

# **T**HE **CLIMB:**



**A HANDBOOK FOR WOMEN ACADEMIC  
PHYSICIANS**

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Please feel free to circulate widely with appropriate attribution.

Visit the blog and join in the discussion.

<http://femalefacultyhandbook.wordpress.com>



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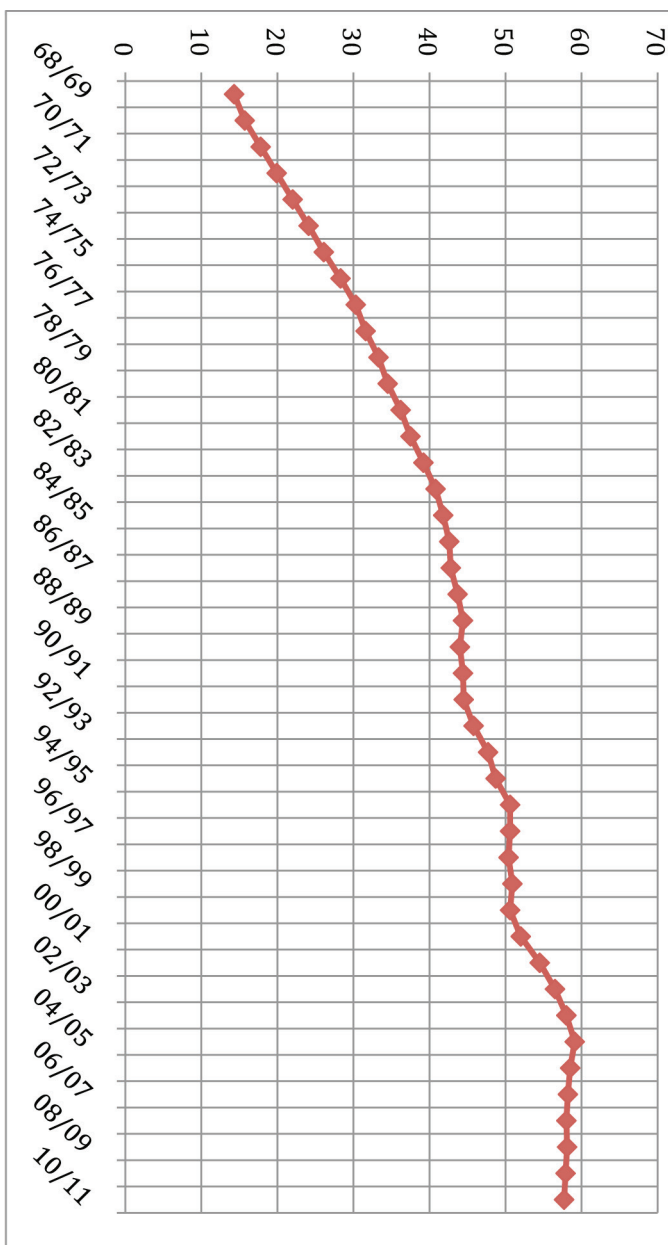
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## N NUMBERS

Percentage of women enrolled in Canadian faculties of medicine, 1968/69 - 2010/11



Source: Women are Changing the Face in Medicine, but are underrepresented in high-level positions, CBC Health Mar 7, 2011  
<http://www.cbc.ca/news/health/story/2011/03/07/f-women-medicine-iwf.html>

# FIRST WORDS

*I wish I had a mentor to tell me that six months or a year delay in training would make no difference to my academic progression in the long run, and that it did not cast doubt on the seriousness of my academic aspirations: that would have relieved my guilt.*

CAROL HERBERT

*There will be challenges in taking up leadership roles with greater levels of responsibility. You may have to be the ultimate decision maker and make some tough and even unpopular decisions to serve the greater good. Having the courage to stand up to some potentially fierce criticism will be easier if you have the buffer of strong collaborative relationships with those around you.*

SANDRA FISMAN

*The importance and valuing of research was always highly reinforced, but the opportunities to have an academic career 'path' that involves teaching and education, or innovative clinical activity is much less obvious.*

HÉLÈNE BOISJOLY

*Why take on academic administrative positions? After all, the pay is less, the hours long, and many of our colleagues in the community seem to like nothing better than to complain about the university and those who toil in it. In my case, while I came to administration accidentally, the main reason I stayed is that I love what I do.*

GISÈLE BOURGEOUS-LAW

*Be prepared for the unexpected: Take opportunities when they come if they interest you, if you think you can make a contribution, if you believe you will learn something in the process.*

LESLEY FELLOWS

*It's very important for people to be able to have their say and for people to be able to say why they agree or don't agree with you. Consensus building is a very important skill and it's a skill of being able to be sensitive not just to what people say but to their non-verbal messages as well.*

MAY COHEN

## INTRODUCTION

The purpose of this handbook is to help women physicians who are entering into a career in academic medicine navigate the academic environment, from their recruitment through to their retirement.

### Why this book? Why this book now?

The first woman physician graduated medical school in Canada in 1883. It took persistence and patience for those early pioneers to breakdown the barriers that spring up at every advance of their progress: resistance from male professors, alienation from male students, cultural pressure that pushed women into the home once marriage was proposed or children appeared on the scene.

In 2012, almost 130 years after women's first gained entry to the profession, women remain under-represented in leadership positions in academic medicine.

### ***Women remain seriously under-represented in leadership roles in academic medicine.***

According to a 2001 commentary in *Academic Medicine*:

*Cohort studies comparing men and women medical school faculty have found that - even after adjusting for number of publications, amount of grant support, tenure versus other*

*I love what I do.*

*The opportunity to do interesting work that makes a difference, whether medical practice or academic administration, is a privilege I appreciate.*

Gisèle Bourgeois-Law

*career track, number of hours worked, and specialty - women remain substantially less likely than men to be promoted to senior ranks.*

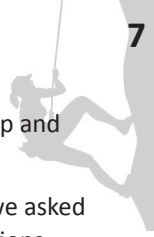
### The world of academic medicine can be a difficult one to navigate. Why?

Yedidia and Bickel reported that a 2011 study of the attitudes of academic chairs to female leadership found that "the chairs identified sexism as a key factor in their explanation of the scarcity of women as leaders in academic medicine".

So pervasive are the impacts of sexism that it adversely affects "training, recruitment, promotion, management, and assignment of routine academic responsibilities and committee work".

There are several factors that work separately and together to advance women's attainment of leadership roles in academic medicine:

- The importance of mentors



cannot be overstated in assisting junior faculty with advice and role-modeling. The lack of women currently in positions of leadership has an impact on the number of women with the experience or desire to be mentors

- Flexible career development opportunities that incorporate a range of options for completions can serve to accommodate women with growing families or pursuing further studies.
- An environment that is free of gender bias and which celebrates diversity as an empowering organizational perspective provides a level playing field for all faculty to advance upon.

**What difference does being a woman in medicine make?**



Dr. Nick Busing, CEO, Association of Faculties of Medicine of Canada, believes that women leaders are responsible for modest change in the practice of medicine:

- more collaborative, conciliatory and nurturing relationships with both patients and colleagues
- preference for the sub-specialities general practice and public health have lead to increased value of those sub-specialities
- improvements in maternity/ paternity leaves
- greater technology take-up that enhances family/personal/work

life balance

- redefinition of leadership and the path to it.

In planning this handbook, we asked ourselves a number of questions as we thought about what might be useful knowledge to a woman embarking on a career in academic medicine:

- How do you know you're good enough to go forward for promotion?
- How do you retool your career for change?
- What skill sets are needed for leadership positions? How can those skills be acquired?
- What does female leadership look like?
- How do you negotiate when someone says no?
- How do you navigate through multiple environments: academic setting, office practice, community involvement.

**References:**

Globe & Mail, <http://www.theglobeandmail.com/report-on-business/tories-to-create-advisory-council-to-promote-women-as-corporate-directors/article2386327/> accessed March 31, 2012.

Michael J. Yedidia, Janet Bickel, Why Aren't There More Women Leaders in Academic Medicine? The Views of Clinical Department Chairs, Academic Medicine, 76: 5 May 2001.



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## CONTRIBUTORS

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We turned to the women who are leading the way.

We asked women leaders in academic medicine to contribute a short essay asking them to consider the question:

*What would have been useful to know when you were first starting out that you know now?*

We were seeking inspirational, real-life advice of women who broke new ground. Women who have created medical practices that give personal satisfaction and somehow found “balance” in both faculty and family. Women who have negotiated obstacles and saw them as possibilities rather than impossibilities. Their responses are incorporated throughout the handbook.

The complete text of their essays can be found on the blog.

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## BLOG

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Our intention is to create a living resource, something that evolves as the landscape we work in changes.

We wanted to enter into a conversation with women, to find out from them their strategies, provide them with a forum through which to share with others their experiences.

**<http://femalefacultyhandbook.wordpress.com>**

We encourage you to bookmark the blog and subscribe to updates and follow and join in the conversation.

Your comments and experiences are welcome as we build this resource into one that all women physicians can use.


**Note on References:**

For a specific reference citations, please refer to the blog.



