

Office of Clinical Research CRP First Friday



Advancing Gender Equity:

Grassroots Efforts to Dean Allyship

Friday, March 1st, 2024

next
lives
here



Learning Objectives:

- 1) Recognize that ally engagement can be inspired from multiple perspectives**
- 2) Compare how 4 different groups within the COM were able to achieve success**
- 3) Identify the purpose of WIMS and the committees that are seeking engagement**

Target Audience:

Clinical Research Professionals (CRPs) at UC/H and Cincinnati Children's Hospital Medical Center (CCHMC): including Principal Investigators (PIs), Research Nurses (RNs), Critical Care Unit Nurses (RNs), Pharmacy Technicians and Regulatory Specialists.

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Accreditation Statement for Directly Sponsored Activity

The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Cincinnati designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Participants should claim only the credit commensurate with the extent of their participation in the activity.

CRPs, NPs, PAs, and RNs can count activities certified for *AMA PRA Category 1 credit™* for professional credit reporting purposes. Other healthcare professionals should inquire with their certifying or licensing boards.

Disclaimer Statement

The opinions expressed during the live activity are those of the faculty and do not necessarily represent the views of the University of Cincinnati. The information is presented for the purpose of advancing the attendees' professional development.

Off-Label Disclosure Statement:

Faculty members are required to inform the audience when they are discussing off-label, unapproved uses of devices and drugs. Physicians should consult full prescribing information before using any product mentioned during this educational activity.

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Speaker and Planner Disclosure Policy:

In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education and the University of Cincinnati policy, all faculty, planning committee members, and other individuals, who are in a position to control content, are required to disclose all relationships with ineligible companies* (commercial interests) within the last 24 months. All educational materials are reviewed for fair balance, scientific objectivity, and levels of evidence. The ACCME requires us to disqualify from involvement in the planning and implementation of accredited continuing education any individuals (1) who refuse to provide this information or (2) whose conflicts of interests cannot be mitigated.

**Companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

All relevant relationships have been mitigated. The following disclosures were made:

Planning Committee Members:

- Maria Stivers, MS; Course Director – *No Relevant Relationships*
- Nathaniel L. Harris, BS, Course Coordinator – *No Relevant Relationships*
- Heather Muskopf, CME Program Manager – *No Relevant Relationships*

Speakers

Danielle L. Clark, MD MEd (she/hers)

Assistant Professor of Medicine
President, Women in Medicine & Science
(WIMS UCCOM)

Laura Conforti, PhD

Professor
Internal Medicine Nephrology & Hypertension

Elizabeth E. Leenellett, MD

Professor
Vice Chair – Faculty Affairs and Inclusive Excellence
Professor
Emergency Medicine | College of Medicine

Heather R. Christensen, PhD

Associate Professor Educator
Medical Education

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**UC / UC Health
Clinical Research Orientation and Training
(CRO&T)**

Thursday, March 14th, 2024

9:00 am - 3:00 pm

IN PERSON presentation

MSB Room 6051

**The last day of registration is
Friday, March 8th, 2024**

Register Here

**Please reach out to Nate Harris,
harrisnl@ucmail.uc.edu for any questions**

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Reporting in MIDAS for Clinical Research:

Please keep in mind, it is the Principal Investigator and study team's responsibility to immediately report any "Unexpected" and "Related" Serious Adverse Events to UC Health via MIDAS. This is separate and in addition to IRB and other regulatory reporting.

Please refer to the following SOP:

UCH-OCR-OPS-SOP-014-06: Prompt MIDAS Reporting of Serious Adverse Events that are both Unexpected and Related to the Research

**All OCR SOPs are accessible at the following [link](#).
And from the UC Health Intranet home page utilizing the Policy Portal Search function
or reach out to the Office of Clinical Research with any questions or concerns.**

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Thursday, March 21st, 2024, 12:00noon - 1:00pm
IN PERSON Presentation MSB 7051
(with the option to join virtually)

Gender Equity in STEM: Can More Be Done?

The academic community continues to build upon the progress of recognizing the need for gender equity in STEM. However, the trajectory reveals that there is still an ongoing need to pursue these efforts. Exploration of the untapped potential towards equity is paramount, all while recognizing a few of the women pioneers who contributed to the advancement of science and medicine.

**next
lives
here**

Bi Awosika, MD, FACP, SFHM (she/her/hers)

Assistant Dean of Diversity, Equity and Inclusion
University of Cincinnati College of Medicine
Chair, Resident Clinical Competency Committee
Associate Program Director, Internal Medicine Residency
Hospitalist, Associate Professor of Medicine
University of Cincinnati Medical Center

University of
CINCINNATI



Today's Presentation: **Advancing Gender Equity: Grassroots Efforts to Dean Allyship**

Women make up half of the workforce across the US, including within academic medicine. Yet disparities exist. Come join us as 4 different groups from UC COM tell their stories of advocating for gender equity – from the departmental level to broader institutional initiatives.

