

LUNCH & LECTURE:

ATTRACTING AND RETAINING WOMEN IN CARDIOLOGY: WILL THIS MAKE A DIFFERENCE IN THE CARE OF OUR FEMALE PATIENTS?

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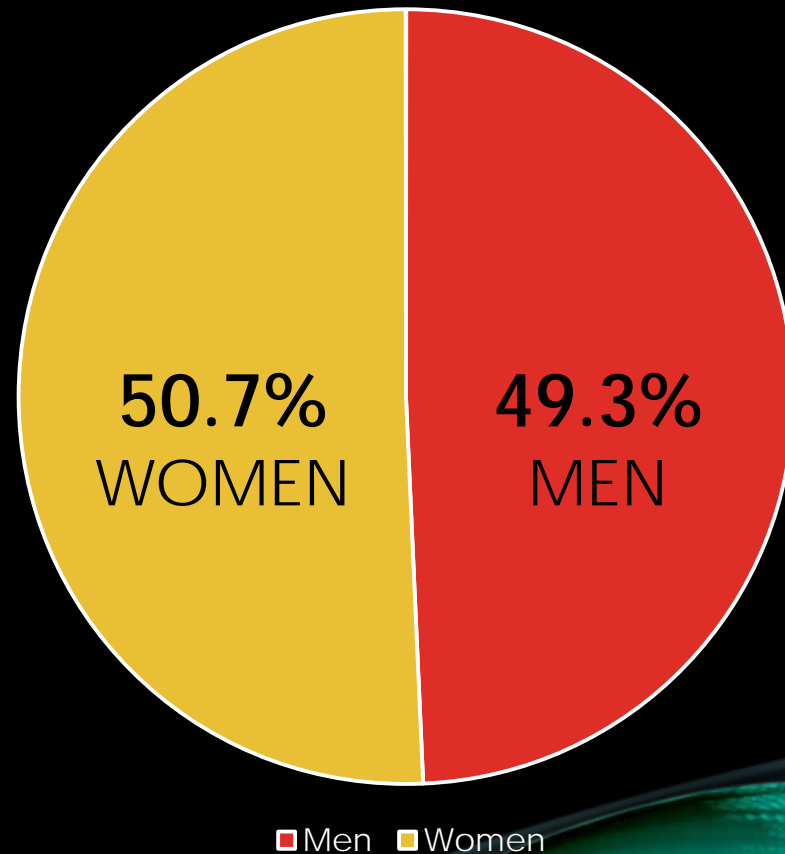
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- We must be able to show that everyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to the provider and that any conflicts are resolved.

<u>Presenter</u>	<u>Disclosure</u>
• Rachel M Bond, MD	None

DID YOU KNOW?

Medical School Enrollment



BARRIERS FACING WOMEN IN CARDIOLOGY

♥ Occupational radiation exposure

- ♥ Women more likely to modify their training or career paths to avoid radiation exposure.

♥ Discrimination

- ♥ From patients to allied health professionals and other physicians.
- ♥ Unconscious bias- less likely to be introduced by professional title than their male counterparts.

♥ Sexual harassment and misconduct

♥ Family concerns (work-life balance)

♥ Lack of advancement

♥ Disparity in compensation

- ♥ After adjusting for variables, a significant sex-based disparity in salary is \$33,749 for academic cardiologist and \$37,717 for private cardiologists.
- ♥ Negotiation being the biggest Achilles heel

♥ Female physicians are more likely than their counterparts to experience **burnout** and depression.

THE CONSEQUENCE?

A SELF-PERPETUATING CYCLE

Less appeal for women
and loss of talent in
those specialties

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Women congregate
in certain specialties

