NYACP presents:

Women in Medicine



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New York Chapter – Women in Medicine

Disclosure of Financial Relationships <u>Planning Committee and Reviewers</u>

Ankita Sagar, MD, MPH, FACP Karen Tucker LaBello – ACP Staff

Faculty

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No conflicts have been identified within the planning committee or within the faculty.



The American College of Physicians (ACP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ACP designates this webinar for a maximum of 1 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To claim CME credit, log on to <u>http://www.acponline.org/WM2001</u>



- Recognize Objectivity disparities between men and women physicians
- Assess trends in promotions for women in medicine and identify strategies for retention and promotion



Pay Inequity in Medicine

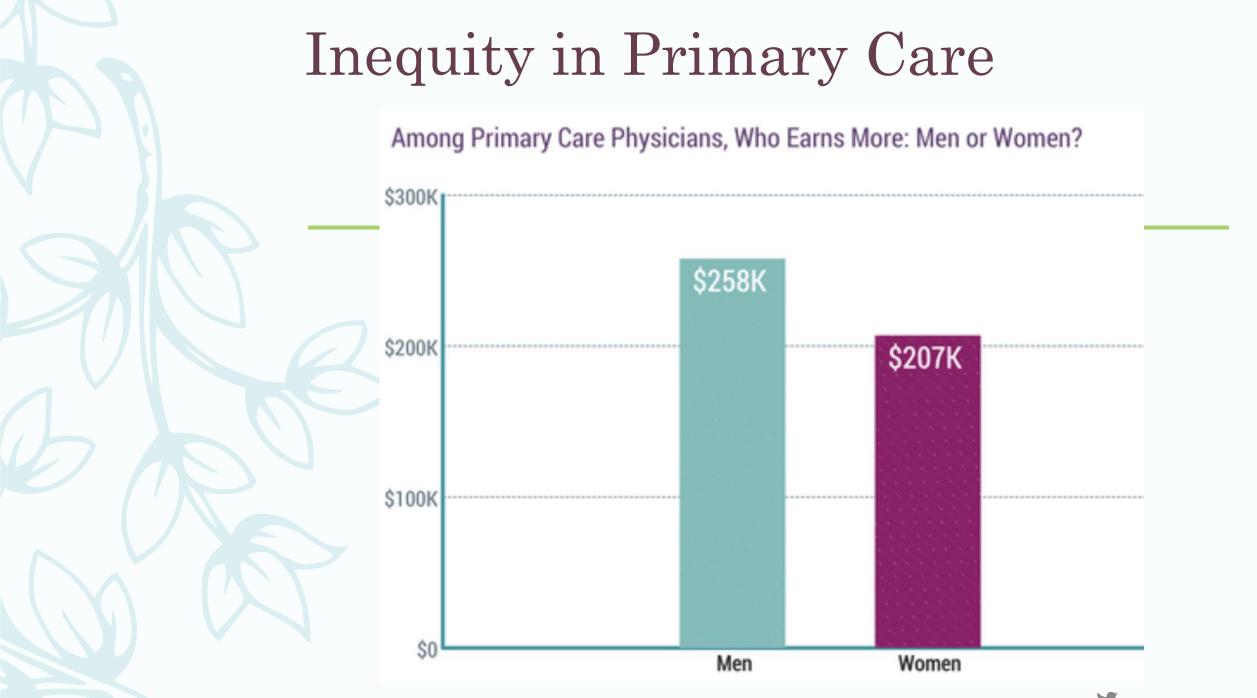


"Salary equity refers to whether or not individuals have access to opportunities that allow them to earn and be paid similar compensation for comparable work, given shared qualifications regardless of differences in individual characteristics such as gender, race, age, sexual orientation, religion, and disability."

Source: Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools. AAMC 2019.

Where do compensation disparities exist in medicine?

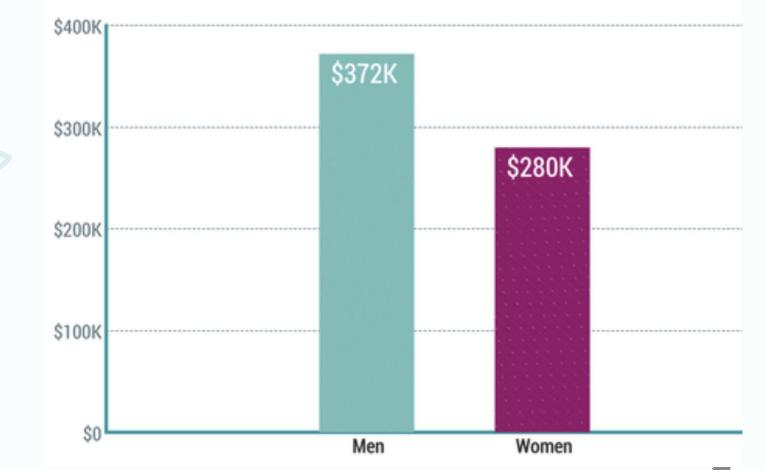
- Primary care
- -Subspecialties
- -Academia
- Research



Source: Kane L. Physician compensation report 2018. Medscape. 10 April 2019. https://www.medscape.com/slideshow/2019-compensation-overview-6011286.

Inequity in Subspecialties

Among Specialists, Who Earns More: Men or Women?



Source: Kane L. Physician compensation report 2018. Medscape. 10 April 2019. https://www.medscape.com/slideshow/2019-compensation-overview-6011286.

"...but women work part-time more than men."

> "Women don't negotiate."

"More women work in lowpaying specialties." By Anthony T. Lo Sasso, Michael R. Richards, Chiu-Fang Chou, and Susan E. Gerber

The \$16,819 Pay Gap For Newly Trained Physicians: The Unexplained Trend Of Men Earning More Than Women

Source: Lo Sasso AT, Richards MR, Chou CF, Gerber SE. The \$16,819 pay gap for newly trained physicians: the unexplained trend of men earning more than women. Health Aff (Millwood). 2011 Feb;30(2):193-201.