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# MOUNTAIN MEDITATION

The Mountain Meditation leads to a grounded, calm state of mind. It can help you cope with stress, improve relationships by allowing you to focus on conscious living.

Become comfortable in your space.

Choose a solid seating position, with an erect head on a straight spine. Ground your feet on the floor and rest your hands on your lap.

Follow a relaxation exercise.

Tense and release your muscles, calm the stress points that pull at your muscles.

Breathe. Steady. In. Pause. Out.

Close your eyes and become the mountain. Visualize it as you move your mind into the earth, feeling the rock of ages, firm and immovable.

*Breathing in, I see myself as a mountain*

*Breathing out, I feel solid and strong*

The weather moves, changeable, variable about you; rain, snow, bright sunshine and freezing winds. Yet you stand immovable in the face of whirling change.

*Breathing in makes me calm*

*Breathing out helps me settle*

You are the mountain. You are not disturbed by the emotions, passions and activities swirling about you.

*Breathing in I feel secure*

*Breathing out I feel grounded*

You are tall, grounded in the earth, impervious to the weather that whips across your face. Feel yourself sink into the base of your majestic mountain.

Feel solid, strong, connected.

*Breathing in, I feel still and connected*

*Breathing out, I reflect things as they are*

End when done.

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**“Most of all, enjoy your complicated life and embrace opportunities, especially to take on leadership positions. We need women academic medical leaders who have ‘been there’, and who will smooth the way for their colleagues and their students, male and female, to be expert jugglers.**

**Carol Herbert**

# WHY CHOOSE A CAREER IN ACADEMIC MEDICINE?



While clinical practice is the first and foremost reason most people enter medicine, the fields of research and education offer physicians career opportunities to grow as scientists and teachers; to advance the scientific knowledge base and to give back to the profession. What factors are at play in choosing a career in academic medicine? Are there gender differences at work?

N. Borges *et al* (2010) undertook a literature review of the research on physician career choice, specifically looking at how, when and why a career in academic medicine is chosen. While they caution their sample size is small and their findings are not generalizable to the entire physician population, they point to various barriers identified in the literature:

- competition for funding in a shrinking funding environment
- long hours of patient care
- less pay / high debt load
- administrative demands
- teaching loads
- lack of effective mentoring and role models
- practice environments lack of clinician-teacher vs clinician-researcher opportunities.

The literature finds that exposure to research as a student or resident can increase the likelihood of selecting a career in academic medicine. Also, programs in place to grow clinician

“One of the gifts of a career in academic medicine is the tremendous freedom to choose how you spend your energies: Clinical work growing stale? Focus more on teaching and you will see the same-old clinical problems afresh through the eyes of your trainees. Endless repetition of the differential diagnosis of “weak and dizzy” making your head spin? Put your emphasis on teaching analytic, or communication, (or teaching!) skills rather than on content. Administrative hassles getting you down? Join the committee and change how things are done.

Lesley FELLOWS

researchers seem to be successful in bumping up the crop of clinician researchers. The authors suggest that a focus on growing opportunities for clinician teachers could see similar results. Similarly, the research shows that mentors and role models have a positive impact.

In terms of gender and its impact on the choice to enter academic medicine, the literature suggests that women and men have different reasons for entering academic medicine.

*For example, women physicians choose their careers because of the*

*perceived quality of life, earnings potential, and organizational reward. They are less likely than men to identify role models for professional-personal balance ... [and] ... achieving national recognition and being viewed as a leader are less important than for male physicians.*

- exposure to academic medicine
- interest in practicing clinical medicine

In response to the question of how they came to enter academic medicine, responses fell under five themes:

- change in specialty
- dissatisfaction with former career
- emotionality (“like”, “love” of teaching, “fear” of managing a practice)
- parental influence
- decision-making styles

What is common for both men and women is the attraction of intellectual stimulation as an important draw to the academic environment.

The authors conclude that further research is necessary, particularly in regards to the influence of debt levels on the decision to enter academic medicine and highlight the lack of research overall into how, when and why physicians choose to enter academic medicine.

Borges *et al* (2012) followed up this review with a study into why women physicians enter academic medicine by conducting phone interviews with 53 women academic physicians.

When asked to rank-order teaching, research, administration, and clinical practice among the reasons women physicians enter academic medicine, the authors found that teaching ranked as the most appealing aspect of academic life.

In analysis of the interviews, the authors found five main themes around why they entered academic medicine:

- fit
- academic health center environment
- influence of people in their lives

The final question researchers were interested in was the “when” question: when did women choose academic medicine?

- as a practicing physician
- as a fellow
- as a resident
- as a medical student

As medical students, respondents noted that they had little knowledge of what a career in academic medicine involved. Knowledge of academic medicine increased as students progressed through residency but the decision to enter academic medicine solidified during fellowship training.

The authors conclude that the environment has a substantial influence upon the decision to enter academic medicine, as do faculty, mentors, role models and family members.

The role of chance in sparking the interest of young minds to the academic lifestyle appears as a

opportunity for focused attention if captured and channeled into programs designed to cultivate research and teaching talents.

### References:

Borges *et al*, How, When and Why Do Physicians Choose Careers in

Academic Medicine? A Literature Review, *Academic Medicine*, 85:4, April 2010.

Borges *et al*, Women Physicians: Choosing a Career in Academic Medicine, *Academic Medicine*, 87:1, January 2012

## LEADERSHIP

**W**hat is leadership?

**What does it mean to be a leader?**

**How does a person become a leader?**

**What is the impact of gender on leadership?**

Leadership is a function of being a leader.

A leader is a person whose participation within a group helps achieve a desired outcome.

A leader can appear in many situations: in sports as a team captain, in business as a manager or CEO, in government as a politician, in academia as a department chair or faculty dean. Some of these are pinnacle positions, others are intermediary, yet they are all leaders none the less.

In thinking about leaders and how leadership works in the academic setting, we spoke to Dr. Cathy Risdon who holds a PhD from the University of Hertfordshire in Organizational Change. In addition to serving as the co-director of a busy family practice teaching unit, Dr. Risdon

*“Collaboration and cooperation, when healthy, are not mutually exclusive. They can be a catalyst in the pursuit of excellence.*

Sandra FISMAN

has held several academic leadership positions, most recently as associate chair, academic, in the Department of Family Medicine at McMaster University.

Dr. Risdon spoke of two types of leadership: transactional and transformative. Dr. Risdon acknowledged that the literature is varied - there is no universal agreement on how to understand or describe leadership. For purposes of comparison, however, it can be helpful to contrast two different leadership styles which we will describe as transactional and transformative.

**T**ransactional leadership adheres to the status quo of a reward and punishment exchange model. This style of leadership focuses on discipline and adherence to pre-existing policies and norms. There is no room for change and the top focuses on the efforts of lower levels rewarding good behaviour and

correcting negative.

**T**ransformational leadership, in contrast, proactively seeks out new ideas; understanding that there is no one “rule book” to account for all the situations encountered by an organization. To make the best of the complexities of organizational life, a transformational leader understands the importance of engaging people at the individual level and encouraging collective participation in discovery, idea generation and testing solutions.

Effective transformative leaders also pay attention to:

- equality of people
- quality of people
- interplay between people

In doing so, a higher level of engagement is gained, new ideas surface and everyone shares in the responsibility of the effort.

**P**articipatory leadership encourages input from group members. In life, people rarely have the option of opting-out of the outcome of their actions. Good participatory leadership draws upon the courage of people to stay when the going gets rough. The quality of participation is integral to forging group trust; poor perceptions of participation lead to disengagement of process, while people who feel their opinions were adequately considered feel increased ownership in the outcome.

Dr. Risdon noted that the recognition of a leader is a social

process. Leadership skills are socially-based and reflected in the experience of whether the mutual interdependence of leader and group is working for all involved.

**L**eadership skills are gained through a variety of methods:

- group facilitation
- education settings
- online teaching
- learning in real-time, “on the job”; often with mentors or coaches
- developing a habit of self-reflection and inquiry into experience
- fostering an attitude of experimentation and discovery.

Dr. Risdon emphasized that leadership happens in context, in fact, context is crucial to how leadership happens. Health care settings are complex environments and there are no models that will guarantee outcomes in a complex setting. The context of each leadership encounter determines the interaction in that encounter. This means that effective leaders need to bring their awareness of context and their mindful presence to each leadership opportunity in order to engage authentically with their group in mutual respect for the sharing of ideas and information toward a common goal.

***What is the impact of gender on leadership?***

***Do women bring something different to the leadership toolbox?***

***What is gender and why is its influence so strong?***



# GENDER

The World Health Organization states: “gender refers to the socially constructed roles, behaviours, activities and attribute that a given society considers appropriate for men and women”. We tend to use the descriptors “masculine” and “feminine” to account for these differences.

Gender differs from sex in that sex refers to the “biological and physiological characteristics that define male and female”.

Many academic researchers and writers who comment on sex/gender have come to use gender as the standard signifier of sex differences. This is for ease of reference and to get away from the awkward “gender/sex” phrasing of purists. However, care must be taken when reading research that purports to address gender when sex is the issue and vice versa.