Danielle L. Clark, MD MEd (she/hers)

Assistant Professor of Medicine
President, Women in Medicine & Science (WIMS UCCOM)

Laura Conforti, PhD

Professor
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Medical Education



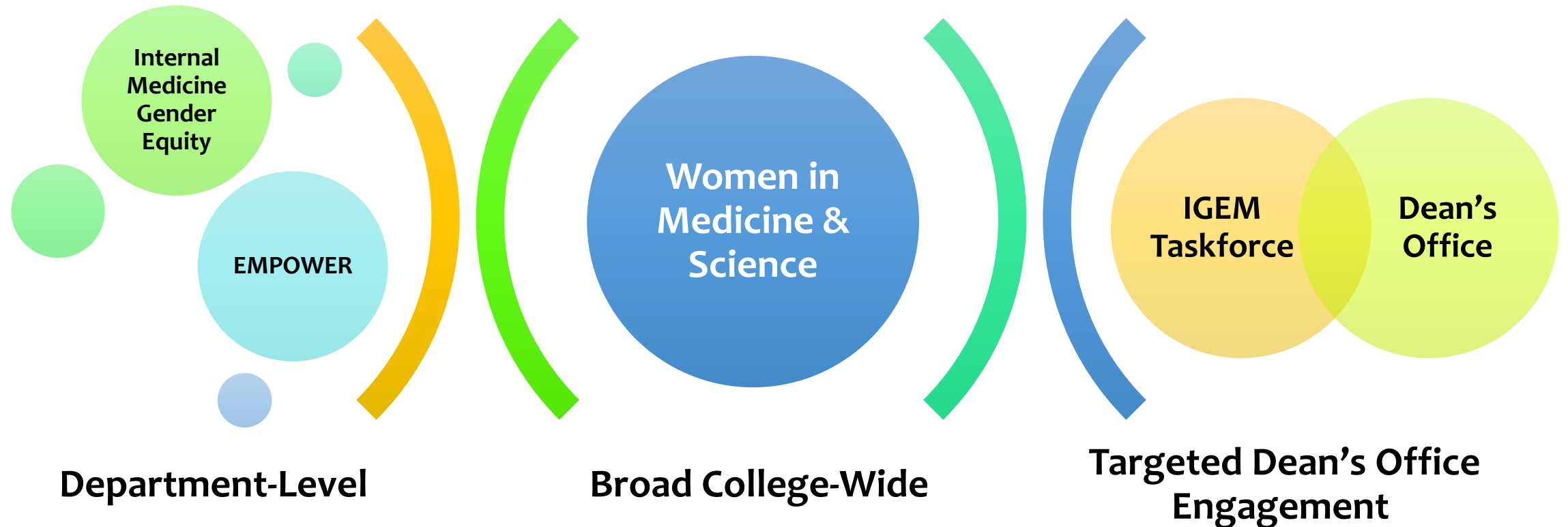


Advancing Gender Equity: Grassroot Efforts to Dean Allyship

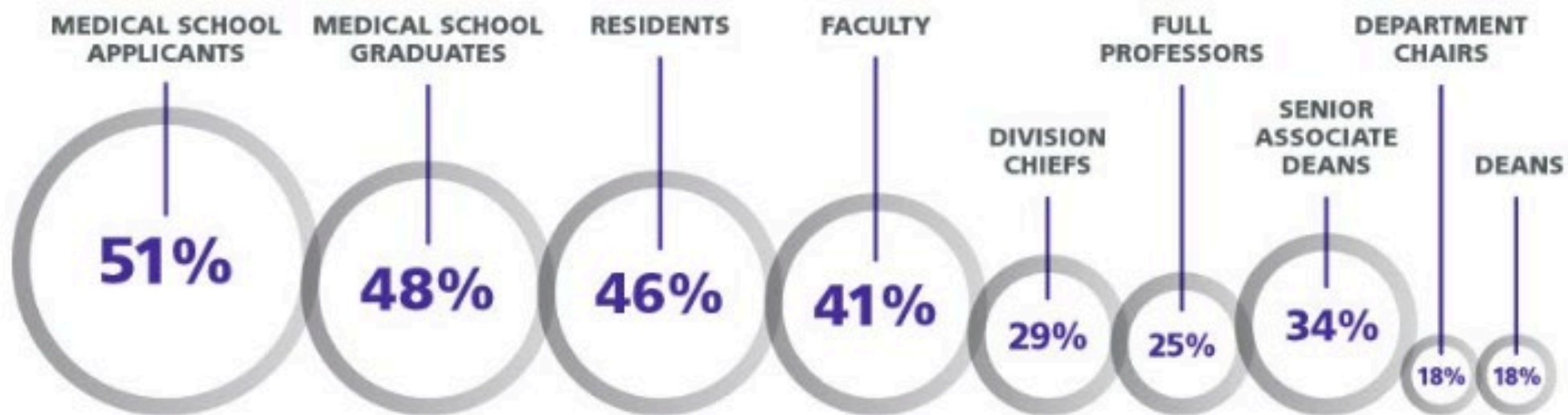
University of Cincinnati College of Medicine
Cincinnati, OH

Together we will create brave space
Because there is no such thing as a “safe space”
We exist in the real world
We all carry scars and we have all caused wounds.
In this space
We seek to turn down the volume of the outside world,
We amplify voices that fight to be heard elsewhere,
We call each other to more truth and love
We have the right to start somewhere and continue to grow.
We have the responsibility to examine what we think we know.
We will not be perfect.
This space will not be perfect.
It will not always be what we wish it to be.
But it will be our brave space together,
And we will work on it side by side.

Inspire ally engagement from multiple perspectives



REPRESENTATION OF WOMEN IN ACADEMIC MEDICINE 2018-2019



Department of Internal Medicine (DOIM)

Gender Equity Committee

Laura Conforti, PhD
Melanie Cushion, PhD
Maggie Powers-Fletcher, PhD
Suzanne Morris, PhD
Shuchi Gulati, MD
Jennifer Forrester, MD
Kelly Niederhausen (administration)

Silvi Shah, MD
Jennifer O'Toole, MD
Kristen Cole (administration)
Rajat Madan, MD
Mary Mazik (administration)
Neha Wadhwa, MD
Nkechinyere Emejuaiwe, MD
Toral Shah, MD
Jillian Nolte (administration)

ULTIMATE GOALS:

1. Achieve equal and fair representation of women at all ranks and in leadership positions
2. Achieve salary and startup equality between female and male faculty
3. Achieve work-life balance

The NIH FIRST (Faculty Institutional Recruitment for Sustainable Transformation) program aims to enhance and maintain cultures of inclusive excellence in the biomedical research community

- Despite recognizing the pressing need to enhance diversity in NIH-funded institutions across the U.S., progress in accomplishing this goal has been seen mostly with trainee populations, leaving biomedical research faculty diversity as an ongoing, recalcitrant challenge.
- Extrapolation of current trends suggests that without new and effective strategies, it will take nearly 50 years for women to reach parity among full professors and centuries for underrepresented racial/ethnic groups to reach parity among medical school faculty with the current recruitment pool.



