



Joint Oversight Committee
Johns Hopkins University School of Medicine

Summary Report

June 15, 2009

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Joint Oversight Committee on Faculty Development And Gender 2009 Report

Committee Members

Chair:

Nancy Honeycutt, Ph.D. Asst. Professor Psychiatry

Co-Chair:

Barbara Fivush, M.D. Professor Pediatrics

Members:

Brock Beamer, M.D.	Asst. Professor	Medicine
Gislin Dagnelie, Ph.D.	Assoc. Professor	Medicine
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Mary Foy, B.S.	Assoc. Dean	Registrar
Gail Geller, Sc.D.	Professor	Medicine
Barbara Hawkins, Ph.D.	Professor Emeritus	Ophthalmology
Lisa Heiser, M.A.	Asst. Dean	Faculty
Lisa Ishii, M.D.	Asst. Professor	Otolaryngology
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Chris Zink, Ph.D.	Professor	Molecular & Comparative Pathobiology

Executive Summary

Introduction

In June, 2005, the Committee on Faculty Development and Gender (CFDG) produced a report on the status of women in the Johns Hopkins School of Medicine. The report (hereafter referred to as “the CFDG report”) elucidated the problems faced by women in progressing at the JHU SOM. Based on their investigation, the CFDG made strong recommendations to address these issues of gender equity. One of these recommendations included the formation of a standing oversight committee which would serve to monitor the implementation of all of the other recommendations. Thus, the Joint Oversight Committee on Faculty Development and Gender (JOC) was formed in 2006. This report represents the JOC’s analysis of the SOM progress in regards to these recommendations from the 2005 CFDG report and the progress heretofore.

Approach

The JOC looked at each specific recommendation from the 2005 CFDG report and determined the best way to empirically evaluate the SOM progress in regards to it. Our findings and subsequent recommendations are based on the data contained within this JOC report and its appendices.

Major Findings

Progress has been made in the SOM toward greater equity for women. Several of the recommendations from the CFDG report have been met by newly targeted interventions, however others have not. All of the targeted interventions need to be on-going to maintain progress which has been made to date. Additionally, there will need to be new interventions developed to address those recommendations which continue to be unmet. Key findings are listed below.

- a) The SOM continues to have salary disparity by gender (difference of 4.0% of the full-time salary), despite on-going yearly evaluation of faculty salary.
- b) Of faculty who returned their appointment letters, only 6.85% of faculty reported that they had not received an annual review.
- c) For females hired as Assistant Professors in a new SOM cohort study, 13% of women vs. 20% of men were promoted to Full Professor over a 13 year time frame. This difference is entirely due to differences in time to promotion for clinical female faculty; as the basic science women and men get promoted at the same rate.

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- d) Of the Promotions and Reappointment Committees in the SOM, 32.6% of the members were female; 50% of the Chairs of these 4 committees were female at a time when approximately 36% of the SOM faculty was female.
- e) The number of female Department Directors has not changed since the 2005 CFDG report and there are 3 females out of 31 who hold this position in the SOM.
- f) Despite the previous recommendations in 2005, there continue to be department and divisional meetings scheduled outside of the hours of 8 a.m. and 5 p.m.
- g) Concerns about work-life balance, non-competitive compensation, and lack of opportunities for professional growth and advancement strongly influenced the decision of faculty who left the SOM voluntarily in the last several years.
- h) The newly administered 2007 faculty survey found evidence of general improvement in sexual harassment and a better work environment, pre- and post-the establishment of SOM wide sexual harassment training.
- i) 2007 faculty survey data revealed an increased number of females who had a positive experience with mentorship, particularly with their Division Directors.
- j) Overall however, the newly administered faculty survey revealed 3 areas where women responded more negatively than in 2004. These included barriers to advancement compared to peers, overall job satisfaction, and balance between career and family.

Major Accomplishments since the 2005 CFDG report:

- a) Establishment of the SOM JOC committee to oversee progress of recommendations
- b) Newly created Assistant Dean of Faculty Development and Equity position
- c) Newly created Office of Women in Science and Medicine
- d) Yearly review and analysis of faculty salaries
- e) Improved communication to the faculty on support tools
- f) Institution of faculty-wide sexual harassment training
- g) Development of online and in-person exit interviews
- h) Faculty survey re-administered and analyzed
- i) Implementation of the Gold Book mandate of annual reviews for all faculty members

Summary of New Recommendations

1) Promote an Institutional Culture of Equity

The JOC recommends that the Administration play a strong role in setting the cultural tone of the SOM, by continued support of programs and offices that are implementing changes aimed at promoting an institutional culture of equity.

2) Achieve and Maintain Salary Equity

The JOC recommends that the SOM continue to perform annual detailed analysis of faculty salary, which is shared with Department Directors and available to faculty. When salary disparity is identified, Department Chairs should develop and submit a corrective plan to the Vice Dean of Faculty .

3) Promote the Careers of Women Faculty

- a) The JOC recommends that the department directors develop clear compensation plans for their departments, and that the SOM provide an infrastructure to keep track of all these plans. Further transparency is needed to explain the continued salary discrepancy, with justification for salary differences noted by gender in the different departments.
- b) The JOC recommends that the SOM Administration continue to enforce the Gold Book mandated annual reviews , and to encourage all faculty to return their appointment letters, so that this can be tracked.
- c) The JOC recommends continued analysis of promotion rates for male and female faculty; with more detailed evaluation by clinical and basic science departments.
- d) The JOC recommends that there be a centralized, accessible database that contains the important SOM and departmental committees with their membership.
- e) The JOC recommends that each Department Director should annually report on the gender of their faculty at each rank, as well as provide a list of women who have achieved leadership roles in the department. This would include female cabinet members, Vice Chairs, female members of internal promotion committees and female Division Chiefs. This information should be reported to the Vice Dean of Faculty and the JOC committee.
- f) FASAP and the Office of Benefits should present to the MSC at least yearly to clarify existing SOM faculty benefits, and this information should be transparently disseminated to all faculty. Future evaluation of child care needs for faculty members should be identified and addressed.

4) Reduce Barriers to Inclusion

The JOC recommends that a letter from the Dean's Office be sent to all Department Directors reiterating the rationale for not routinely conducting meetings and conferences outside the hours of 8 a.m. and 5 p.m. When departmental faculty meetings must be scheduled outside of these hours, child care should be provided or faculty should be allowed to participate from a remote location through the internet. The schedule of departmental faculty meetings should be monitored by the JOC Committee.

5) **Financial Resources for Targeted Recruitment and Retention**

The JOC is strongly in favor of the expansion of the Mosaic Initiative and the development of other new programs which will provide the SOM the financial resources to help with recruitment and retention of their valued female faculty.

6) **Expand Institutional Education About Sexual Harassment**

The JOC strongly supports the SOM plan to continue the educational efforts concerning sexual harassment on an on-going basis

7) **Conduct Exit Interviews**

The JOC strongly supports the continuation of the exit interview process, and the conclusions reached by this project.

There should be SOM and departmental strategies to competitively compensate faculty; and cultural change to improve faculty work-life balance. There should also be efforts to discover new pathways for faculty professional growth and advancement.

The JOC recommends the development of better criteria for faculty recruitment, which are transparent, and make the division, department, and SOM expectations clear during this process

8) **Faculty Oversight**

The JOC should continue to monitor the progress made in regards to the recommendations of the 2005 CFDG report.

9) **Monitor Progress**

The Faculty Survey revealed some positive trends. Two significant interventions were initiated during the time period between the 2004 and 2007 faculty survey. These included sexual harassment training as well as the gold book mandate for the annual review of all faculty. These two targeted initiatives did result in some improvement in these areas with more women receiving mentorship from their Division Directors, and a decrease in the overall reporting of sexual harassment.