Gender role expectations are those social and cultural expectations that accrue to a person’s physical sex identity. Female children are raised to function along a clearly defined set of behaviours that have been determined as “natural” to her being. The same can be said of male children.

Recent research in the neuro-imaging sciences has attempted to pinpoint the physical differences in the brain and accord them psychological qualities such as

*The stereotypically male characteristics of “competitiveness, ambitiousness, and aggression” are important for success in competitive areas. But tempering these with stereotypically female characteristics of “flexibility, being more nurturing, sharing information, and supporting others” are valuable to healthy personal and organizational growth.*

Sandra FISMAN

empathy, emotional dependence, passivity, as a few examples of feminine gender qualities and independence, competitiveness and strength, as a few examples of masculine gender qualities.

Cordelia Fine, author of *Delusions of Gender: How our Minds, Society, and Neurosexism Create Difference* (2010) calls this “junk science” and warns against studies that argue for hard-wired definitive gender differences in the brain. Fine states that these studies have been picked up by popular writers who use what they claim is incontrovertible evidence to support the entrenchment and maintenance of existing gender stereotypes.

Fine argues that gender is deeply ingrained in how we relate to the world, how we see ourselves and to what groups we belong. That belonging begins early. Research has shown that even in the womb, knowing the sex of the infant is enough for parents to speak

in gendered terms about the fetus. Boy babies are described in masculine terms, girls in feminine. Once born, not only are parents gendering their children, friends, family and the dominant culture have an impact on how children gender themselves as they constantly seek reassurance for their own behaviours.

Interestingly, research has shown that when we aren't thinking about ourselves as 'male' or 'female', men and women tend to hold the same judgements and respond in a similar manner to many given prompts. However, when we are primed for gender, such as when we tick a box, male or female, or when we're told that performance differs between genders, gender makes a difference.

### **What does gender have to do with the workplace?**

Everything.

Gender differences in the work place arise in every quarter:

- Women are judged on their performance while men are judged on their potential.
- Women leaders are judged more negatively than their male counterparts.
- Men are seen as natural leaders - men take charge while women take care.
- Women are viewed as overly sensitive and emotional

The list can go on.

**S**tereotype threat, "the real-time threat of being judged and treated poorly in settings where negative stereotypes about one's

group applies" can have a negative impact on women when they are acting outside their prescribed gendered expectations. Fine uses as an example the research regarding women and math ability to illustrate this and points out that stereotype threat has the most negative impact when performance matters.

**S**tereotype threat is particularly harmful to the type of woman who is driven to climb the career ladder. This woman is in a constant state of stereotype threat. Fine states:

*Negative stereotypes about her group's ability create a cognition-impairing mismatch between her desire for high status and the low status that the stereotype ascribes to her. She's dancing backwards in high heels.*

For women to succeed under stereotype threat situations, they typically "turn away from being female", that is, wearing make-up, being emotional, wanting children; they strategically shed feminine qualities to counter the threat perception.

An antidote to stereotype threat is access to women role models and mentors. Unfortunately, as women climb the career ladder, the number of women available as role models falls.

Research has also demonstrated the importance of numbers: when the percentage of women in any given workplace reaches 30%, then







gender differences diminish in importance.

**G**ender impacts are the most telling on women's pay. Research published in the *Journal of the American Medical Association* found that male physicians made, on average, \$12,000 more than female physicians, a discrepancy that could add up to more than \$350,000 over the course of a career.

### **The Female Advantage**

In 1995, Sally Helgesen published *The Female Advantage: Women's Ways of Leadership* arguing the point that companies with more women in senior management have an edge over their competitors and provide greater shareholder satisfaction in the form of greater return on investment. And indeed, the "female advantage" has been offered as a preventative by business journalists and think tank organizations who support more women in the boardroom in the wake of the recent banking debacle that has rocked the international financial markets. Yet this "female advantage" has not led to more women being recruited to management positions. Why?

**F**irst generation gender discrimination issues dealt with the more overt examples of discrimination, bias and harassment. After almost 50 years of feminist activism advocating for social, political and workplace change, these overt forms of discrimination have largely given way to second generation gender discrimination

issues in the workplace.

Second generation gender discrimination is more difficult to identify and address because instances appear as an inherent part of organization and workplace culture. These issues are subtle and covert. Issues that fall under second generation discrimination appear "natural", but are, in fact, the residual outcome of the male-defined organization and work day and "reflect masculine values and life situations of men who have been dominant in the development of work settings".

**S**econd generation gender discrimination exists when women adopt the same strategies and tactics as men and find they don't work. For women to act strong, independent, confident and assertive is perceived as uncaring, unprofessional, aggressive and self-promoting. Workplaces that give lip service to work/ life balance and the importance of family, yet define the ideal worker as someone who puts work before family, works long hours, and who leaves their personal life at home suffer from second generation gender discrimination.

Fine relates the story of a surgery resident who discovered a drawing of her and her mentor engaged in sexual intercourse posted in a restroom tagged with suggestive comments. Rather than bring it to the attention of the supervisor, the behaviour is accepted as an example of "how things are". Women work at altering their own response to the situation rather than change the

situation for fear of being thought not tough enough.

Because second generation gender discrimination tends to be invisible, many leaders believe that the playing field is level, that the equality women have been fighting for centuries has been achieved and all is well with the world. The reality is that despite the fact that more men are stepping up and into domestic roles, women remain the ones doing the lioness share of the housework and remain the primary caregiver for children and elderly parents, a social construction if there ever was one.

### What can be done about second generation gender discrimination?

- second generation gender discrimination begins at the negotiation stage for any position and include: “the parameters of jobs, understandings of leaders and leadership, gaining credit for work, building and sustaining personal networks, and beliefs about the ideal worker”.
- education and training can enlighten leaders and co-workers to the existence of second generation gender discrimination while calling attention to female, or family unfriendly practices that can address the situation and seek to remedy it.
- by adopting an “androgynous” style of leadership, that is, balancing people (feminine) with tasks (masculine) women

can avoid being judged according to stereotype.

- organizations need to be more vigilant in supporting diversity and create processes that reduce the potential for systemic discrimination
- organizations need to emphasize leadership competencies that are identified as relevant to organizational effectiveness and a method, or methods, of evaluation.

**G**ender is an integral part of who we are, how we see the world and our place in it. Knowing how gender impacts leadership is the first step up the ladder.

### References:

World Health Organization, What do we mean by “sex” and “gender”?, <http://www.who.int/gender/whatisgender/en/> (accessed: August 7, 2012)

Deborah M. Kolb, Judith Williams, Carol Frohlinger, *Her Place at the Table: A Woman's Guide to Negotiating Five Key Challenges to Leadership Success*, (Jossey-Bass: San Francisco, 2010)

Cordelia Fine, *Delusions of Gender: How our Minds, Society, and Neurosexism Create Difference*, (W.W. Norton: New York, 2010)

Sherrie Bourg Carter, The Invisible Barrier: Second Generational Gender Discrimination, *Psychology Today*, April 30, 2011

<http://www.psychologytoday.com/blog/high-octane-women/201104/the->

invisible-barrier-second-generation-gender-discrimination (accessed: August 7, 2012)

Joyce K. Fletcher, *The Greatly Exaggerated Demise of Heroic Leadership: Gender, Power and the Myth of the Female Advantage*, *CGO Insights*, August 2002 (accessed: August 7, 2012)  
<http://www.simmons.edu/som/docs/>

Insights\_13.pdf

Karen Korabik and Roya Ayman, *Gender and Leadership in the Corporate World*, in Jean Lau Chin, Bernice Lott, Joy K. Rice and Janis Sanchez-Hucles (eds) *Women and Leadership: Transforming Visions and Diverse Voices*, (Blackwell Publishing: Malden, MA, 2007)



## IMPACT OF GENDER ON LEADERSHIP

### What is the impact of gender on leadership?

As Dr. Risdon noted, context is everything in the leadership function. As Dr. Fine argues, gender is embedded deeply in the context of our lives. So how does gender influence the context of leadership?

How institutions – finance, law, church, education - are organized and run was historically determined by the men who established them. These institutions were closed to women who were restricted from accessing education, politics and the professions until the late 19th century.

The traditional understanding of what constitutes good leadership has largely been influenced by what it means to be a man: strength of character, firm resolve, individual achievement. The concept of the “heroic leader” has dominated much of the history of organizations; the strong and stalwart individual acting with vision against the

*...beginning in the 1970s we have seen lots of change in female prominence in the professions, including medicine....There has been growth and more acceptance in places where women had not traditionally been welcome, such as surgery and the surgical subspecialties. However, there remains a wide gap between the percentage of women who have entered these professions and those women who have gained senior positions. Data still indicate that women medical school faculty are promoted more slowly than men. Gender differences in rank are not explained by hours worked or time since graduation.*

Sandra FISMAN

challenges of the time to bring profit, lead change, win wars and save lives.