EXHIBIT 1

Selected Characteristics And Starting Salaries Of New Physicians By Gender

	Percentage of physicians		Mean starting	g salary (\$)
	Men	Women	Men	Women [®]
PRACTICE TYPE				
Solo practice Partnership Group practice Hospital, inpatient Hospital, ambulatory care Hospital, emergency department Health center Other	3.6 8.7 47.5 18.6 7.0 8.6 2.8 3.2	2.3 ^b 6.4 44.9 18.1 13.6 7.2 3.7 3.9	182,937 185,816 195,781 179,219 153,885 206,758 159,791 165,025	139,530 157,160 162,538 159,290 141,844 189,109 140,092 147,021
LOCATION TYPE				
City Suburb/small city Rural Missing	45.2 47.6 6.6 0.6	51.2 [⊾] 42.6 5.1 1.1	184,395 192,450 172,716 173,741	157,320 160,541 160,441 145,462
PATIENT CARE HOURS PER WEEK				
0-19 20-29 30-39 40-49 50 or more	1.5 3.8 19.2 38.3 37.3	3.3 ^b 9.9 24.9 38.5 23.4	181,573 162,068 184,793 177,593 201,591	131,554 132,242 159,594 157,641 174,635

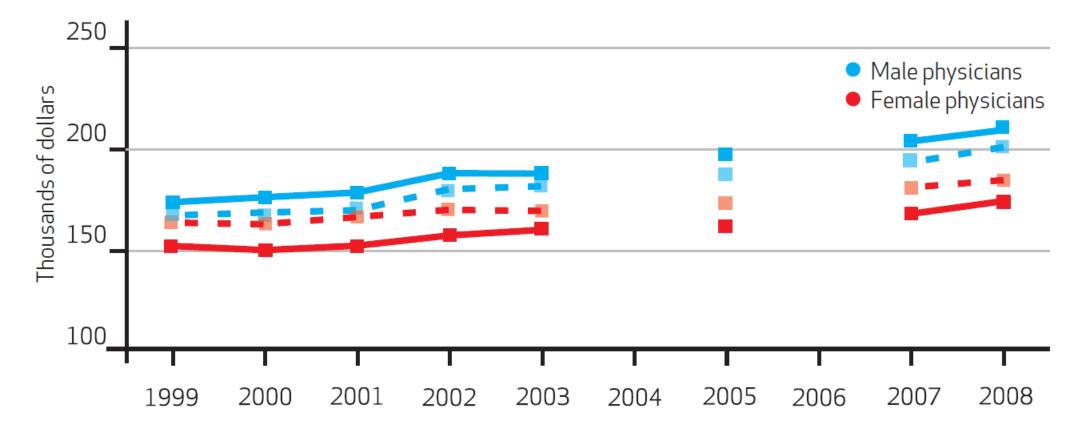
EXHIBIT 2

Starting Salary For Selected Physician Specialties, By Gender

	Percentage of physicians		Mean starting salary (\$)		
Specialty	Men	Women ^a	Men	Women	
All physicians	100.0	100.0	187,385	158,727⁵	
Pediatrics (general)	5.0	13.9	125,343	116,950⁵	
Geriatrics	1.8	2.5	147,881	137,221⁵	
Family practice	6.4	8.5	147,874	139,504⁵	
Psychiatry	3.3	4.4	156,668	141,852⁵	
Internal medicine (general)	18.2	16.0	154,900	142,526⁵	
Pediatrics (subspecialty)	1.7	3.5	161,119	143,675⁵	
Nephrology	2.0	0.8	162,190	146,668⁵	
Pulmonary disease	2.3	0.9	197,398	153,078⁵	
Otolaryngology	1.4	0.4	207,329	175,122 ^b	
Urology	2.1	0.3	199,314	175,407	
Obstetrics and gynecology (general)	2.5	10.5	203,789	182,047⁵	
Dermatology	1.0	2.2	217,799	194,818⁵	
Surgery (general)	1.4	0.7	185,881	196,721	
Cardiology	4.1	1.3	228,188	204,671⁵	
Emergency medicine	9.1	6.6	218,767	206,114⁵	
Gastroenterology	2.7	1.0	206,158	209,392	
Cardiothoracic surgery	0.9	0.1	241,371	214,268	
Anesthesiology (general)	5.0	2.6	229,915	220,576	
Radiology (diagnostic)	3.4	1.8	250,709	233,532	
Orthopedic surgery	3.7	0.5	248,288	242,052	

EXHIBIT 3

Physician Starting Salaries Over Time, Mean And Controlling For Observable Characteristics, By Gender, Selected Years 1999–2008



Source: Lo Sasso AT, Richards MR, Chou CF, Gerber SE. The \$16,819 pay gap for newly trained physicians: the unexplained trend of men earning more than women. Health Aff (Millwood). 2011 Feb;30(2):193-201.

Inequity in Academia

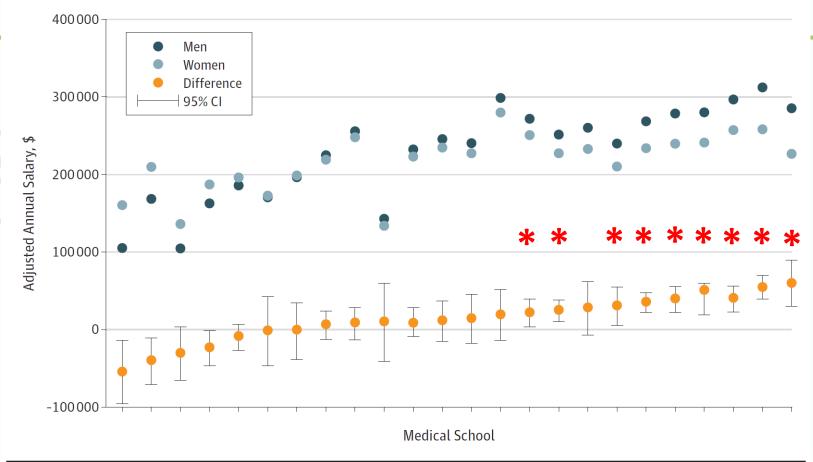
Table 2. Multivariable Analysis of Factors Associated With Physician Salary^a

	Salary, \$		
Characteristic	Unadjusted, Mean (SD)	Adjusted, Mean (95% CI)	P Value
Sex			
Male	257 957 (137 203)	247 661 (245 065 to 250 258)	
Female	206 641 (88 238)	227 783 (224 117 to 231 448)	<.001

Inequity in Academia

Figure 2. Sex Differences in Salary According to Medical School

Average salary difference among male and female full professors was \$33,620.



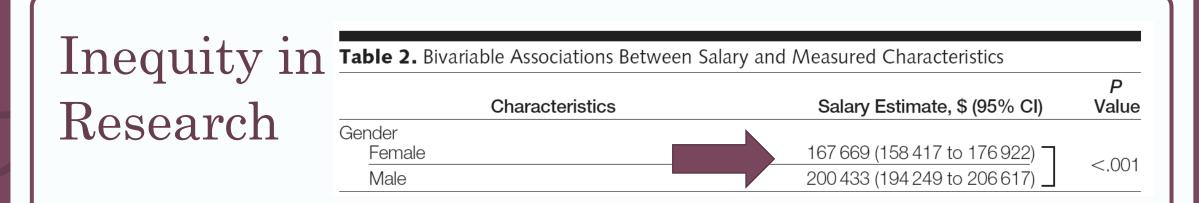
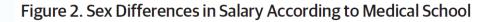


Table 3. Multivariable Model of Current Annual Salary of Respondents Who Received Initial K Award Funding in 2000-2003

Initial Mo	Initial Model ^a		Final Model ^b	
Salary Estimate, \$	P Value	Salary Estimate, \$	P Value	
136064	<.001	166 094	<.001	
Reference 12 001	.006	Reference	.001	
	Salary Estimate, \$ 136 064 Reference	SalaryPEstimate, \$Value136 064<.001	Salary Estimate, \$P ValueSalary Estimate, \$136 064<.001	

Source: Jagsi R, Griffith KA, Stewart A, Sambuco D, DeCastro R, Ubel PA. Gender differences in the salaries of physician researchers. JAMA. 2012 Jun 13;307(22):2410-7.