The JOC supports the continuation of these 2 existing initiatives, as well as the development of new initiatives which can target areas of unrealized progress from the 2005 report. Additionally the JOC suggests that this survey be re-administered in 2011 (a 3 year period since the end of the survey Administration), to continue to monitor important trends, and that a full JOC report be generated in 2012.

A subcommittee of the JOC should be established to work with the School of Public Health on the analysis of the faculty survey data. The JOC will also work with the Vice Dean of Faculty and Department Directors to increase faculty participation in the 2011 survey.

Conclusions

The SOM has made significant strides towards greater equity for women, subsequent to the release of the 2005 CFDG report. Many female faculty report having annual reviews with their Department Directors, as well as receiving better mentorship from them. In general with the initiation of the SOM wide sexual harassment educational program, faculty has reported a better work environment. Additionally, the JOC found in evaluation of a new faculty cohort that that women and men who entered as Assistant Professors, were ultimately promoted to Full Professor in the same amount of time. However, there are still salary differentials between male and female faculty within many departments, few women at the level of Department Director, and a longer time to promotion for women hired as Associate Professor to Full Professor than men in the clinical sciences. Also, there continue to be departmental and divisional meetings which take place outside of the hours of 8 a.m. and 5 p.m., which create increased work- life stress; and women continue to experience barriers to advancement, less overall job satisfaction than men, and perceive a struggle in balancing career and family. It seems clear that targeted interventions such as the SOM sexual harassment program, as well as the mandate for annual faculty review have resulted in some of the progress seen. These programs need to be on-going, and there will need to be new interventions developed to address recommendations from the 2005 which remain unmet. The JOC feels that in particular there should be new interventions developed which address the continued meetings which occur before 8 a.m. and 5 p.m., as well as address the continued salary inequity. Salary inequity needs to be closely monitored in all departments, and there should be strong guidance by the SOM Administration in collaboration with the Department Directors to correct this where it exists. Department Directors should report annually on the gender composition of their faculty by rank, and on the number of women in departmental leadership roles. Attention needs to be paid to promotion for females hired as Associate Professors in the Clinical Departments, and also to overall rates of promotion for women across the SOM. Further evaluation of child care needs for faculty members should be undertaken and addressed. Implementation of new programs and continued monitoring by the SOM to meet all of the recommendations from the 2005 CFDG report is essential to support our valuable female faculty, and foster their careers.

Below is a progress summary pertaining to each of the nine recommendations that were presented in the 2005 CFDG report and additional recommendations for maintaining achievements and improving equity among men and women faculty at the JHSOM .

1. Promote an Institutional Culture Of Equity

Change in an institutional culture of equity comes only after specific barriers to equity have been addressed. Thus, the JOC believes that such a cultural change is an iterative process that will result from systemically addressing individual barriers and monitoring data-based outcomes. That said, the JOC maintains that Administration plays an essential role in setting the cultural tone of an institution. As evidenced by accomplishments listed above, the SOM Administration has taken a lead in the push for cultural change.

Recommendations for promoting an institutional culture of equity:

The JOC strongly recommends that the SOM Administration should continue to support programs and offices that are implementing changes aimed at promoting an institutional culture of equity. Further, it’s important that faculty realize their responsibility in promoting such a change as well. These responsibilities include equitable inclusion in all aspects of work at Hopkins.

2. Achieve and Maintain Salary Equity

Surveys of faculty salary enable the monitoring both of cross-sectional differences between Departments and the identification of anomalies. Carried out on a regular basis, they provide the JOC with information on whether the School of Medicine is achieving and maintaining its goal for gender equity in salaries.

Four analyses of School of Medicine faculty salaries for the financial years 2004-2007 have been carried out by the Johns Hopkins Bloomberg School of Public Health. Anonymous salary information (FTE and total salary including bonuses) was categorized by Department, rank and years at rank, gender and degree attained. There are wide variations between Departments, ranks and MD/Non-MD faculty, but the main findings of the analyses are summarized below:

Table 1. Percent Differences (95% Confidence Interval) between male and female salary levels, FY 2004, 2005, 2006 and 2007.

	2004 % Difference (CI)	2005 % Difference (CI)	2006 % Difference (CI)	2007 % Difference (CI)
FTE salary	-3.6 (-6.2, -1.0)	-2.6 (-5.0, -0.2)	-3.2 (-5.5, -0.9)	-4.0 (-6.3, -1.6)
Total salary	-6.1 (-9.1, -3.1)	-5.7 (-9.1, -2.3)	-8.0 (-11.7, -4.4)	-6.0 (-8.9, -3.1)

Negative = women earn less than men

Table 1 above, shows that the average full time equivalent salary was between 2.6 and 4.0 percent less for female faculty than for male faculty over the last 4 years. The difference for average total salary was between 5.7 and 8.0 less for female faculty than for male faculty. There were 12 Departments or Departmental groups (11 in 2004) reporting. Of these, only Psychiatry (FY2004), Basic Science (in FY 2006), and Pediatrics (in FY 2007) had average total salaries that were greater for females than males.

The School of Medicine has yet to maintain and achieve salary equity, despite on-going yearly evaluation of faculty salary. However, over the last 4 years, there have been improvements in varying Departments, while others have shown an increasing gap between female and male faculty salary. It is imperative that the Departments with worsening trends in salary equity by gender have more detailed evaluation of this finding, and are given strong guidance to reverse this process.

The faculty salary reports have been made available to faculty on the Johns Hopkins Faculty Website, <http://www.insidehopkinsmedicine.org/som/faculty>. Details of the salary gap by Department are available (See Appendix I).

Recommendations for achieving and maintaining salary equity:

- a) That the SOM should continue to perform annual detailed analyses of faculty salary.
- b) That the SOM should continue to use the salary analyses to inform its communications with Departmental Directors about salary equity.
- c) That the SOM reviews the effectiveness of its efforts to achieve salary equity.

3. Promote The Careers Of Women Faculty

Provide an infrastructure to the Vice Dean of the Faculty to promote the careers of women faculty. Since the CFDG report, Lisa Heiser was hired as Assistant Dean of Faculty Development and Equity. Ms. Heiser has worked diligently to support the professional development of JHUSOM faculty. She has promoted, developed or sponsored several workshops and seminars aimed at increasing faculty skills and satisfaction. The list of courses is extensive and includes:

Research Skills Courses, e.g., Getting Funded, Grantcraft, Writing for Publication, Designing and Implementing Research for Clinical Investigators, Giving Scientific Presentations

Teaching Skills Courses, e.g., Team-Based Learning, Small Group Learning Through Discussions, Case Method Teaching, Building Virtual Learning Environments, Technology in Medical Education: Using Blackboard.

Career and Professional Development Courses, e.g., The Promotions and Reappointment Process for Early Career Faculty, Preparing Your CV for Promotion, the Educator's Portfolio, Developing Your Career as a: Program Builder, Clinician Educator, and Laboratory Researcher

Management and Leadership Skills Courses, e.g., Focusing on Underlying Motives: The Key to More Productive Conflict, Negotiation Skills For Faculty, Business of Medicine Courses, Mechanics of Leadership: Influencing Interpersonal and Group Outcomes, and Crucial Confrontations

Interpersonal Skills Courses, e.g. FLEX Talk: Understanding Yourself and Others Better Through MBTI Personality Type Theory, Developing Competence in Resolving Conflict, Crucial Conversations, and Powerful Communication Skills for Women

Work-life Balance Courses, e.g. Managing Multiple Priorities, Managing Multiple Priorities, Managing Stress and Staying Positive in Today's World, and Time Management Strategies

In addition, Ms. Heiser has put together a comprehensive set of online resources for faculty. Although these programs are open to all SOM faculty, Ms. Heiser has made a concerted effort to increase awareness in female SOM faculty of these resources. In addition, she has co-sponsored courses that are targeted specifically toward women (e.g., Leadership Challenges for Women, a 2 part seminar and Influencing for Impact: A Workshop for Women in Leadership) with the Office of Women in Science and Medicine and the Women's Leadership Council.

