



ACC.17

ACC Annual Scientific Session & Expo

Diversity and Recruitment: How Do We Achieve It?



- Quinn Capers, IV, MD, FACC
- Sandra Lewis, MD, FACC

WASHINGTON, DC

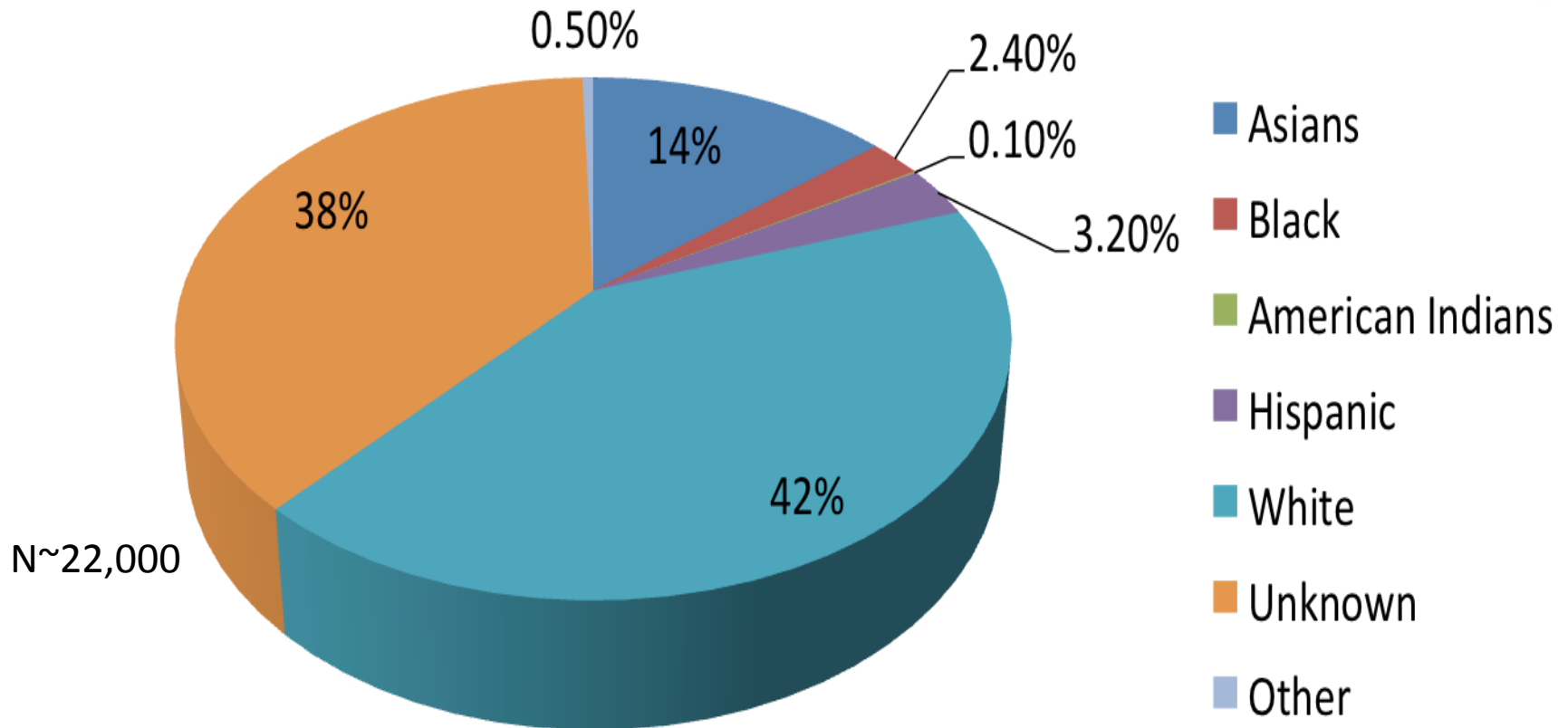
FRI • SAT • SUN

MARCH 17 – 19, 2017

The Problem ...