Inequity in Academia



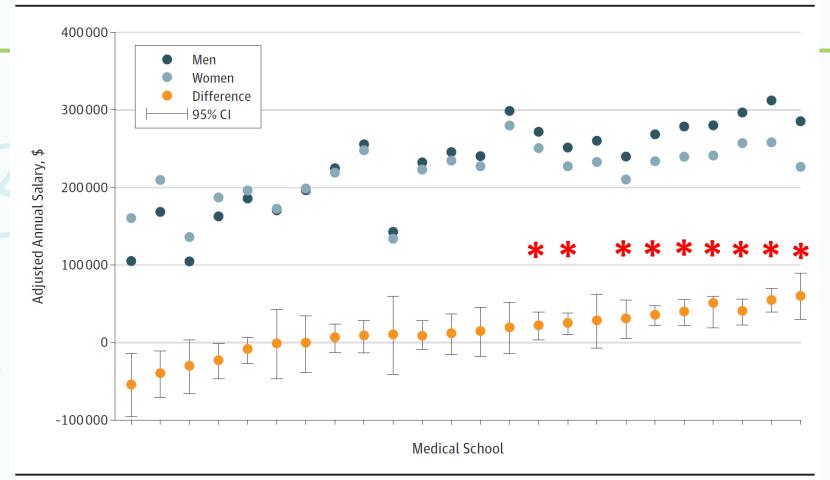


Table 2. Bivariable Associations Between Salary and Measured Characteristics

Inequity in Research

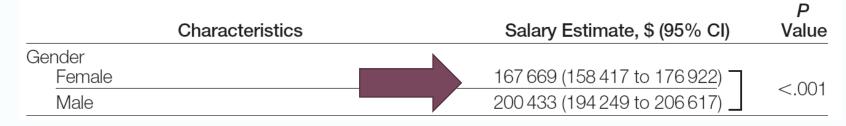


Table 3. Multivariable Model of Current Annual Salary of Respondents Who Received Initial K Award Funding in 2000-2003

	Initial Mo	del ^a	Final Model ^b		
Characteristics	Salary Estimate, \$	P Value	Salary Estimate, \$	P Value	
Intercept	136064	<.001	166 094	<.001	
Gender Female Male	Reference 12 001	.006	Reference	.001	

Source: Jagsi R, Griffith KA, Stewart A, Sambuco D, DeCastro R, Ubel PA. Gender differences in the salaries of physician researchers. JAMA. 2012 Jun 13;307(22):2410-7.

Why does this matter?

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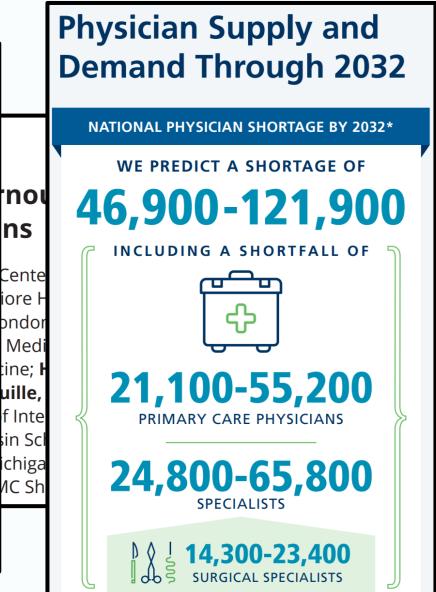


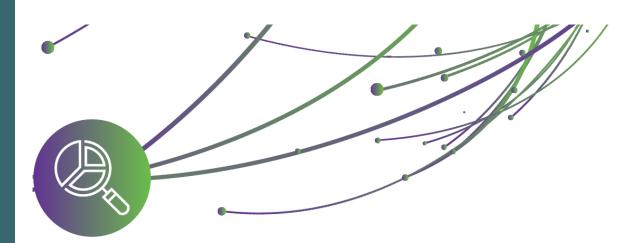
DIVERSITY AND INCLUSION | WELLNESS WORKFORCE

Why women leave medicine

AMY PATUREL, MS, MPH, SPECIAL TO AAMCNEWS

OCTOBER 1, 2019





Promising Practices

for Understanding and Addressing Salary Equity at U.S. Medical Schools

2019

Association of American Medical Colleges

What can be changed?

- Training on contract and salary negotiations
- Pay structures based on objective, gender-neutral criteria
- Transparency in compensation processes
- Conduct salary-equity studies



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School of Medicine

UNIVERSITY OF MINNESOTA





University of California San Francisco



What can you do?

- Talk to colleagues: pay, benefits, insurance,
 vacations, retirement
- Negotiate
- Address discrepancies in pay
- Advocacy (#HeForShe)

Retention & Promotion of Women in Medicine



Table 9: U.S. Medical School Faculty by Sex and Rank, 2018



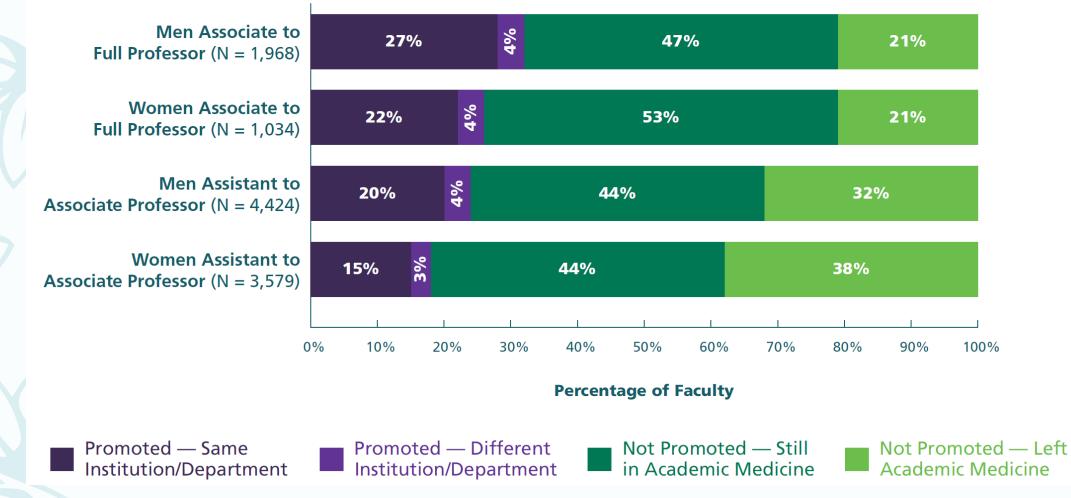
The table below displays the number of full-time faculty at all U.S. medical schools as of December 31, 2018 by sex and rank.