In addition to the Office of Faculty Development and Equity, the Office of Women in Science and Medicine has recently been established of which Dr. Barbara Fivush was named Director. The charge of this Office is to advance women in leadership roles in the SOM and to identify issues that lead to inequity. The primary goal of the Office of Women in Science and Medicine is to eliminate gender inequity.

Recommendations for promoting the careers of women faculty:

Both the Office of Faculty Development and Equity and the Office of Women in Science and Medicine are deemed to be valuable additions to the SOM in helping women faculty progress. The JOC strongly recommends the continuation and support of these Offices.

3a. Oversee the annual salary analysis and meet with Department Chairs to assure that salary equity is achieved and maintained.

Discussion about the salary report raised Departmental compensation plans as a potentially important issue for difference in salary between males and females. The JOC was made aware that the Practice Management Committee of the Clinical Practice Association formulated a set of physician compensation plan recommendations in April 2006. These were:

- a. Eligibility for participation in incentive plans needs to be defined in advanced by each Department

- b. Requirements for receiving an incentive payment need to be based on rational and attainable standards
- c. Incentive plans need to reward participation in activities that are important to the success of the Department and Johns Hopkins Medicine.

Although this CPA committee collated details of incentive plans from 10 Departments, not all Departments had developed an incentive plan. The CPA distributed these recommendations to all of the Departments. There has not been any follow up by the CPA on subsequent Departmental action. In April 2008, the JOC wrote emails to all Departmental Directors requesting information about their compensation plans. Replies were received from only 5 Departments. Currently, there is not enough data to discern whether compensation plans may be a source of gender salary inequity.

Recommendations regarding salary equity with respect to promoting the careers of women:

The JOC recommends that Department Chairs develop clear compensation plans for their Departments. We also recommend 1) that the SOM provide an infrastructure to keep a record of all Departmental compensation plans for both physician and non-physician faculty and 2) that these plans are made readily available to all SOM faculty.

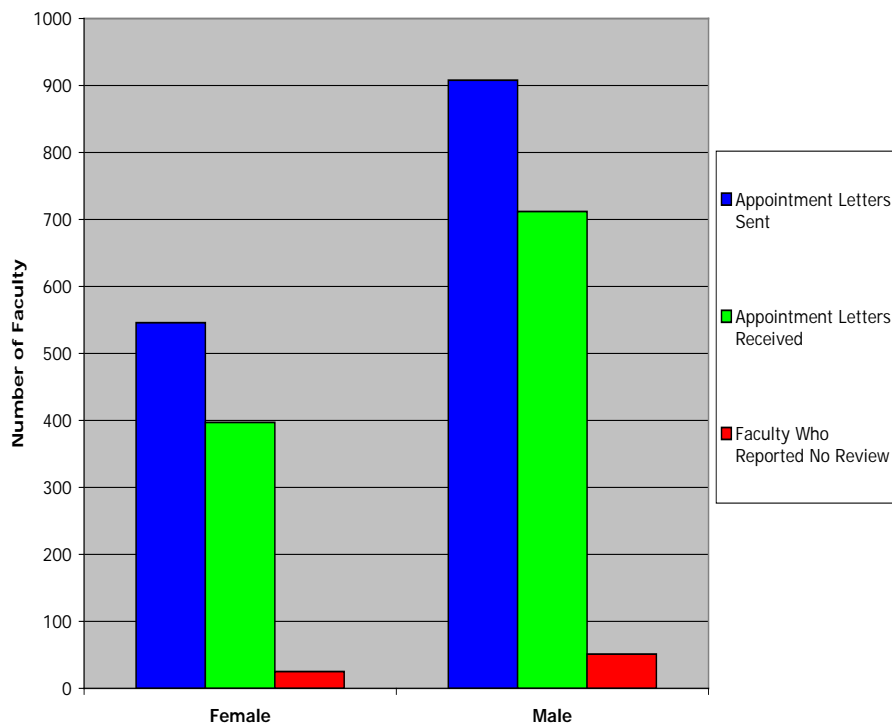
As mentioned in Recommendation 2 above, a detailed salary survey should be continued annually and be reported on the Faculty website, so that all faculty have access to this.

3b. Ensure that Department Directors or Division Chiefs conduct annual reviews with each faculty member.

The Gold Book now mandates that “all full-time faculty members shall have at least Annual Reviews with their Department Director, or his or her designee, and a written record of review will be sent to the faculty member.” Annual faculty appointment letters for Instructor, Assistant Professors and Associate Professors now include an item asking if that faculty member has “met with my Department/Division Director for an annual review.”

Based on data for the year 2007-2008, the percentage of returned faculty appointment letters by Department, ranged from 25% to 100%. Only faculty from 5 Departments returned 100% of their faculty appointment letters. Of the total 1454 letters sent out to all full-time Instructors, Assistant Professors and Associate Professors (546 females, 908 males), 1109 (76.27%) were returned (397 females, 712 males). Of those returned, 76 (6.85%) reported that they had not received an annual review that year 25 females, 51 males (*Graph-Faculty Review*). Among the letters returned, the number of faculty reporting that they had not received an annual review ranged from 0 to 50% (within the Department).

Annual Faculty Reviews



Recommendations regarding annual reviews with respect to promoting careers of women:

Faculty appointment letters should continue to include the question of annual review. Although only 6% of females and 7% of males reported not having an annual review, it is important that all faculty receive an annual review. Further, we do not have data on the remaining 23.73% of faculty who did not return their appointment letters. It is reasonable to assume that at least some of those also did not receive an annual review (*Graph 1- Faculty Reviews*), especially in light of the fact that the 2007 Faculty Survey found that 24.66% of respondents reported not having an annual review from their Department/Division Director.

We recommend that SOM Administration remind Department Directors that annual reviews are now mandatory. Further, faculty should be encouraged to return their appointment letters to Administration. Analysis should be made yearly of how many faculty report receiving annual reviews. At present data is not being collected on Full Professors, and this is an issue which will need to be considered.

3c. Monitor faculty promotion rates to ensure that both male and female faculty are being put up for promotion in a timely manner, and to investigate faculty concerns about slow promotions.

A new cohort analysis was performed in order to update the findings of the 2005 report. This cohort consisted of faculty members new to the rank of assistant professor or associate professor between academic years 1991-1992 through 1994-1995. This four-year cohort was examined over a 13 year period based on appointment start date. Overall, the findings show that women and men who entered as assistant professors were ultimately promoted to professor in the same amount of time. That is not true, however, for women who were hired at the rank of associate professor. Their time to promotion was 1 year and 4 months longer than their male counterparts (Figure A). While the time to promotion was the same for those hired as assistant professors, only 13% of women as compared to 20% of men were promoted to full professor (Figure B).

