Chair Silberstein called the meeting to order at 3:37 p.m.

Meeting Synopsis:

1. Approval of minutes.

2. Soo Borson’s presentation on “Women’s Progress in Academic Medicine: Institutional, Political, and Personal Perspectives.”

1. Approval of minutes.

With no comment, council members approved the minutes for meetings on March 5, 2007 and April 16, 2007.

2. Soo Borson’s presentation.

For the last meeting of the year, Soo Borson gave her presentation on "Women’s Progress in Academic Medicine: Institutional, Political, and Personal Perspectives." (Power Point attached—see Addendum A.)

The ensuing conversation focused on commonalities in the issues faced by women in academic medicine and across campus. There are a number of areas that impact women especially and that we know we want to address; for many of these, we have yet to find ways to operationalize responses. Brainstorming produced the following needs:

- Childcare (an issue that the institution is addressing, but which we might want to benchmark)
- Dependent care in general
- Climate change
- For women researchers: Stipends for junior faculty and reentry grants for those who take time off
- Pipeline issues
- Women’s unmet needs for leadership opportunities
- Information transmission and remedies for equity issues

People we hope to have visit us next year:
- Luis Fraga to see how we might partner with him around diversity issues
- Mindy Kornberg with an update on childcare and other work-life issues
- Ana Mari Cauce with an update on the LCVI initiative
The meeting was adjourned at 5:10 p.m.

Minutes by Melissa Kane, Faculty Senate, mmkane@u.washington.edu, or 206.543.2884

**Present:**  
Faculty: Soo Borson, Beatrice Gandara, Michelle Habell-Pallan, Marjorie Olmstead, Sandra Silberstein (Chair), Selva Baltan Brunet, Luanne Thompson  
President’s Designee: Sutapa Basu  
Ex-Officio: Kate Quinn

**Absent:**  
Faculty: Margaret Heitkemper, Janet Primomo (excused)  
Ex-Officio: Pamela Yorks (excused), Kelly Gilblom, Alexis Sclamberg, Kim Johnson-Bogart (excused)
Women’s Progress in Academic Medicine: Institutional, Political, and Personal Perspectives

Soo Borson MD
Professor of Psychiatry and Behavioral Sciences
Divisions of Geriatrics and Neuroscience
University of Washington, Seattle WA
Historical Milestones

- 1918 – AAUP creates Committee on the Status of Women in College and University Faculties
- 1933 – my mother chooses Ob-Gyn; the UCSF department chair told her women couldn’t do it (she did it)
- 1969 – Harvard female MD faculty and residents establish goal of 50% enrollment in US medical schools
- 1972 – Congress passes Title IX, prohibiting gender discrimination in education
More Historical Milestones

• 1990s – promise unfulfilled: increasing concern about gender inequity in academic science and medicine

• 2000 and beyond – study as a basic for institutional change
  – AAMC conducts research on women and minorities in academic medicine
  – AAUP reports on higher education
  – MIT acknowledges gender based inequities
Figure 1. U.S. Medical Faculty by Gender and Rank, 2005

- 7% Women Other Rank
- 7% Men Other Rank
- 15% Women Assistant Professor
- 24% Men Assistant Professor
- 21% Men Full Professor
- 4% Women Full Professor
- 16% Men Associate Professor
- 6% Women Associate Professor
Women In Medicine

• MEDICAL SCHOOL
  – 50% of applicants
  – 49% 1st year students
  – 47% graduates

• RESIDENCY AND FELLOWSHIP
  – 42%

• FACULTY
  – 38% assistant professors
  – 27% associate professors
  – 15% full professors

• DEPARTMENTAL LEADERSHIP
  – 18% division/ section chiefs
  – 11% department chairs

• SOM LEADERSHIP
  – 45% assistant deans
  – 29% associate/ senior associate/ vice deans
  – 10% deans
The Pipeline Myth

• More women coming in ≠ more women rising to full leadership potential

• Evidence of persisting gender disparities
  – More women leave academia or move from tenure- to non-tenure track positions as promotion eludes them
  – Disproportionate female attrition at each successive faculty and administrative level
  – No solid evidence of major gains in parity despite 30 years of increasing feminization of medicine

Eiser and Morahan 2006; Levinson and Lurie 2004
U.S. Medical School Faculty by Department
1996–2006
AAMC Faculty Roster

- Basic
- Clinical
- Other
Clinical Departments Account for Most Faculty Growth

• Increased demand for patient care in academic medical centers
• Led to creation of a two-track system
  – Clinician-scientist (the traditional academic path)
  – Clinician-educator
    • Women > men
    • Roles compatible with stage of family development for most junior women; much less competition, little formal preparation
  – Separate and unequal?
**FIGURE 2.** Kaplan-Meier graph demonstrating the promotion rate of clinician-investigators and clinician-educators.
FIGURE 3. Kaplan-Meier curves demonstrating the ability of the number of publications to predict promotion.
Barriers to Women’s Success in Academic Medicine Circa 2007

- Organizational norms still favor men over women
- Work-life balance challenges women more than men
- Paucity of effective mentors for women
- Women tend to be excluded from informal communication networks
- Gender stereotyping operates below awareness, can’t be talked about, and influences all levels of professional interaction and possibility

Eiser and Morahan, *Leadership in Action* 2006
Breaking The Glass Ceiling Without Cutting Ourselves
Actions for Equity: Some Examples

• Harvard fires Lawrence Summers
• The Princeton Report delineates institutional steps to normalize variable career timelines
  – Reasons, e.g. family responsibilities
  – Methods, e.g. stopping/delaying the tenure clock
  – Recognizes need for climate change
• In medicine: ELAM – Hedwig Van Ameringen Fellowship (for women associate and full professors) and other training programs to support advancement of women in academic medical leadership roles
Institutional Initiatives

• Gender-inclusion champions at all levels
• Specification of leadership qualities and benchmarks
• Part-time work and tenure clock extensions
• Locating problems in institutional climate
Political Initiatives

- Secede/form a new party or caucus
- Stage a rebellion
- Join an organization dedicated to quality in the academic medical workplace (e.g. AAMC)
- Go to meetings of Women in Medicine
- Develop strategic initiatives together
- Face it: changing the climate usually means changing the leadership
Personal Initiatives

- Do not accept a toxic climate as inevitable
- Work to change the conversation
- Seek personalized mentoring relationships – situational empathy + support + facilitation + high expectations
- Work to master yourself
Inequitable Systems

• Thrive on
  – Not seeing; or if seeing,
  – Not believing; or if believing,
  – Not saying; or if saying,
  – Not feeling; or if feeling,
  – Not containing; or if containing,
  – Getting stuck in it.
Getting Unstuck

The path to self-mastery is through self knowledge; the path to self knowledge is through reflection.