

RAISE-ECHO SERIES

How to survive and thrive in a flawed system: advice for early career women faculty in academic medicine

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Disclosures



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 Foundation Board of Directors

Objectives

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As a result of this activity, the learners will be able to:

- Recognize the unique challenges early-career faculty women face in professional development and advancement
- List key strategies for addressing common challenges to career growth such as racism, sexism, pay inequality, microaggressions, burnout, work-life balance, family and maternity leave, and isolation
- Establish clear plans for self-development and professional growth as an early-career woman faculty member in academic medicine

GRACE HUANG, MD



You don't want to publish just to publish. Writing - whether it's a publication, a personal narrative, or an op-ed for a lay audience - it's about your voice. It's about sharing your ideas. It's about your cause.



By sharing the same mental model, we shift from egocentric management to team-centered management.





Intentional leaders use mistakes as opportunities for self-reflection and accountability -- to reshape our own behavior and that of our organization.

Susan McDaniel, PhD, ABPP

University of Rochester Medical Center

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Leadership demands courage. And difficult decisions. And speaking truth. It is not pleasant all the time. Yet I have my mentors, coaches, and colleagues -I feel their strength come alongside me when I'm in difficult situations, giving me managerial courage.

Lisa K. Kearney, PhD, ABPP U.S. Department of Veterans Affairs



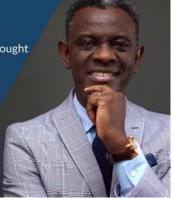
"Work-life balance" is a zerosum game. For work to win, life has to lose. For life to win, work has to lose. To attain vitality, we need to rethink this model in terms of work-life integration.



Denna Wheeler, PhD Center for Rural Health Oklahama State Universit

Lessons learnt

- Do not take things personally
- · Focus on your integrity and values that brought you thus far
- Your success is NOT an accident
- Be TRANSPARENT in all your activities
- · Keep your mentoring team apprised of your research activities
- Be collegial with your colleagues because you never know when you will need them



What you've covered so far

Our focus: survival in academic medicine

Is being a woman in academia a **dream**, a **game**, or a *scam*?



The good





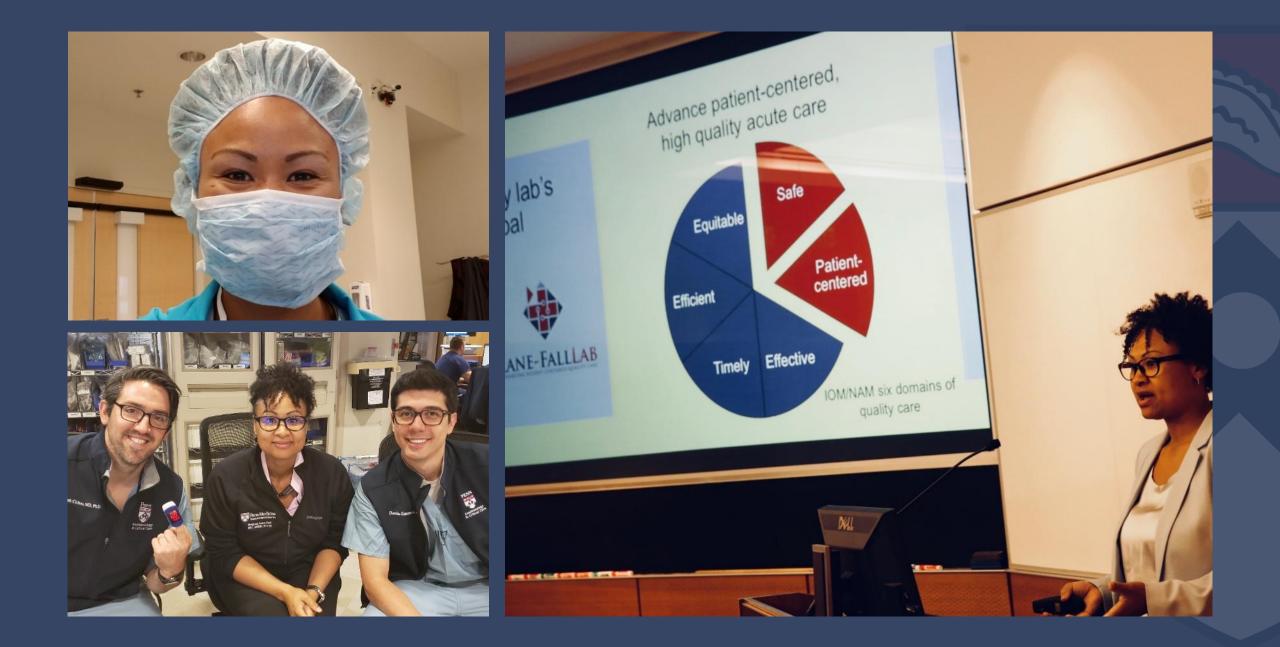
- Varied job description
 - > Clinician
 - > Teacher, mentor
 - > Researcher
 - Administrator
- Social good
- Social status
- Employability