The participation of men in public life has long been predicated on having a wife, sister or mother taking care of things at home: child care, cooking, cleaning, laundry. As women moved into the workplace, they have continued their preoccupation with household concerns. This is changing, slowly, with men taking on more domestic and child rearing tasks. The reasons driving change are complex, but the fast and easy reason is generational: younger, generation Y men want to be more involved in their children's lives and supportive of their career wives. They see the generation before them burned out and know they don't want that for themselves and their families. More people are seeking an egalitarian lifestyle, although it may take several generations of men raising children to fully equalize the picture.

Leadership has changed, too. Transactional leadership practices are giving way to transformative leadership styles that encourage collaboration and relational skills typically associated with women. This has led to what Sally Helgesen termed the female advantage, the development of a leadership style based on empathy and relational ability, qualities considered natural to women. Helgesen argued that women would advance given the new management paradigms of transformation and participation. Sadly, the female advantage hasn't

measured up to its potential.

According to the Catalyst, 62.3% of women are in the Canadian workforce yet comprise only 35.4% of management and 22.9% of senior management positions. This in 2012, 20 years after Helgesen's book was published.

There is not much difference in the academic world. Of the 16 Canadian medical schools, there are 3 female deans, one of whom is listed as Interim. That works out to 17% and only slightly more than the percentage of women CEOs and board members at Fortune 500 companies.

Joyce Fletcher argues that the female advantage is a myth. She contends that the gendered power dynamic in the workplace is so pervasive and so strong that its influence serves to negate any female advantage that might exist.

Transformational leadership is changing the very nature of the way business is done, and indeed what it means to do work itself, which has been built and maintained for centuries as a gendered separation of labour. Skills once identified with masculine behaviours are being supplanted by those considered natural to women and difficult to acknowledge as leadership competencies. When men demonstrate these skills they are touted as exemplars of new leadership; when women demonstrate them, they are acting "naturally".



## Barriers for women leaders

The White House Project, a research and advocacy group under the banner of the Ms. Foundation, undertook a study in the early 2000s measuring the responses of viewers to selected political advertisements. What they found was that even before the candidates said a word, judgments were being made on their leadership potential based on “face credibility” with men gaining an instant advantage. The responses to the women candidates were either neutral or negative, leaving them in the position of having to prove their credibility. This is supported by evidence from Babcock and Laschever who found women are judged on performance and men on potential.

This happens all without women saying one word or expressing a thought. This unconscious bias operates to exclude women at all points of their careers, but it is particularly damaging at the beginning stages of a career as employment and compensation will impact future job prospects and earnings.

Ilene Lang, CEO at Catalyst, reports that repeated research has shown that women are selected out at the application stage for male sex-typed jobs if their gender is evident, ie: feminine name. This holds true even if a woman is doing the recruitment. Brezinski quotes Lang: “...it’s not because people are intentionally biased or intentionally sexist, but they do not see potential and leadership in women, particularly nonwhite women”.

Once hired, women are often subjected to second generation gender discrimination which holds them back from seeking or accepting the same opportunities available to their male counterparts. This happens when women are ignored and passed over for promotion or for assignments that involve travel or time away from family.

In female-dominated professions such as nursing, librarianship, and teaching, Fine points to the “glass elevator” that moves men up the professional career ladder while women are left struggling to stay in place. “Perceived as, in a sense, too competent for feminine occupations, [men] were tracked into more supposedly legitimate prestigious ones”.

## How do women practice leadership?

In the early years of women’s advancement up the career ladder the only recourse for women was to act like men, or so men said. The management books and leadership workshops at the time emphasized a management style familiar to men and offered advice to women on how to be more like men. Korabik and Ayman identified a prevailing attitude from men that implied it was “our way or the highway”, in response to leadership differences exhibited by women

By the late 1970s, the women’s movement was in full swing. The authors of *The Managerial Woman* (1977), Margaret Henning and Anne Jardim provided a corrective to the male model of female corporate behaviour and offered the following

nugget of advice to their readers: learn to play by the rules, men's rules, and they suggested women learn the rules of football in order to understand the "male concept of personal strategy" as quoted in Helgesen. Henning and Jardim recognized that change was on the horizon, but until then they urged women to "learn to play the game the way men play it, if only in order to 'stay one jump ahead of your adversaries'."

Over the next few decades, transformational and participatory styles of leadership became more popular as organizations moved toward increased emphasis on quality management, worker satisfaction, and a greater focus on effectively leading corporate change. Women who had been managing this way all along felt vindicated in their belief they were conducting leadership in an authentic and honest way. It did not mean, however, that women moved into leadership positions in equal numbers to their male counterparts or that women found themselves listened to or valued any more than before.

**A**lmost 50 years after the beginning of the second wave women's movement, women are still struggling to accommodate their leadership style to the male-dominated corporate and institutional environment. Despite the emphasis on transformational leadership, gender power dynamics continue to influence who becomes a leader and how they lead.

Cordelia Fine states that "the

same behaviour that enhances his status simply makes her less popular". Kolb calls the "likability versus competence challenge". Research study after study found that "when women are seen as competent leaders, they are not liked; when they are liked, they are not respected".

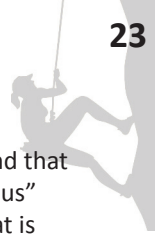
When women operate outside of their gender expectations it can backfire. Mika Brzezinski relates the story of her attempt at asking for a raise using the same tactic as her male colleague. It turned into an uncomfortable confrontation with no resolution of the pay ask. Her tactic failed because as Hannah Riley Bowles pointed out: "when women just act like the guys, they pay really important social costs."

Esther Wachs Book, in her book *Why the Best Man for the Job is a Woman*, interviewed 14 top women leaders in various industries. What she found was that all the women had three things in common:

- High level of self-confidence
- Commitment to customer service
- Not afraid to show their feminine side

By acting as women, not men, women are able to negotiate the gendered work environment with authenticity. When women act outside of gendered expectations, confusion abounds and leadership suffers.

**W**omen are challenged also by the loneliness of leadership. This is a result of numbers and critical mass. As Sandra Acker found



during her tenure as department chair:

*...much of what one learns and frets about as chair cannot be shared with others in the department because of confidentiality concerns. The chair's ability to be "friends" with colleagues declines, as friendships are based in part on sharing without holding back so much, and a new reference group of other administrators emerges.*

Acker states that the emotional aspect of leadership, particularly in the academic setting, has been greatly underestimated. The vulnerability that women feel in putting "their bodies on the line" regarding the attention paid to clothing, hair style, and the management of feelings is one not shared by male counterparts. Acker concludes that there is no rulebook for women to follow and likened academic leadership to "improvising a part in a play where others have a script"

### What can you do to level the leadership playing ground?



- When applying for leadership positions (or any position) include positive, job-related information in your resumé or CV. Conversely DO NOT include job-irrelevant information
- Include evidence in your resumé or CV of communal rather than agentic values that fit with feminine leadership styles.
- Increase your self-awareness to identify blind-spots and to get a sense of how others perceive

their leadership

- Korabik and Ayman found that adopting an "androgynous" leadership style, one that is both task-oriented (male) and person-oriented (female) is effective in motivating staff performance and reflects the importance of context in the leader/group relationship.
- Understand the interplay of gender and organizational culture and share that understanding with colleagues and staff.
- Support other women by not judging them in a stereotyped manner.
- Be mindful of interpersonal interactions when in male-dominated settings, performing masculine behaviour or otherwise interacting with men.
- Pursue training and coaching to learn new skills and behaviours

### References:

Marie C. Wilson, *Closing the Leadership Gap: Why Women Can and Must Help Run the World*, (New York, New York: Viking, 2004)

Linda Babcock and Sara Laschever, *Women Don't Ask: Negotiation and the Gender Divide* (Princeton, New Jersey: Princeton University Press, 2003)

Cordelia Fine, *Delusions of Gender: How our Minds, Society and Neurosexism Create Difference* (New York, New York: W.W. Norton, 2010)

Karen Korabik and Roya Ayma, *Gender and Leadership in the*



Corporate World, in Jean Lau Chin, Bernice Lott, Joy K. Rice and Janis Sanchez-Hucles, (eds) *Women and Leadership: Transforming Visions and Diverse Voices*, (Malden MA: Blackwell Publishing ,2007)

Joyce Fletcher, The Greatly Exaggerated Demise of Heroic Leadership: Gender, Power, and the Myth of the Female Advantage, *CGO Insights*, Briefing Note #13, August 2002.

Sally Helgesen, *The Female Advantage*, (New York, New York: Doubleday Currency, 1990)

Catalyst, *Statistical Overview of Women in the Workplace*, June 2012, <http://www.catalyst.org/publication/219/statistical-overview-of-women-in-the-workplace>, accessed August 15, 2012

Mika Brzezinski, *Knowing Your Value: Women, Money and Getting What You're Worth* (New York: Weinstein Books, 2011)

Carol Issac, Barbara Lee and Molly Carnes, Interventions That Affect Gender Bias in Hiring: A Systemic Review, *Academic Medicine*, 84:10, October 2009, 1440-1446.

Esther Wachs Book, *Why the Best Man for the Job is a Woman*, (New York, New York: HarperBusiness, 2000)

Sandra Acker, Gender and the Chair, in Anne Wagner, Sandra Acker and Kimine Mayuzumi, *Whose University is it Anyway? Power and Privilege on Gendered Terrain* (Toronto: Sumach Pr., 2008)

## LEADERSHIP PLANNING

**W**hat is leadership planning?

What drives you towards change?

