Women, URM, and LGBTIQ Faculty as the Canaries in the Coal Mine of Academic Medicine: Flexible Policies that Improve Careers for All

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Health of an academic medical center’s workforce can be gauged by health of faculty “canaries”

- Women
- Ethnic Minorities in Medicine
  - Traditionally faced bias
  - Underrepresented in Medicine
- Disabled
- LGBTIQ populations
  - Among six groups with significant health disparities (Healthy People, 2010)
  - Long history of social stigma
  - Culture is evolving in attitude, openness
Ensuring a healthy, robust medical workforce is important!

2006 AAMC Center for Workforce Studies found:

- We need 30 percent more MDs!
  - U.S. population increases by 25 million people per decade.
  - Doubling in people over age 65 between 2000-2030.
  - Aging MDs: 1 in 3 active MDs = 55 yr; likely to retire by 2020.
  - Rising expectations re: availability and effectiveness of health care as population ages.
- A new generation of MDs who are choosing to live and work differently than their predecessors.
Recruiting and retaining the best talent to academic medicine is important!

- In this session, we will approach this challenge via the example of women and LGBTIQ faculty and discuss:
  - Generational perspectives and approaches
  - UCDavis’ flexible career policies
  - How these efforts can ensure a welcoming and hospitable career environment for all.
Generational Perspectives and Flexible Career Policies
Planning for the future in academic medicine means considering multiple generations

- Generations differ in their:
  - Values & views.
  - Ways of working, talking and thinking.
  - Ways of responding to change and age.

- Generational trends from AAMC Nat’l Graduation Questionnaire, 1997-2007 show more grads choosing:
  - “Life-style” specialties
Growing literature on generational perspectives in academic medicine

What is a generation?

- Individuals who are born within a 20-25 year period.
- Have a common “habitus” or cluster of attitudes or practices.
- Shaped by common group experiences:
  - Major social/historical events within their young adulthood – their defining period.
  - Parenting style common to the period.
  - General reaction to previous generations.
Current generations among medical school faculty

- The Silent Generation (1925-42)
  - Defined by post-WWII, McCarthyism, Cold War
  - Loyal, hard-working, reluctant to buck the system.

- “Baby Boomers” (1943-60)
  - Defined by civil rights movement, women’s “lib”.
  - Driven, service-oriented, idealistic

- Generation X (1961-81)
  - Defined by single parent families, computers.
  - Independent, unintimidated by authority, adaptable, cynical, impatient.
## Generational Distribution of UCD Medical Faculty

<table>
<thead>
<tr>
<th>Generation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silent Generation (born 1925-1942)</td>
<td>38</td>
<td>5%</td>
</tr>
<tr>
<td>Baby Boomers (born 1945-1960)</td>
<td>372</td>
<td>50%</td>
</tr>
<tr>
<td>Generation X (born 1961-1981)</td>
<td>341</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>751</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Just arriving in our medical school and residency classes: “Millennials”, 1982-2003

- Defined by school safety, terrorism, Internet.
- Community spirit, multi-taskers, social connectivity, protected, accustom to structure.

- Gen Xers and Millennials score differently on Personality Factor Questionnaire:
  - Gen Xers scored higher in Self-reliance
  - Millennials scored higher in Emotional stability, Warmth, Perfectionism, Rule-consciousness
Different attitudes and values → Generational conflict

- Loyalty & retention
  - Older generations: greatly value loyalty to employer.
  - Junior faculty (Gen X): Skeptical of job security.
    - Reinforced by decline in tenure track positions.
    - “Free-agents” with portable careers who readily move for a better offer.

- Work hours
  - Resident workhour limits: Contribute to new expectations.
  - Requests for flexible work-hours.
  - Demands that meetings do not occur during “family time”.
Generational perspective in recruiting and retaining faculty

- Trend-watchers use this for business predictions.
- Why not for academic medicine and MD workforce??

Emerging generational trends: Succession, tenure, and leadership opportunities

- Boomers delay retirement, cling to power.
- Fewer tenure-track positions for Gen X
  - Recruitment/retention = difficult
  - Enhances distrust and disenfranchisement
  - Future dearth of senior scientists and leaders
More generational trends

- Work-life balance, efficiency, innovation
  - Younger generations
    - Driving telemedicine, EMR
    - Favor large group practices: Team environment, mentors available.
  - Older generations burned out; also dealing with elder care.

- Declining income; increasing educational debt
  - High-paying specialties favored.
  - Little hesitation to move to better paying position.
  - Fewer students from low income backgrounds

- More inclusive attitudes among all generations re: gender, ethnicity, sexual orientation, gender identity.