Why Inequity Exists

- Lack of data and metrics
- Lack of transparency and accountability
- Women are over-mentored and under-sponsored
- Lack of term limits in leadership
- Lack of financial and human resource support for workforce gender equity

Research has identified a number of barriers to women progressing into leadership roles, including: their personal expectations, organisational cultures, and work-life balance.

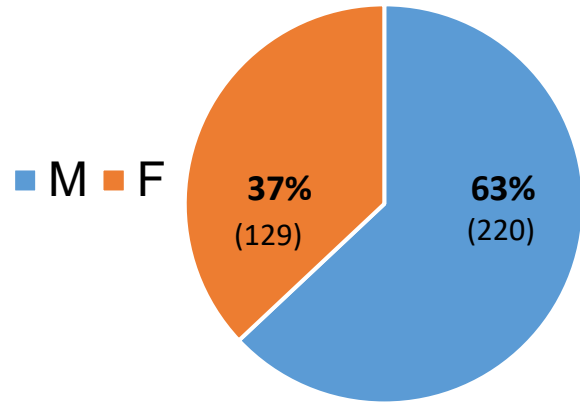
Journey towards gender equity....a grass root initiative of faculty

- DOIM gender equity committee was born in January 2021
- Initiatives: Data gathering █
Promotion of faculty awareness █
Development of a proposal for the leadership to implement changes ●



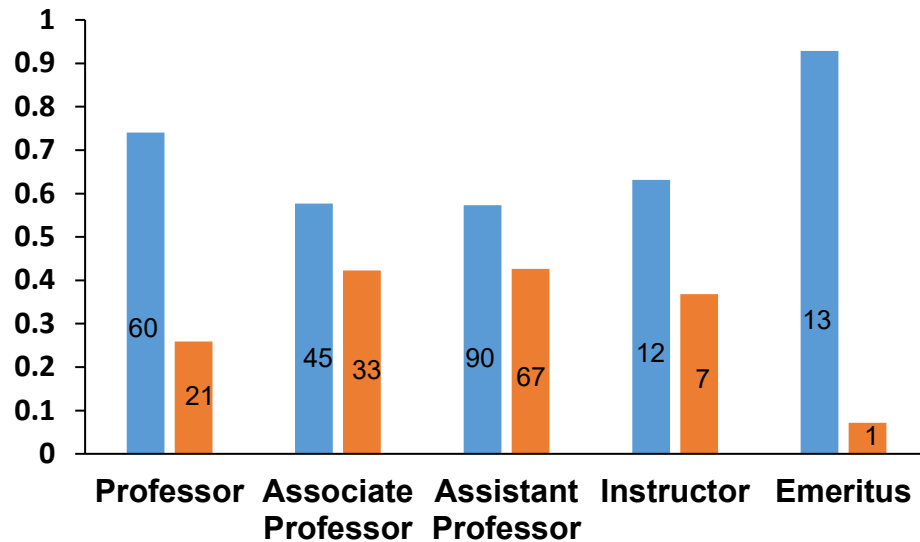
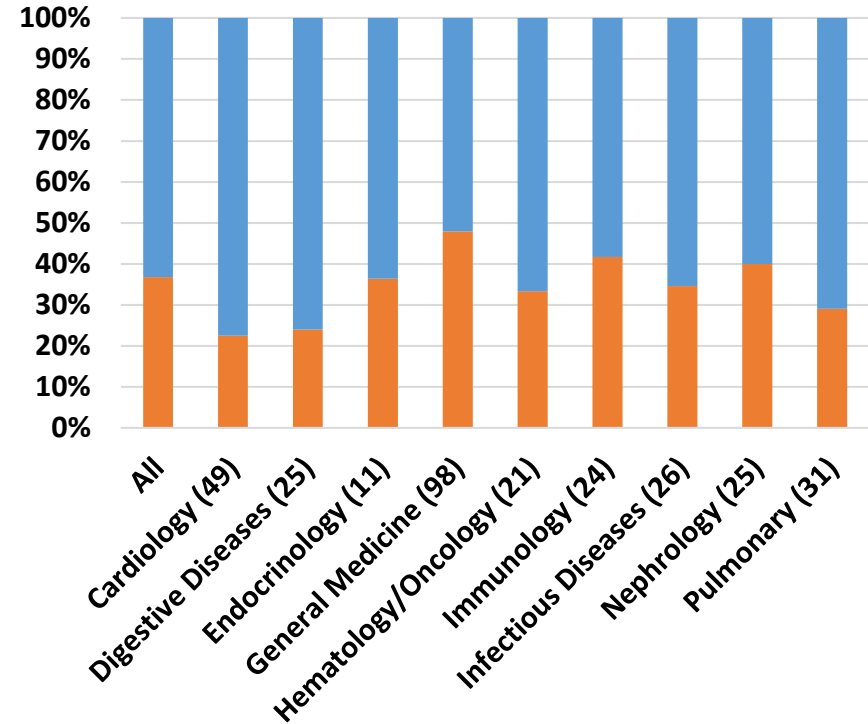
DOIM gender distribution total faculty (research and patient care)