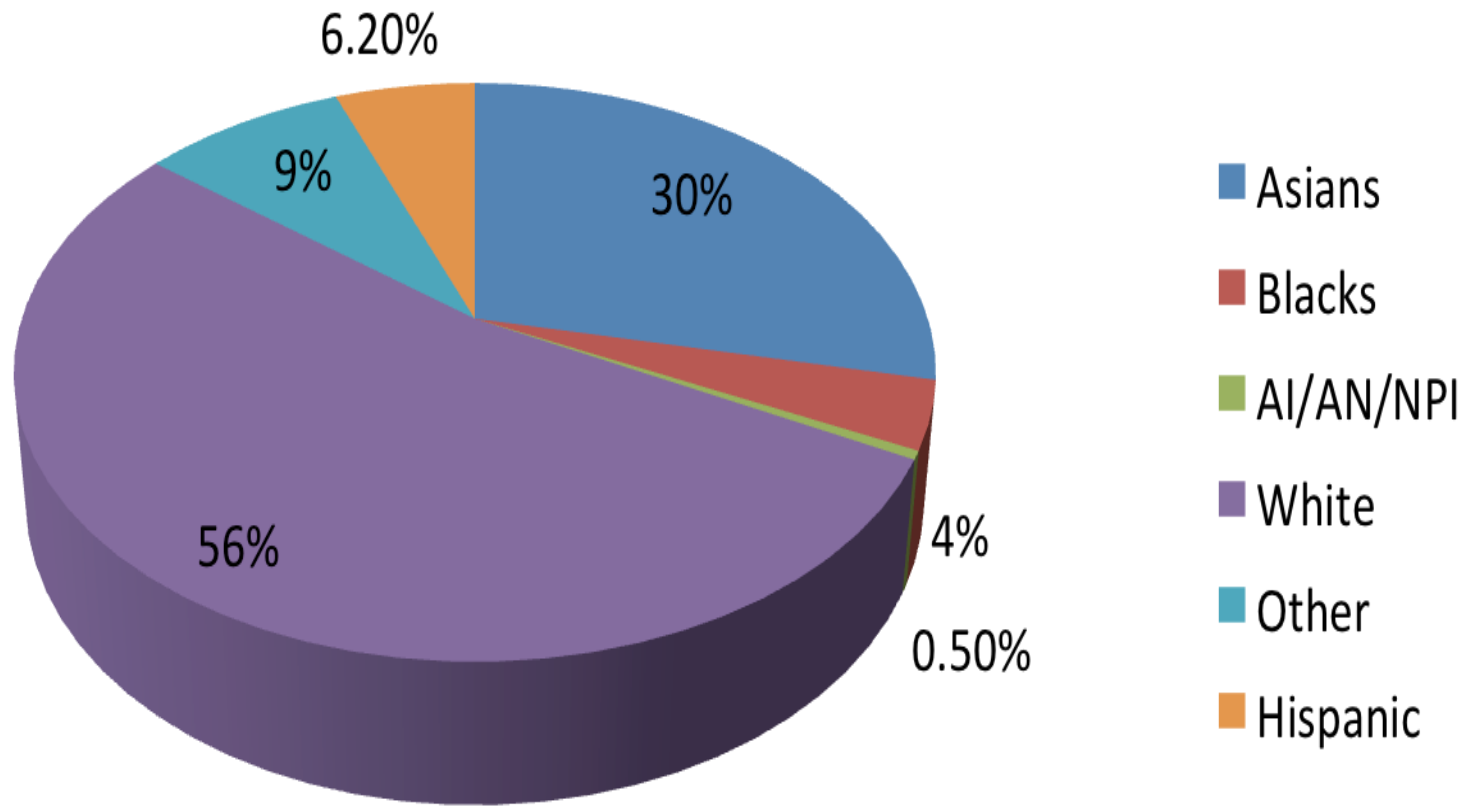


Cardiologists in US 2013



The Problem ...