- Production pressure
- Infantilization
- Illusion of power
- Lower pay than industry or private practice

- Unspoken & inconsistently applied rules
- Stifling traditions
- Narrow definitions of success
- "Old boy's club"
- Toxic comparisons



First, an introduction



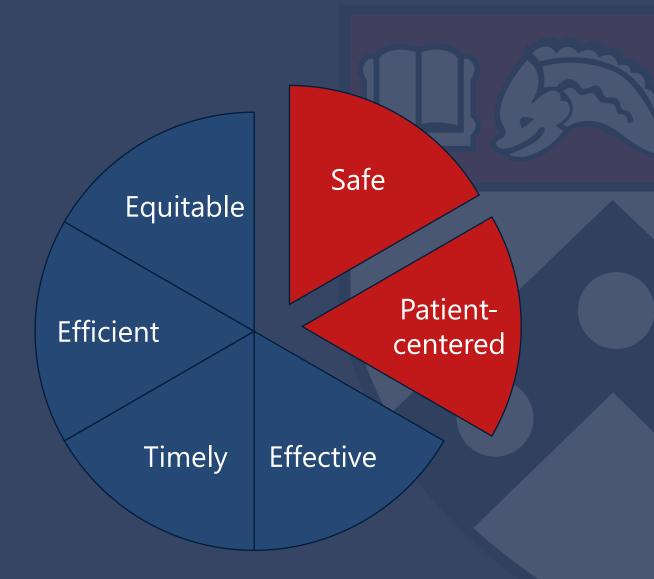


The perspectives I bring to academic medicine

	Intern year		Anesthesia residency			Fellowships (clinical & research)			Faculty appointment					
20	06	2008		2010	2011		2013				2017		2020 20	21

Lab objective: Advance patient-centered, high quality acute care





Lab focal areas:

Acute care handoffs Outcomes after critical illness Mixed methodology







Swimming against the tide



Scholarship focus

- Patient safety
- Handoffs and transitions



Methodologic orientation

- Qualitative inquiry
- Action orientation



Under-representation

• Gender, race, FGLI status

Second, three lessons Three lessons about faculty life



Craft your story



Build a supportive community



Know the rules

Lesson #1: Craft your story



apst Anesthesia Patient Safety Foundation



Penn LDI Leonard Davis Institute of Health Economics

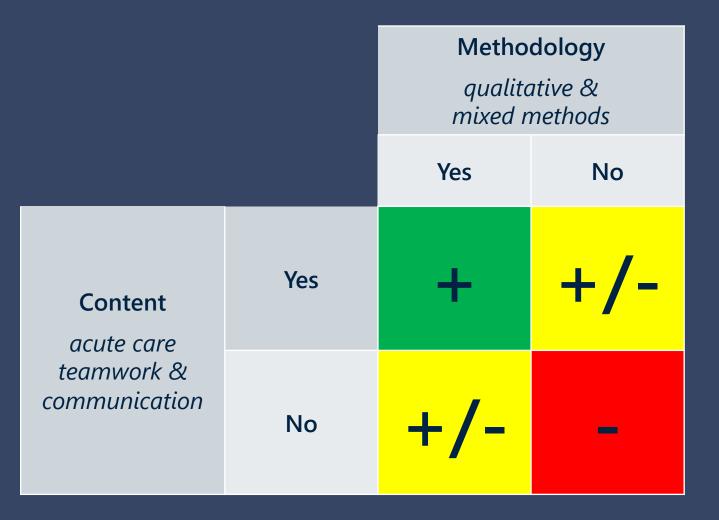


The Intensive Care Professionals

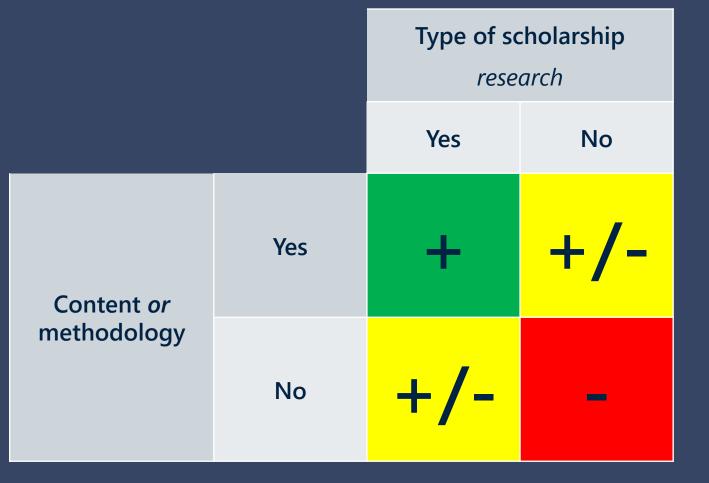


PISCE@LDI

Staying true to one's academic story



Staying true to one's academic story



From my personal statement for promotion "I am a physician-scientist whose research agenda is focused on the development and empiric testing of strategies to optimize patient care and to eliminate preventable harm in healthcare settings...