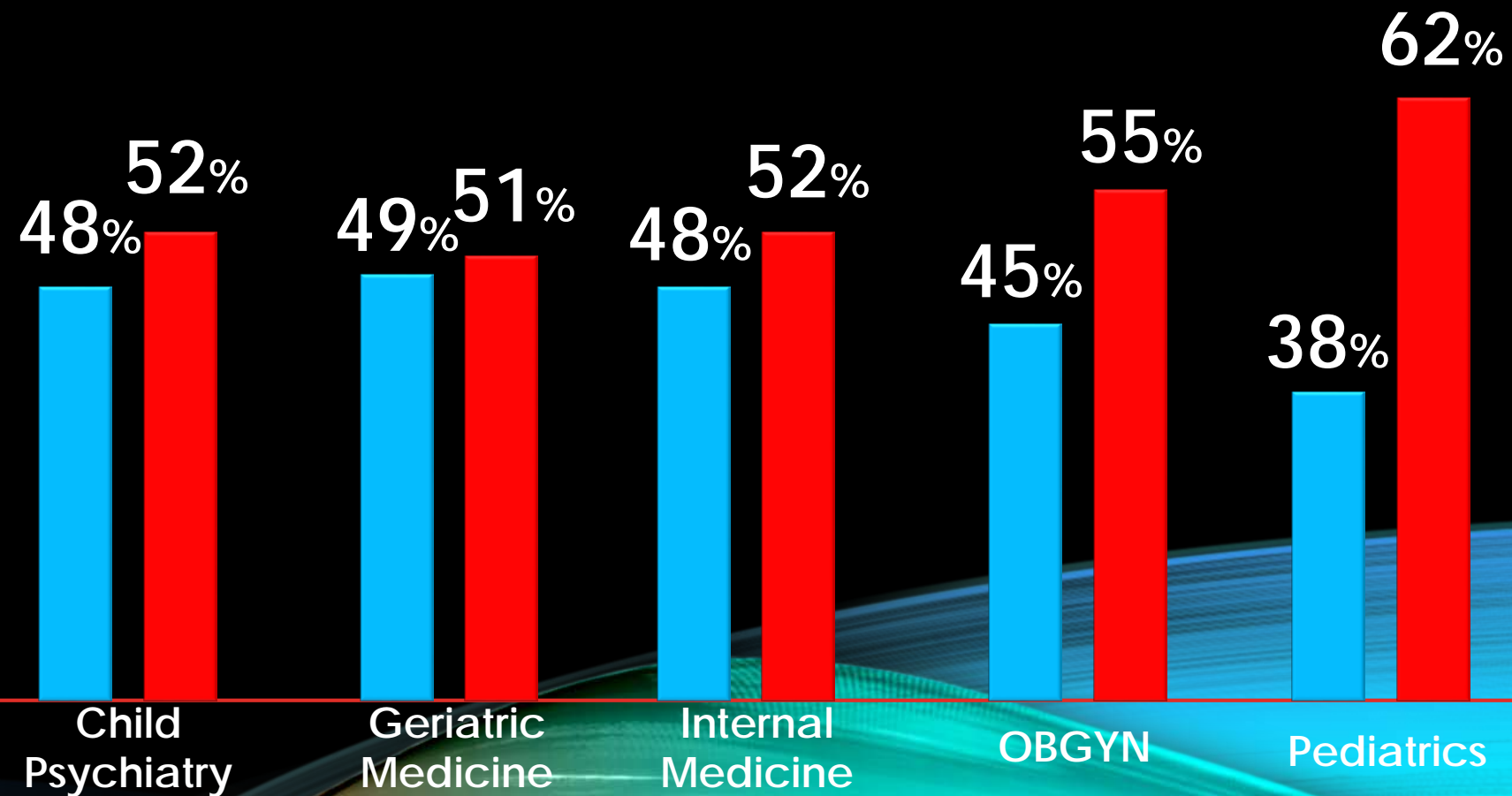
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Few women leaders
in underrepresented
specialties