Rank	Male	Female	Unreported	Total
Professor	28,573	9,501	43	38,117
Associate Professor	22,248	13,642	42	35,932
Assistant Professor	43,031	38,151	87	81,269
Instructor	6,364	9,156	26	15,546
Other	2,237	2,786	2	5,025
Total	102,453	73,236	200	175,889

Source: AAMC. U.S. Medical School Faculty by Sex and Rank, 2018. www.aamc.org/download/495040/data/18table9.pdf. AAMC. U.S. Medical School Faculty by Sex, Race/Ethnicity, Rank, and Tenure Status, 2018. www.aamc.org/download/495052/data/18table15.pdf.

FIGURE 4: SEVEN-YEAR PROMOTION OUTCOMES FOR FULL-TIME FIRST-TIME ASSISTANT PROFESSORS AND FIRST-TIME ASSOCIATE PROFESSORS IN ACADEMIC YEAR 2008-2009

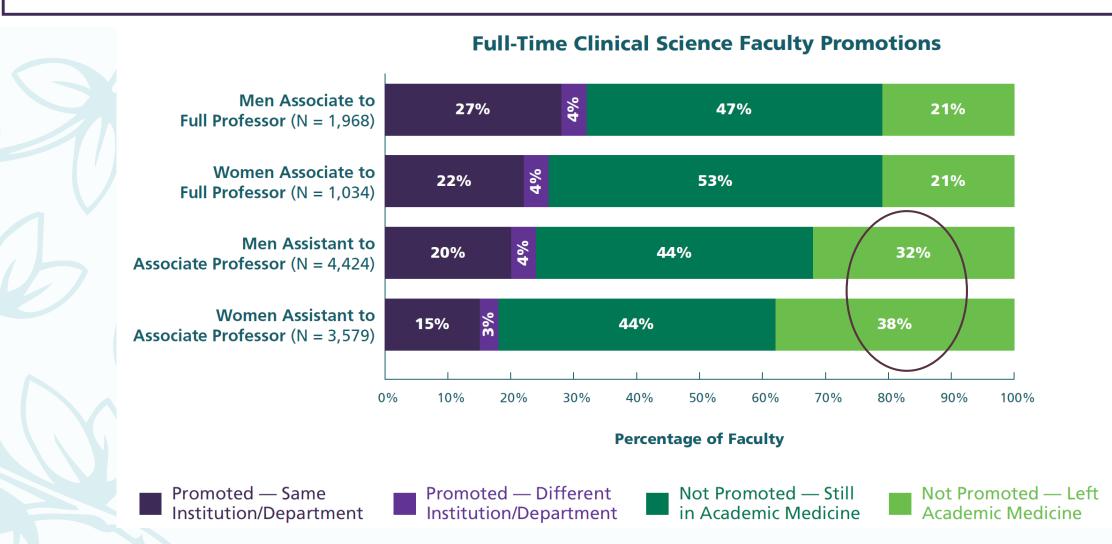
Full-Time Clinical Science Faculty Promotions

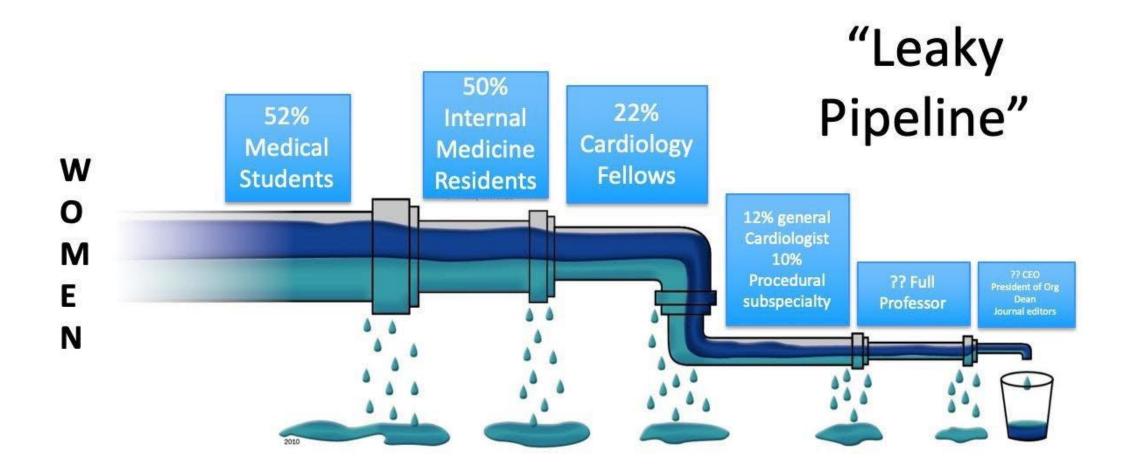


Source: Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools. AAMC 2019.

KEY TAKEAWAY

The percentage of full-time women faculty who advanced in rank during a seven-year period was smaller than that for men during the same period.





https://www.aamc.org/download/481178/data/2015table1.pdf

Sanghvi et al Circ Cardiovasc Qual Outcomes. 2014

Graphic from: https://www.euro-fusion.org/

ESC Congress Paris 2019 of Cardiology

Strategies for Retention & Promotion

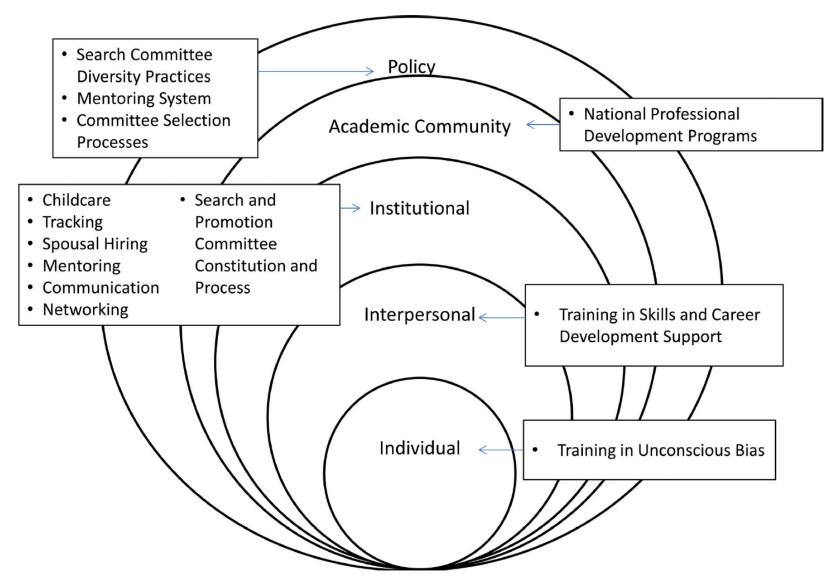
- Training on bias and policies for members of promotion
 committees
- Workshops about promotion processes (transparency)
- Track institutional progress
- Mentorship and networking
- Allocating funds to assist with retention of women



