

**FOPO Women in Peds TF - Conference Call #1 Summary**  
**July 13, 2007**

Dear Task Force II Members

Thanks to those of you who joined in the call of Friday. I was delighted by the discussion and the amount accomplished.

In this memo I am going to briefly summarize the discussion, consensus (if there was one) and next steps, as I understood them to be. I ask those of you who participated to correct, challenge, add or embellish where you see appropriate—no pride of authorship! I ask everyone to share your thoughts on these points(including suggesting that the topic is not especially important --- just because we started with these issues, that does not necessarily mean that we need to continue with one or more of the identified issues) and to add other issues.

The conversation began by our agreeing to discuss what our focus would be (see issues entertained below), how we would proceed (directed matrix approach or more based on consensus, see below), and finally, framing the “day care—extended family care” issue.

A. Focus

There was much discussion regarding three possible decision points regarding the focus of the report:

1. work-life balance issues versus a specific focus on women
2. academic pediatrics versus academic and private pediatrics
3. a focus on women only versus inclusion of concerns about factors leading to a decrease in the number of men

Ultimately the following *consensus* was reached:

1. Many of the issues affect both genders (even if perhaps in some cases women more than men) and thus the discussion should be broadened to include men.
2. Disparities are still very much a gender issues with women earning substantially less at rank, being less likely to be promoted academically and administratively and are particularly at a disadvantage with regard to academic endeavors involving externally funded research and tenure.
3. Pediatricians in private practice must be represented on the task force.
4. The decreasing number of men entering pediatrics should be considered in this report.

***Action items:***

1. See below for discussions regarding “day care/family care,” “hidden agendas,” and part-time residencies as “issues affecting both genders.”
2. Ann Willoughby informed of us the just-announced NIH meeting

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March 4-5, 2008, Natcher Conference Center, Bethesda MD***

and suggested that we might wish to have a panel discussion with a focus on K and T awards and restrictions concerning age, time out of fellowship, part-time status as a faculty member, etc. Anne and Bonnie will bring some further development of a possible session to the next meeting of the task force.

3. Carol Berkowitz will contact a staff person from the Academy who can possibly herself participate and who can help identify representatives from private pediatrics to participate on the task force. She volunteered to make this contact soon so that we might have some representation at our next “meeting.”
4. Marianne Felice emphasized the importance of awareness that even the manner in which we frame issues (such as “family friendly”) may be affecting (negatively) some men’s decisions regarding entering pediatrics. Marianne noted that the women chairs are interested in this topic. Bonnie will follow-up with Marianne to see if Marianne was volunteering the AMSPDC women chairs to spearhead this initiative.

B. Approach

There was some discussion that the AAMC and the APA had many resources and programs for women in medicine (especially academic medicine). Initially we contemplated perhaps gathering these resources and constructing a matrix of issues and resources to identify where gaps prevailed. However, while there was not a formal decision on this question, it appears that the group drifted towards the more ad hoc approach of focusing on some of the large issues that had been identified by Task Force I and really focusing on these. There was acknowledgment that while the existing resources are important and have doubtless done good, much work remains to be done with regard to structures and processes and that special programs, as important as they are, tend to affect only small groups.

*Next Steps:*

I believe (but am not sure) that Lindsey Grossman and Tony volunteered to bring a brief summary of some of these resources to our next meeting. (If you did not volunteer, I apologize; but if you still could do that, that would be great!)

There was also discussion about needing some tracking mechanism to determine if our efforts were having any impact. Session Cole suggested using an economic model and volunteered to follow-up on this idea. Subsequently he sent me the following super “outline,” with the recommendation that a task force be set up to examine this. I am hoping that he will be willing to head this task force and invite a couple of you or others to participate:

“I would suggest that a subgroup consider developing some economic models based on current practices in different medical schools, children's hospitals or services, and departments that are successfully underwriting implementation of specific recommendations in the report.

Development of these models would first require:

1. identification of places where specific recommendations are currently being implemented;
2. willingness of the constituencies in these academic centers (Dean, Department Chair, CEO) to provide anonymized, relevant economic information;
3. economic expertise for sufficiently detailed description of generic economic models to make them understandable by different centers.

A precursor to development of these models might be that subgroups of our working group make themselves available for site visits to assess current status of institutional progress on specific recommendations. These site visits would need to be supported by the leaders of the inviting institution. Such visits would permit gathering data concerning financial sources of support for the recommendations from visited institutions.

I recognize that these suggestions are time and resource intensive and may be beyond the scope of the charge to this committee. But I am concerned that unless we offer different financial strategies for development and implementation of the recommendations, regardless of the correctness and relevance of the recommendations, institutional financial inertia will disrupt any substantive progress. There may be other ways of accessing the financial data than site visits that would be more compatible with our already hectic schedules. Let me know what you think. Thanks again for the opportunity to participate.”

This very ambitious but really great suggestion needs to be discussed at the next meeting—as well as shared with Ted Sectish as it might be better to be considered more broadly by FOPO. Sesh, Bonnie and Ted need to discuss.

#### C. Issues affecting both genders

1. Day care:  
There was much discussion regarding child care (for infants and children) as opposed to family/day care (including child care, elder care etc) and whether these should be considered together or as separate albeit related issues. There was also much discussion whether on-site care is the best for everyone.

Ultimately I believe the group decided that:

- a. Child care and at least elder care should be considered, but because of the possible adverse effects of non-maternal care on infants and our roles as pediatricians, we should have a specific and unique focus on child care.
- b. Pediatricians should include state-of-the-art lectures and teaching on child care in medical school and in residency training.
- c. More information is needed regarding faculty and resident (? Practicing pediatricians) views on the needs for on-site day care etc.

*Next Steps:*

- a. Anne volunteered to ask the branch at NICHD to give her materials related to a latest consensus statement or summary as to where the literature is on this topic.
- b. Carol volunteered to get questions added to the resident survey regarding resident desires around the topic of day care.
- c. Marianne observed that the chairs are interested in this topic. Bonnie and Marianne will discuss before the next meeting whether we could conduct a survey of some/all departments asking for views on the need for on-site day care versus other topics.

2. Part time residencies:

The topic was mentioned several times. Ted Sectish is working with others to write a paper on this topic.

*Next Steps:*

Bonnie and Ted will discuss.

3. “Hidden curriculum”

Related to the part-time residency issues, but far broader, Robin Deterding brought up the interesting and very, very relevant topic of “hidden agendas” – things that faculty say to medical students and residents that indicate that despite what we say, there are practices which are not allowed (e.g. part-time residency). There was GREAT interest and a strong feeling that this was very important in maintaining the medical culture as it is (e.g. not allowing for changes that we state would be good) but few of us had thought about this issue in this way.

*Next Steps:*

Robin will hopefully educate us at the next meeting!

Again, I urge you to correct, delete, add, challenge or embellish. This was a very lively discussion and I may well have not captured all that was said. Please especially if one of you volunteered to do something—add it and let us know!

***Bonnie***

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