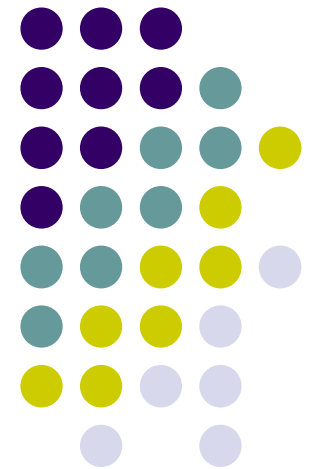


**Women, URM, and LGBTIQ Faculty
as the Canaries in the Coal Mine
of Academic Medicine:
Flexible Policies that
Improve Careers for All**



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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



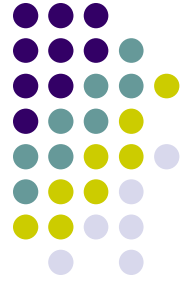
Ensuring a healthy, robust medical workforce is important!



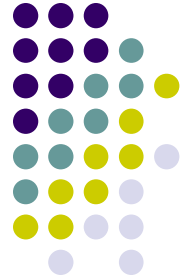
2006 AAMC Center for Workforce Studies found:

- 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.

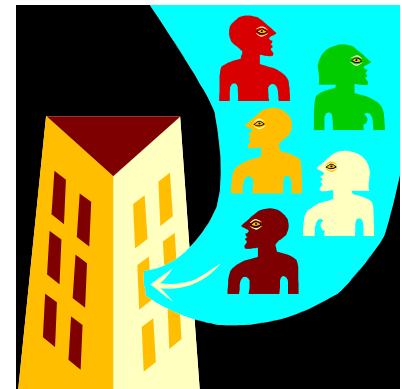


Generational Perspectives and Flexible Career Policies

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
 - Non-practice careers: Biotech, Pharma, Consulting, Entrepreneurship.



Growing literature on generational perspectives in academic medicine



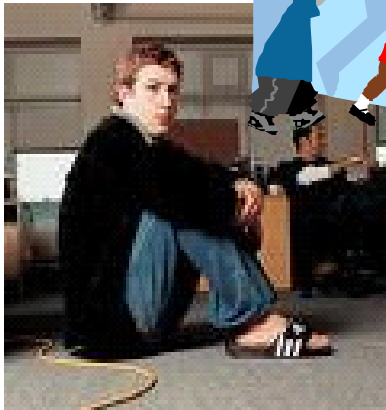
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- Bickel J, Brown AJ. Generation X: Implications for faculty recruitment and development in academic health centers. *Acad Med* 2005; 80:203-204.
- Borges NJ et al. Comparing Millennial and Generation X medical students at one medical school. *Acad Med* 2006; 81:571-586.
- **Howell LP**, et al. Multigenerational challenges in academic medicine: UCDavis's responses. *Acad Med* 2005; 80:527-532
- **Howell LP**, et al. Generational forecasting in academic medicine: a unique method of planning for success in the next two decades. *Acad Med* 2009; 84:985-993.
- Borges NJ, et al. Differences in motives between Millennial and Generation X medical students. *Med Educ* 2010; 44:570-576.



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



	Number	Percentage
Silent Generation (born 1925-1942)	38	5%
Baby Boomers (born 1945-1960)	372	50%
Generation X (born 1961-1981)	341	45%
Total	751	100%

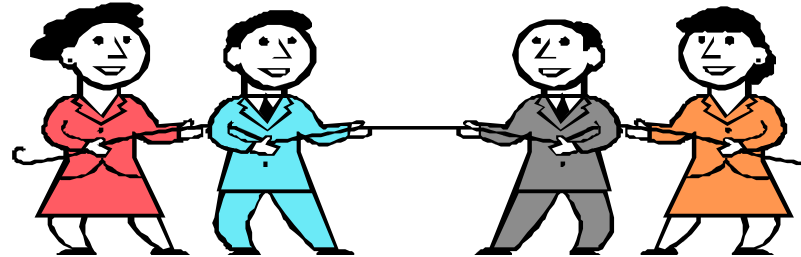
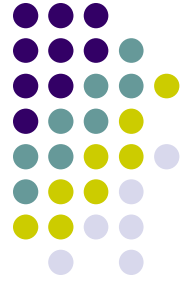
Just arriving in our medical school and residency classes: “Millennials”, 1982-2003



- Defined by school safety, terrorism, Internet.
- Community spirit, multi-taskers, social connectivity, protected, accustomed 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??
- Howe N, Strauss W. The next twenty years: how customers and workforce will evolve. Harv Bus Rev 2007; 85:41-52.



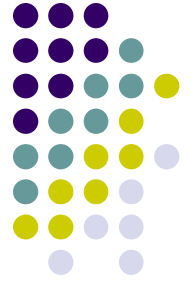
Emerging generational trends: Succession, tenure, and leadership opportunities



	Silent Gen.	Boomers	Gen X	Total
Tenure Track	12%	65%	23%	100%
Other research series	4%	55%	41%	100%
Clinical series	1%	41%	58%	100%

- 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.