WOMEN MEDICINE

WOMEN IN MEDICINE SUMMIT

SEPTEMBER 20 & 21 2019



Source: Carr PL, Gunn C, Raj A, Kaplan S, Freund KM. Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Womens Health Issues. 2017 May - Jun;27(3):374-381.

Women In Medicine

NANCY LAVINE MD

Objectives

- 1. Assess use of policies and advocacy for maternity/paternity leave, especially those supported by professional organizations such as ACP
- 2. Identify ways in which to support physician mothers/caregivers, including flexible work schedules/part time work, breast feeding support

My Story...

Objectives

- 1. Assess use of policies and advocacy for maternity/paternity leave, especially those supported by professional organizations such as ACP
- 2. Identify ways in which to support physician mothers/caregivers, including flexible work schedules/part time work, breast feeding support

Family Leave: What does the law say?

- FMLA Federal Unpaid
- Paid Family Leave State Specific

Family Medical Leave Act: Federal Law

- UNPAID job protective leave
- Allows 12 weeks of leave to care for newborn, newly adopted or seriously ill child, immediate family (not an "in-law")
- Applies to public agencies, including local, State, and Federal employers, and local education agencies
- Applies to private sector employers who employ **50 or more** employees
- Worked there for 12 months prior

Family Medical Leave Act: Federal Law

Limited to:

- Size of employer
- Duration of Time worked
- Financial ability to go unpaid
- Does not apply to Medical Students!
- Does apply to fellows/residents BUT this can affect ability to meet training requirements.

New Federal Legislation?

- FAMILY Act (KG): 12 weeks of paid leave for family and personal medical needs, seeking funding through a 0.4 percent payroll tax split between employers and employees
 - Supported by EW, BS, PB
- Children's Agenda (KH): paid leave for 6 months, unclear on funding

Paid Family Leave: State



As of January 1, 2018, Paid Family Leave provides job-protected, paid time off so you can:

BOND with a newly born, adopted, or fostered child



for a family member with a serious health condition



loved ones when a family member is deployed abroad on active military service

 New York is one of only a handful of states with Paid Family Leave Policies (others California, New Jersey, Rhode Island, Washington, and District of Columbia, Massachusetts to start 2021)



NYS Paid Family Leave

BENEFITS INCREASE THROUGH 2021

Year	Weeks of Leave	Benefits
2019	10 weeks	55% of employee's AWW, up to 55% of SAWW*
2020	10 weeks	60% of employee's AWW, up to 60% of SAWW
2021	12 weeks	67% of employee's AWW, up to 67% of SAWW

- AWW: Average Weekly Wage for the past 8 weeks
- SAWW: NYS Average Weekly Wage (in 2019: 55% of 2017 SAWW \$1357.11)

NYS Paid Family Leave: Details



- Can be used to care for spouse/domestic partner, child/stepchild, parent, stepparent, parent in law, grandparent, grandchild
- Can be taken all at once or intermittently
- Provides job protection, continuation of health insurance benefits and protection from retaliation
- Caveats: Public workers, union employees

Logistical Challenges to Taking Leave

- Extend schooling/training
- Need for clinical coverage
- Small practices
- Hire temporary employees/per diems
- Backfilling/adjusting pay

The Law says I can, but...

- Among physician mothers, 78% reported perceived discrimination
- 36% reported maternal discrimination
 - 90% reported this was due to taking maternity leave
 - 48% reported this was due to breastfeeding on the job
- Face animosity from coworkers in asking for coverage to take a break (counter to our culture)
- Concerned employers will be reluctant to hire them if time off for childbearing is a possibility
- Backlash from coworkers
- Avoid extending their residency training

"It is not our job to worry about what our residency colleagues will say if we take time off to care for our ill parent, or if we have a child. It is not our job to figure out who will provide coverage if we take time off. People are, in fact, paid to deal with figuring this out (program directors, program coordinators). We need to take that out of the picture as much as possible, to assess current priorities in the moment."

– Dr. Susan Hingle

What does the ACP say??

ACP supports the goal of universal access to family and medical leave policies that provide a minimum 6 weeks of paid leave and calls for legislative or regulatory action at the federal, state, or local level to advance this goal. Such legislation should include minimum paid leave standards and dedicated funding to help employers provide such leave. Paid leave policies should ensure that all employees have increased flexibility to care for family members, including children, spouses, partners, parents, parents-in-law, and grandparents.

What does ACP say about trainees?

• Medical specialty boards should be flexible in their requirements for board eligibility in circumstances when trainees took family or medical leave.

Objectives

- 1. Assess use of policies and advocacy for maternity/paternity leave, especially those supported by professional organizations such as ACP
- 2. Identify ways in which to support physician mothers/caregivers, including flexible work schedules/part time work, breast feeding support

Breast Feeding Protection: Federal

U.S. Department of Labor Wage and Hour Division



Fact Sheet #73: Break Time for Nursing Mothers under the FLSA

Employers are required to provide "reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk." Employers are also required to provide "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."



Breast Feeding: NYS

- Applies to all public and private employers in NYS, regardless of size or industry
- Up to 20-minute breaks at least every three hours (up to 3 years after the birth of the child).
- Must provide a private space (door/lock) near the workspace with a chair, small table, and (encouraged not required) electrical outlet and plumbing
- CANNOT BE A BATHROOM.



Rights of Nursing Mothers to Pump Breast Milk at Work – Information for Employers

Part Time Doctoring: Is it good enough?

- Patients perceive no difference in quality of care among physicians working over 65 hours per week, 40-65 hours per week, and less than 40 hours per week.
- Part-time physicians are as productive per hour worked and are more satisfied with their work.
- Relative productivity is virtually identical for physicians working 40-60% of full-time and those working full-time.



Part Time Doctoring: Is that a thing?