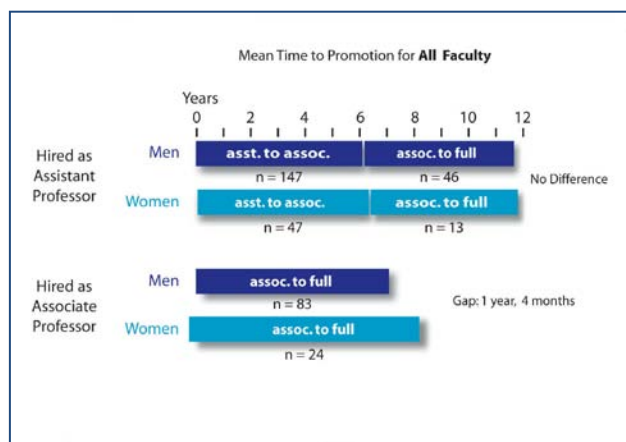


Figure A

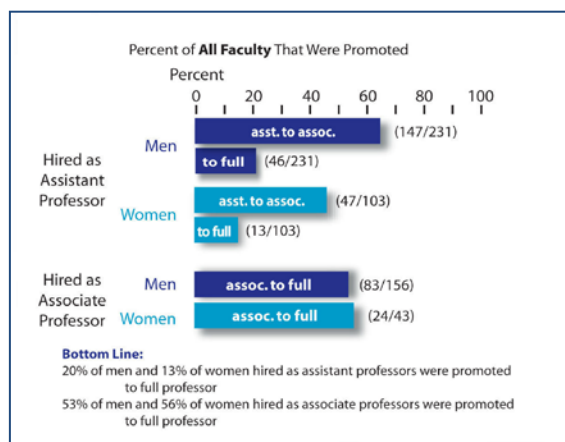


Figure B

Further analyses of faculty in clinical departments reveals that women hired as associate professors were promoted to the rank of professor 1 year and 8 months after their male counterparts (Figure C). However, in the basic science departments, there is no discernable difference in the amount of time to promotion from associate professor to professor (Figure D).

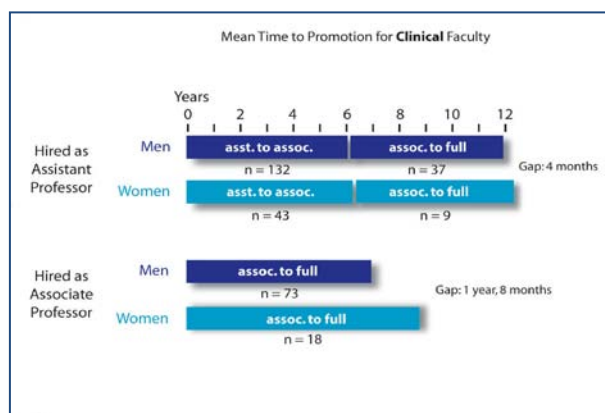


Figure C

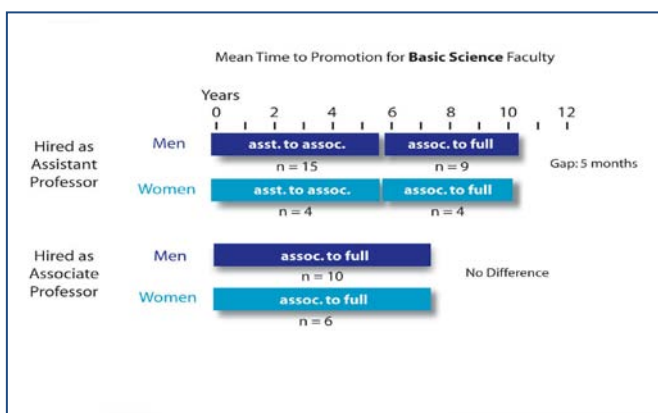


Figure D

Also revealed is that 9% of the women hired in clinical departments at the rank of assistant professor were promoted to professor while 17% of the men were promoted (Figure E). In basic science departments, 67% of the women and 56% of the men hired as assistant professors were promoted to professor while 86% of the women and 91% of the men hired as associate professors were promoted to professor (Figure F).

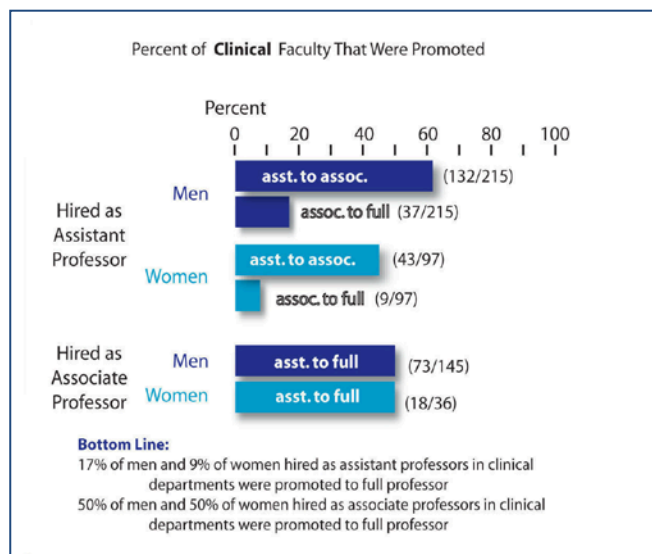


Figure E

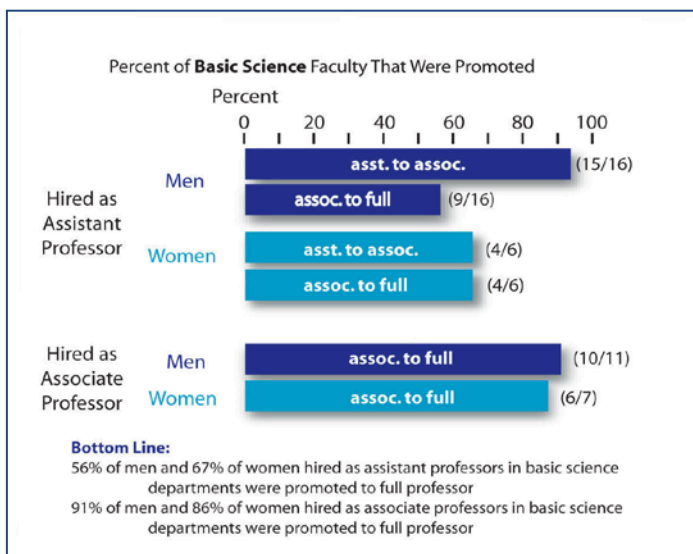


Figure F

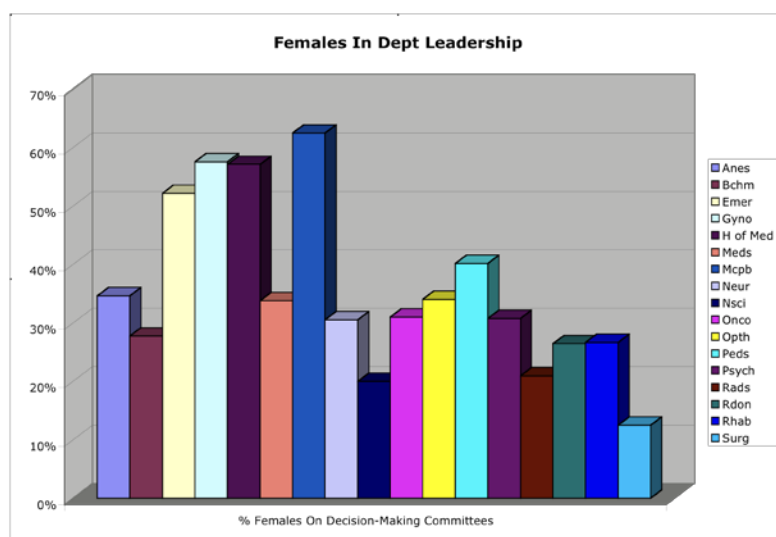
Highlights of Study (for faculty promoted to professor):

- Overall faculty hired as assistant professors are promoted in an average of 11 years, 9 months.
- Overall faculty hired as associate professors are promoted in an average of 7 years, 2 months for men and 8 years, 5 months for women.
- Clinical faculty hired as assistant professors are promoted in an average of 12 years for men and 12 years, 4 months for women.
- Clinical faculty hired as associate professors are promoted in an average of 7 years, 1 month for men and 8 years, 9 months for women.
- Basic science faculty hired as assistant professors are promoted in an average of 10 years, 6 months for men and 10 years, 1 month for women.
- Basic science faculty hired as associate professors are promoted in an average of 7 years, 5 months.