What are your strengths?

What skills do you already possess?

Where do you want to be in 5 years?

How will you get there?

Leadership planning starts with reflection of oneself.

Leadership planning is driven by opportunity, risk taking and passion.

Consider aspects of your career with which you are most and least satisfied.

*Define your own career goals as best you can, and then try to make sure your position matches your goals.*

Lesley FELLOWS

**Pick a target.** What constitutes success in the next 5 years or in your career generally?

**Consider:** What would my life be like if I were 100% success in this goal? Be aware of possible negative repercussions and consider how these might be managed or mitigated.



**Be self reflective.** Through self reflection, you consider aspects of your life that are important in your career – we suggest that you keep a journal with you and write these down – consider this a “career journal”. Journaling allows you an opportunity to stop for a few minutes and put down ideas – it is these ideas that could drive you forward on your path.

**Develop your path.** Once you have reflected on what drives you or what you would like to see changed, think about the steps needed to get you there.

**What does that path look like?**

**What steps would help you get there?**

Are there opportunities you could take advantage of that allow you the skills to build on your path?

Does your institution or workplace allow you time for self-development (conference time, course opportunities).

**Pursue training.** Enrol in leadership seminars and other courses that provide you with skills to help you develop your toolbox and build your

*There is no question in my mind that leadership has its rewards. Becoming a medical leader may be planned for some. For others, there is a natural falling into leadership opportunities without design, taking on roles as doors incidentally open.*

Sandra Fisman

resume. Such opportunities are sometimes attached to conferences you may attend or national meetings

**Get involved.** Involve yourself in organizations that you care about. This allows for organic networking opportunities to occur. You could become part of a board and get involved in local, provincial or national initiatives.

**Why do I have to plan my career?**

Life is like a marathon rather than a 100-yard dash. Where a sprinter takes off from the block and makes a mad dash for the finish line

- *Have some practical experience*
- *Be familiar with the field you want to be in*
- *Be a leader in the community*
- *Work hard because it is hard work*
- *Empathize*
- *Learn to make decisions with incomplete data*
- *Don't be afraid to ask for help from a lot of people*
- *The life stages are important*
- *There are certain gender roles that are fixed*
- *Be prepared with the time comes and the opportunity presents itself*
- *Have confidence in yourself*

May Cohen

over a smooth and flat surface, a marathoner paces herself over the long course, traveling through highs and lows along a path that includes work, family, and friends as well as professional interests and continuing education aspirations.

Begin your career planning during training. Training exposes students to the whole gamut of academic activities: teaching, research and administration. Take the time to establish the foundation for a faculty career with experience in teaching, research, publication and grant-writing.

Academic institutions survive on the efforts of the researchers who bring in research grants, develop patents and court donors. Women tend

to value teaching, mentoring and public service. Search out a position at the institution that shares your values. Women might need to relax expectations around some elements of their lives or those expectations may stop them from fulfilling their potential.

You have to believe you have something to offer and do it even in the face of all the demands you have as a woman. Women can find themselves engaging in self-defeating messaging, focusing on the lack of time in a busy life etc. Figuring out your strengths will lead you toward understanding how you can carve your career, negotiate remuneration, etc.

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## FAMILY

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The decision around if and when to have a family is a personal one with many factors in play.

Only you know what is right for you. Listen to your heart and to your biological clock. And be willing to be pay for good help in the house.

Visit the blog and join in the conversation as we engage in a more fulsome discussion of this issue. <http://femalefacultyhandbook.wordpress.com/>

*Don't wait too long to have children because biological clocks do run down and it is in fact easier to manage the sheer work of career and family when you are younger.*

Carol HERBERT

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*Maintain your family as a priority and they will be your ultimate source of strength*

Sandra FISMAN

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*I only worked part-time and then gradually I ended up working full time . I worked one evening a week, going in the afternoon, but I had this idea that everyone came before me. I would make sure when I came home that the kids were settled and I would do my charting in the later evening hours. I always had help in the house.*

May COHEN

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# NEGOTIATION

Negotiation is a conversation, usually over time, between two or more people that is designed to come to an agreement over an issue; reach a conclusion in a conflict; or settle on a list of perquisites or obligations for a role or responsibility. The list of negotiation opportunities is endless; there are few situations which are not negotiable.

Negotiation skills are important to acquire yet elusive to identify, especially for women who find themselves new to the negotiation table.

Linda Babcock and Sara Laschever, authors of *Women Don't Ask: Negotiation and the Gender Divide* (2003) argue that the negotiation for your first position will affect your income for your entire working life. A small amount at the beginning of a career, compounded over a long life, can add up to a lot of lost money.

This is particularly pertinent for female physicians. Recent research in the *Journal of the American Medical Association* highlights the long-term effects of the male-female physician pay gap as a \$360,000 loss to women over the course of a 30-year career. That's the picture in the United States. It's not much different in Canada.

This pay discrepancy can have another effect, one that deals with perceptions: higher priced people have more value. This mistaken perception can lead to a misuse of

*I have also learned that if you don't ask, you don't receive, and that men are often more comfortable asking than women.*

**Giséle BOURGEOIS-LAW**

resources as institutions fail to hire the best person for the position. Over the longer term, under-compensated people are at risk of becoming under-performing people.

Researchers in the world of organization, management and communication studies have looked at how men and women engage with negotiation and conflict management in the workplace. What they've found isn't so surprising: we've come a long way, baby, but we haven't come that far yet.

Gender plays a major role in the negotiation process. Not only does it impact what is asked, it affects how the ask is made and to whom it is directed. Gender stereotypes are very much a part of how we are organized as a society and despite a growing awareness of their impact in culture, business, education etc. women remain rigidly stuck "playing the game" in their attempts at climbing the leadership ladder. Interestingly, women in power who negotiate with women applicants use the same tactics as their male counterparts: they know that women will demand and expect less and give up more. (p.149-50).

Issac *et al* undertook a study on

gender bias in hiring and found that “all but one study confirmed that male applicants are evaluated more positively than female applicants for employment in male sex-typed jobs”. Providing gender-specific information prejudiced women’s applications as did appearing agentic rather than communal. While the number of women practicing medicine is on the increase, being a doctor is something still associated with men. The “feminization of medicine” discussion is evidence that until just very recently, medicine was a man’s world.

Despite the dread that many women express at the thought of negotiating a contract, women are natural negotiators according to Selena Rezvani author of *Pushback: How Smart Women Ask – and Stand Up – For What They Want* (2012). Women tend to be more aware of their emotions and come to negotiation in a consultative way with an aim toward building understanding.

Dr. May Cohen, professor emeritus and ex-associate dean in the Faculty of Health Sciences at McMaster University recounts the negotiation for her husband Gerry’s position when they both came to the medical school in the mid-1970s. Gerry was offered more because he was the man in the family. Both May and Gerry were recruited to the Faculty, both had equal qualifications, finishing first and second, respectively, in their graduating class.

Babcock and Laschever assert that “ignoring a stereotype or refusing to behave as expected doesn’t solve

the problem”. Instead they argue that women become bilingual in “nice” and “competent”. Emphasize friendliness while communicating competence and self-confidence. Don’t be tentative, apologetic, or uncertain; these qualities make women appear less competent.

### So what can you do about it?

#### How can you up your negotiation game?

**Ask:** Many women believe that fairness prevails when in reality it is the squeaky, that is, noticeable, wheel that gets the grease. You have to think to ask; you can’t wait for others to notice your good work. Men tend to ask more, they see more opportunity for negotiation in their everyday lives. They welcome it as a challenge, a game. Women see it in a more negative light and describe their feelings around negotiation as anxious and filled with dread.

**Aim high, aim confidently:** Be honest in your appraisal of your qualifications and remember that research shows women undervalue themselves and their abilities. Women fall prey to the “imposter syndrome” a sense that they’re not where they’re supposed to be and someone’s going to discover it and kick them out. Babcock and Laschever suggest that you seek out information regarding your professional peers, both male and female, to gauge your worth and get a sense of your value.

The opportunity to engage in a 360° evaluation at key points in your career will give you a good sense of how other people see you. Just

before engaging in an “ask” situation is as good a time as any.

**Ask around:** apply to multiple opportunities. Don’t focus all your energies on one opportunity, unless it’s the only opportunity. Don’t accept the first job offer; use that information to leverage demands on salary for the job you want.

### Research your opportunities

**thoroughly:** This means know your market. Tap into your networks and use publicly available information to answer the following questions:

- How will your appointment further the goals and mission of the institution?
- What are the expectations of the position?
- What is the salary range of comparable positions within the institution and across several key institutions of relative size and research intensity or clinical outreach and reputation?
- What are the research opportunities?
- What support services can be garnered?
- What funding opportunities or research support can be leveraged to support your goals?
- How will you be evaluated?

Talk to people you know and seek out others with the knowledge you need. The more information you have, the better positioned you are in defining your goals and refining your expectations.