- 10% of physicians report working <30 hours a week (2018), an increase of 16% since 2012
- 25% of all physicians in large groups work part-time in 2011 up from 13% in 2005.
- Specialty Specific: Better suited to "shift workers"?
- Business Case: expanded hours support (early mornings, evenings, weekend) will meet demands for patient care outside of traditional work hours.
- Caveats: Work the same, get paid less?

Child care support

- Access to child care a major barrier (especially during training years, which often overlap with childbearing years)
- 85% of female physicians have spouses employed outside the home
- Cost: \$5K-\$17K annually is difficult on a resident salary with medical school debt
- On site child care is rare (only 24% of pediatric residencies)

What does ACP say?

• Flexibility in structuring career paths in academic medicine, health systems, and private practice and adopting flexible promotion and advancement criteria, including promotion tracks that reflect the wide range of responsibilities and unique contributions of female physicians.

The Kaleidoscope Concept

 Consider a Kaleidoscope. When you're looking through a kaleidoscope, there are a multitude of colorful moving pieces. When you look in, you're not looking for the perfect picture, you're looking at a beautiful ever-changing picture. As you rotate the kaleidoscope, the pieces move and you discover that each new image is beautiful. Success is defining for yourself what a beautiful life looks like, from moment to moment, and not having someone else define it for you.

-Susan Hingle MD

References

- Hingle, Susan. Guest expert. "#130 Work-Life Fit: Women In Medicine." The Curbsiders Internal Medicine Podcast https://thecurbsiders.com. December 13, 2018. <u>http://thecurbsiders.libsyn.com/130-work-life-fit-women-in-medicine</u>
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- 2018 Survey of America's Physicians: Practice Patterns and Perspectives. Survey conducted on behalf of The Physicians Foundation by Merritt Hawkins. Completed September, 2018. Copyright 2018, The Physicians Foundation, www.physiciansfoundation.org



Mentorship for Women in Medicine

Learning objectives

By the end of the session, learners will be able to:

- 1. Recognize compensation disparities between men and women physicians
- 2. Assess trends in promotions for women in medicine
- 3. Identify strategies for retention and promotion
- 4. Assess use of policies and advocacy for maternity/paternity leave, esp those supported by professional orgs such as ACP
- 5. Identify ways in which to support physician mothers/caregivers, including flexible work schedules/part time work, breast feeding support
- 6. Recognize various forms of mentorship + sponsorship for women in medicine
- 7. Identify resources to build a community/network for women in medicine

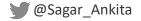
@Sagar_Ankita @NALavine @LindaKoshyMD





Why talk about mentorship for women in medicine?

- 1. Culture changes are needed and change needs to happen at multiple levels
- 2. Medical centers and organizations have female employees **AND** female leaders
- 3. Medicine is a sport –you are the star athlete that has the skill, team spirit, and drive to want it all you just **play it like you belong**.



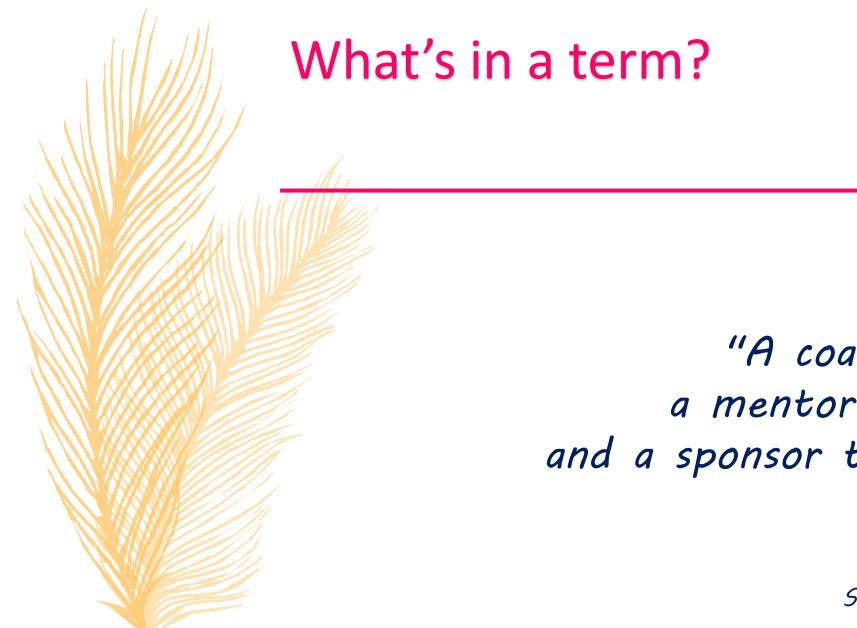
Internal / External Perspective

Think about: Internal/External Matrix or Analysis (SWOT Analysis) to highlight strengths & opportunities, while identifying threats and weakness.

Internal = strengths & weaknesses

External = opportunities & threats

Take action: identify people in your life who can help with the external perspective



"A coach talks to you, a mentor talks with you, and a sponsor talks about you"

Sometimes roles may overlap!

Source: Catalyst: Coaches, Mentors, and Sponsors (2014) https://www.catalyst.org/research/infographic-coaches-mentors-and-sponsors-understanding-the-differences





Mentor

Role model who helps you navigate your career, providing guidance for career choices and decisions. Senior leader who uses strong influence to help you obtain high-visibility assignments, promotions, or jobs.

Sponsor

You drive the relationship. Your mentor is reactive and responsive to your needs. **Sponsor** drives the relationship, advocating for you in many settings, including behind closed doors.

Determine possible career paths based on interest or how to maneuver career advancement Advocate for your advancement and champion your work and potential with other senior leaders

Source: Catalyst: Coaches, Mentors, and Sponsors (2014) https://www.catalyst.org/research/infographic-coaches-mentors-and-sponsors-understanding-the-differences



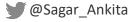
Mentors

"Mentoring is an act of generativity - a process of bringing into existence and passing on a professional legacy" - W. Brad Johnson and Charles Ridley

- People who are mentored garner more promotions, higher salaries, and more career satisfaction and even report being less stressed than those who lack such guidance.
 - Mentors, in turn, report gaining creativity, career rejuvenation, internal recognition, and feelings of fulfillment and pleasure from grooming a future

generation.





How to find a mentor?