Recommendation regarding monitoring promotion rates with respect to promoting the careers of women: A cohort study was performed in 2005 but the length of the cohort was different than from the current study and did not allow for a direct comparison between the studies. The JOC recommends continued analysis of promotion rates for male and female faculty. Future analysis should include breakdowns by clinical and basic science departments.

3d. Encourage and monitor the inclusion of women in formal and informal decision-making groups. The JOC sought to gather information on this recommendation by surveying Department Chairs about the faculty composition of formal decision-making groups in their individual Departments. The definition of “important decision-making groups” was purposely left open for the Chairs to determine what they considered “important”. Results of the survey indicated that committees specified by Department Chairs most often included Internal Promotions Committees, Executive Committees, Finance Committees and Operations Committee.

Data was available for 57% of the SOM Departments. Department Chairs provided information, that the average percentage of females on important committees within their Departments was approximately 33% and ranged from 12.5 – 62.5% in varying Departments. (*Graph 2- Females in Dept Leadership*). Of note, many of the important committees (e.g., internal promotions committees, internal executive committees) were composed entirely of full professors which would limit the inclusion of women as there were fewer women available to serve who were at the rank of Full Professor.



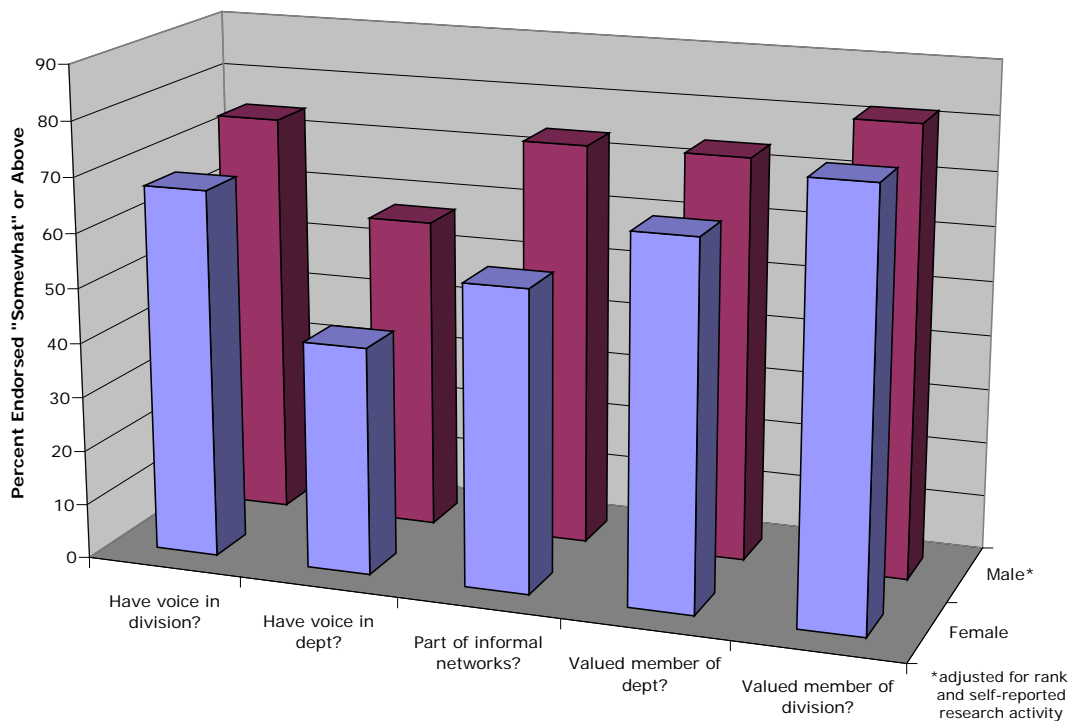
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We also gathered data on important SOM committees (*Table 1- Committee Membership*). Of the promotions and reappointment committees, 32.61% of the members were females; 50% of the Chairs of these 4 committees were female. Of the 5 IRB committees, there were 34.78% females across the IRB, ranging from 10-60% on any individual IRB committee. Only one of the Chairs of the IRB committees was female. 66.67% of the officers on the Medical School Council were female with a female Chair. Other committee female membership can be seen below.

Committee	Percent Female Membership	Chair Female?
Advisory Board Agenda Cmte	31.25	Yes
Cmte on Education Policy & Curriculum	42.11	No
Institutional Research Grant Project Cmte	33.33	No
Cmte on Outside Interests	26.32	No
Discipline Cmte	40.00	No
Professors Teaching Award Cmte	0.00	No
Clinician Scientist Awards Selection Cmte	44.44	No
Advisory Board Sub-committee on Diversity	75.00	No
Advisory Cmte for the Office of Funded Programs	18.18	No
Cmte on the Clayton Fund	0.00	No
Grievance Cmte	45.46	Yes

We also assessed the number of females in other important positions in the SOM. Female Department Chairs composed 10.33% of the total Department Chairs in the SOM. Females in SOM Administration (officers, vice deans, associate deans and assistant deans) comprised approximately 35.48% of the leadership.

From the faculty survey, more women than men reported that they did not feel they had a voice in their Department or Division (*Graph 3-Voice in Dept*). Further, more women than men reported that they did not feel that they were a valued member of their Department (33.5% vs. 26.2%, respectively) or of their Division (22.1% vs. 18.1%, respectively).



The CFDG report listed a range of 0-40% participation of women on important decision-making committees (based on interviews with Department Chairs) while we found a range of 12.5-62.5% by Department Chair survey. Thus, while it appears that there has been some progress made on this recommendation, only 57% of Departments responded to our requests for information. It is certainly possible that those Departments that did not respond had fewer women on such committees. Further, although our upper percentage was higher than that found by the original committee, we may have included committees not considered in the CFDG report. Also, a recent increase in women at the Full Professor level may partly contribute to an increase; i.e., some committees are comprised only or primarily of Full Professors.

Participation on informal decision-making groups is also difficult to assess, however, the 2007 Faculty Survey did try to address this issue. That survey found that 14.9% of woman and 24.5% of men were unaware of informal networks within their Department. Of those who were aware of such networks, 45% of women and 26.2% of men did not feel that they were a part of the informal networks. Thus, women, more so than men, reported feeling excluded from informal networking within their Department.

Recommendations regarding monitoring the inclusion of women in formal and informal decision-making groups with respect to promoting the careers of women:

The inclusion of women on important decision-making committees should continue to be monitored. We recommend that there be a centralized, accessible database of important committees for the SOM and all Departments. This would ensure a more valid analysis of the inclusion of women in decision-making committees. (Note, perhaps future analyses should

correct for the percentage of women within the Department as some Departments are composed more heavily of one gender or the other.) For those committees on which participation is voluntary, contact information should be provided.