All of the above can influence interest in academic medical careers.
Creating career flexibility can address some of these generational issues

- Expanded child-bearing and –rearing leaves.
- Promotion clock extensions.
- Flexible work hours.
- Technologies to allow remote work.
University of California: A leader in faculty career flexibility

- 1988: UC Family Accommodation Policies:
  - Tenure clock extension.
  - Child-bearing leave.
  - Active service modified duties.
  - Family leaves (unpaid).

- 2003: UC Work and Family Survey showed:
  - 70% of faculty were unaware of these policies.
UC Davis paving the way

- 2004: Provost’s directive on *Work Life Program*.
- 2004: UCDSOM expanded leave benefits to meet unique needs of medical school faculty.
- 2006:
  - UCOP expanded APM 760, "*Family Accommodations for Childbearing and Childrearing*", modeled after UCDSOM.
  - UC Davis and Berkeley received ACE-Sloan award to increase awareness and use, **but School of Medicine was excluded from that intervention.**
<table>
<thead>
<tr>
<th></th>
<th>Child-bearing</th>
<th>Adoption/Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who:</strong></td>
<td>Faculty member giving birth</td>
<td>Faculty with &gt; 50% responsibility of childcare for child &lt; 5 yrs old.</td>
</tr>
<tr>
<td><strong>Time and Duration:</strong></td>
<td>Full-time leave for 12 weeks maximum</td>
<td>Full-time leave for 12 weeks maximum</td>
</tr>
<tr>
<td><strong>Salary:</strong></td>
<td>Full salary</td>
<td>Full Salary</td>
</tr>
<tr>
<td><strong>Healthcare Benefits:</strong></td>
<td>Maintained</td>
<td>Maintained</td>
</tr>
</tbody>
</table>
# Child-rearing and Family Leaves: Reduced or No Salary

<table>
<thead>
<tr>
<th>Family &amp; Medical Leave</th>
<th>Parental Leave</th>
<th>Active Service Modified Duties</th>
<th>Part-time Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who:</strong></td>
<td><strong>1+ yr univ. service, responsible</strong></td>
<td><strong>Any faculty member.</strong></td>
<td><strong>1+ yr univ. service, responsible for 50+% childcare.</strong></td>
</tr>
<tr>
<td><strong>Time and Duration:</strong></td>
<td><strong>Full-time leave for 12 weeks maximum.</strong></td>
<td><strong>Full-time leave for 1 year maximum (other leaves included)</strong></td>
<td><strong>Negotiated part-time for 12 weeks maximum</strong></td>
</tr>
<tr>
<td><strong>Salary:</strong></td>
<td><strong>None</strong></td>
<td><strong>None</strong></td>
<td><strong>Full base, Y reduced proportional to duty reduction.</strong></td>
</tr>
<tr>
<td><strong>Healthcare Benefits:</strong></td>
<td><strong>Maintained</strong></td>
<td><strong>None</strong></td>
<td><strong>Maintained</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Maintained if 50% appt.</strong></td>
</tr>
</tbody>
</table>
Example of leave sequence for extended child-bearing leave

Childbearing or adoption/placement leave: 12 wks, full salary, benefits maintained.

If more full-time leave is desired: FMLA; 12 additional wks, no salary, benefits maintained.

If more full time leave is desired: Parental leave; up to 1 year (inclusive of time above); no salary or benefits, but job is held.

Temporary part-time after any of the above: Active duty modified service: Full X but pro-rated Y salary; full benefits, max = 12 wks
## Leave options for care or death of family or other household members

<table>
<thead>
<tr>
<th></th>
<th>Using paid sick leave</th>
<th>Family and Medical Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who:</strong></td>
<td>Faculty with unused sick leave</td>
<td>Faculty with &gt; 12 months university service.</td>
</tr>
<tr>
<td><strong>Time and Duration:</strong></td>
<td>Full-time leave for 5 days maximum</td>
<td>Full-time leave for 12 weeks maximum</td>
</tr>
<tr>
<td><strong>Salary:</strong></td>
<td>Paid</td>
<td>Unpaid</td>
</tr>
<tr>
<td><strong>Health Benefits:</strong></td>
<td>Maintained</td>
<td>Maintained</td>
</tr>
</tbody>
</table>
# Adjustments to the “Clock” for Academic Reviews

<table>
<thead>
<tr>
<th>Who:</th>
<th>Extending the Promotion Clock</th>
<th>Deferral of Merit or Promotion Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant professors with 50+% responsibility for care of child &lt;5 yrs, or who has medical leave.</td>
<td>Those who experienced leaves for childbearing, adoption or placement, for medical reasons; or for other significant reasons which impacted productivity.</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td>One year extension for each event above, up to 2 years maximum extension.</td>
<td>Deferrals = One year each, can be requested more than once.</td>
</tr>
</tbody>
</table>
Can flexible career policies make a difference?