**Set a goal:** With the research you have carefully accumulated, set a realistic goal, then increase it by 15%. Men typically set ambitious targets and enter into negotiations asking for 15% more. Research demonstrates that the higher your ask, the longer the negotiation lasts and the more opportunity exists to conclude a satisfactory agreement. Women set lower goals because they lack the confidence of the big ask. They typically feel fortunate to get an interview and grateful for the consideration and accept what is offered.

**Know what you can’t accept:** This is the bottom line, anything less and it’s not enough of a compelling reward for your hard work. Knowing your lower limit will prepare you to say “no” with confidence and protect you from accepting a lesser deal than you anticipated.

**Get your house in order:** prepare your cv and other promotion documents including past evaluations, awards, and letters of reference. Be sure to include everything. Research shows that men tend to list everything they consider remotely pertinent.

**Persevere with patience:** Many women tend to set modest goals and concede them too quickly. Babcock and Laschever state that women bring an array of personal goals to the negotiation and fail to realize that they don’t need to give up as much as they do.

**Performance, performance, performance:** Babcock and Laschever note that women are judged on their performance while

men tend to be judged on their potential. Focus discussions on performance issues and tie them into position expectations and provide evidence of competency. Self-promotion in the manner of men is anathema for women.

**Walk the talk:** if you have a stated position on which you feel you can't compromise and it's the deal breaker for you, walk. Don't be uncertain of your position. Don't waffle. Say thank you and wish them well on their search.

**Seek out a mentor:** Having a mentor can bring many benefits to your career; assisting with a career negotiation is an excellent way to tap into their knowledge and experience. They can give you information about institutional behaviours and systemic challenges that may impact your expectations.

**Garner support from key individuals:** All leadership roles are in some way a stretch opportunity – a challenge to expand your role and responsibilities and test your skills. Having the support of key individuals will help others see and be confident in your skills.

**Use emotion effectively:** Avoid negativity, violent gestures, ultimatums, yelling or raising your voice and crying. Communicate positive feelings by smiling and speaking in a calm voice. Mika Brzezinski, author of the book *Know Your Value: Women, Money and Getting What You're Worth* and co-host of the MSNBC show *Morning Joe* relates her experience of using the same technique as her male colleague to wrestle a raise from

management. Not only did it not work, it compromised the positive opinion of her held by her superior. Gender is so ingrained in who we are and how we act that when women act outside of the accepted gender expectations of women they confuse the communication. The key is to be clear, consistent and calm.

**Frame the negotiations as interests over positions:** When the negotiation switches from win-lose to win-win, a style many women are comfortable with, there is more opportunity to find common ground and shared ideas. Use the negotiation as an opportunity to re-frame the interaction from one based on competition to one centred in cooperation. This will lead to more creative, collaborative solutions. For women who are concerned about the impact of negotiations on relationships, moving the negotiation toward collaboration will help protect those relationships. Babcock and Laschever consider this the "female advantage" and credits a cooperative negotiation style with creating superior solutions. (p. 165)

**Avoid discussions of family life and future plans:** Such discussions may compromise your chances. Employers are not allowed to ask questions regarding marital status and family planning. Be careful in the small talk conversations that this information remains privileged.

**Dress for success:** Go for a neutral but attractive appearance. Avoid overly feminine clothing, excessive jewelry, and feminine-scented perfume, however, masculine-scented cologne may be beneficial.



There will be many instances in your life where negotiation skills will come into play, sometimes on a daily basis. Not only for your first position, but for every new job responsibility and position that comes your way or that you decide to pursue. There are many references on the market to assist you in developing negotiation skills.

#### References:

Linda Babcock and Sara Laschever, *Women Don't Ask: Negotiation and the Gender Divide*, (Princeton University Press: Princeton, 2003)

Carol Issac, Barbara Lee and Molly Carnes, Interventions That Affect Gender Bias in Hiring: A Systemic Review, *Academic Medicine*, 84:10, October 2009, 1440-1446.

Deborah M. Kolb, Judith Williams, Carol Frohlinger, *Her Place at the Table: A Woman's Guide to Negotiating Five Key Challenges to*

*Leadership Success*, (Jossey-Bass: San Francisco, 2010)

Mika Brzezinski, *Knowing Your Value: Women, Money, and Getting What You're Worth*, (Weinstein Books, New York, 2011)

Selena Rezvani, *Pushback: How Smart Women Ask – And Stand Up – For What They Want* (Jossey-Bass, San Francisco, 2012)

Reshma Jagsi, Kent A. Griffith, Abigail Stewart, Dana Sambuco, Rochelle DeCastro and Peter A. Ubel, Gender Differences in the Salaries of Physician Researchers, *Journal of the American Medical Association*, 2012, 307 (22): 2410-2417.

Menachem Wecker, 4 Salary Negotiation Tips for Female Medical Students, M.D.'s <http://www.usnews.com/education/best-graduate-schools/top-medical-schools/articles/2012/07/23/4-salary-negotiation-tips-for-female-medical-students-mds?page=1>

## TENURE AND PROMOTION

Tenure and Promotion, T&P, is the track of career advancement followed in academia. Each institution has its own role classifications for instructors and researchers, ranging from contract sessionals and part-time instructors to tenured full professors. Faculty hired on the "tenure-track" are subject to career requirements defined, and monitored by, the institution.

Tenure is an appointment to a position or role from which you

“Find out what is ‘valued’ in your institution. Although it may seem far in the distance, I think that seeing what is required for promotion can help you align what interests you with is valued ... this does allow you to understand how you can develop your interests and activities in a way that carves out a ‘place’ in the academic community in which you can be happy.”

Hélène BOISJOLY



cannot be removed without just cause. In academia, tenure allows the holder freedom to pursue research and teaching and is achieved by progression through the academic rank system of assistant, associate and full professor. Institutions have rules and procedures to follow when stepping forward for promotion and in many schools your Chair, or delegate, will be assisting you with the process which can be demanding.

Women are not particularly good at marketing themselves. For this reason, many women find themselves disadvantaged by the tenure and promotion process. Women can internalize or personalize the process, which can have devastating results if the outcome is rejection.

You should be thinking about promotion and tenure during the recruitment phase of your career. Ask questions about expectations and review the tenure and promotion requirements prior to accepting your position.

You need to learn early on how to navigate the tenure and promotion process. Take ownership of your academic file. Thinking of your career in 5-year blocks can help provide some boundaries and guideposts to the process.

Become intimately familiar with the tenure and promotion requirements. Gather this information in person rather than online. This will allow you to clarify any issues that may seem confusing or unclear. Be aware of deadlines.

Join or network with a supportive

group with more experience in the tenure and promotion process. Seek out faculty who practice effective work-life balance for advice and guidance around the tenure and promotion process.

Faculty Development can be accessed to help with various aspects of the tenure and promotion process:

- Recognition/certification of courses faculty development courses completed
- Assistance developing a teaching portfolio
- Tenure and promotion workshops can be useful
- Tenure and promotion process is often listed on Faculty Development website

The CV is the most important document. Your CV will provide a picture of your career path as well as provide information pertaining to your administrative dossier. It is important that progression from your previous promotion is well captured.

**P**eer-reviewed publications must be listed separate from other publications. Consult the guidelines for your University to ensure your CV conforms to institutional formatting. Be consistent throughout. Be honest and check the accuracy of your information. Ask others to review your CV.

External reviewers are crucial to the tenure and promotion process. Each school will have its own requirements. External reviewers hold an arms-length relationship with the candidate.



**G**oing forward for promotion requires both technical readiness in the sense that your documentation is up-to-date, but it also involves psychological preparation. In order to prepare for the process:

- Be sure to take the time to get ready
- Get help and feedback
- Keep track of feedback from mentees, apprentices, student evaluations, presentations
- Keep track of students who get awards
- Get buy-in from your department – your department Chair should be proactive
- Support system with family and friends

- Work hard to get your portfolio complete
- Demonstrate willingness to accept the result
- Make sure you have responded strongly to reviewers comments
- Believe in yourself
- If turned down, do not give up
- Take time to heal
- Re-apply when ready
- Find a support group/group therapy/family and friends
- Have a plan if turned down
- Remember to dare, to gather information, have integrity, believe in the work you have done
- Ask Committee for feedback

## TIPS ON PREPARING FOR PROMOTION

**E**ach institution will have its own defined promotion and tenure process. The following tips are intended as suggestions only.

Check with your institution early in your career to ensure you are familiar with the requirements for tenure and promotion.