Regarding informal decision-making avenues, we encourage senior members of Departments to be sensitive to and aware of issues of equity in informal gatherings and communications.

3e. Improve quality and access to counseling for faculty regarding the institutional tools that can support families, including limited full time status, daycare, and FASAP.

The JOC has ensured that the Director of FASAP and the Director of Benefits have presented the current support systems available for faculty members to the Medical School Council. The MSC representatives are responsible for disseminating this information to their constituents. Minutes for all MSC meetings are also put on the MSC website. Further, the Office of the Assistant Dean of Faculty Development and Equity maintains a list of various resources for faculty (http://www.hopkinsmedicine.org/fac_development/Onlineresourcescatalogs/Index).

From the Medical School Council discussion, daycare continues to be a concern among faculty, notably, available and affordable daycare. Specifically, infant daycare is a primary unmet need. Regarding affordability, junior faculty commented that rates for daycare are too high.

From the faculty survey (see Recommendation 9), there continue to be some overall concerns balancing work/life issues.

Recommendations regarding improving access to counseling for faculty:

FASAP and the Office of Benefits should present to the Medical School Council at least once per year. The JOC and others (e.g., Office of Women in Science and Medicine, MSC) should work with FASAP and the Office of Benefits to devise means of helping faculty better balance work/life issues. An analysis of daycare costs at Hopkins with a city-wide comparison would be useful in helping faculty assess the financial comparison of daycare at Hopkins.

4. Reduce Barriers to Inclusion.

The scheduling of meetings and conferences outside the hours of 8 a.m. to 5 p.m. should be discouraged. There continue to be meetings and conferences scheduled outside of the hours of 8a.m. and 5p.m.. Although the JOC recognizes that there is the necessity for some meetings and conferences outside of the hours of 8a.m. and 5p.m., we question the need for all of those scheduled during these times. From the faculty survey, more women (75.8%) than men (43.4%) reported that care-giving responsibilities “at least sometimes” interfered with Departmental or Divisional meetings.

Recommendations regarding reducing barriers to inclusion:

A letter from the Dean’s Office should be sent to Department Directors reiterating the rationale for not conducting meetings and conferences outside of normal work hours and discouraging

meetings and conferences from being scheduled during these times. For those regularly scheduled meetings that need to be outside of normal work hours, we suggest “rotating” meetings to different days/times to allow attendance at least part of the time. At the least, Department Directors should be strongly encouraged by SOM Administration to devise means to include faculty who cannot attend scheduled meetings in Departmental discussions and activities.

5. *Financial resources for targeted recruitment and retention.*

Significant financial resources should be raised and dedicated to the recruitment, retention and promotion of women to the senior ranks of the faculty. Following the completion of the 2005 Report of the Committee on Faculty Development and Gender, and the University Vision 2020 report in 2006, the Provost has implemented the Mosaic Initiative. The Mosaic initiative will allow for increased diversity of the university faculty. This initiative will not only provide specific funds to support faculty appointments; but additionally has been put in place to build the pipeline for women and faculty of color. Additional opportunities funded through this mechanism include a visiting faculty program, support for JHU graduate student conferences, and lastly funds to support professional development workshops for graduate students. Although this initiative is targeted to increase the diversity of our faculty, it does provide some financial resources that can be used for recruitment of new female faculty at the SOM. This is a first step to achieving our goal of providing significant financial resources for recruitment and retention of women.

Recommendations regarding financial resources for targeted recruitment and retention:

The Joint Oversight Committee is strongly in favor of expansion of this initiative and the development of other programs which will provide the SOM the needed financial resources to achieve this goal.

6. *Expand institutional education about sexual harassment.*

A School of Medicine-wide program was conducted to enhance faculty awareness about the zero-tolerance policy towards sexual harassment, and how to report incidents should they occur. The Assistant Dean for Faculty Development and Equity, Ms. Lisa Heiser, was charged by Vice Dean Janice Clements to undertake this school-wide sexual harassment educational campaign for the JHSOM faculty. The Assistant Dean, with the support of Vice Dean Clements and Dean Miller, coordinated efforts with Ms. Caroline Laguerre- Brown, JD, then the Associate Director for Compliance in the Office of Equal Opportunity and Affirmative Action Programs (now the Office of Institutional Equity), to present a number of Departmental and school-wide educational seminars on sexual harassment.

Ms. Laguerre-Brown prepared a pilot sexual harassment training program which was vetted through the Agenda Committee of the Advisory Board of the Medical Faculty (ABMF), and then presented to the full ABMF. With the support of the ABMF, the sexual harassment training program was approved for full implementation (see appendix II for a copy of the training program presentation).

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Dean Miller set the expectation that every faculty member complete sexual harassment training by December 31, 2006 in a letter to all Department Directors sent on May 31, 2006. An excerpt from that letter is as follows:

“At our April 26, 2006 ABMF meeting, Ms. Caroline Laguerre-Brown, Associate Director for Compliance in the Office of Equal Opportunity and Affirmative Action Programs, provided a very informative and concise overview of Sexual Harassment issues, laws and policies. As you know, sexual harassment in our environment was reported by 20% of the female faculty in the recent Committee on Faculty Development and Gender report.”

“It is incumbent upon us as leaders at the School of Medicine to ensure that all of our faculty are brought up-to-date on the issues of sexual harassment, the consequences of engaging in this unwelcome and unlawful conduct, and reporting procedures. To that end, we expect each Department Director to schedule a 60-90 minute Departmental training program on Sexual Harassment for their faculty. All Departmental trainings should be completed within the next few months, and no later than December 31, 2006. Please work with your Departmental administrators to ensure that staff members in your Department are also included in this training, as all faculty and staff are required to know and follow the laws related to sexual harassment.”

Through the summer and fall of 2006 and into early 2007, Ms. Laguerre-Brown provided 32 live Departmental sexual harassment educational seminars, five general sessions held in Tilghman Hall or Turner Auditorium on the East Baltimore campus, and three general sessions held on the Bayview campus. Attendance at Departmental and general sessions included 2,183 faculty and staff.

In addition, online training was made available through the faculty development website at http://www.hopkinsmedicine.org/fac_development/career/legal/. Faculty members who chose to complete the training online received a certificate to validate their completion of the training module. The number of faculty who completed the online training module equaled 867.

Total participants in the JHSOM school-wide training program in 2006-2007 equaled 3,050 faculty and staff. Ms. Laguerre-Brown reported a significant increase in inquiries following the training program, which she indicated is typical of the implementation of such programs when awareness of both the issues and resources for resolving them is heightened. As a side-note, she also indicated that many of the inquiries were not about sexual harassment per se, but in regard to general acts of incivility. The recent survey of faculty revealed that there has been a decrease in the percentage of faculty who are reporting incidents of sexual harassment.

Recommendations regarding expanded institutional education about sexual harassment:

The JOC believes that it is imperative to continue the educational effort for sexual harassment on an ongoing basis. To that end, Ms. Laguerre-Brown's program has also been videotaped and is available on the faculty development website at the URL listed above. In addition, two live presentations are being provided annually to the faculty going forward, one during the fall

orientation for all faculty new to the School of Medicine, and the second at an additional designated time in either late fall or early spring of each academic year.

7. *Conduct exit interviews.*

A system should be established for interviewing departing faculty in order to learn the reasons underlying the high faculty attrition rate. The following summary provides brief information on the background of the development of the Exit Interview Process. A more detailed report on the Exit Interview Process and results from the pilot phase of implementation are summarized in the full report, appended to this Joint Oversight Committee report (See Appendix III).

