NYACP presents:

**Women in Medicine**

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Attending Physician, Dept of Medicine, Northwell Health
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Disclosure of Financial Relationships

Planning Committee and Reviewers

Ankita Sagar, MD, MPH, FACP
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Faculty
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Linda Koshy, MD
Nancy Lavine, MD, FACP

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)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

- Recognize compensation 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.”

Where do compensation disparities exist in medicine?

– Primary care
– Subspecialties
– Academia
– Research
Inequity in Primary Care

Inequity in Subspecialties

Among Specialists, Who Earns More: Men or Women?

“...but women work part-time more than men.”

“More women work in low-paying specialties.”

“Women don’t negotiate.”
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

# EXHIBIT 1

## Selected Characteristics And Starting Salaries Of New Physicians By Gender

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Percentage of physicians</th>
<th>Mean starting salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Solo practice</td>
<td>3.6</td>
<td>2.3a</td>
</tr>
<tr>
<td>Partnership</td>
<td>8.7</td>
<td>6.4</td>
</tr>
<tr>
<td>Group practice</td>
<td>47.5</td>
<td>44.9</td>
</tr>
<tr>
<td>Hospital, inpatient</td>
<td>18.6</td>
<td>18.1</td>
</tr>
<tr>
<td>Hospital, ambulatory care</td>
<td>7.0</td>
<td>13.6</td>
</tr>
<tr>
<td>Hospital, emergency department</td>
<td>8.6</td>
<td>7.2</td>
</tr>
<tr>
<td>Health center</td>
<td>2.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>3.2</td>
<td>3.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Percentage of physicians</th>
<th>Mean starting salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>City</td>
<td>45.2</td>
<td>51.2b</td>
</tr>
<tr>
<td>Suburb/small city</td>
<td>47.6</td>
<td>42.6</td>
</tr>
<tr>
<td>Rural</td>
<td>6.6</td>
<td>5.1</td>
</tr>
<tr>
<td>Missing</td>
<td>0.6</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care Hours Per Week</th>
<th>Percentage of physicians</th>
<th>Mean starting salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>0-19</td>
<td>1.5</td>
<td>3.3b</td>
</tr>
<tr>
<td>20-29</td>
<td>3.8</td>
<td>9.9</td>
</tr>
<tr>
<td>30-39</td>
<td>19.2</td>
<td>24.9</td>
</tr>
<tr>
<td>40-49</td>
<td>38.3</td>
<td>38.5</td>
</tr>
<tr>
<td>50 or more</td>
<td>37.3</td>
<td>23.4</td>
</tr>
</tbody>
</table>
### Exhibit 2

**Starting Salary for Selected Physician Specialties, By Gender**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage of physicians</th>
<th>Mean starting salary ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>All physicians</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Pediatrics (general)</td>
<td>5.0</td>
<td>13.9</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>1.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Family practice</td>
<td>6.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>3.3</td>
<td>4.4</td>
</tr>
<tr>
<td>Internal medicine (general)</td>
<td>18.2</td>
<td>16.0</td>
</tr>
<tr>
<td>Pediatrics (subspecialty)</td>
<td>1.7</td>
<td>3.5</td>
</tr>
<tr>
<td>Nephrology</td>
<td>2.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>1.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Urology</td>
<td>2.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Obstetrics and gynecology (general)</td>
<td>2.5</td>
<td>10.5</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Surgery (general)</td>
<td>1.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4.1</td>
<td>1.3</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>9.1</td>
<td>6.6</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Cardiothoracic surgery</td>
<td>0.9</td>
<td>0.1</td>
</tr>
<tr>
<td>Anesthesiology (general)</td>
<td>5.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Radiology (diagnostic)</td>
<td>3.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>3.7</td>
<td>0.5</td>
</tr>
</tbody>
</table>
EXHIBIT 3

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

# Inequity in Academia

## Table 2. Multivariable Analysis of Factors Associated With Physician Salary

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Salary, $</th>
<th>Unadjusted, Mean (SD)</th>
<th>Adjusted, Mean (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>257 957 (137 203)</td>
<td>247 661 (245 065 to 250 258)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>206 641 (88 238)</td>
<td>227 783 (224 117 to 231 448)</td>
<td></td>
</tr>
</tbody>
</table>

Inequity in Academia

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

Inequity in Research

Table 2. Bivariable Associations Between Salary and Measured Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Salary Estimate, $ (95% CI)</th>
<th>( P ) Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>167,669 (158,417 to 176,922)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Male</td>
<td>200,433 (194,249 to 206,617)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Initial Model(^a)</th>
<th>Final Model(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary Estimate, $</td>
<td>( P ) Value</td>
</tr>
<tr>
<td>Intercept</td>
<td>136,064</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Reference</td>
<td>.006</td>
</tr>
<tr>
<td>Male</td>
<td>12,001</td>
<td></td>
</tr>
</tbody>
</table>

Inequity in Academia

Inequity in Research

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<th>P Value</th>
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</thead>
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Table 3. Multivariable Model of Current Annual Salary of Respondents Who Received Initial K Award Funding in 2000-2003

<table>
<thead>
<tr>
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<th>Initial Model&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Final Model&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary Estimate, $</td>
<td>P Value</td>
</tr>
<tr>
<td>Intercept</td>
<td>136,064</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>Reference</td>
<td>.006</td>
</tr>
<tr>
<td>Male</td>
<td>12,001</td>
<td></td>
</tr>
</tbody>
</table>

Why does this matter?

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
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.