Department



National average of women faculty in academic medicine = 41% (AAMC 2018-2019)

Divisions

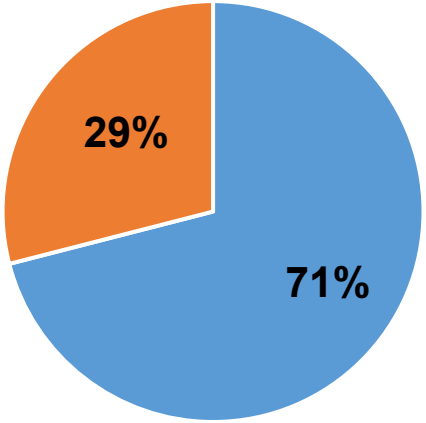


Years in ranks

Women faculty spend an average of 2.1 years more than men at the rank of Associate Professor

(from 58 full-time Associate Professors: 39 M and 19 F. Average years at this ranks 5.9 for M and 8.05 for F).

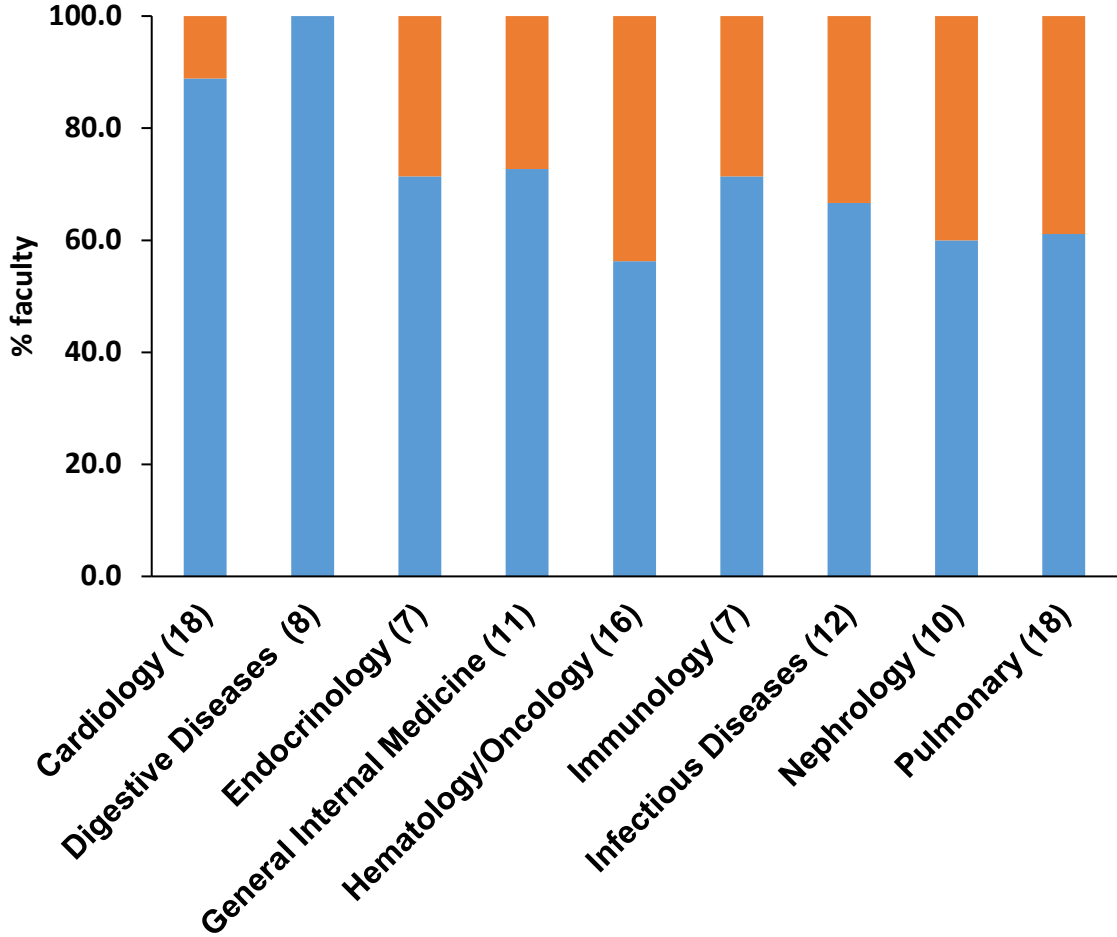
DOIM gender distribution research faculty