Cardiology Fellows 2007



N~2,000

AAMC Diversity Facts and Figures 2008

2017 ACC Program Director' Survey

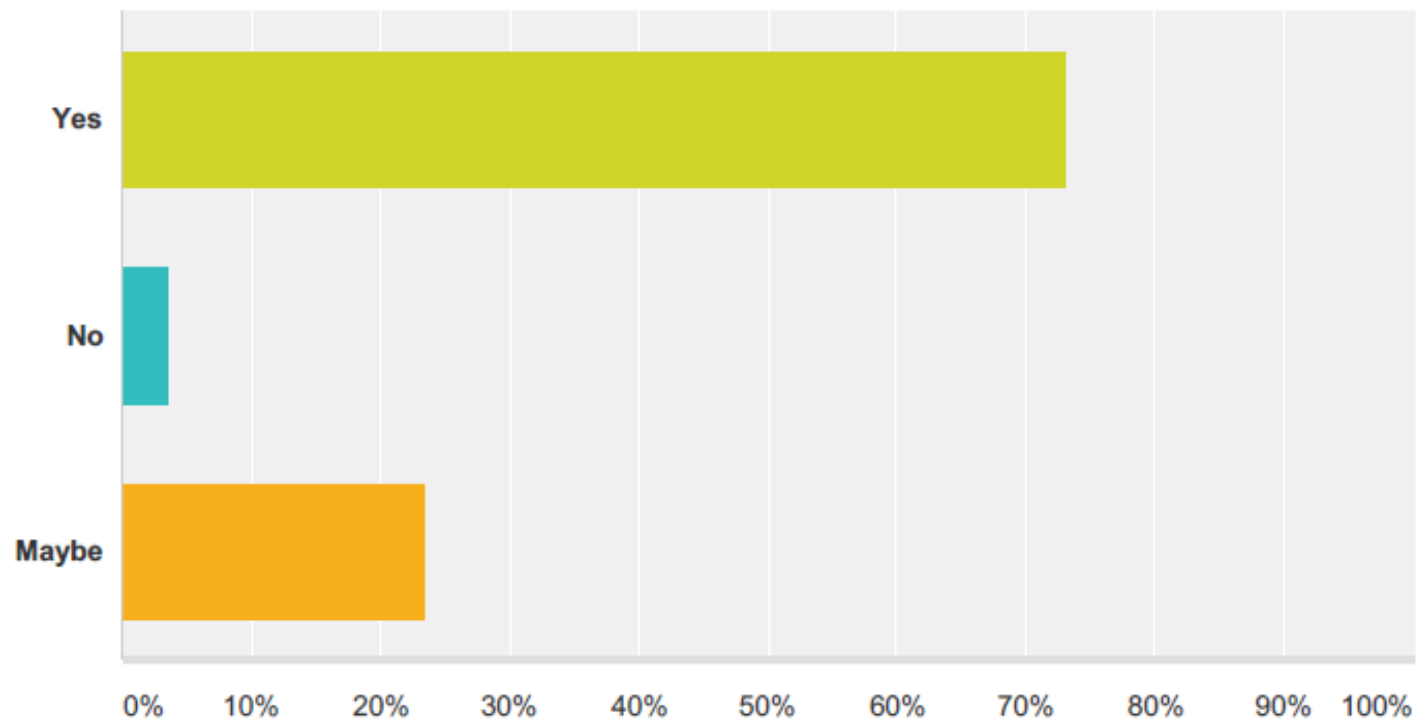


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- 137 respondents/
 - 51% Adult General Cardiology
 - 37% Adult Subspecialty Cardiology
 - 11% Pediatric General Cardiology
 - 1% Pediatric Subspecialty Cardiology

Q3 “Diversity is a driver of excellence in healthcare delivery, ” in other words, the more diversity represented amongst your health care providers, the better the care delivered to patients. Do you believe this statement is true?