2



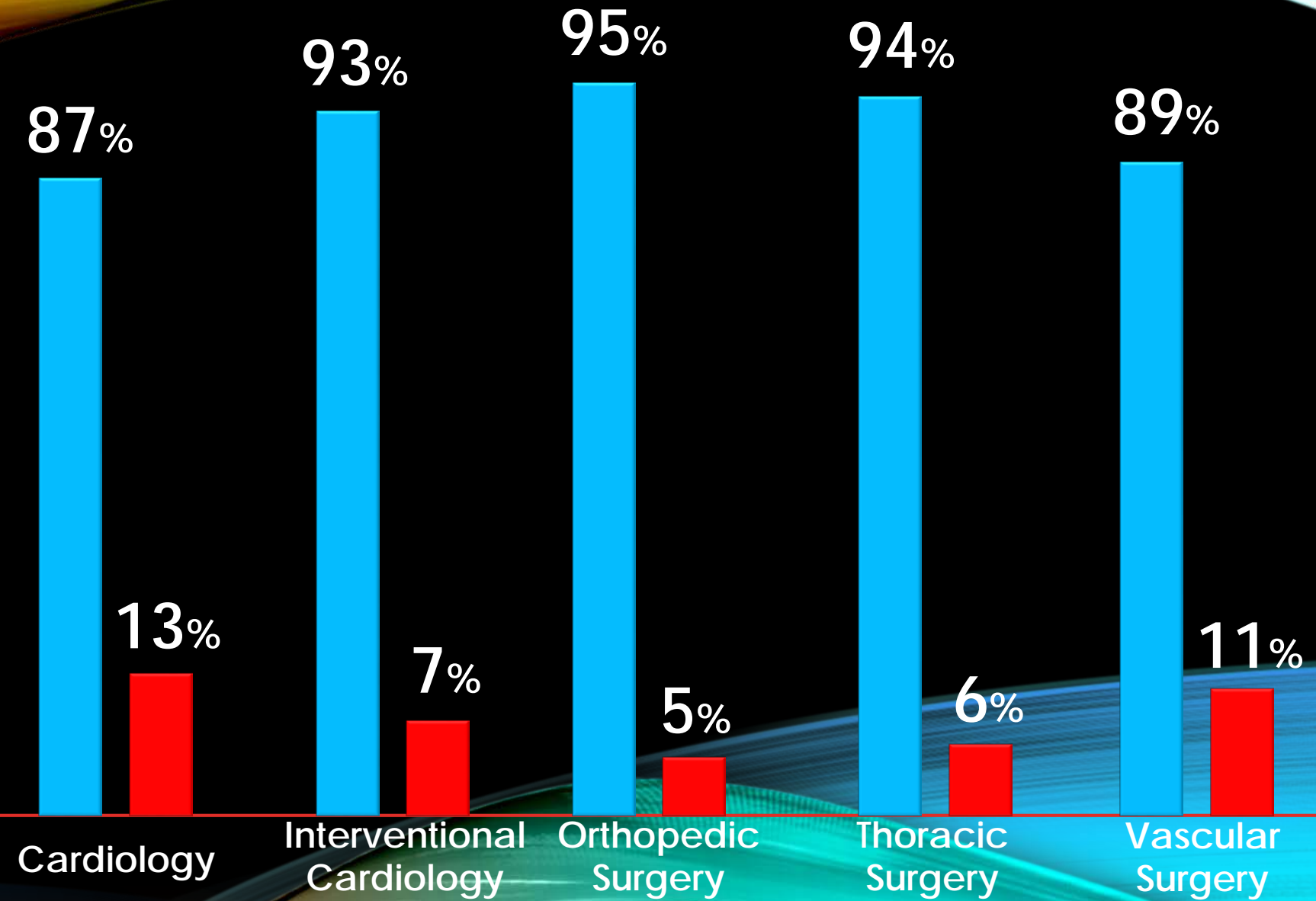
Active Physicians by Sex and Specialty



Association of American Medical Colleges – 2015 Physician Data

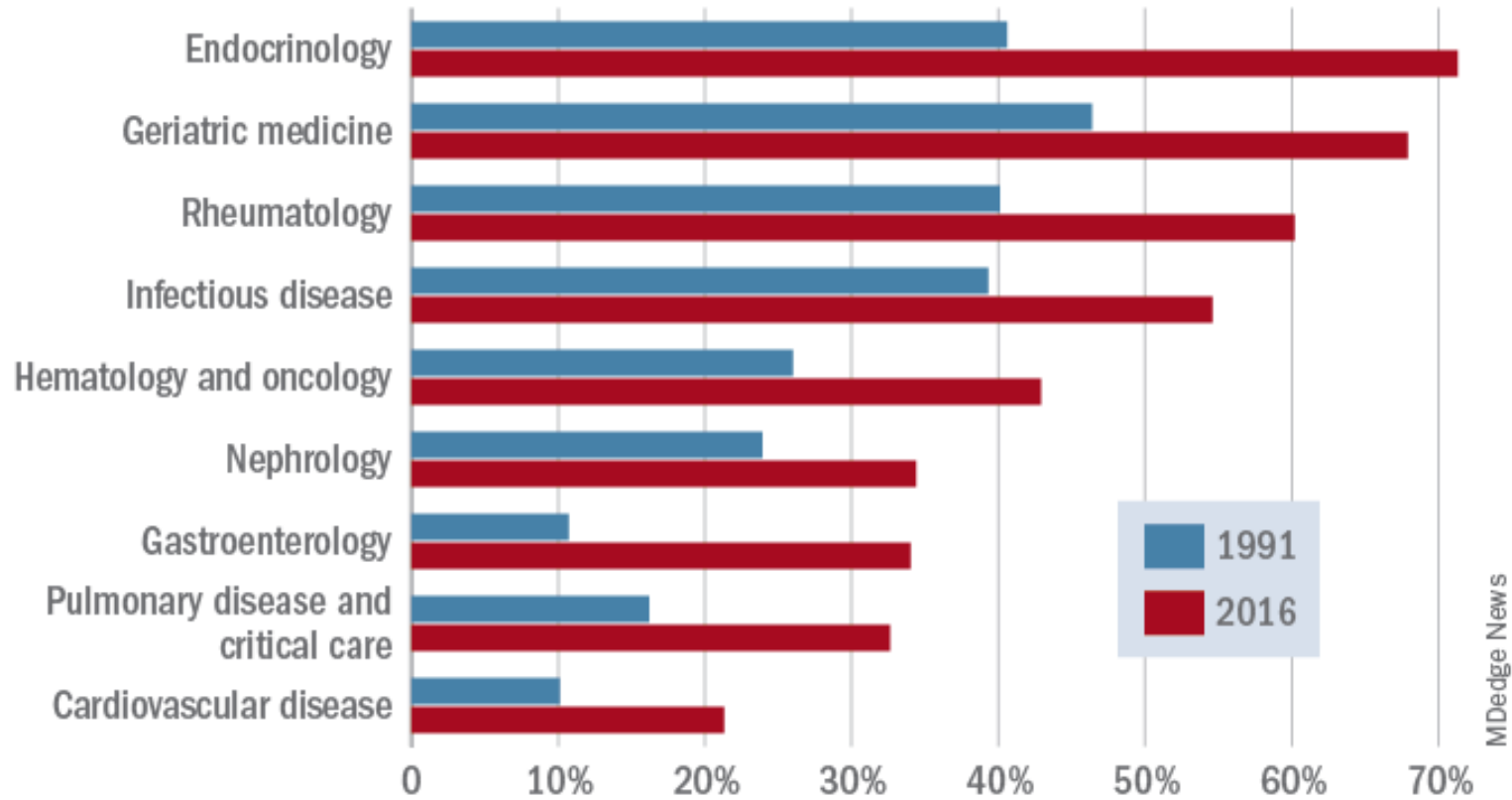
#WHVSymposium19

Active Physicians by Sex and Specialty



