



ACC.17

66th Annual Scientific Session & Expo

Where are the Women?

Will Program Directors Impact Change?

A Challenge to Program Directors at ACC.17

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WASHINGTON, DC

FRI • SAT • SUN

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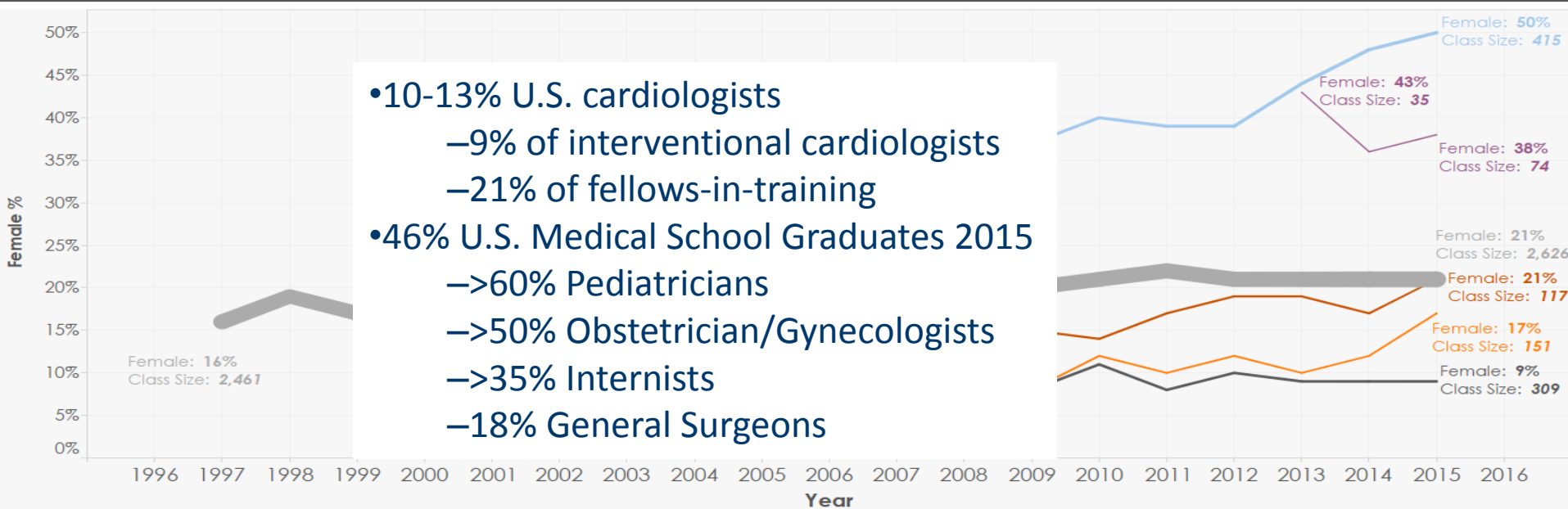
Fellowettes 1983 Palo Alto CA



% 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



Board Certification

Class Size

- Advanced HF & Transplant Cardiology
- Clinical Cardiac EP
- Cardiovascular Disease
- Interventional Cardiology
- Pediatric Cardiology
- Thoracic Surgery