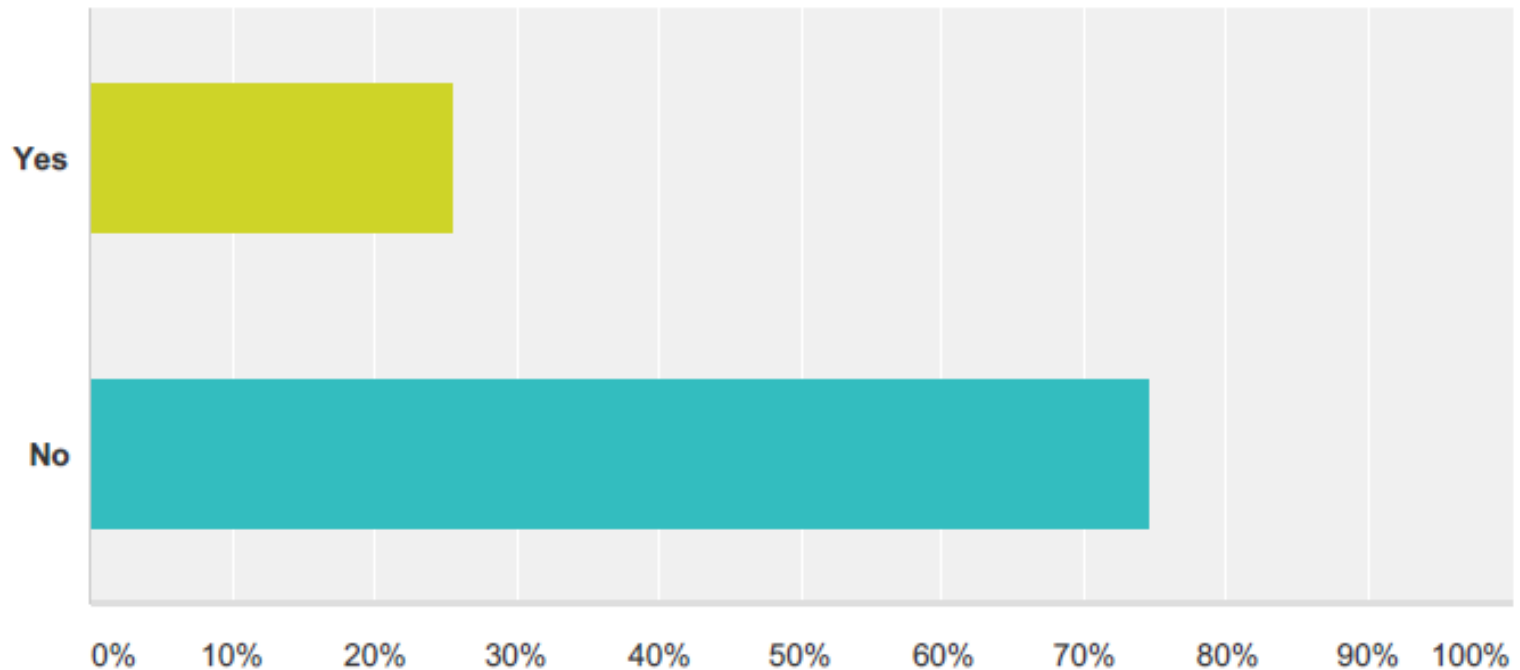
Answered: 137 Skipped: 0





Q4 Can you quote 1-2 references that support this statement?

Answered: 137 Skipped: 0





“Top 3 considerations when making your rank list?”

Answer Choices	Responses
USMLE scores	26.28%
Prestige of medical school or residency	28.47%
Communication skills	27.01%
“Ability to fit in well/Team player”	59.12%
Clinical skills/acumen	61.31%
Humanitarian/compassion/evidence of commitment to society	11.68%
Research productivity	32.85%
Future potential as an academic leader	25.55%
Strength of the PD letter	32.12%
Diversity/ability to enhance the cultural competency of your fellows	5.84%



Q8 Which statement most accurately describes your position with respect to increasing diversity in your program?

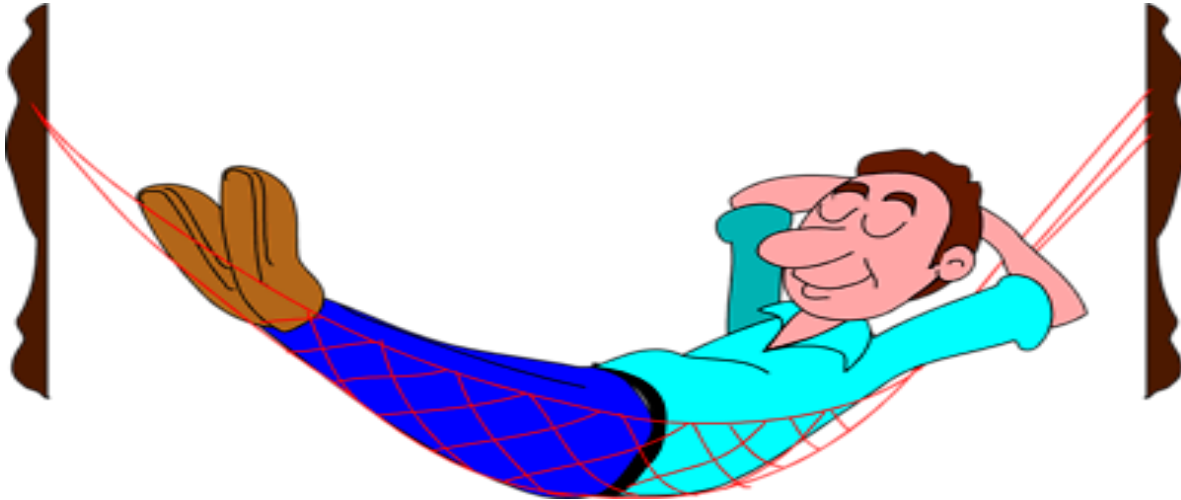
Answer Choices	Responses
Our program is diverse already so diversity does not need to be increased	61.31%
We want to increase diversity in our program but don't know how to do it	21.17%
We want to increase diversity in our program and have a plan to do it	17.52%