■ Male ■ Female

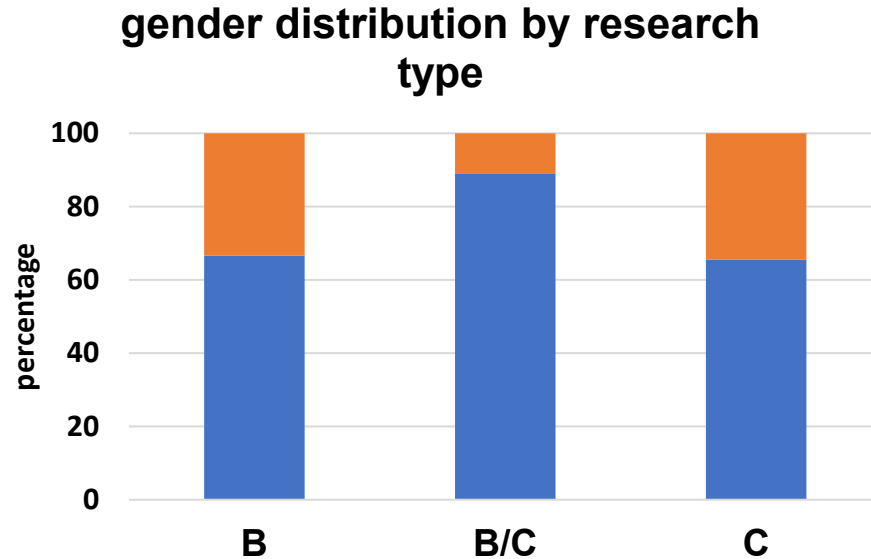
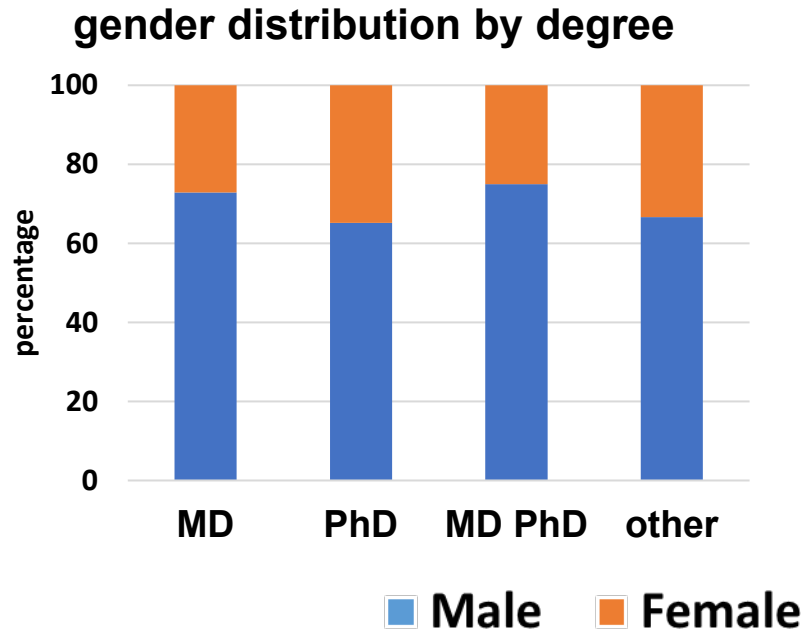
National average of women faculty in academic medicine = 41% (AAMC 2018-2019)

basic and clinical research

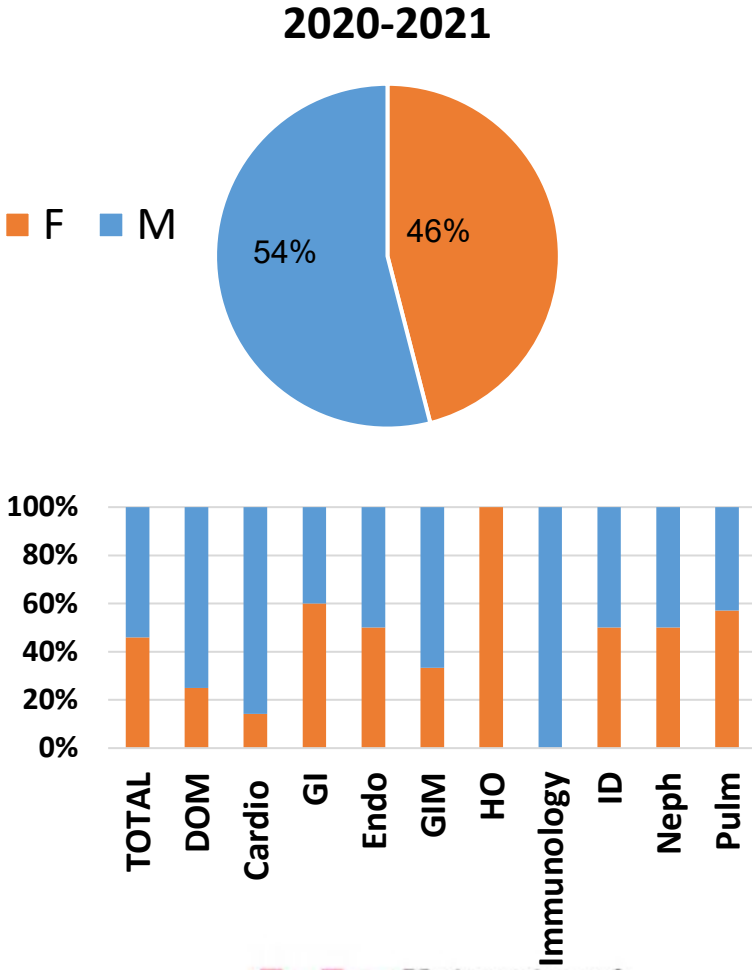
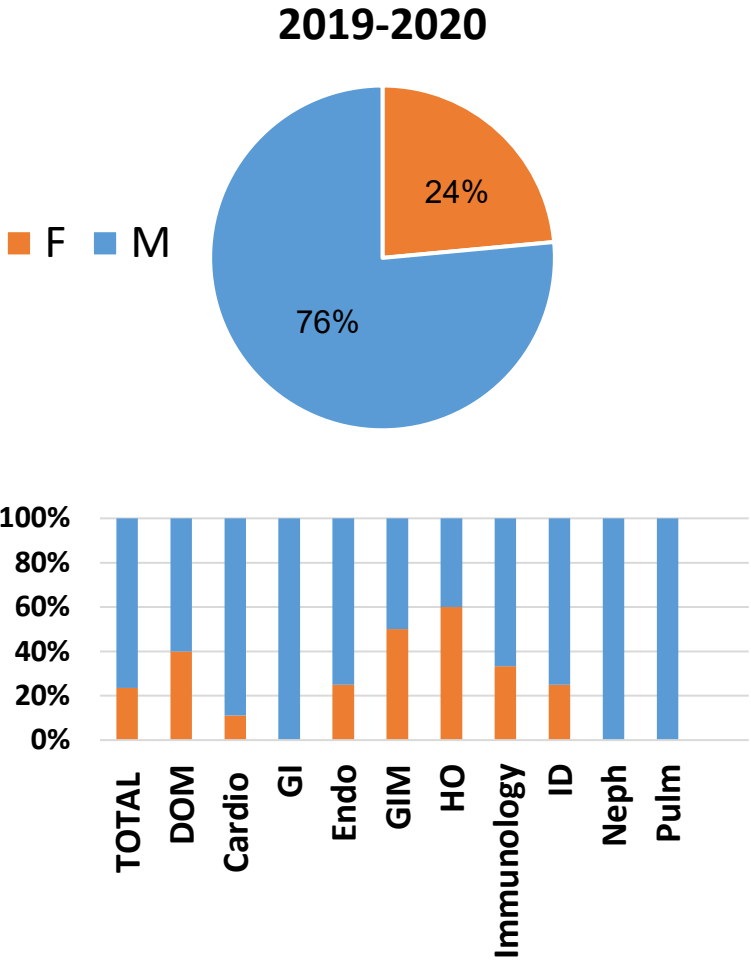