Prepare your 5-year plan

- Connect with people who have balanced work/home responsibilities
- Connect with Faculty Development for skills attainment on:

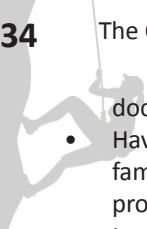
- Developing a teaching portfolio
  - Promotion workshops
  - Skills acquisition and certification

Review the promotion criteria:

- Gather information in person rather than online
- Promotion will be based primarily on demonstrated scholarship
- Understand the difference between scholarship and “work”

Preparing your promotion package

- Start preparing your



documentation early

- Have a colleague or a mentor familiar with the promotion process review your documents to ensure they clearly explain your accomplishments
- Join/network with supportive group with more experience with promotion

#### Letter to the Dean

- Identify your career path and primary domain of scholarship
- Explanatory information should be included in other parts of the application as the letter is not circulated to external reviewers

#### Executive Summary

- 2 pages maximum
- Abstract of the whole package

#### C.V

- Most important element of promotion application
- Progression from previous promotion should be well captured
- Present information in CV and dossiers in REVERSE chronological order progressing from the most recent to the more distant accomplishments
- Insert dates at left margin to ease reviewing
- Include evidence of national/international standing
- Have a dynamic CV, enter information regularly as it becomes apparent

#### Appearance of documents

- Make your reviewers job as easy as possible
- Use headings throughout documents to identify

categories, e.g.: Provincial/National designations; Post-graduate versus undergraduate-teaching

- Font – Use most 12 point font. Minimum of 10 point font. Headings use 14 point

#### Acronyms

- Write them out – most reviewers will not know them

#### Explain roles clearly

- Committees, Awards, Tasks etc. Assume external reviewers will not know the specifics of the organizations you are associated with.
- Highlight the significance of key publications and your role in the publications within your CV

#### When preparing dossiers

- Use dossier templates
- Don't get anxious if everything does not apply
- Having difficulty writing a “philosophy”? Write it after you complete your dossier, it will be easier to spot patterns and trends
- Delete blank sections
- Add sub-sections to suit your needs if required
- Be concise – provide summaries where possible, i.e.: do not include every teaching evaluation you have ever received – provide a summary of your evaluations with a limited number of sample

#### Publication Reprints

- Provide copies of only your 1-2 most important publications,

you do not need to include every publication you have written

- Do not include task force reports
- Provide an executive summary or refer reviewers to a website of the report is of particular importance

#### Choosing external reviewers

- Consider who will be able to provide an accurate review

- Do not suggest names of individuals you have trained, supervised or collaborated with. They will not be permitted as external reviewers

#### Submitting your application

- Do not bind or staple your application
- Use spring clips or bands to keep the package together.

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## M ENTORING

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Constance LeBlanc

In taking the Hippocratic Oath, we vow to “respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.” In order to fulfill this obligation, strong mentorship and guidance are essential.

In 1868, Dr. Emily Howard Stowe became the first Canadian woman to practice medicine in Canada. She studied medicine in the United States; no Canadian institution admitted women to medical school at that time. Since then, much progress has been made, those were the days when female students were excused from genital examinations. Biases still remain however, as evidenced by the polarization of women across medical specialties towards specialties involving children (pediatrics and obstetrics and gynecology) and those that are more nurturing in nature


“*For a successful mentorship relationship there needs to be a genuine commitment to the process, adequate time spent together, and syntonik role modeling by the mentor.*”

Sandra **FISMAN**

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(family medicine, psychiatry). We do however see female physicians in all specialties, and interestingly, these tend to be the least well remunerated areas in medical practice. As a word of caution, it should be noted that more studies are required, as these facts have not been formally connected.

**W**omen entering medicine often don't realize the role of shared anecdotes or the importance of relationships as they succumb to the pressure to rush home to their families at the end of the day. This may be the result of several hundred years of history during which women



worked in their homes, raising children and tending to family needs. Regardless of the cause, the effect is that we miss opportunities for discussion and valuable informal mentoring that occurs during social interactions, not to mention the opportunities for more formal mentoring from colleagues working in areas of common interest.

Women, including physicians, “continue to assume greater responsibility for family commitments in addition to their professional workload compounding their stress.”(4). Respite from excessive workload, academic endeavours, business travel, clinical shifts or other opportunities may be desirable, required or planned by women to allow time to attend to other obligations, but attention must be paid to ensure that this is indeed informed and intentional. Female physicians may be “protected” from opportunities “for their family’s sake” through opportunism by colleagues. This may be an unconscious decision reflecting their personal values, or a result of careerism.

**R**e-entry mentoring is an important and typically neglected aspect of mentoring. Following a hiatus in activity or even a period of decreased activity, access to a mentor would mitigate the implication of a lack of dedication to one’s career or sense of stigma, in addition to promoting renewed momentum and confidence at work.

In my experience, forming mentoring

relationships is more challenging for women in medicine with preceptors being predominantly male. (6) Perhaps, it is the fear that socializing may be misinterpreted by the other party, as something more than the transference of knowledge and values. This is not totally unfounded. Female physicians in training continue to report higher rates of intimidation and sexual harassment than do their male counterparts, making relationships delicate to manage. (4) The evolving gender distribution in medicine coupled with more relaxed social norms has provided more flexibility in this regard.

It is imperative for junior physicians to identify with their seniors, and not fear asking for help and forming social relationships at work. Role models need not be women, but these individuals must be truly interested and willing to provide guidance and direction and be skilled in the art of delivery of honest and effective feedback. It is well documented that male physicians rarely start their first job without a mentor, whereas women must endeavour to seek out these opportunities.

**M**any professionals have several mentors throughout their careers. Early career direction and academic development may be a forte of one mentor, while managing the stress of young children or the sleepless nights of parenting teens that of another. You may need direction in one area or feel that the personal aspects of your



life should remain private. This will depend on your personality and on your relationship with your mentor. When compared to mentored counterparts, women who feel they are able to direct their own careers singlehandedly will likely suffer a significant career lag by missing out on many learning opportunities coupled with a strong sense of direction. Having someone you can trust and respect, someone genuinely on your side, a person who will foster your growth, even over their own and rejoice in your achievements cannot be overestimated.

The value of mentorship is now broadly recognized. Formal mentorship assignments have been implemented for new faculty at many medical schools. The National Institute of Health has a reentry after childrearing mentorship program to prevent career lag in this group of scientists. Effective strategies for finding mentors include staying late on occasion to share common interest such as research, seeking help when needed and working hard when the opportunity arises. None of these will ever trump enthusiasm, demonstrated ability or most importantly seeking feedback. Most senior clinicians faced challenges when they entered medicine and will provide invaluable advice to their juniors based on experience. They may, however, not wish to impose despite their willingness to share their perspectives and expertise if invited. It is paramount that women in medicine adopt strategies and tactics that will serve

to develop these relationships and provide exposure to those with experience, such as suggesting collaborative work and asking for advice.

My mentor was and is a man. Gender did not impede his ability to provide me with strong, insightful direction and career advice. He has provided me with clinical and academic tough love and direction, and I have reaped the rewards of his thoughtful counsel. I am indebted to him for sharing his wisdom and repayment takes the form of furthering his legacy through mentoring others, many of whom are women.

#### References;

[http://en.wikipedia.org/wiki/Hippocratic\\_Oath](http://en.wikipedia.org/wiki/Hippocratic_Oath). 08/25/2011.

<http://www.famouscanadianwomen.com/famous%20firsts/medical%20professionals.htm> 09/06/2011.

Barbara Ehrenreich & Deirdre English, *Witches, Midwives, and Nurses* (1973). (Paperback - Oct 2010)

<http://www.cma.ca/advocacy/committee-on-the-status-of-women> 08/25/2011.

<http://womeninscience.nih.gov/pdf/ORWHCareerDevelopment.pdf> [ORWH/NIH Reentry Program] 08/25/2011.

Goudreau J. Men Benefit From Mentors More Than Women. *Forbes' Magazine*.12/14/2010.

# Professionalism

We have all experienced in our training both physicians whom we wish to emulate and with those who we are happy to have limited contact with. Sadly it is these latter physicians that stick in our mind either because of their demeaning or disrespectful presentations; their insults, boundary violations or inappropriate actions such as throwing or breaking things; their failure to respond to calls or requests for information; their lack of collaboration and rigid or inflexible barriers to get assistance. Such behaviours fall in the realm of unprofessional or disruptive behaviours and are well described in provincial Colleges for physicians as they ultimately interfere with functioning and thus can affect health care delivery.

There are expectations which society has placed on physicians – a social contract. This contract expects physicians to focus on the best interests of their patients; this is done by working respectfully, collaboratively with others in health care; and ultimately upholding the standards of the profession.

Professionalism characteristics such as caring, compassion, insight, openness, respect for patient dignity, confidentiality, autonomy, presence, and altruism in addition to trust, competence, integrity, honest, morality and ethical conduct can be developed through training. There are generational, cultural and national variations in what the

expectations are in this relationship between a society and its physicians.

Every practicing community has a “cognitive base” as to how it wants to fulfill society’s obligation and what’s its commitment is to professionalism. As a practitioner, there are a number of ways to set up one’s practice in order to promote professionalism and address the doctor-patient relationship.

## Consider the following:

- Incorporate reflection in your practice – question, investigate, evaluate and analyze ideas and actions.
- Develop a group community where you seek feedback, incorporate ideas and viewpoints of team members.
- Find positive role models – individuals admired for their ways of being and acting as professionals.
- Attend faculty development on professionalism – this can be taught.
- Use “gentle speech” or mindful words – Don Miguel Ruiz in his book *The Four Agreements* offers: Be impeccable with your word. Speak with integrity. Say only what you mean. Avoid using words to speak against yourself or to gossip about others. Use the power of your word in the direction of truth and love.