35

1,000

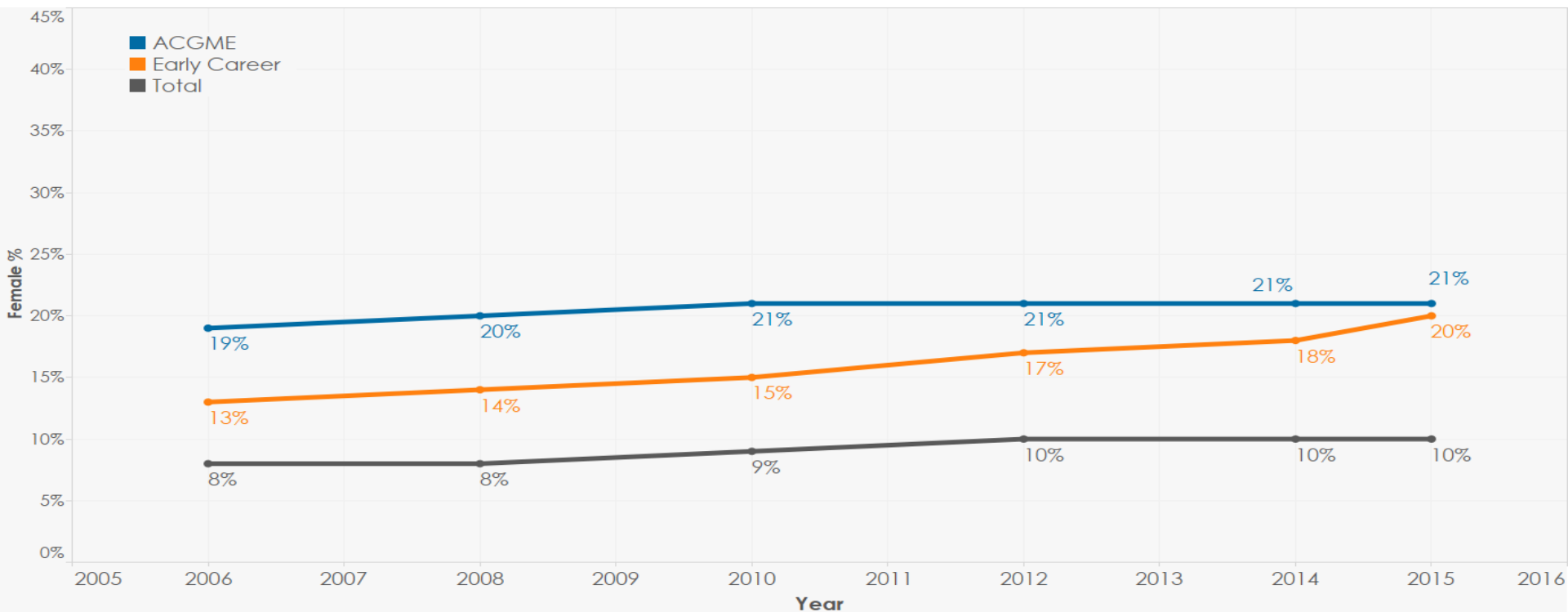
2,000

2,944

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

Ending Discrimination: Efforts by other Medical Societies



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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



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- 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



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- 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”

Developing Targeted Interventions



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- 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



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- 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



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- 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



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- 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



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- *“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>*



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 –

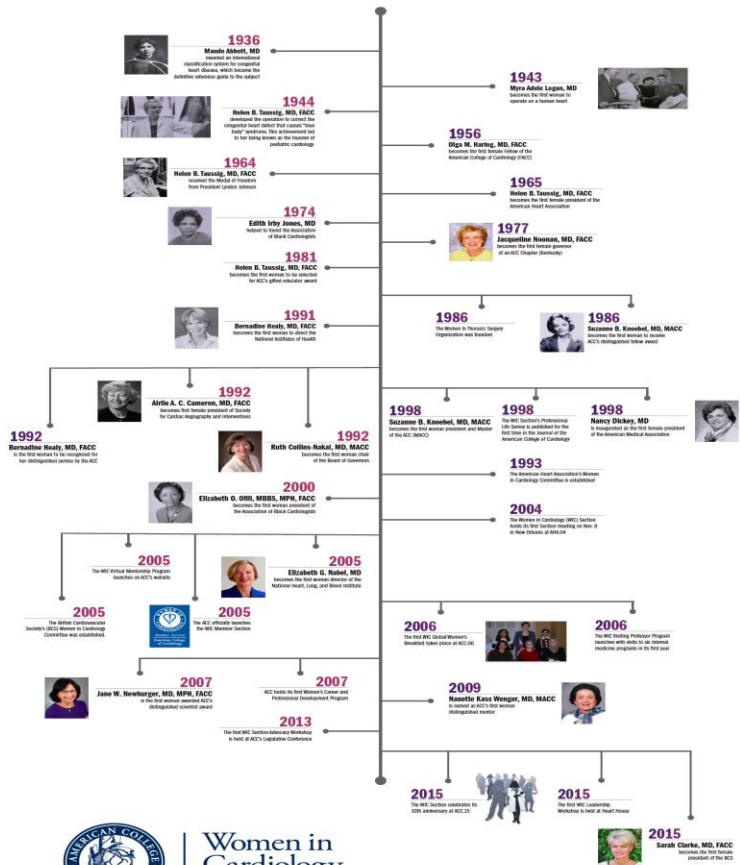
We can help to accelerate the pace!

can serve as a template for institutions to follow

A timeline of achievements for WOMEN CARDIOLOGISTS



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Women in
Cardiology
MEMBER SECTION