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Promoted — Same Institution/Department</th>
<th>Promoted — Different Institution/Department</th>
<th>Not Promoted — Still in Academic Medicine</th>
<th>Not Promoted — Left Academic Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men Associate to Full Professor (N = 1,968)</td>
<td>27%</td>
<td>47%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Women Associate to Full Professor (N = 1,034)</td>
<td>22%</td>
<td>53%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Men Assistant to Associate Professor (N = 4,424)</td>
<td>20%</td>
<td>44%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Women Assistant to Associate Professor (N = 3,579)</td>
<td>15%</td>
<td>44%</td>
<td>38%</td>
<td></td>
</tr>
</tbody>
</table>

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.

Full-Time Clinical Science Faculty Promotions

- **Men Associate to Full Professor (N = 1,968)**
  - Promoted — Same Institution/Department: 27%
  - Promoted — Different Institution/Department: 4%
  - Not Promoted — Still in Academic Medicine: 47%
  - Not Promoted — Left Academic Medicine: 21%

- **Women Associate to Full Professor (N = 1,034)**
  - Promoted — Same Institution/Department: 22%
  - Promoted — Different Institution/Department: 4%
  - Not Promoted — Still in Academic Medicine: 53%
  - Not Promoted — Left Academic Medicine: 21%

- **Men Assistant to Associate Professor (N = 4,424)**
  - Promoted — Same Institution/Department: 20%
  - Promoted — Different Institution/Department: 4%
  - Not Promoted — Still in Academic Medicine: 44%
  - Not Promoted — Left Academic Medicine: 32%

- **Women Assistant to Associate Professor (N = 3,579)**
  - Promoted — Same Institution/Department: 15%
  - Promoted — Different Institution/Department: 3%
  - Not Promoted — Still in Academic Medicine: 44%
  - Not Promoted — Left Academic Medicine: 38%
“Leaky Pipeline”

52% Medical Students
50% Internal Medicine Residents
22% Cardiology Fellows

12% general Cardiologist
10% Procedural subspecialty

?? Full Professor
?? CFO President of Circ
?? Dean Journal editors


Sanghvi et al Circ Cardiovasc Qual Outcomes. 2014

Graphic from: https://www.euro-fusion.org/
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
GRIT FOR WOMEN IN MEDICINE 2020
Growth, Resilience, Inspiration, & Tenacity

ExeCUTIVE SEMINAR®
Mid-Career Women in Medicine Seminar

DECEMBER 7, 2019

WOMEN IN MEDICINE SUMMIT
SEPTEMBER 20 & 21 2019
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
- **CARE** for a family member with a serious health condition
- **ASSIST** 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Weeks of Leave</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>10 weeks</td>
<td>55% of employee’s AWW, up to 55% of SAWW*</td>
</tr>
<tr>
<td>2020</td>
<td>10 weeks</td>
<td>60% of employee’s AWW, up to 60% of SAWW</td>
</tr>
<tr>
<td>2021</td>
<td>12 weeks</td>
<td>67% of employee’s AWW, up to 67% of SAWW</td>
</tr>
</tbody>
</table>

• 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

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.
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


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
Feathers?
(yes...stay tuned to find out!)
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
What’s in a term?

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

Sometimes roles may overlap!

Mentor

Role model who helps you navigate your career, providing guidance for career choices and decisions.

You drive the relationship. Your mentor is reactive and responsive to your needs.

Determine possible career paths based on interest or how to maneuver career advancement.

Sponsor

Senior leader who uses strong influence to help you obtain high-visibility assignments, promotions, or jobs.

Sponsor drives the relationship, advocating for you in many settings, including behind closed doors.

Advocate for your advancement and champion your work and potential with other senior leaders.

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


@Sagar_Ankita
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)

Best Practices for mentor

*Use motivational interviewing*

- **O** Open questions – refrain from yes/no questions
- **A** Acknowledge barrier/conflict/concern/emotions
- **R** Reflect on what is mentee is saying and brainstorm possible next steps
- **S** Summarize barrier/conflict and delineate next steps

@Sagar_Ankita
“Where a mentor might help you envision your next position, a sponsor will lever open that position for you.”

“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) [Link]
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

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 quick 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 quick note on your understanding and ask how you can be of help

Source: DeCastro R, et al. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610810](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 – Gender Pay Gap Series
- CoreIM - Stories of Women in Medicine
Resources: Online Reading

- HBR: Leadership [https://hbr.org/topic/leadership](https://hbr.org/topic/leadership)
- 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](https://hbr.org/2019/06/research-women-score-higher-than-men-in-most-leadership-skills)
The Empowered Library
<table>
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<tr>
<td>Becoming</td>
<td>Michelle Obama</td>
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<tr>
<td>Team of Teams</td>
<td>Stanley A. McChrystal</td>
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<td>Bad Girls Throughout History</td>
<td>Ann Shen</td>
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<td>Thanks for the Feedback</td>
<td>Douglas Stone &amp; Sheila Heen</td>
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<td>Creativity Inc.</td>
<td>Ed Catmull</td>
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<td>The No Asshole Rule</td>
<td>Robert I. Sutton</td>
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<td>What got you here won’t get you there</td>
<td>Marshall Goldsmith</td>
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<td>We Should All be Feminists</td>
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<td>Crucial conversations</td>
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<td>Leaders Eat Last</td>
<td>Simon Sinek</td>
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Consider #HeforShe

HeForShe
UN Women Solidarity Movement for Gender Equality
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.

Last few thoughts...

Source:
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](https://hbr.org/2019/06/research-women-score-higher-than-men-in-most-leadership-skills)
Empowered Women
EMPOWER WOMEN
Feathers?

Compassion  Bravery  Guidance
Vision  Awakening
Strength  Kindness
Grace  Freedom
Pride  Knowledge