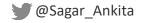
"Choosing wisely"

- Identify a role model in the division, in the department, or in your practice/workplace who can commit to meeting
- Look to your professional society for formal mentor
- Questions to think about when searching for "good" mentors:
 - track record of mentoring?
 - known for being an "others-oriented leader"?
 - shared values?
 - skill they have that you want to develop?
 - Been there / done that (optional)



Best Practices for mentee

- Ask first, do not presume a "yes"
- Be sincere and specific on why you are asking them
- Share why you think this would be a good fit
- Be engaged and energizing
- Be clear on what you want from the relationship and why
- Mind your mentor's time
 - Define goals for meetings ahead of your meeting

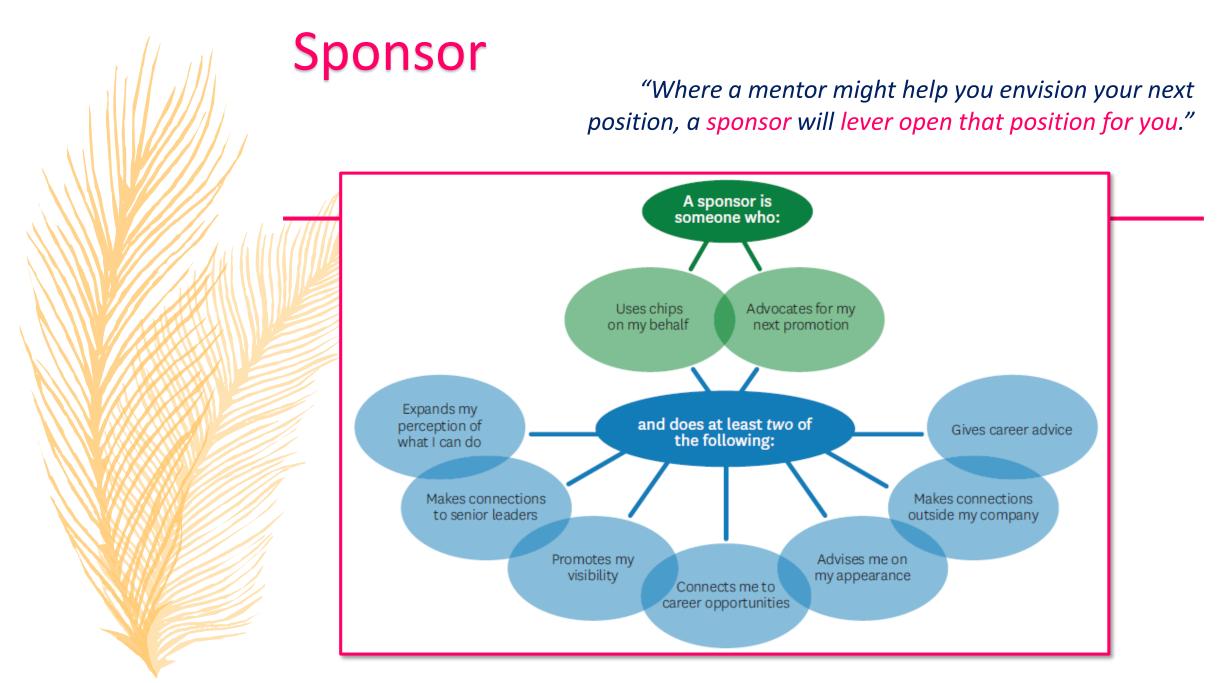


Best Practices for mentor

- Ask, ask, ask. Clarify your mentee's goals
- Be sincere and specific on what you can offer
- Share your experience and ideas
- Be engaged and energizing
- Be clear on your bandwidth & time
- Mind your mentee's time
 - Define goals for meetings ahead of your meeting (best time: at the end of current meeting)

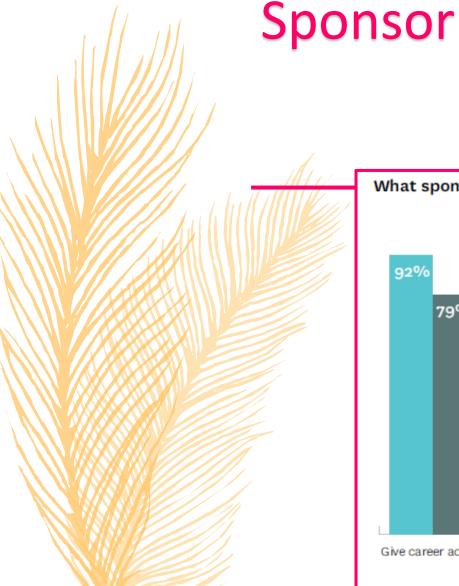




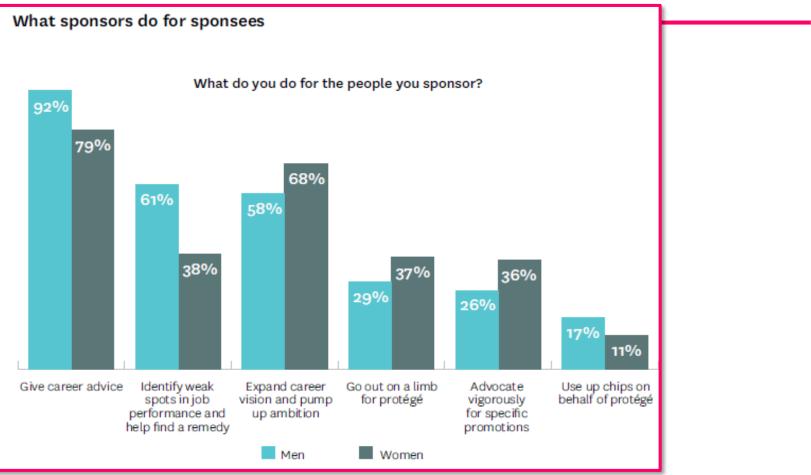


Source: HBR: The Sponsor Effect: Breaking Through the Last Glass Ceiling (2011) https://hbr.org/product/the-sponsor-effect-breaking-through-the-last-glass-ceiling/10428-PDF-ENG

🕑 @Sagar_Ankita



"Where a mentor might help you envision your next position, a sponsor will lever open that position for you."



Source: HBR: The Sponsor Effect: Breaking Through the Last Glass Ceiling (2011) <u>https://hbr.org/product/the-sponsor-effect-breaking-through-the-last-glass-ceiling/10428-PDF-ENG</u>

Sagar_Ankita

Mentor vs. Sponsor

"Where a mentor might help you envision your next position, a sponsor will lever open that position for you."

Sponsors open doors for the talent and to introduce opportunities for exposure

- the hallmark of sponsorship is its **inherently public nature** a sponsor will put your name in the hat for the promotion and back it up with "sponsorship capital"
- Mentors offer guidance in a "back-office" or "one-to-one" approach
- Majority of ambitious women underestimate the pivotal role sponsorship plays in their advancement



How to find a sponsor?