Vice Dean Janice Clements charged Ms. Lisa Heiser, Assistant Dean for Faculty Development and Equity, to develop a system for conducting exit interviews of the faculty. The Assistant Dean requested the support of an advisory body to help develop an exit interviewing procedure for faculty. Calls for volunteers were put out to the Joint Oversight Committee and the Women's Leadership Council in spring 2006. Three faculty volunteers formed the Exit Interviewing Work Group chaired by Ms. Heiser and included Gail Geller, Sc.D., Nancy Honeycutt, Ph.D., and Maureen Gilmore, M.D. Meetings were held beginning in June 2006 to shape the structure of an exit interviewing process for the School of Medicine. The Work Group met several times through fall 2006 and spring 2007.

Based on the information collected and considering the best ways to obtain comprehensive perspectives, the work group developed a three-part exit interview process for the JHU School of Medicine. Step 1 included the development of the Online Exit Survey that was then hosted through the Office of Marketing and Communications and went live in June 2007. Step 2 involved In-Person Exit Interviews designed to both stand alone and complement the findings from the online exit survey. Step 3 consisted of Follow-up Phone Interviews, which will be implemented following the 18-month pilot phase for the Online Exit Survey and In-Person Exit Interview implementation that ended in December 2008.

Results of the On-line Exit Survey

Analysis to date includes respondents who took the survey in the 370 day time period from June 26, 2007 to June 30, 2008. Of the 82 faculty whose names were obtained from Departments, who could be contacted and who subsequently received invitations to complete the survey, 30 responded resulting in a response rate of 37%. This percentage compares to response rates of 25-50% based on benchmarking data from the AAMC Group on Faculty Affairs. Of the 29 respondents who completed the items for gender, 62% were male and 38% female. The respondents represented the following faculty ranks: Instructor, 35%; Assistant Professor, 48%; Associate Professor, 7%; Professor, 10%.

Section I: Responses to Exit Survey Open-Ended Questions

In Section I, in open-ended questions, exiting faculty were asked to describe the most important reasons that influenced their decision to leave the School of Medicine. The top 5 reasons cited are listed in Table 1 below.

Table 1. Reasons Cited for Leaving

1. Family Reasons
2. Lack of Advancement and Better Opportunities for Professional Growth Elsewhere
3. Received a Terminal Contract
4. Poor Departmental Support
5. Low Salary

The faculty were also asked about their immediate professional plans after leaving Hopkins the results of which are reported in Table 2.

Table 2. Professional Plans

Academic Medical Center	45%
Government (NIH, FDA, CDC)	14%
Private Practice – Group	14%
Private Practice – Individual	10%
Community Hospital	7%
Industry	3%
Other (part-time, no plans)	7%

Section II: Responses to Exit Survey Questions Pertaining to Career and Life Factors that Influenced the Decision to Leave

In this section, faculty were queried about career and life factors that influenced their decision to leave that went beyond the scope of issues or concerns with their particular position. The top career and life reasons for leaving are listed in Table 3 below in rank order along with the percentage of respondents who endorsed these items.

Table 3. Career and Life Factors That Influenced Decision to Leave

	Percent Yes ≥50	Voluntary Resignation / Termination
Personal Concerns	67%	71 / 56
Compensation and Benefits	63%	67 / 56
Family/Life Concerns	60%	71 / 33
Advancement Opportunities Elsewhere	50%	48 / 56

There were similar patterns albeit some differences in response rates for those who voluntarily resigned compared to those who received terminal contracts. The largest difference in response rates pertained to family/life concerns. A much larger percentage of faculty who voluntarily resigned cited life balance concerns as a reason for leaving compared to those with terminal contracts who selected it.

Section III: Exit Survey Questions Assessing Job Related Challenges or Problems

In Section III, faculty was asked about a number of factors that may have influenced their decision to leave that were directly related to their jobs. As in Section II above, data were reported for faculty who voluntarily resigned and for those who were given terminal

contracts. Trends are consistent across both groups with both reporting problems with level of job satisfaction. However, those who were given terminal contracts reported more challenges with being promoted and recognized, achieving success in their positions, and managing job demands, and role overload, and stress.

Table 4. Career and Life Factors That Influenced Decision to Leave	Percent Yes ≥ 50	Voluntary Resignation / Termination
Level of Job Satisfaction	67%	57 / 87
Stress from Job	60%	52 / 78
Job Demands or Role Overload	57%	43 / 89
Achieving Success in Your Position	57%	43 / 89
Lack of Promotion and Recognition	53%	33 / 100
Compensation and Benefits	52%	52 / 56

Funding issues were also mentioned by many faculty but did not reach the 50% threshold for inclusion in the above table. Additional information on funding concerns is available in the full report. Further information on problems with Departmental and Divisional leadership experienced by 40% of the respondents is also included in the attached report.

Conclusions of Exit Survey Findings:

The survey clarifies the extent to which concerns about Work-life balance, non-competitive compensation, and lack of opportunities for professional growth and advancement opportunities influenced the decision to leave for the faculty who voluntarily resigned. The survey also demonstrates that faculty given terminal contracts experienced more challenges with receiving recognition and respect, achieving promotion and other forms of success, and dealing with job demands and stress.

The extent to which the challenges of the terminated faculty are related to individuals' "lack of fit" for their position such as incompatible interests in or appropriate skills for the work they were offered, or to organizational JHUSOM problems such as lack of adequate support from mentors and leaders, or to some interaction between individual and organizational factors is unclear in each individual case. Further details in the full report show that most terminated faculty reported problems with mentorship, communication and relationship concerns with Divisional and Departmental leaders, and a lack of career development support, a trend that was also seen with about a quarter of the faculty who voluntarily resigned. Together, these data indicate that there are systemic problems in appropriately supporting faculty who might otherwise have been successful.

The results of the exit summary suggest that in order to **retain valued faculty who might consider voluntarily leaving** in the future, the JHUSOM should

- a. Develop Departmental and School of Medicine strategies to competitively compensate faculty

- b. Promote and support cultural changes within Departments and the School of Medicine to improve faculty Work-life balance, and
- c. Discover new pathways for faculty professional growth and advancement; expand leadership roles, leadership development within Division, Departments, and the School of Medicine.

The results of the exit summary also suggest that retention of women faculty could potentially be improved by developing better criteria for faculty who are recruited, and making it clear during recruitment what the expectations of the Division, Department and the School of Medicine. In addition, **better systems to identify faculty who might be at risk or come to be at risk** are needed as well as improved feedback to faculty who are not achieving promotional benchmarks and additional mentoring to identify barriers to success. Below is a partial listing of examples of some additional retention enhancement strategies:

- a. Clarify priorities for faculty in their multiple roles to assist them in dealing with the multiple professional demands and provide clear direction and feedback to promote early success in one or two manageable key roles
- b. Improved recognition, respect and affirmation of faculty by leaders
- c. Expand available financial and supporting resources for faculty
- d. Clarify the expectations to produce income from grants and clinical revenues during recruitment and support faculty in balancing these pressures
- e. Provide outstanding mentorship
- f. Improve communications and relationships with leaders and mentors, and
- g. Provide more wide-spread and effective career development support such as clear feedback, career development guidance and skill-building.

Putting the above supports in place in a more systematic way will help us retain faculty including those more diverse faculty whom we hope to attract in the coming years.

Recommendations regarding exit surveys.

The findings from the pilot phase of the Exit Process have been reported to the ABMF. The findings should also be publicized through other means such as presentations to the MSC and Departmental groups, articles in *Change*, and postings to appropriate websites.