Most Cited Strategy for Recruiting to Cardiology Programs ...Keeping the Website Current



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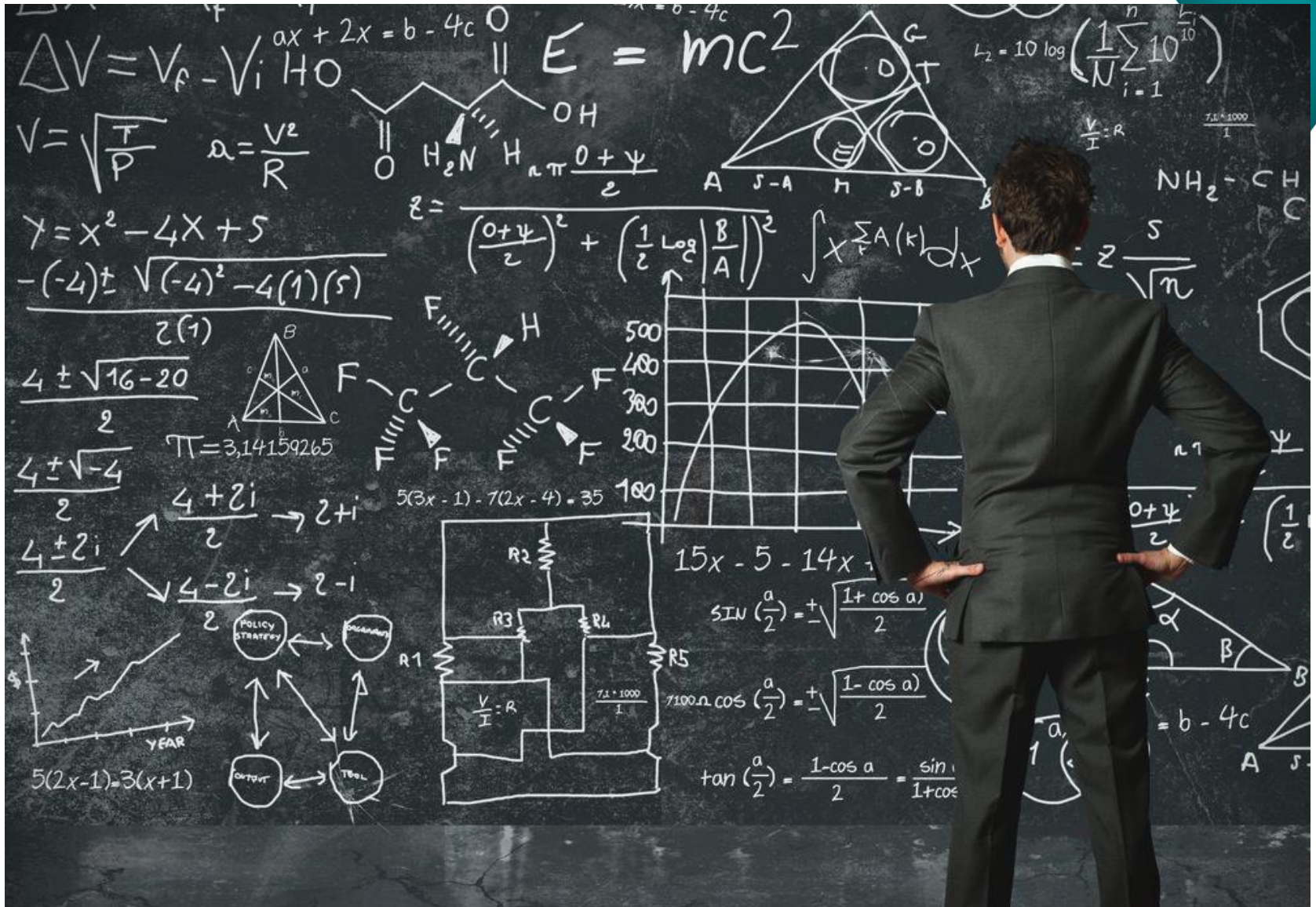
Waiting for URM applicants . . .
I'll keep the website current!



Solve the equation for diversity ...



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The Culprits ...

