

The Career Advising Program: A Strategy to Achieve Gender Equity in Academic Medicine

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Significant gender disparities in academic rank exist at US medical schools, even after controlling for age, time since training, specialty, and measures of productivity, and despite increasing numbers of women entering medicine over the past 30 years. Within internal medicine nationally, only 19% of full professors are women.¹ Moreover, only 12% of internal medicine department chairs are female, and women lead a minority of general internal medicine or hospitalist divisions.^{1, 2} Given that women now constitute half of US medical school graduates, identifying strategies to support their career development in order to capitalize on the untapped leadership potential of this large segment of our health care workforce is critical. Other industries have addressed similar gender gaps in part by creating formal sponsorship programming.³ Academic medicine could follow suit. Specialty societies like the Society of General Internal Medicine (SGIM) are well-positioned to spearhead efforts to cultivate underutilized female talent by providing them the access to senior leaders and professional networks that is so important to advancement. We describe SGIM's novel sponsorship initiative, the Career Advising Program, and how it might serve as a model for this type of endeavor.

Attempts to improve the status of women in academic medicine must first account for their professional context. Perhaps because so few women are in leadership positions, certain biases may persist within organizations. Structural bias, also termed institutional bias, is the tendency for policies, procedures, or practices of an institution to advantage certain groups and potentially contributes to gender inequities in salary and research support within academic medicine. This disparity begins upon entry into the workforce through initial offers of lower-ranked positions (e.g., instructor in lieu of assistant professor), lower starting salaries, and smaller start-up packages.

Implicit bias, or unconscious attitudes and stereotypes, is developed during childhood and informs assumptions about adult gender roles.⁴ Assumptions of women's primary roles in child rearing or housekeeping, men's superiority in leadership capability, or women's inclination to work part-time are just a few examples. These implicit biases may influence whether women are considered for leadership responsibilities in the workplace and how fairly women's contributions are appraised compared with those of their male counterparts. Finally, socialization and consistent discrimination may lead women to internalize some of these negative beliefs. After a professional lifetime of being marginalized, they themselves may feel inadequate and be less likely to seek leadership roles, self-nominate for committees, or negotiate for a fair salary.

Sponsorship differs from mentorship in its focus on spotlighting and advocating for highly talented individuals. By definition, a sponsor must have significant organizational influence and a seat at the table where important decisions are made. A sponsor publicly advocates for his/her proteges with regard to competitive assignments, leadership opportunities, and high-impact committee membership. He or she also enhances a protegee's credibility, visibility, and professional networks. In contrast, mentorship typically centers on personal and professional development, particularly related to skill-building and goal-setting. An effective mentor is a guide who takes time to listen, provide constructive feedback, and offer specific expertise. The impact does not necessarily depend on a mentor's rank or position within an institution.

Research from the business community demonstrates that sponsorship programming systematically enhances women's ability to gain promotion, increases satisfaction with the rate of advancement, facilitates stretch assignments, creates upward pressure in pay, and improves gender parity in career advancement.³ As such, it may be an important strategy for mitigating the biases described above and accelerating women's professional advancement within academic medicine.⁵ Since professional medical societies are an ideal platform for offering access to senior leaders and networks of colleagues, SGIM's Women and Medicine Task Force launched a model sponsorship initiative, the Career Advising Program (CAP), in 2013.

CAP is a longitudinal experience intended to foster advancement of women in medicine by helping female junior faculty successfully navigate the academic promotion process. Specific objectives focus on curriculum vitae preparation, high-

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impact committee membership, and strategies for building relationships with external promotion letter writers (all critical components of the academic promotion process). Collateral goals include enhancing teaching portfolios, obtaining research grants, advancement to leadership positions, enhancing confidence around professional self-advocacy, expanding job opportunities, and gaining advocacy of a senior leader with influence locally, regionally, or nationally. To date, 200 SGIM members nationwide have participated in CAP.

CAP advisors are male and female associate professors or professors who have demonstrated interest in supporting the success of women in medicine. Many have a strong record of successful mentorship of junior faculty as well. Advisees are female assistant professors, instructors, or fellows desiring academic promotion. After reviewing curricula vitae and detailed application questionnaires, CAP leadership matches 20–30 advisee–advisor pairs annually based on similarities in career path (e.g., research, education), professional focus (e.g., women’s health, HIV), and identified needs (advisee) and expertise (advisor) in career development (e.g., K-to-R transition, advancement in quality improvement, enhancing teaching portfolio). To enhance the advisee’s network reach and allow for diversity of sponsorship, advisee–advisor pairs are intentionally chosen from different institutions. This matching process reflects best practices of successful sponsorship programs described in the business literature.³

Participants are expected to participate in the program for 2 years, with at least biannual contact via email or phone and at least one in-person meeting. The call for applications, program welcome letter, and in-person orientation all address expectations and responsibilities of CAP participants, and CAP leadership checks in with advisee–advisor pairs throughout the program tenure to ensure that matches are successful. CAP leadership provides further programmatic guidance during a session at SGIM’s annual meeting and by distributing articles from the business and medical literature on sponsorship and mentoring relationships throughout the year. Programmatic surveillance is conducted via institutional review board (IRB)-approved baseline and exit surveys administered to all advisees and informal mid-year surveys to all participants. The baseline and exit questionnaires include 12 questions regarding demographic characteristics, number of regional and national leadership positions held, and personal goals for CAP participation. These instruments also provide an open-ended comment section at the end.

The first CAP cohort of 23 advisee–advisor pairs completed the program in April 2015, and the second CAP cohort of 30 advisee–advisor pairs completed the program in May 2016. The fourth cohort of 27 advisee–advisor pairs has just been matched. The first cohort reported finding CAP useful for enhancing confidence in professional self-advocacy, improving

curriculum vitae design, and gaining the sponsorship of a senior leader. In addition to enhanced confidence around professional self-advocacy, the second cohort reported achieving promotion to the next academic rank and expanding training or job opportunities. Comments from participants have been overwhelmingly positive. For example, one participant reflected, “[my CAP advisor] has a wonderful ability to synthesize the information I’m giving her, get to the heart of the matter, and add key insights that have been really valuable in preparing to go up for promotion/tenure, managing an expanding research team, improving my time management, and navigating the NIH.”

To our knowledge, SGIM’s Career Advising Program is the only national-level sponsorship program in academic medicine, and should serve as a model to support the career development of women in medicine. CAP could be easily adapted for individual institutions or other professional societies eager to cultivate the advancement of talented faculty traditionally excluded from informal professional networks. While CAP has focused specifically on academic promotion, programming could be implemented to provide access to senior leaders in order to achieve different goals (e.g., more female executives at an academic health care center, more female members of a society’s governing body). Efforts like CAP foster inclusion and spotlight talented individuals whose potential contributions to an organization may otherwise be underutilized.

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