NINE INTERNAL MEDICINE SUBSPECIALTIES

Women's share of residency and fellowship populations



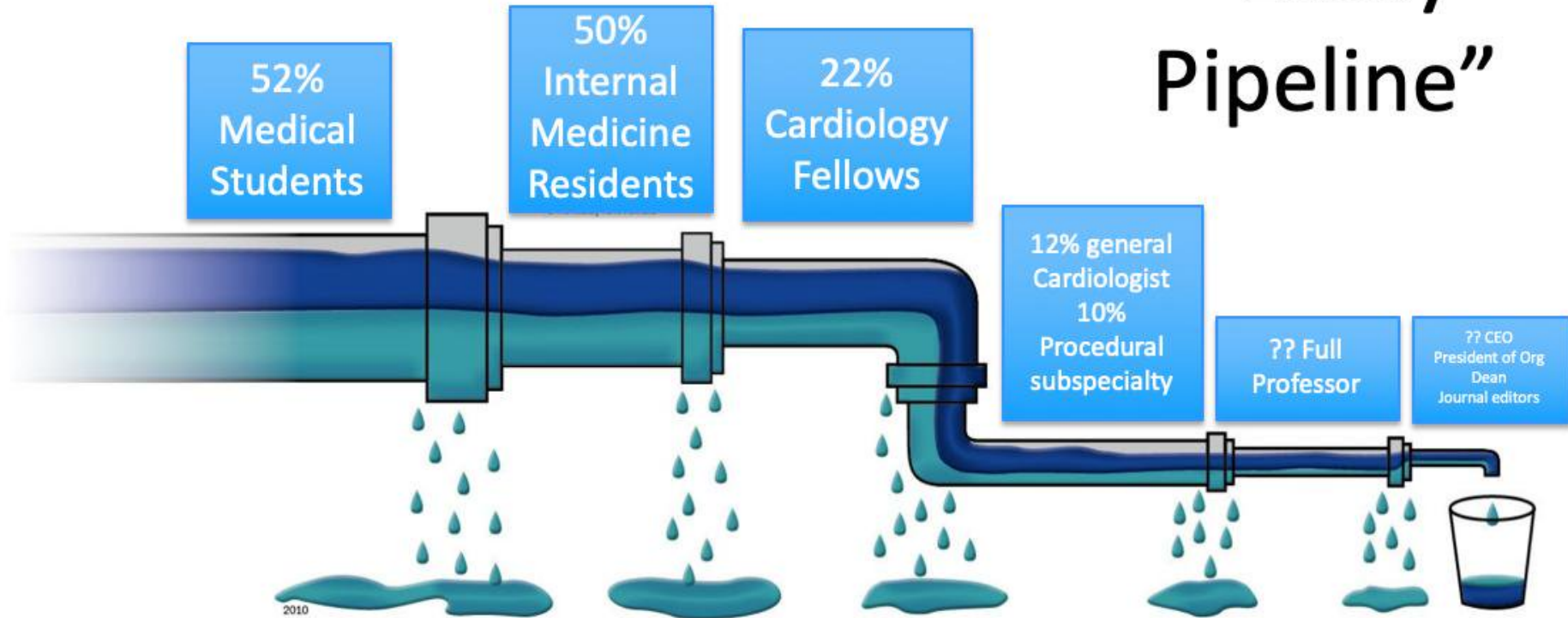
Note: Based on data from the Accreditation Council for Graduate Medical Education.