My career goal is to be the consummate academic who promotes the complementary missions of transformational scholarship, interdisciplinary education, outstanding mentorship, and exemplary clinical care."



Lesson #2: Build a supportive community Some of the people you'll need



Friends and allies
No power differential
Source of support



Mentors

- Invest time & energy
 - Mutually beneficial relationship



Sponsors

- Open doors, give a "leg up"
- Lend credibility







COVID-19: Why I decided to get vaccinated 🐺 Penn Medicine

It's okay to be unsure about getting the COVID vaccine. Here's why we, a group of Black Penn Medicine physicians, decided to say yes!

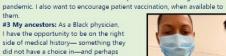
#1 My daughter: I can now get rid of the DAILY worry I've had since March

#2 My patients: I chose to model the behavior of a physician who is fighting on the frontlines and now wants to turn up the heat on ridding us of this

Dr. Eugenia (Gina) South **Emergency Medicine**



Three weeks ago, I was a hard NO to getting the vaccine and yet here I am. I was concerned about a rare long term side effect, but I went ahead because I don't want to die from COVID-19 or suffer from the longterm, lingering side effects.



about exposing my asthmatic child to COVID.

begin to do my part to impact the bitter and disappointing history of racial injustice in medicine.

Dr. DaCarla Albright Obstetrics and Gynecology

Dr. Meghan Lane-Fall Anesthesiology and ICU



#1 I'm a scientist who knows that this is our best chance to turn the corner on the pandemic. #2 Black people have too often been denied cutting edge science and I'm determined to be at the front of the line this time. #3 I have people to care for and want to make sure that I am in the best shape to look out for them. #4 I don't have time to be sidelined by COVID.



Dr. Raina Merchant

Obstetrics and Gynecology I am not usually an early adopter, so here is why I got the COVID vaccine now

- I believe in science.
- This is NOT a live virus vaccine. · The benefits of the vaccine outweigh

Dr. Florencia Greer Polite

the risks of the vaccine and certainly outweigh the risks of COVID-19. · I did this for my family and for my patients.

We don't know everything about it but I am comfortable with the information we do have.



I've never been so excited to be #15! I did this for my family, my community, an my patients.



You need people to fulfill personal and career needs

Faculty member responsibilities

Leadership responsibilities

Determine career goals, objectives Articulate career goals, objectives to mentors, sponsors Advocate for oneself (e.g., self- nominate, apply for leadership positions)	Self-actualization PURSUING GOALS UTILIZING AND DEVELOPING TALENTS	 Promote culture accepting of women in leadership Offer opportunities for leadership skill development (e.g., executive coaching, leadership courses)
Identify own triggers for impostor syndrome Identify & nurture relationships with unconditional positive regard	Esteem SELF ESTEEM ESTEEM FROM OTHERS	 De-mystify promotion, advancement procedures Provide sponsorship for promotion & other reputation-building activities (e.g., professional society committees)
Be willing to express vulnerability Engage with departmental efforts to build belonging Assume positive intent of colleagues & leadership	Love & belonging SOCIAL BELONGING PSYCHOLOGICAL SAFETY*	 Foster & support groups that build community & allyship Assess, address faculty and staff implicit bias Promote psychological safety
Articulate needs to leadership Engage with departmental efforts to address deficits (e.g., family leave policy, pay equity)	Safety needs PHYSICAL SECURITY FINANCIAL SECURITY	 Ensure pay equity Create reporting structures for incivility, unprofessional behavior, harassment Foster a "zero tolerance" policy for harassment
Articulate needs to leadership Engage with departmental efforts to address structural deficits (e.g., identifying lactation space)	Physiological needs	 Ensure adequate restrooms, locker room space Ensure lactation and nursing space Develop transparent scheduling processes Ensure adequate work breaks

Lane-Fall MB, Gordon EKB, Valentine EA, Black SA, Kapur PA, Fleisher LA. Fostering belonging in academic anaesthesiology. *Br J Anaesthesia* 2020; 124(3):E155-E159.