DOIM gender distribution research faculty

Basic research (B); Clinical research (C); basic and clinical research (B/C)



Women representation at the Medical Grand Rounds (MGR speaker gender distribution)



Survey and Focus Groups

Survey: Adapted from: Westring AF, Speck RM, Sammel MD, et al. A culture conducive to women's academic success: development of a measure. *Acad Med*. 2012;87(11):1622-1631. doi:10.1097/ACM.0b013e31826dbfd1 (facilitated by Jackie Knapke, PhD)

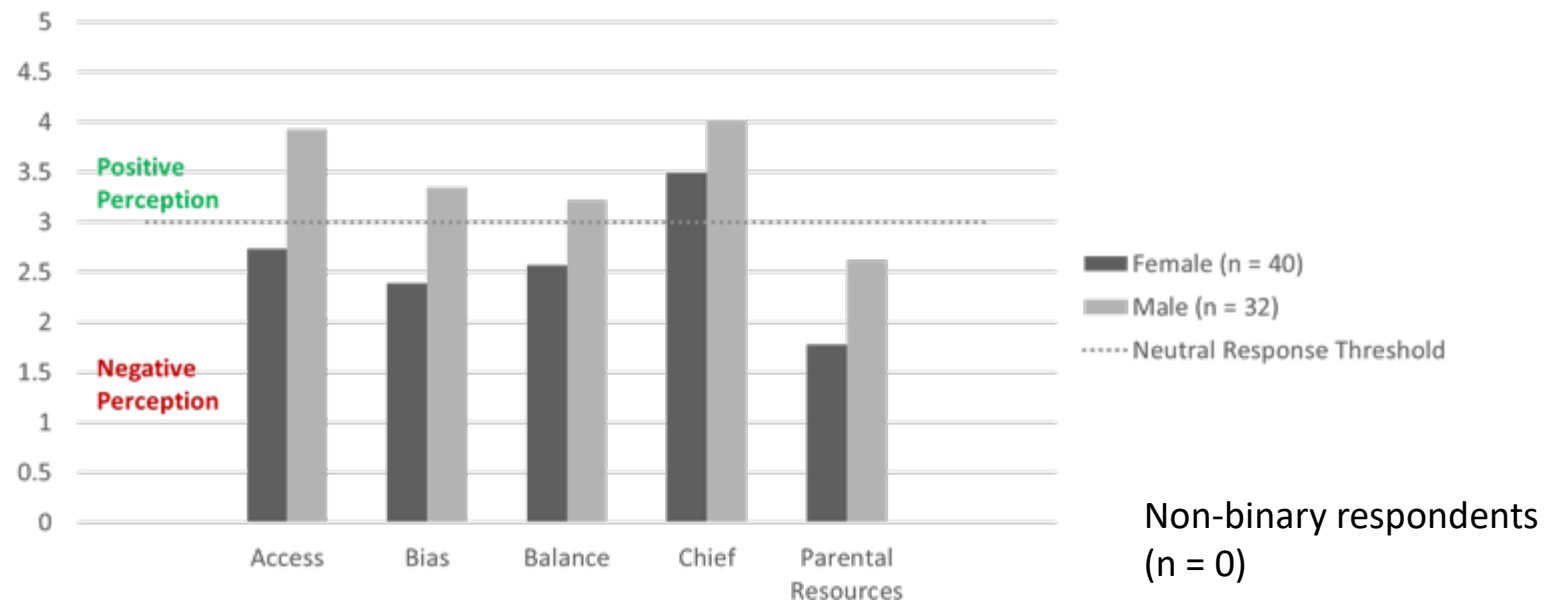


Included prompts related to:

- Extent to which women faculty have equal **access** to resources that contribute to career success compared to men.
- Extent to which women faculty are supported in their efforts to **balance** work and family for the achievement of both personal and professional success .
- Extent to which women are able to work in an environment in which they are able to voice concerns regarding subtle and overt gender **biases**.
- Extent to which the **unit leader (chief)** supports important aspects of women's careers.
- Added question about daycare/lactation **resources**

Gender-Based Perception of Departmental Culture

Male faculty do not perceive a culture of inequality/inequity towards female faculty in our Department



Promotion of faculty awareness

- “Picture a scientist” movie
- Travelling seminar
- Medical Grand Rounds
 - “Allyship: Moving from Fortuity to Intentionality” Aaron Marshall, PhD



Recommendations to the Leadership of our Department

1. Create a dedicated office for women's affairs in the DOIM
2. Develop best practices that will reduce the roadblocks that women faculty face to advance in their careers like the creation of a transparent application process for leadership positions overseen by committees of balanced gender/race/sexual orientation composition
3. Promote programs that enhance awareness of gender bias, disparity and inequity in academic medicine.
4. Develop family-friendly work policies
5. Work with the Dean's office and other Departments to create infrastructure that facilitates career development for women (e.g., increase the availability of lactation rooms and access to day-care)

Where are we now (3 years later)?

