist called "What Can A Woman Academic Physician Do?"

Advancement of a woman's academic career is not just the responsibility of the institution. There is much personal responsibility the woman physician can take:

6. Mentor others. You learn from doing.
7. Find other individuals with similar rank to discuss how they are managing. Share specific information, such as salaries.
8. Attend seminars designed for women, or about managing career/family, or about rank and tenure systems.
9. Once or twice a year, meet with your supervisor (such as division director or department chair) to review progress, set goals, and get evaluation of your past performance. Know your strengths and admit your weaknesses. Show how you will overcome your weaknesses.
10. Seek out pertinent additional training often.
11. Be assertive, but not negatively aggressive. Good interpersonal skills are important to long-term success.
12. Maintain a realistic perspective about how you are doing professionally compared to other physicians at your experience level.

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of my major concerns was that when the training ended, there wasn't very good help on where to go and what to do. A friend of mine and I decided to get together and create a series of dinner talks and networking sessions for residents and fellows in the Department of Medicine. We called it the Women's Medical Alliance. The Alliance was a big success, but a tremendous amount of work."

Around the same time, Brose heard of FOCUS's efforts and attended her first annual FOCUS retreat – an event, she says, that changed her career by exposing her to the resources she needed. Soon after that, Brose began attending all FOCUS events, even if the topic was something that did not necessarily apply to her present situation.

Brose mentions the crucial role that FOCUS played in helping her achieve a faculty position: "As women in academics, we need information on what is ahead in our career, what our choices are, what the pitfalls are, and what to watch out for." In Brose's view, Penn has not been good at offering mentoring for women – or men – and many of her female peers felt bogged down in their early careers with little knowledge about how to manage professionally and personally.

"I learned amazing things about the details of getting [faculty] appointments," Brose says. "No one tells you this stuff! When the time came around for me, I was incredibly ready. I had great mentors who told me all their stories. I also learned whom I could call when things go wrong."

For example, says Brose, one mentor told her that it was not uncommon for someone who accepts an appointment to expect a certain workload or set of responsibilities, only to end up in a different situation. "Your offer letter must specify that, if you plan to spend one day a week in research, you get one day a week in research – and if you don't know what your letter should say, it is helpful to talk

to people who can help you plan what you need."

Abbuhl makes a similar point. "It's important for women in medicine to remember to ask for what they need," she says. "Women often feel they have to 'make do' with what they are offered. But there is often room for negotiation."

According to the editors of *Taking Root in a Forest Clearing: A Resource Guide for Medical Faculty* (W. K. Kellogg Foundation, 2003), negotiation requires "effective communication of goals, needs, and preferences. Effective negotiation had been considered critical to the success of individuals' careers in the professions and business. Negotiating the conditions for success at work covers a broad range of critical issues. In academic medicine, these may include, but are not limited to, salary and benefits, assignments and rotations, support for research, protected time for personal life, performance evaluation, and career development. Flexibility of job structure can also be achieved through active negotiation."

That's why the seminars FOCUS offers on negotiation skills are very popular. "It is true that, in general, women don't have the same negotiation skill set that men do," says Abbuhl. "The cultural norm is that men are more aggressive and women are more passive. Men often thrive on competition, whereas women are more collaborative and accommodating."

FOCUS seminars also address such issues as day care, dealing with guilt, and avoiding burnout. One seminar series, nicknamed the "Milk Series," was set in motion when a woman requested that a future seminar address her frustration. "All I want to know is how to keep milk in the fridge and still get a promotion," she had written, and her suggestion led to a workshop series that helps women who are juggling many life responsibilities. Visiting speakers have come from Jefferson, Hershey, and Temple.



Katrina Armstrong, director of FOCUS research programs, meets with research coordinators and students: from the left, Alex Quistberg, Tonya Walker, Armstrong, Elizabeth Moye, and Lorraine Dean.

Sylvia Rosas, M.D., assistant professor in the renal electrolyte and hypertension division of the Department of Medicine, serves as an example that negotiation can work. While Rosas was waiting to become a member of the standing faculty after completing her nephrology and epidemiology training at Penn, she became pregnant. Her baby was born ahead of schedule, however, and Rosas was unable to apply for an extension of her probationary period because she was not yet standing faculty. Although she would have been eligible in July of that year, the baby came in April.

Around this time, through FOCUS, Rosas teamed up with an experienced faculty member who had similar research interests – just the right mentor to give Rosas advice. With that encouragement, Rosas fought for what she needed. As she explains, because of her activism and with help from FOCUS, the rule has been changed now so that the probationary

period can be extended in certain circumstances.

Continuing the Research

Despite its dramatically expanded advocacy efforts, FOCUS has not abandoned its original objectives to increase the quantity, quality, and visibility of research pertaining to women's health. As director of the FOCUS research programs, Katrina Armstrong oversees its critical, albeit smaller, role of supporting research that is innovative and – according to Armstrong – somewhat high-risk.

The grants FOCUS awards are small. Yet, Armstrong points out, "\$5,000 over three years is seed money that can lead to better things." For example, in 2003-2004, the FOCUS Junior Faculty Investigator Award recipients included Marna S. Barrett, Ph.D., assistant professor of psychology in psychiatry. She was awarded a grant for her study proposal designed to assess and document why women drop

out of their care at mental health services clinics. Recently, FOCUS received extramural funds that will support two \$5,000 Junior Faculty Investigator Awards for research related to the cardiovascular health of women – an area of increasing concern.

Armstrong also oversees an extramurally funded research fellowship that offers Penn medical students funded opportunities to work full time, for six months or one year. Faculty serve as mentors. Students have the option either to study with an academic physician actively engaged in women's health research or to work in a community-based agency providing services related to women's health. The purpose is to enable medical students to learn "hands-on" research and collaborative skills; to gain knowledge of a particular area of women's health; and potentially to work on an article or publication generated from the research.

As FOCUS enters its second decade, the staff plans to broaden its reach. In Tuton's words, "Our goal is to make FOCUS a central infrastructure, a 'hub' for Penn women in medicine." The staff also sees a possible role in assisting women and other minority groups in medicine at other institutions. In that context, the FOCUS team has been invited to speak at the University of Virginia, the Oregon Health Sciences University, the AAMC annual conference, Duke University, and Brown University.

Last fall, the leaders of FOCUS were excited to learn that the program had won the 2004 AAMC Women in Medicine Leadership Development Award. The award honors individuals or groups for outstanding contributions in the development of women leaders in academic medicine. Although nobody believes problems will be resolved overnight, the AAMC award makes clear that an outside organization recognizes the substantial efforts – and progress – FOCUS has made. ▀



The School of Medicine seeks to attract and retain talented women, yet at Penn and other academic medical centers, women are under-represented, especially in the faculty's senior ranks. That's where the FOCUS on Health & Leadership for Women program comes in. Through conferences for professional development, seminars, and workshops on building skills and networking, FOCUS works toward achieving greater gender equity in academic medicine and helping women to better integrate work and family responsibilities.

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