1. Supply Chain

1. Low numbers from HS graduation thru Med School
2. URM's go into PC (45%) >> Whites into PC (39%)

2. Program Directors

1. Apathetic about recruiting
2. Place little importance on diversity when ranking
3. Place prime importance on USMLE

3. Culture in Academic Medicine

1. Unconscious bias
2. Inertia



Action Items ...

1. Believe that Diversity enhances excellence
2. Familiarize yourself (and colleagues) with rich literature documenting benefit of diversity healthcare
3. Enhance supply chain
4. Review data re: USMLE Step 1 and specialty boards for your program
5. Recruit, Recruit, Recruit
6. Minimize bias (implicit and explicit) in your program





“Heart School” for High Schoolers



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Where are the Women?

Will Program Directors Impact Change?

A Challenge to Program Directors at ACC.17

Sandra Lewis, MD, FACC

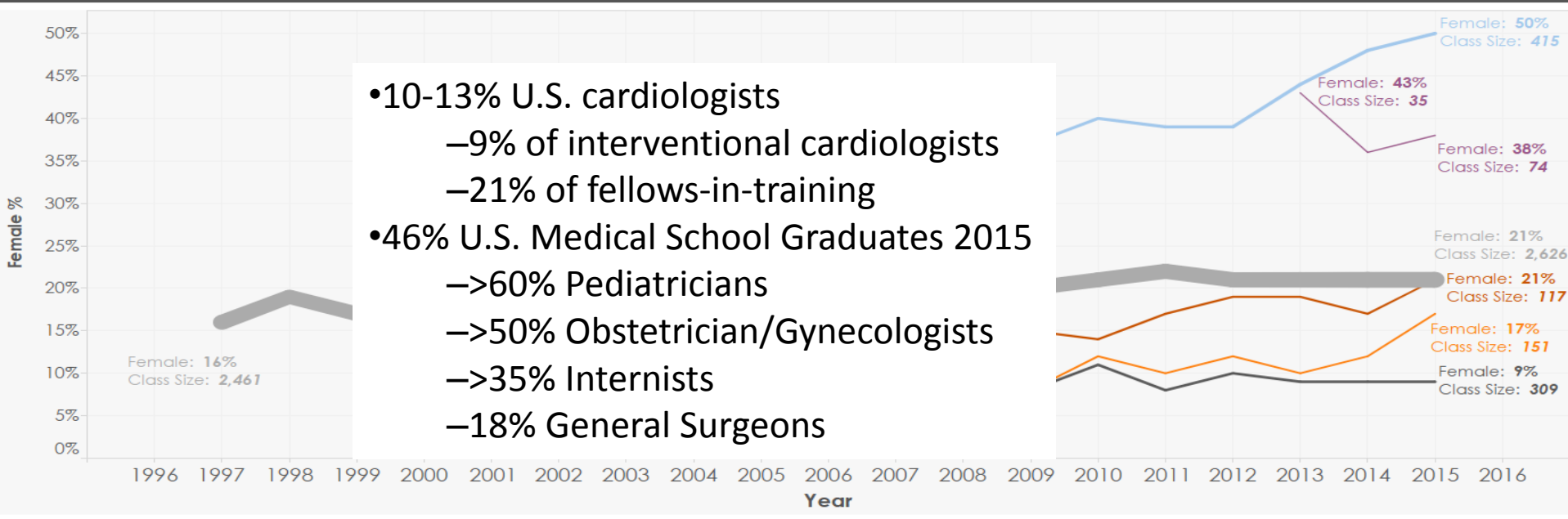
Fellowettes 1983 Palo Alto CA



% of Females in CVD Training Remains Relatively Flat

Pediatric cardiology, electrophysiology and thoracic surgery areas of cardiovascular medicine show the greatest increase in female enrollment. Pediatric cardiology and advanced HF appeal to women.

Percent of Females in Training from 1996 - 2015



- 10-13% U.S. cardiologists
 - 9% of interventional cardiologists
 - 21% of fellows-in-training
- 46% U.S. Medical School Graduates 2015
 - >60% Pediatricians
 - >50% Obstetrician/Gynecologists
 - >35% Internists
 - 18% General Surgeons