Step 3 of the faculty exit process should be implemented in early 2009. The online survey should be slightly revised given the feedback and experience from the pilot phase. The complete exit process should continue to be conducted on an ongoing basis and a report should be delivered annually to the JHUSOM leadership and other appropriate bodies.

8. *Faculty oversight.*

It was determined that a standing committee should be created in the SOM, to monitor equity factors and provide an official report, every three years, to the faculty and Dean, of the progress being made in regards to gender equity. In September, 2006, Janice Clements, Vice Dean of Faculty asked the Medical School Council (MSC) and the Women's Leadership Council to form such an oversight committee. Nancy Honeycutt, then Vice Chair of the MSC, agreed to chair this committee, and Dr. Barbara Fivush the Co-Chair of the Women's Leadership Council agreed to help organize this new committee. Combining members of the MSC, the Women's Leadership Council (WLC) and members of the original Committee on Faculty Development and Gender, the Joint Oversight Committee on Faculty Development and Gender was formed and held its first meeting in February 1, 2007. The JOC has met about every month since its inception and has worked diligently to gather data to determine how the original recommendations have been addressed.

Recommendations regarding faculty oversight:

The JOC should continue as a committee that monitors the progress of the original recommendations. This committee should work closely with the new Office of Women in Science and Medicine, the Medical School Council and the Women's Leadership Council.

9. *Monitor progress.*

The faculty survey was re-administered to assess progress in achieving the goals outlined by the Committee on Faculty Development and Gender, over a three year period. The initial faculty survey from the Committee on Faculty Development and Gender was administered in 2004, and in September 2007, an updated version of the faculty survey was again distributed. The survey was closed on January 28, 2008 with a response rate of 34%. (See Appendix IV for a copy of the results of the 2008 Faculty Survey Report.)

In this brief summary we attempt to draw some key conclusions from the 2007 survey responses, make a comparison between findings in the 2004 and 2007 responses, and highlight aspects of the findings that in our opinion deserve increased or continued attention in the coming years in our endeavors to make JHU a more diverse and gender-neutral community.

Key findings in the 2007 JHSOM Faculty survey:

There are many aspects of career goals, research resources, work environment, and clarity regarding promotion/termination that are judged positively by both male and female faculty yet there continue to be many areas that show gender differences and continue to need improvement.

Although over 75% of respondents were at least somewhat satisfied with their job, women were less likely than men to endorse this item positively. Women were also more likely to report experiencing a hostile work environment and to witness sexual harassment. Further, women,

more than men, did not feel that they had equal opportunity for advancement within their Department and more women than men reported barriers to advancement. This is likely related to the fact that fewer women felt that they were valued members of their Department/Division, had a voice in their Department/Division or that they were part of the informal networks in their Departments.

Approximately 75% of all respondents reported that they received annual reviews. While the majority of both females and males who had yearly reviews said that the evaluations were fair and, to a lesser extent, helpful, many faculty who did not receive evaluations reported that they thought the review would be helpful to their career. Notably, women were more likely than men to state that they felt they would benefit from an annual review. Questions of mentorship received mixed responses. More men than women reported that their Department Director was a helpful mentor while more women than men reported that their Division Director was a helpful mentor. However, almost 50% of both males and females who endorsed barriers to advancement reported a lack of mentorship as a barrier. Barriers to advancement endorsed more often by women included negative presumptions about capabilities, lack of competent clerical support and too many administrative responsibilities.

In this sample, serving as Chair of a Departmental or SOM committee was roughly twice as common among males as compared to females, although it should be noted that there was an increase in service for both males and females from 2004. The greatest increase was for Departmental committees; i.e., 44% of those who reported that they had not served on a Departmental committee in 2004 reported in the current survey that they had served on a Departmental committee. Serving as Chair of a Departmental or SOM committee or as director of a Center has increased for both males and females from 2004, albeit the increase has been generally less for women for chairing a SOM committee or serving as a Center Director.

In the interaction between personal sphere and career advancement, women in significantly higher numbers report care-giving (for parent(s) and/or children) caused conflicts with meetings and slowed down their career progress. Women were also more likely to perceive unfairness by gender in promotions and terminations and were less positive about career advancement barriers/opportunities.

Although women still reported more sexual harassment than men, in the comparison between pre-sexual harassment training and post-sexual harassment training, both men and women reported that they encountered or witnessed less sexual harassment after the training. This also held true for encountering or witnessing a hostile work environment; i.e., women were more likely to report experiencing a hostile work environment, but both genders reported that they experienced a hostile work environment less after sexual harassment training.

Progress between 2004 and 2007 survey

In general improvement was noted in terms of types of sexual harassment pre-and post-training as indicated by the large number of witnesses and victims who indicated a better work environment post training. Additionally, there was a positive increase between 2004 and 2007 in

the numbers of females who indicated a positive experience in mentorship particularly with their Division Chiefs.

Shifts in perception between respondents who completed both the 2004 and 2007 Faculty Survey (291 respondents):

In general, there were more positive than negative shifts between the two Administrations of this survey. Shifts were found in roughly equal proportions among male and female faculty; however, there were three areas where more women than men recorded a negative shift between the survey years: 1) barriers to career advancement compared to peers, 2) overall job satisfaction and 3) balance between career and family.

Summary of 2008 JHSOM Faculty Survey:

The positive aspects of the responses mentioned under Key findings and in the progress made between 2004 and 2007 survey give reason for some satisfaction with what has been accomplished over the past few years. Two significant interventions were initiated during this time period that included the sexual harassment training program as well as the gold book mandate for annual review of all faculty. These two targeted initiatives seem to have resulted in some improvement in these areas, with more women receiving mentorship from their Division Chief, and the overall reporting of sexual harassment. Yet it is clear that the tension between career and family remains a greater problem for female than for male faculty, and that this finds expression in a range of items on the Faculty Survey, from problems attending meetings to lack of support where care-giving and spouse's career are concerned. Also, women faculty perceives a greater lack of administrative support, unequal inclusion in formal and informal decision making structures, and greater barriers to career advancement. While such complaints are likely to be found in most work places, the findings reported here, and particularly the negative shifts observed in women faculty who completed the survey in both 2004 and 2007, should alert the leadership of the SOM that the quest for gender equity still has significant hurdles to overcome.

Recommendations regarding monitoring progress of targeted goals:

According to the 2007 Faculty Survey, there has been progress made in the past few years. Notably, more women reported greater participation in committees, better mentorship by Division Chiefs, and sexual harassment and hostility in the workplace have decreased. These findings are likely related to targeted interventions. More targeted interventions need to be put in place to address the barriers to advancement for women, as well as the struggle to balance family and work which females report.

The Faculty Survey should be administered every 3 years to assess existing faculty attitudes and experiences and to evaluate changes in the interim. Although significant efforts were made to publicize and encourage completion of the Faculty Survey (i.e. Two JHBroadcast emails from the Dean, a JHBroadcast email from the Chair of the JOC, several announcements in the daily Inside Hopkins electronic newsletter, plasma monitors rotation, the JOC Chair speaking to the ABMF and MSC as well as emailing the MSC representatives to remind them to encourage their constituents to complete the survey-), only 34% of the faculty responded to the 2007 survey. It is

unclear whether the low completion rate was due to lack of awareness of the survey or whether faculty simply chose not to fill it out. In the future, the JOC should strategize about additional means of publicizing the Survey as well as ways to encourage faculty to complete it.

Acknowledgment:

The JOC would like to thank all those who so willingly provided information integral to this report. It is the position of the JOC that transparency is not only important, but crucial to creating and maintaining a culture of equity. We encourage leaders in the SOM and individual Departments to continue to practice and promote transparency.