- Be aware of the sponsorship effect
- Be deliberate and strategic in the collaborations you form
 - "Ask yourself, 'Who do I have to get in front of to prove I'm worth their time, effort, and credit?' and then go for it!"
 - Make a list of persons (men and women) who may be interested in your work and ask for a brief meeting to get in front of them
- Be engaged and energizing
- Be clear on what you want from the relationship and why
- Mind your sponsor's time
 - Define goals for meetings ahead of your meeting

🕑 @Sagar_Ankita

Peer Mentoring

- A form of support between colleagues within a division or department
- Has been shown to improve rates of burnout and mentoring especially related to work-life balance
- Excellent in its ability to develop grass-roots support and ability to pivot to the needs of the group; great for collaboration on ideas/projects/manuscripts



"Curbside" Mentoring

Grand Rounds Speakers

- Capture their email and send <u>quick</u> note on how their talk influenced you; how you would like to implement or create an action plan from their work/influence
- Division/Dept Leader after a meeting
 - Follow up with a <u>quick</u> note on your understanding and <u>ask</u> how you can be of help



Source: DeCastro R, et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610810

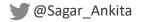


Resources to build a community of champions

Resources: Online Websites / Groups

Check out these Web-links for more resources

- ✤ ACP Women in Medicine
- New York Chapter of ACP Early Career Physicians Committee
- Brigham & Women's Toolkit
- Lancet: Advancing Women in Science, Medicine & Global Health
- American College of Cardiology Women in Cardiology
- American Medical Women's Association
- 500 Women in Medicine



Resources: *Twitter*

- ✓ #medtwitter
- ✓ #SoMeDocs
- ✓ #twitternists
- ✓ #womeninmedicine
- ✓ #internistswhoread
- ✓ #MedEd
- ✓ #ProudtobeGIM
- ✓ #burnout

- ✓ @Sagar_Ankita
- ✓ @NALavine
- ✓ @LindaKoshyMD
- ✓ @NewYorkACP
- ✓ @ACPinternists
- ✓ @RUBraveEnough
- ✓ @womeninmedchat
- ✓ @TimesUpHC

Resources: *Podcasts*

- Curbsiders Women in Medicine, Be Bold
- Curbsiders Work Life Fit: Women in Medicine
- The Indicator from Planet Money <u>Gender Pay Gap Series</u>
- CorelM Stories of Women in Medicine

Resources: Online Reading

- HBR: Leadership <u>https://hbr.org/topic/leadership</u>
- HBR: What's Holding Women in Medicine Back from Leadership (2018) <u>https://hbr.org/2018/06/whats-holding-women-in-medicine-back-from-leadership</u>
- HBR: The Sponsor Effect: Breaking Through the Last Glass Ceiling (2011) <u>https://hbr.org/product/the-sponsor-effect-breaking-through-the-last-glass-ceiling/10428-PDF-ENG</u>
- HBR: What Mentors Wish their Mentees Knew (2017) <u>https://hbr.org/2017/11/what-mentors-wish-their-mentees-knew</u>
- Forbes: Why Women Leaders are Outperforming Men (2018)
 <u>https://www.forbes.com/sites/forbescoachescouncil/2018/10/19/why-women-leaders-are-outperforming-men</u>
- HBR: Research: Women Score Higher than Men in Most Leadership Skills (2019) <u>https://hbr.org/2019/06/research-women-score-higher-than-men-in-most-leadership-skills</u>
- Catalyst: Coaches, Mentors, and Sponsors (2014) <u>https://www.catalyst.org/research/infographic-coaches-</u> mentors-and-sponsors-understanding-the-differences
- Pew Research Center: Women and Leadership (2018) <u>https://www.pewsocialtrends.org/2018/09/20/women-and-leadership-2018</u>
- Steve Jobs: "You've got to find what you love" <u>https://news.stanford.edu/2005/06/14/jobs-061505</u>
- HBR: Seven Transformations of Leadership (2005) <u>https://hbr.org/2005/04/seven-transformations-of-leadership</u>



The #Empowered Library

- Dare to Lead Brene Brown
- Becoming Michelle Obama
- Team of Teams Stanley A. McChrystal
- Bad Girls Throughout History Ann Shen
- Thanks for the Feedback Douglas Stone &
 Sheila Heen
- Creativity Inc. Ed Catmull
- The No Asshole Rule! Robert I. Sutton
- What got you here won't get you there Marshall Goldsmith
- The Day the Crayons Quit Drew Daywalt

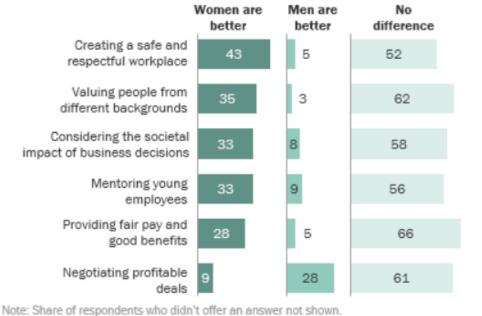
- Walk on Water Michael Ruhlman
- In Shock Dr. Rana Awdish
- Lean In Sheryl Sandberg
- Letter to my Daughter Maya Angelou
- Start with Why Simon Sinek
- The Last Lecture Randy Pausch
- We Should All be Feminists Chimamanda
 Ngozi Adichi
- Crucial conversations Al Switzler, Joseph Grenny, and Ron McMillan
- Leaders Eat Last Simon Sinek





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% saying women/men in top executive business positions are better at each of the following

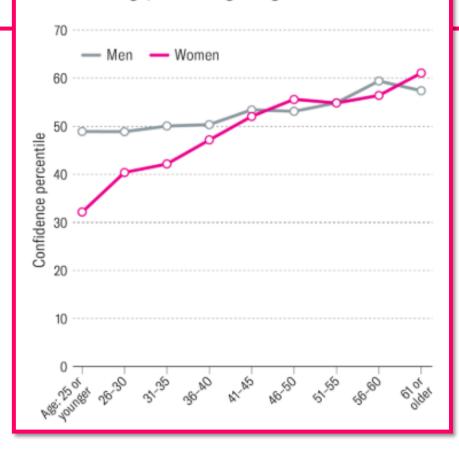


Note: Share of respondents who didn't offer an answer not shown. Source: Survey of U.S. adults conducted June 19-July 2, 2018. "Women and Leadership 2018"

PEW RESEARCH CENTER

Women Rate Themselves as Less Confident Than Men Until Their Mid-40s

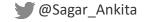
Data on 3,876 men and 4,779 women since 2016 shows that women's gains in confidence are more than three times that of men — but only because of a massive gap at the beginning of their careers.



Source:

Pew Research Center: Women and Leadership (2018) <u>https://www.pewsocialtrends.org/2018/09/20/women-and-leadership-2018</u>

HBR: Research: Women Score Higher than Men in Most Leadership Skills (2019) https://hbr.org/2019/06/research-women-score-higher-than-men-in-most-leadership-skills





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