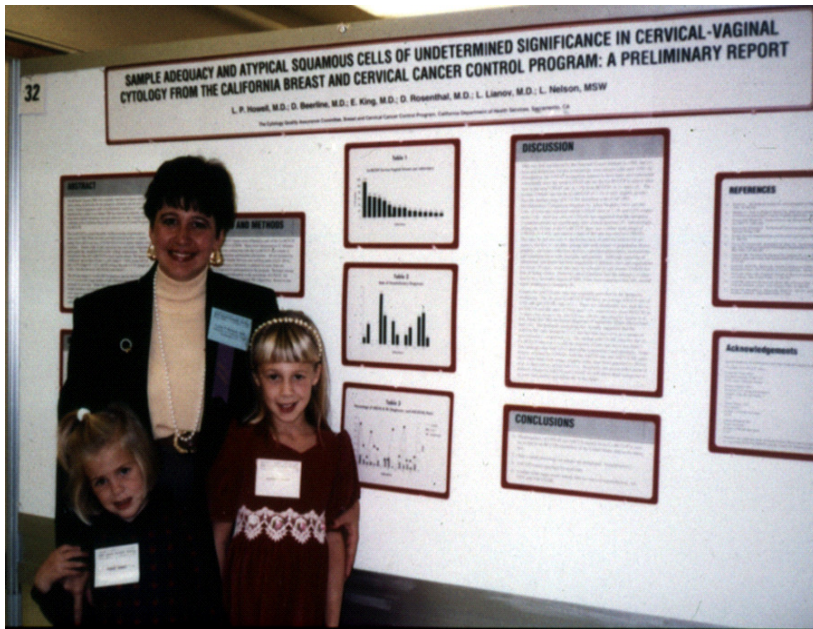


- Declining income; increasing educational debt
 - High-paying specialties favored.
 - Little hesitation to move to better paying position.
 - Fewer students from low income backgrounds
- More inclusive attitudes among all generations re: gender, ethnicity, sexual orientation, gender identity.



All of the above can influence interest in academic medical careers.

Creating career flexibility can address some of these generational issues



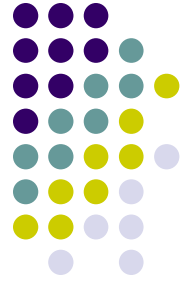
- Expanded child-bearing and –rearing leaves.
- Promotion clock extensions.
- Flexible work hours.
- Technologies to allow remote work.

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.**

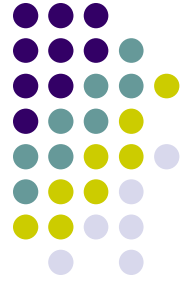


Child-bearing and Adoption: Leaves at Full Salary



	Child-bearing	Adoption/ Placement
Who:	Faculty member giving birth	Faculty with > 50% responsibility of childcare for child < 5 yrs old.
Time and Duration:	Full-time leave for 12 weeks maximum	Full-time leave for 12 weeks maximum
Salary:	Full salary	Full Salary
Healthcare Benefits:	Maintained	Maintained

Child-rearing and Family Leaves: Reduced or No Salary



	Family & Medical Leave	Parental Leave	Active Service Modified Duties	Part-time Appointment
Who:	1+ yr univ. service, responsible	Any faculty member.	1+ yr univ. service, responsible for 50+% childcare.	At chair's discretion, and academic/business needs.
Time and Duration:	Full-time leave for 12 weeks maximum.	Full-time leave for 1 year maximum (other leaves included)	Negotiated part-time for 12 weeks maximum	Negotiated % reduction, renewable at re-appt. time.
Salary:	None	None	Full base, Y reduced proportional to duty reduction.	Base and Y reduced proportionate to duty reduction.
Healthcare Benefits:	Maintained	None	Maintained	Maintained if 50% appt.

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.

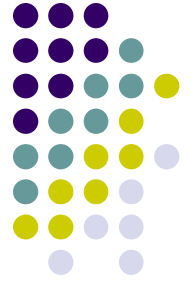
**Temporary part-time after any of the above:
Active duty modified service: Full X but pro-rated Y salary; full benefits, max = 12 wks**

Leave options for care or death of family or other household members



	Using paid sick leave	Family and Medical Leave
Who:	Faculty with unused sick leave	Faculty with ≥ 12 months university service.
Time and Duration:	Full-time leave for 5 days maximum	Full-time leave for 12 weeks maximum
Salary:	Paid	Unpaid
Health Benefits:	Maintained	Maintained

Adjustments to the “Clock” for Academic Reviews



	Extending the Promotion Clock	Deferral of Merit or Promotion Reviews
Who:	Assistant professors with 50+% responsibility for care of child <5 yrs, or who has medical leave.	Those who experienced leaves for childbearing, adoption or placement, for medical reasons; or for other significant reasons which impacted productivity.
Time:	One year extension for each event above, up to 2 years maximum extension.	Deferrals = One year each, can be requested more than once.

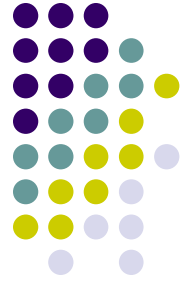
Can flexible career policies make a difference?



- 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

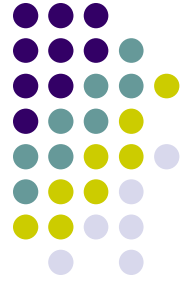


- Satisfaction:
 - *“It has been a long time coming and is **overdue** even though I have had no need for such services.”*
- Parents:
 - *When my **mother was dying** my chair told me to ask someone else for help when trying to find call coverage. Of course I already had; I just worked anyway and will 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

Who are LGBTIQ People? Sexual Orientation (SO) and Gender Identity (GI)



- L: Lesbian SO
- G: Gay SO
- B: Bisexual SO
- T: Transgender GI
- I: Intersex GI
- Q: Questioning SO or GI

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
- 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



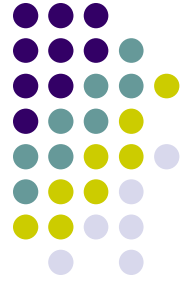
Mistreatment Policy



- 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 UC Davis 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