Sponsors: worth a special mention

A Lack of Sponsorship Is Keeping Women from Advancing into Leadership

Business

Review

by Herminia Ibarra

August 19, 2019

GENDER



Perelman School of Medicine Faculty Track Descriptions

Revised 12/19/18

	Academic Clinician	Research	Clinician Educator	Tenure
	 Expert clinicians with regional, national reputations Generally exceeds 20% effort 	NA	Outstanding clinical skills highlighted by leadership within an innovative or specific program or 'niche'	 Excellent clinical skills Clinical time can change level of extramural fund
	Premier clinical teachers who exemplify outstanding teaching & role model aspirational educational skills	Minimal	Outstanding teachers including demonstrated skill in research mentorship	 Excellent teachers includ skill in research mentors!
	May be integral contributor and collaborator	Collaborative and sometimes investigator-driven	 May drive, integrate, and innovate research on some projects May function as an integral member (externally recognizable) of a collaborative team. 	 Drives new areas of reset on most of their projects multiple PIs Collaborative and interdi- is encouraged when it is candidate's independent
	 NIH funded research activity limited to 10% effort/funding Generally, may not be PI/co-PI/sub- investigator on NIH grants 	90-95%	 May be the PI on some grants, and Co-Investigator on others Effort will vary over career 	Research is primary focu
	 May serve as PI/co-PI/sub- investigator & accept role specific support for non-federally sponsored clinical research and cooperative group trials 	Coinvestigator on extramural grants	 Funding not required but may have flexible and diversified portfolio of grants/funding from nonoperational sources (Federal, foundation, industry, gifts, etc.) 	 Full funding as PI on non- development grants for m Federal and/or foundation funding expected
S ^{esearch}	Applied research that extends existing observations in a field and recruitment of patients into clinical trials	Research that extends existing observations in a field, or that drives a field in new directions	Research can include new observations or extend existing observations in a field	Research must define a new existing field in new directi by the development of new methods, or technology that the genesis or application of that and/or other fields. *
	optional but can contribute to reputation	High-impact original papers as either a project leader or collaborator	Original papers in peer-reviewed journals with identifiable focus and impact, as either collaborator or lead author. Chapters, reviews, alternative media can support but not substitute	Impactful science that demo and independence often lear original papers that must clu individuals' role in advanci
		++	++	+++
Impact assessment		++	First/last author on some papers and the coauthor on others	Substantial body of impacti often first or last author
	Regional	Associate- National Full- International	Associate-Regional/national Full- National/International	Associate- National Full- International

research can qualify, e.g., laboratory-based research, clinical research, public health research, bioethics research, or educational research. The branch or type of science (encented by a faculty member's research program is not related to a specific track. What is important is the role they play in novel work that has a defined impact. Include name(s) of senior faculty members provide evidence of leadership if the junior faculty candidate for promotion is recognized from the comments of extramural reintellectual leader of the research effort. Promotion considerations should not inhibit junior faculty members from using or seeking productive collaborations with other m

Lesson #3: Know the rules

From the UPenn Perelman School of Medicine guidelines:

Faculty are encouraged to "follow a career path that is *consistent with their own interests and talents* - and the *strategic goals* of both their department and the Perelman School of Medicine."

Faculty tracks & expectations





Clinicianteacher





This is what I'm expected to do. You?



Scholarship

- Research & new knowledge
- Critical, influential thought



Education

- Teaching a variety of learners
- Adequate evaluations



Clinical practice

- Identifiable focus
- Absence of red flags

The importance of reputation

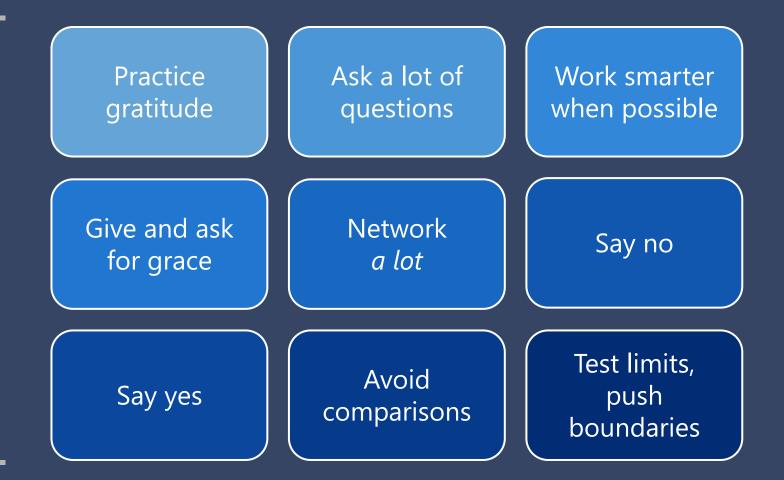


- Reputation matters in every faculty track/pathway:
 - Clinical: clinical reputation, teaching prowess
 - **Clinician-scholar:** reputation as a scholar (broadly conceived)
 - **Tenure / research:** research reputation
- Your narrative is important in building reputation

Concluding thoughts

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Even more tips for surviving in academic medicine



Returning to my three lessons



Craft your story



Build a supportive community



Know the rules

Thank you!

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