Board Certification | Class Size

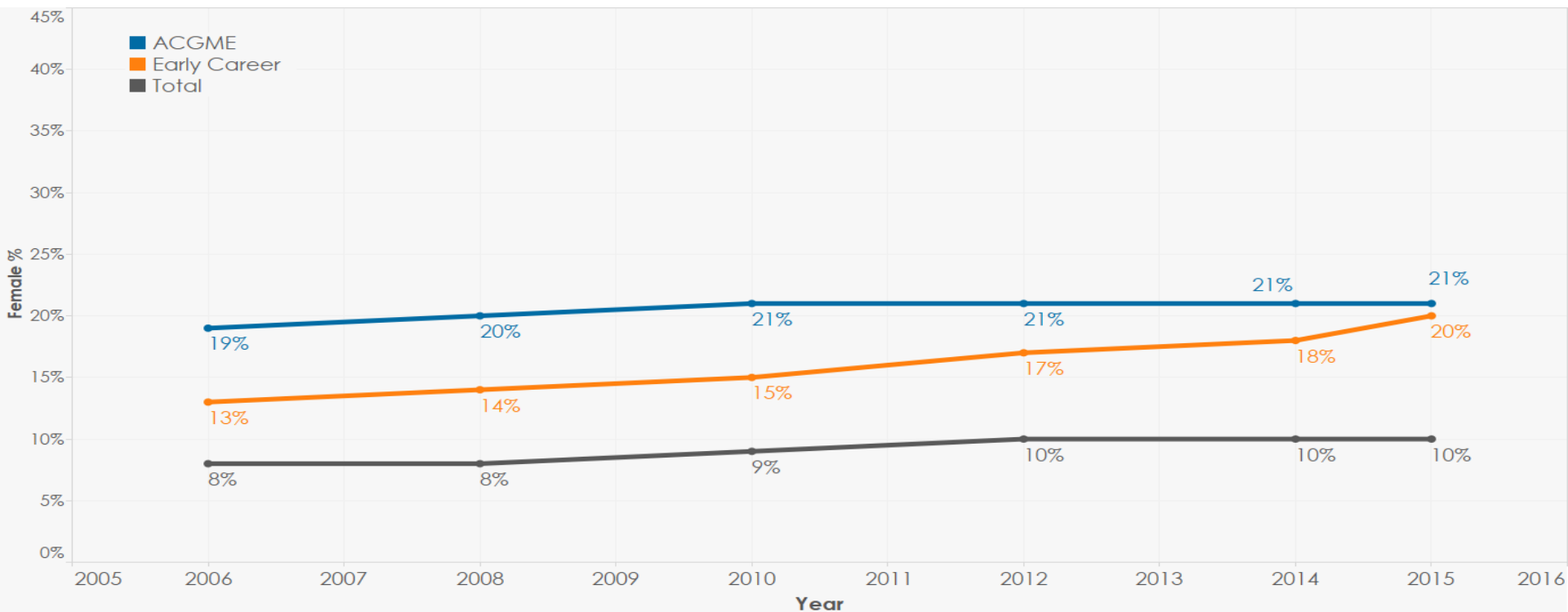
<ul style="list-style-type: none"> Advanced HF & Transplant Cardiology Clinical Cardiac EP Cardiovascular Disease 	<ul style="list-style-type: none"> Interventional Cardiology Pediatric Cardiology Thoracic Surgery 	<ul style="list-style-type: none"> 35 1,000 2,000 2,944
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Female ACC US Cardiovascular Physicians

The number of board certified female cardiologists in the ACC has shown very slow growth. More growth is evident at the early career level, mirroring trends in ACGME training.

Percent of Female ACC US Cardiovascular Physicians



Rates of Discrimination reported by women vs. men

TABLE 4 Discrimination

	1996			2006			2015		
	Women (n = 518)	Men (n = 546)	Women vs. Men p Value	Women (n = 667)	Men (n = 442)	Women vs. Men p Value	Women (n = 964)	Men (n = 1,349)	Women vs. Men p Value
Experienced discrimination	71 (368)	21 (115)	≤0.001	69 (458)	22 (96)	≤0.001	65* (624)	23 (309)	≤0.001
Affected activities with colleagues	61	16	≤0.001	45*	39*	NS	58†	45*	≤0.001
Affected activities with patients	30	11	≤0.001	14*	17	NS	21*†	22*	NS
Affected activities within ACC	18	4	≤0.001	9*	9	NS	13	14*	NS
Types of Discrimination Experienced									
Sex	81	4	≤0.001	95*	5	≤0.001	96*	8*	≤0.001
Race	5	31	≤0.001	12*	46	≤0.001	18*	59*	≤0.001
Parenting responsibilities	8	1	≤0.01	39*	4	≤0.001	37*	8	≤0.001
Religion	<1	18	≤0.001	6*	25	≤0.001	5*	22	≤0.001
Sexual orientation	—	—		2	0	NS	1	2	NS

Values are % (n) or %, unless otherwise indicated. *p ≤ 0.05 compared with same sex in 1996. †p ≤ 0.05 compared with same sex in 2006.
ACC = American College of Cardiology.



