

Task Force on Women in Pediatrics  
Minutes from Conference Call 2: August 7, 2007

Members present: Anne Burke, Marianne Felice, Ken Slaw, Chris Gleason, Anne Willoughby, Susan Marshall, Dick Behrman, Carol Berkowitz, Robin Deterding, Bonnie Stanton, Sessions Cole, Maria Britto

**The meeting had two components: a) a discussion regarding the need for narrowing our scope and focusing (“Need for strategic planning”) and b) follow-up to action items from the previous call.**

**1. Need for strategic planning**

Bonnie introduced Ken Slaw, PHD, the Director, Department of Membership and Director, Strategic Planning Initiatives American Academy of Pediatrics. She explained that she had recently worked with him through a strategic planning session for FOPO and thought that he could help the group “right size” our task and better focus our efforts so that at the end of two years we are still energized and have accomplished some measurable and important goals.

Ken explained that he has likewise grappled and struggled with this; selfishly involved because he is head of membership of AAP, many of the members are women. He commented that the work that has been to date is very helpful—both the first task force—there is a lot on that plate and that agenda. Some of the issues raised are systemic cultural issues while others are more pragmatic, operation changes. There are finite resources and finite energy available—so we want to identify the few things that will bring the greatest return and the greatest difference. “Can’t row in 5 or 6 directions from the same canoe and try to get somewhere”, asking us if we want to go in “1 canoe or do we want a couple of canoes and a couple of directions”? In any case need to identify the issues facing women that can best advance women in pediatrics and given our competencies (that is the membership of the task force) that we can best advance? In this regard, we again observed that we needed a couple of women representing women in practice.

***ACTION: Ken volunteered to identify a couple of women he knows from his role on Membership, specifically suggesting the District 2 Rep on Committee on Membership—Carolyn Rudman to see if she and others would be willing to join.***

There was considerable discussion about work-life balance, generational differences and the overriding issue of the specific need for women in PEDIATRICS to consider what is best for children as well as for women professionals in our discussions. Concerns were raised about the magnitude of the issue and about not becoming side-tracked in data-gathering.

Ultimately the group seemed to settle on the broad topic of factors that are preventing women from advancing in pediatrics—at the same time as factors that make advancement (however defined) as desirable. That is, what is preventing women from (and what are the motivators for) attaining their fulfillment.

Anne suggested that we might need at least two canoes—one for the private canoe and one for the academic canoe.

Ultimately, the group concluded that focus is needed and in order to move towards this, ***Ken volunteered to:***

**ACTION:**

*a) Follow-up to get data on drop-outs from pediatrics and academia and women working part-time. Ken will serve as the aggregator of data from these organizations.*

*b) Send a few items regarding root causes and ask us to complete them to enable him to create a strategy map which we can discuss at our next conference call*

**2. Follow-up and action items**

At the same time the group did not want to lose the energy and the sense of momentum that had started in the first meeting and felt that it would be useful to continue to move forward on the areas identified at the first meeting, anticipating that several of these at least would be continued even after our focus had been better defined. Therefore, we discussed what had been done during the intervening weeks and what next steps would be.

**Information needed and/or available**

A. *Ann Willoughby* : Follow-up on idea for Women in Biomedical Research: Best Practices for Sustaining Career Success. In the symposium we shall describe how the field of pediatrics came together under the first task force and made these recommendations as well as identifying next steps and organizations and where the second task force will be taking them

**ACTION :**

*1) Anne and Bonnie will wordsmith and send in after we find out who wants to be an author.  
2) If you wish to be included as an author on the symposium, please notify me.*

B. *Marianne and Bonnie* described a survey that the women pediatric chairs are conducting among MS IIIs regarding factors that influence student's choices in selecting pediatrics and other specialties.

C. Existing resources: **ACTION:** *Lindsey Grossman volunteered to bring a brief summary of some of these resources available to women in medicine to our next meeting (and to contact Tony who had also indicated interest in this activity)*

**Day care:**

A. *Anne* described her conversations with researchers in the effects of early non-maternal child care. To summarize, the adverse effects (if any) of long hours appear to be rather small and wane over time. Nonetheless, additional attention seems warranted. Also, as noted above, **ACTION:** *Anne will suggest that perhaps it would be appropriate to ask that the researchers present at the NIH symposium next March.*

B. *Carole:* questions regarding day care facilities, desire therefore, lactation facilities etc. have been added to the resident survey. The next resident survey will be done summer/fall 2008.

**Part time residencies:**

A. No further information as Ted Sectish was not on the call

### **“Hidden curriculum”**

A. *Robin* researched the topic and will be sending out one or more articles on the topic. She reported that there seems to be consensus that once the hidden agenda is internalized it is very difficult to change—it has become a part of the culture. Robin discussed some of the hidden issues in professionalism and patient centeredness—the notion here being that if the hidden agenda is establishing that one is a lesser physician if a certain number of hours are not spent with patients, etc. then it is very difficult to change these ideas later on. A tool has been developed that assesses institutions local “hidden agenda”. Robin will send the article describing this report card and what can be done to begin to change the hidden agenda. (See Section I for linking to an economic framework.)

***ACTION: Robin will send an article with a scoring mechanism to all members.***

### **Framework for considering our efforts**

I. *Session Cole* suggested using an economic model as outlined below:

“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.

He amplified this idea, suggesting that it could be linked to:

- a) the hidden curriculum score card (see above); and/or
- b) institution-based daycare

***(ACTION: Sessions will collect information from the day care centers at Texas, Akron and Yale, perhaps among others)***