Source: JAMA Intern Med. 2019 Sep 23. doi: 10.1001/jamainternmed.2019.3833

MDedge News

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“Leaky Pipeline”



<https://www.aamc.org/download/481178/data/2015table1.pdf>

Sanghvi et al *Circ Cardiovasc Qual Outcomes*. 2014

Graphic from: <https://www.euro-fusion.org/>

ESC Congress Paris 2019 Together with World Congress of Cardiology



**WHY SHOULD WE TAKE THIS
SERIOUSLY?**

WHY WE NEED MORE WOMEN IN CARDIOLOGY

- Women are highly qualified
 - Better test scores and GPA
 - Studious, dedicated, caring and compassionate
- Higher quality of care, guideline-based management
- Better patient outcomes
- Better patient satisfaction scores
- Technical skills and ability to perform under stress thought to be similar
- Female cardiologists recognize symptoms in female patients

IMPROVEMENT IN WORKPLACE ENVIRONMENT AND PRODUCTIVITY

- Gender diversity in the workplace naturally improves access to education, health, and economic resources to disadvantaged populations, an important benefit to communities and society.
- It has also been shown repeatedly to improve innovation, productivity, and even profitability.



HOW CAN WE BREAK THE CYCLE & FIX THE LEAK?

TABLE 1 Recommendations for Career Advancement of Women Cardiologists

1. Recommendations for employers, institutions, and practices
Develop programs that support career flexibility and work-life integration
Recognize implicit bias and adopt zero tolerance for workplace harassment
Provide clear parental leave policies, radiation safety, and lactation rooms
2. Recommendations for academic divisional and departmental leadership
Develop mentoring programs and increase women applicants to fellowship programs
3. Recommendations for fellowship program directors and accreditation agencies
Work with ACGME to provide clear FMLA policies and flexible training pathways
4. Recommendations for research funding agencies
Ensure gender equity in review processes and committees
5. Recommendations for professional societies
Collect and publish data on sex inequities in funding, publications, promotion, and compensation
6. Recommendations for scientific journals
Create equity in peer review process by addressing potential gender disparities in authorship
7. Recommendations for senior women cardiologists
Work to improve the climate for women and mentor and sponsor the next generation
8. Recommendations for fellows-in-training, and early and mid-career cardiologists
Create a supportive culture through collaboration and mentorship
9. Recommendations for senior men and peer cardiologists
Develop skills to recognize and intervene during harassment or bullying
10. Recommendations for spouses and partners
Share domestic work and child care/elder care responsibility and change social norms

ACGME = Accreditation Council of Graduate Medical Education; FMLA = family medical leave of absence.

“Regardless of the cause, the failure of cardiology to attract women when the gender ratio of medical undergraduates is approximately balanced indicates that a substantial proportion of the talent pool is being lost to other specialties. If this is not corrected, it will prove increasingly difficult to maintain high standards of cardiological practice and research in this country”

-Timmis et al.

Sharma G, et al. 10 Recommendations to Enhance Recruitment, Retention and Career Advancement of Women Cardiologists. JACC. Volume 74, Issues 14, October 2019.

WOMEN IN CARDIOLOGY: HOW TO MAKE IT WORK? GRINES SECRET RECIPE FOR SUCCESS

- Earn the respect, support and friendship of your colleagues – It takes a team!
- Seize the opportunity, and reach for the stars
- Work hard, but also play hard – because life is short
- Don't take yourself too seriously (We're not that important)
- You may love your job, but your job does not love you
- There will never be a good time to have kids; just do it!