Compensation & Work Activities Male vs. Female Cardiologists

- Mean salary \$510,996 for men: \$400,162 for women.
- After adjustment for personal, job, practice, and productivity characteristics, gender remained significantly associated w/ salary
- Effect size \$37,717 male vs. female
- Pay disparity in academic cardiology similar: \$33,749 difference

Jagsi....Douglas; JACC 2015; Jena et al. JAMA Int Med 2016



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Ending Discrimination: Efforts by other Medical Societies



Building Respect, Improving Patient Safety

RACS Action Plan on Discrimination, Bullying and
Sexual Harassment in the Practice of Surgery



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



RACS Background Briefing

- Systemic gender-based discrimination includes:
 - An ‘old-boys’ club’ culture
 - A hidden curriculum that encourages greater confidence and self-esteem in male colleagues.

“Women who ask for assistance are viewed as weak, uncommitted to the department mission, too emotional ”

“Surgery is particularly cruel to individuals who show weakness, self-doubt, or nonmasculine communication patterns ”



RACS Background Briefing Recommendations

- Assist with establishment of graded system of responses designed to address seriousness of any inappropriate behavior
- Create system directed toward remediation not retribution
- Provide training for staff on how to deal with reports of inappropriate behavior such as discrimination, bullying and sexual harassment



RACS Background Briefing Recommendations

- Assure that when inappropriate behavior occurs the discipline process is implemented fairly, regardless of the status or money-earning capacity of the perpetrator
- Provide visible leadership supporting the implementation of policies and standards, compliance with those standards, and monitoring of performance
- Keep the strategy visible and dynamic.



Unconscious Biases

- Deeply ingrained notions of gender roles
- NAS report
 - *“An impressive body of controlled experimental studies and examination of decision-making processes in real life show that, on the average, people are less likely to hire a woman than a man with identical qualifications, are less likely to ascribe credit to a woman than to a man for identical accomplishments, and, when information is scarce, will far more often give the benefit of the doubt to a man than a woman.”*
- Concept of “family wage”

Jagsi, R: Promoting Gender Equity and Success in Academic Medicine 2016; used with permission



Developing Targeted Interventions

- Concrete, targeted interventions necessary
- As many practices contributing to gender inequity appear gender-neutral, interventions need not be obviously gender-specific
- Success with initiatives at one institution should be shared to promote development of similar programs elsewhere



Gender-equalizing Professional Advancement Policies

- With respect to compensation policies:
 - Principle of fairness
 - Transparency in arriving at compensation decisions
 - Formula for compensation which is open and easy to understand



Gender-equalizing Family Policies

- Mandatory parental leave policies, with *required paternal leave* as an integrated component
 - Equalization of wages over the life-time careers of men and women
 - More equal unpaid (domestic) work sharing
 - More active fatherhood role for men
- Expanded access to high-quality, affordable daycare options
- Support for breastfeeding/pumping at work



American College of Surgeons Policy Statement

- Recognizes that successful career as a surgeon does not preclude decision to have children
- Advocates for standardization of parental leave – no less than 6 weeks for maternal and paternal leave
- No requirement to make up call time upon return to work.

Statement on the importance of parental leave. American College of Surgeons, 2016. Available at: <https://www.facs.org/about-acs/statements/84-parental-leave>



American College of Surgeons Policy Statement

- ***“Parental leave should not be a factor to be considered when making decisions regarding benefits, promotion, or continued employment.”***

And I would add—

Decision to Choose our Specialty

***Statement on the importance of parental leave. American College of Surgeons, 2016.
Available at: <https://www.facs.org/about-acs/statements/84-parental-leave>***



Challenge to Program Directors Section

- Identify diversity as a priority
- Recognize unconscious and conscious bias
- Recruit, recruit, recruit
 - Outreach to medical students, residents
- Culture is top down
 - Leadership sets standards for diversity and inclusiveness



Conclusions

- Current cardiology culture impacts paucity of women choosing cardiology
- If Cardiology not attracting equal % of women in medicine, missing “best and brightest”

Change will happen –

We can help to accelerate the pace!

can serve as a template for institutions to follow