Diversity and Belonging Council

Executive Vice Chair (new position): F=1

Vice Chairs:

Before (Associate Chairs): M=4; F=1

Now: M=4; F=4; TBN=1 (+ Associate Chair F=1)

Division Directors:

Before: M=9; F=1

Now: M=5; F=5

Chief Administrative Officer/Executive Director of Business

Administration:

Before: M=1

Now: F=1



It has been a long journey



We will cross the finish line!

Emergency Medicine Program of Women in LeadERship (EMPOWER)

Elizabeth Leenellett MD, FACEP

Professor and Vice Chair of Faculty Affairs and Inclusive Excellence

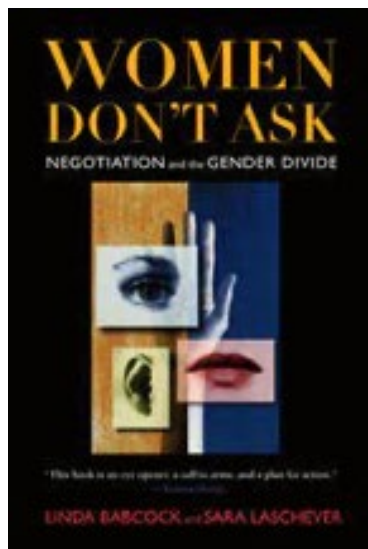
Chief of Staff UC-Health West Chester Hospital

WIMS past Treasurer, Chair Mentorship subcommittee

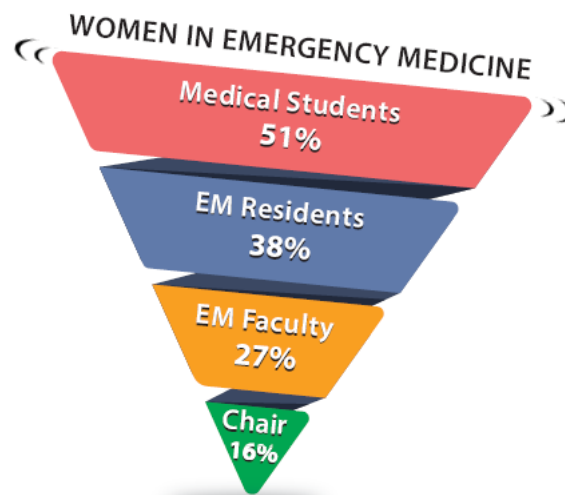
IGEM subcommittee: Recruitment, retention, and advancement of women faculty

Search committee member: UC College of Medicine Senior Associate Dean for DEI





Create Urgency



Create a Guiding Coalition

EMPOWER

Emergency **M**edicine Program of Women in Lead**ER**ship

Vision: Keep it simple

1. Educate
2. Provide Opportunity
3. Community Engagement



Communicate the Vision

1. Educate
2. **Provide Opportunity**
3. Community Engagement



Communicate the Vision

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EMPOWER

Emergency Medicine Program of Women in LeadERship

Recruit, Retain,
Promote

35%

UCEM faculty & fellows
identify as female

>60%

hold leadership positions

4

Professors

2

Endowed Chairs

Educate

Canoe Trip:
Accountability

Escape Room:
*Differences in gender
communications*

INTERNAL

Include



DEI Lecture
Sponsorship



Formal
Lactation
Policy

Amplify

\$405K+

endowment funds via UC LEADs

26

female faculty & resident
local, regional & national
award winners



AAMC22 Poster Presentation

EXTERNAL



Didactic: *How to write your
own nomination letters*



4 new parental friendly scheduling
policies for faculty & fellows



\$4K+

spent on portable breast pump
initiative, serving 11 residents, APPs,
and faculty members



Outstanding
Department Award



Fiscal Year 2022-23 Report

EMPOWER

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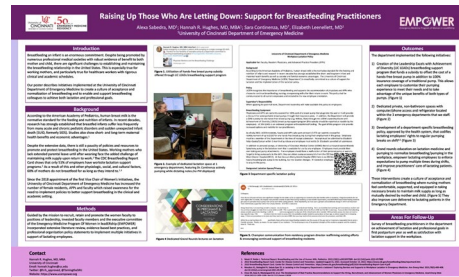
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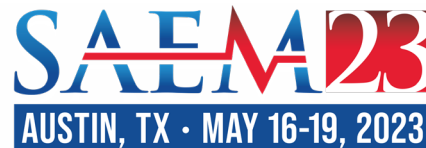
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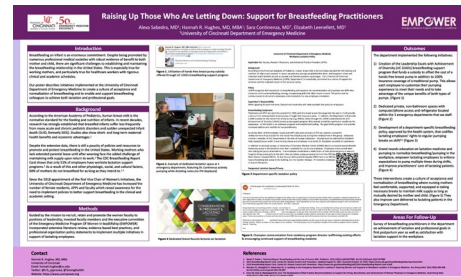
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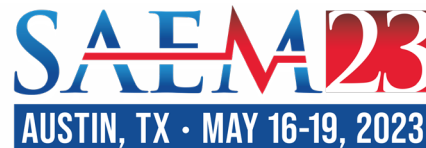
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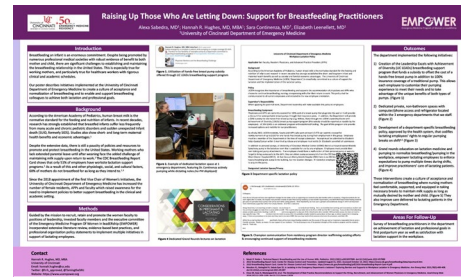
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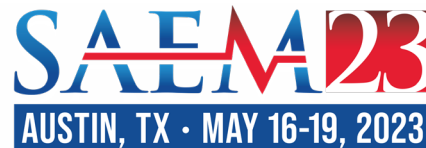
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**Outstanding
Department Award**