- Villablanca and Howell: NIH R01, $1.27M, to study **awareness, attitudes and use** of UCD’s policies:
  - Baseline survey re: satisfaction, awareness and use of career flexibility options.
  - Implement an **accelerator intervention** to:
    - Improve awareness and use of family-friendly policies;
    - Assess professional outcomes, awareness and use of options, satisfaction over 3 years.
  - Explore which **personal and professional characteristics** affect: performance, awareness, use of options, and personal satisfaction.
  - Compare with other UCD biologic science schools: School of Vet Med and College of Biologic Sciences
Baseline survey results
(See more at our poster at AAMC!!)

- Awareness of policies: Mildly aware (2.5/5)
- Policy use: 6% women; no men.
- Increased satisfaction knowing policies exist:
  - 85% men; 90% women.
- Reasons for not using policies (~20% each):
  - Financial impact, fear of repercussion, burden on colleagues, pay back time later, concern about career or research progress.
- Women more likely to be childless (35% vs 14%).
  - SOM only; not found in Vet Med or College of Biol Sci
- Men more likely to have no other family responsibilities.
Survey Comments

- **Satisfaction:**
  - “It has been a long time coming and is **overdue** even though I have had no need for such services.”

- **Parents:**
  - When my **mother was dying** my chair told me to ask someone else for help when trying to find call coverage. Of course I already had; I just worked anyway and will resent it forever.

- **Expectations:**
  - “…the **standards** …that we hold our faculty to are **very VERY high** and make the balance part of “work-life” almost laughable. **I can’t think of anyone that truly maintains a balance.**”

- **Singles and others:**
  - “None of these policies or questions are concerned with faculty who are single with no children and trying to balance an academic career with a personal life. **Single people in general are excluded** from most, if not all of these conversations.”
Addressing the Needs of LGTBIQ Faculty
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Lesbian</td>
<td>SO</td>
</tr>
<tr>
<td>G</td>
<td>Gay</td>
<td>SO</td>
</tr>
<tr>
<td>B</td>
<td>Bisexual</td>
<td>SO</td>
</tr>
<tr>
<td>T</td>
<td>Transgender</td>
<td>GI</td>
</tr>
<tr>
<td>I</td>
<td>Intersex</td>
<td>GI</td>
</tr>
<tr>
<td>Q</td>
<td>Questioning</td>
<td>SO or GI</td>
</tr>
</tbody>
</table>
The Culture is Changing

- Self-acceptance of population is growing.
  - Stonewall Riots of 1969 marked turning point
- Age of coming out lowering each decade.
- Delivery of care to families needs to evolve.
- Corporations active in changing atmosphere to attract and retain valued employees.
- Academic work place policies are changing also.
- Three 2010 court cases affirming LGBT constitutional rights portend further change
- Generational attitude shifts are palpable.
Key LGBTIQ Policy Areas

- Non-discrimination in hiring
  - Does applicant need to hide SO or GI?
  - Does second visit include partner?
- Domestic partnership eligibility for POP appointment
- Parental leave for significant role in raising child(ren)
- Allowing tenure clock stoppage for parenting for either gender or orientation
Key LGBTIQ Policy Areas: II

- **FMLA**
  - Do policies allow time off to care for same gender partner?

- **Coverage on health benefits**
  - Align with state, AHC rules for eligibility

- **Retirement coverage** (ie survivorship)

- **Educational benefits** for family members in non-traditional families = to traditional?
Presidential Order to Hospitals Accepting Medicare Payments, 4/10

- Must have policies in place that assure visitation rights to same sex couples and their children
- Applies across states with and without same sex marriage, domestic partnership, etc.
Accreditation by the Joint Commission

- As of January 1, 2011: Accreditation will require presence of two components in non-discrimination language
  - On the basis of
    - Sexual orientation
    - Gender identity
Health Care Equality Index

- Assessment by Human Rights Council of LGBT atmosphere at hospitals
  - [http://www.hrc.org/about_us/14516.htm](http://www.hrc.org/about_us/14516.htm)

- Four areas rated:
  - Patient non-discrimination policies: SO/GI
  - Visitation policies for partners, children
  - Cultural competency training on LGBT issues
  - Employment policies and benefits non-discrimination

- ~200 Hospitals applied for rating in 2009
  - Those receiving top ratings use it to advertise
Mistreatment Policy

- Bullying learned in school yards often focuses on gender non-conformity
- Strongest junior high bullying: Faggot
- Sometimes machismo culture in medicine continues these habits
- Sexual harassment often reflects machismo
- Respectful cultures accept all members
In summary, at UCDavis we believe that policies can:

- Address the needs of our most vulnerable faculty (women, LGTBIQ), thus improving:
  - The well-being of our entire faculty.
  - Recruitment and retention.

- Form the foundation of a respectful culture, but additional effort is necessary to maintain awareness and sustain change.
Case Studies for Discussion