- Recognize that stress is normal and getting help is healthy.
- Take time to care you yourself – live a more balanced lifestyle
- Commit to life long learning in order to maintain clinical skills and medical knowledge.

In the end, optimize your functioning – your wellness, your knowledge, your skills and seek the high moral ground in the standards you set for how you care for your patients and how you interact with your colleagues.

#### References:

Physician Behaviour in the

professional environment; February 2008, College of Physicians and Surgeons of Ontario Police Statement #4-07.

Cruess RL, Cruess SR, *et al.* *Teaching, Learning and Assessing Professionalism at the Post Graduate Level*, Members of the FMEC PG consortium, 2011

Gautam M, Erasing the stigma attached to ill doctors. **Royal College Outlook**, Vol. 3, Issue 2, Fall 2006.

AAPNews. [www.aapnews.org](http://www.aapnews.org). October 2007

## Harassment, Intimidation and Discrimination....

You work on a team with other colleagues. One of your colleagues repeatedly undermines your decisions and changes patient management. You understand that this individual also talks negatively about you to staff and not infrequently will make a demeaning comment about you in meetings where you are present in a joking manner.

You are interviewing for a position and 6 months pregnant. You do not get the job and wonder whether this was because of your pregnancy status.

**What feelings do these scenarios elicit in you?**

**How does this play out at work?**

**At home?**

**With your colleagues?**

**Is this harassment?**

**Are you being discriminated against?**

These scenarios introduce an apprehension of unfair treatment and can have a profound effect on your confidence and on your ability to function in your daily activities at work and potentially at home. All Universities in Ontario have individuals or offices that address harassment, intimidation and discrimination. Under the Ontario Human Rights Code & codified within the University's Policies,

each of us has a right to work, live, and study in a harassment-free environment.

### So what is harassment?

Harassment may be defined as “a course of vexatious comment(s) or conduct that is known or ought reasonably to be known to be unwelcome”.

Harassment can be verbal, physical, sexual, electronic, or psychological in nature.

Harassment that is based on one or more of the human rights grounds is a form of discrimination.

While not clearly defined in the Code, discrimination may be defined as “differential treatment of an individual or group based in whole or in part on one or more than one of the prohibited grounds of discrimination and which has an adverse impact (imposes unequal burdens/denies benefits) on the individual or group of individuals”.

**P**rohibited grounds of unlawful discrimination or harassment include age, ancestry, citizenship, colour, creed/religion (freedom to and freedom from), disability, ethnic background, family status, marital status (including same sex and common law partnership status), place of origin, race, record of offences (provincial offences, pardoned federal offences - in employment only), sex/gender, and sexual orientation. Human rights legislation has created

a legal duty for employers and universities to ACCOMMODATE individuals in order to further our society’s commitment to equality. The need to be accommodated must relate to a protected human rights ground such as, but not limited to, family status, religious obligations, pregnancy (gender), disability, etc. The duty to accommodate exists up to the point of undue hardship as defined in law.

**A**ccommodation is a temporary or permanent means of preventing and removing barriers that impede individuals from participating fully in an employment, academic, or service environment.

It is often defined as “the provision of services, adaptations or adjustments which enable persons who require accommodation to participate, contribute and succeed in an academic, employment or service environment while still meeting their reasonable requirements arising out of their disability, religious beliefs, family obligations, etc.”

The process of accommodation involves consultation with the person seeking accommodation and subsequently results in specific adaptations and/or modifications in policies and/or practices.

“Undue hardship” refers to the responsibility that organizations (as employers or service providers) have that require them to accommodate a person’s need without experiencing an unmanageable amount of difficulty.





The Ontario Human Rights Commission states that only 3 factors can be considered in determining undue hardship:

- Costs
- Outside Sources of Funding
- Health and Safety

The onus to establish undue hardship is on the University (not the individual requesting it). In order to establish that it has reached the point of undue hardship, the employer or service provider may only rely on evidence that is objective, real, direct and, in the case of cost, quantifiable.

**S**o what do you do when you perceive that you have experienced situations of harassment, intimidation or being discriminated against?

1. Understand what policies are

## **F**ailure

Danielle Nahon  
Nedra R. Lander

**W**e have overseen the Women Faculty Mentoring Program at the Faculty of Medicine of the University of Ottawa over the last 12 years. Each year, an evening on academic promotion is offered, featuring the Dean/Associate Dean and members of the Clinical and Basic Sciences promotional committees. These evenings are held off-site in a home; goodies are served, and the ambience is informal and friendly. Women faculty at all levels are invited; there are opportunities to network and identify a possible mentor.

present in your institution. Be informed.

2. Contact an office or person whose job it is act out the policies. See if your situation fall under the policies and what options / course of action is available to you.
3. This contact should be confidential – check this out and know what potential risk and benefits there may be to lodge a complaint.
4. To lodge a complaint or not is up to you. Your contact can advise you of many options you may not be aware of.

In the end, we all have the right to work in an environment free of harassment, intimidation and discrimination. We must work together to make change.

**WE MUST BE THE CHANGE WE WANT.**

Evaluation results indicate that this provides a valuable forum for learning how to put together promotion packages within unique career paths, and receive encouragement and support in putting forth one's portfolios for promotion.

This year, we included the taboo topic of promotion failure in the promotion evening, with the hope of breaking the silence. Applying for promotion is an arduous, risk-taking, soul-bearing and potentially soul-destroying choice. Even with the best of mentoring and advice,

the process is never as transparent and as clear as it is professed to be. There are many unwritten rules. What can a woman put in her little black bag in order to survive?

1. A mentor(s) to help put together one's promotion package, and deal with the anxieties and terrors of promotion failure;
2. Access to someone who has been on a promotion committee and knows what to look for;
3. A sense of courage and belief that one's efforts are meritorious;
4. An "EPK"—an Emergency Preparedness Kit filled with things to get one through a crisis: books one has always wanted to read, day trips, movies, taking up painting, yoga, Tai Chi, and/or going to the gym, or anything else to reduce the stress and discover another facet of the self that has not been realized during years of study, research and pursuit of academic achievement.
5. The courage to believe in oneself. The committees' reviews may not always be glowing; they are meant to be helpful and to get one through to the next level. Your mentor(s) should be helpful in helping you drag critiques into the half-full side of the glass.
6. Help in dealing with a negative/biased reader. There tends to be an unwritten assumption that one cannot challenge or seek re-dress during the promotion process. There may be bona fide concerns that

need to be addressed, and seeking help from others is essential. One does not have to go through this alone.

7. One must resist the temptation to "over-own" i.e. to assume more responsibility for the outcome than belongs to one. Failure is a fact of life and it can be due to a number of factors beyond your control. Promotion is a matter of context, including time and who the other players are. If one is turned down, one must dare to take it on the chin, learn whatever one can from the process, and vow to reapply in two years.
8. The belief that you really are "good enough" as you were hired for the potentials seen in you. Failure is a another opportunity to discover great characterological resources within you that will prepare you for future ventures, and to "make lemonade from this lemon".
9. Trust that this experience will help you prevail, and eventually allow you to help other women in their promotional pursuits.

The silence and stigma regarding promotion failure must be challenged and addressed, not only individually but also systemically if the broken silences reveal that there are biases against the successful promotion of females in academic medicine.

**GO FOR IT, AND GOOD LUCK!**



# Metta Meditation

The Metta Meditation is all about loving kindness. It's the love of friendship, love without attachment. It's not the craving, sensual love, but love with intention, purpose and from an honest heart.

The Metta Meditation addresses the four universal wishes:

- to live happy
- to live free from hostility
- to live free from affliction
- to live free from distress.

Find comfortable space.

When you breathe, let go of your worries, preoccupations, concerns. Breathe through your heart; imagine your breath moving through your chest.

Breathe out - send love  
Breathe in - receive suffering

Note your feelings. Awareness of our feelings is the first step toward living in loving kindness.

Love yourself. Before you can direct your love outward, you must find the love inside for yourself.

*May I be happy*  
*May I be well*  
*May I be safe*  
*May I be peaceful and at ease.*

Sink into the intention of loving kindness. Feel the warmth of love. Call your image to mind and focus on yourself. Peel away the negative

feelings of self and replace them with layers of loving kindness.

We all have a stream of negative self-talk that runs under the current of our consciousness. Work to silence this stream of anger, resentment and hurt.

When you're ready to reflect outward, call to mind a friend who has cared deeply for you.

*May you be happy*  
*May you be well*  
*May you be safe*  
*May you be peaceful and at ease*

Again, feel the intention of the words and connect with their meaning. Visualize your friend and bathe her or him with the thoughts of unconditional and accepting love.

Bring others to mind, moving outward from closest to more remote friends and acquaintances. Include animals and strangers. Focus on those who have experienced loss or who are dealing with negative energy in their lives.

When you feel strong enough, call to mind those people who exert negativity in your life. Nurturing unconditional love can be difficult but it is worth the struggle.

Done daily, the Metta Meditation can help instill positive feelings of acceptance, patience and peace and contribute to compassionate living.