Wellness Center of Excellence Award

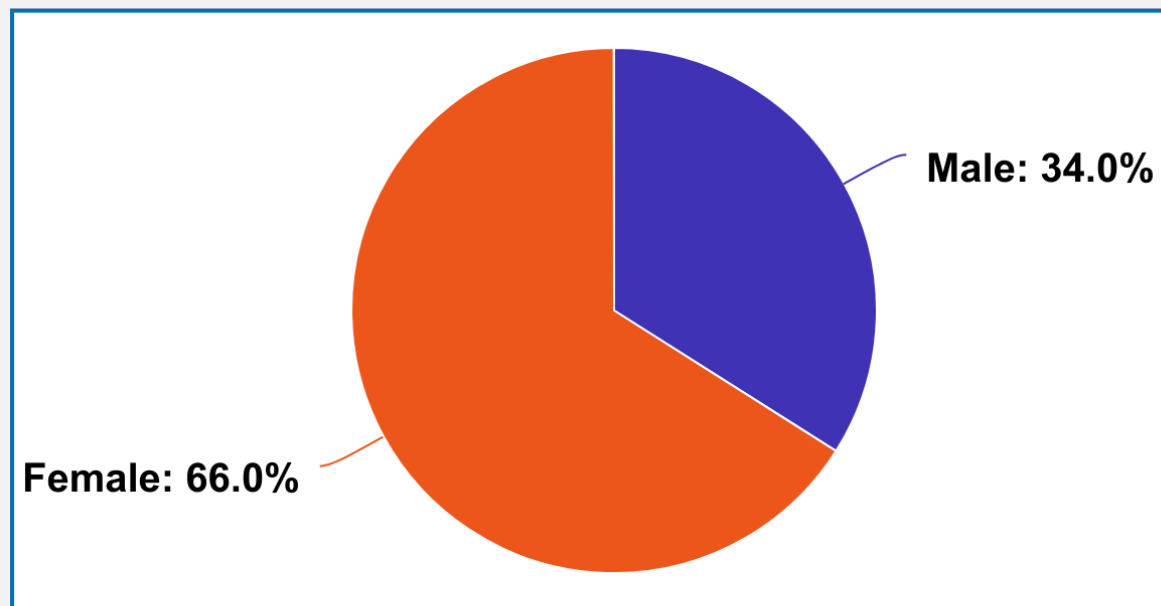
Apical Stakeholder



EMPOWER

Emergency Medicine Program of Women in Leadership

Gender Distribution Residency



Male Female

meta-chart.com



UC EM LEADs Leadership Excels with Achievement of Diversity



Executive Council



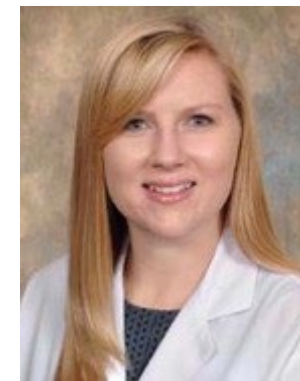
Chair



Dr. Caroline Freiermuth



Dr. Sarah Ronan-Bentle



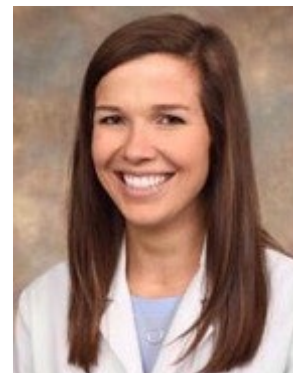
Dr. Hannah Hughes
Junior Faculty Rep



Dr. Bret Betz
Male Ally Rep



Dr. Ryan LaFollette
Male Ally Rep



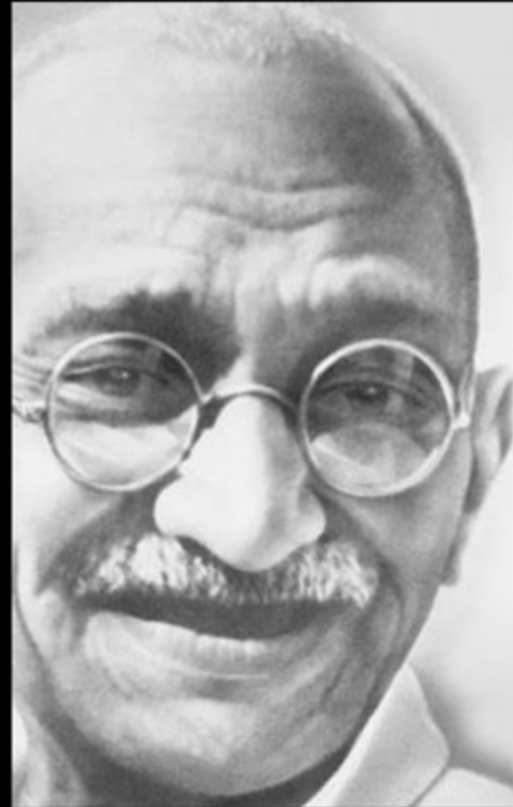
Lindsay Krammes PA-C
APP Rep



Dr. Sarah Moulds
Resident Rep



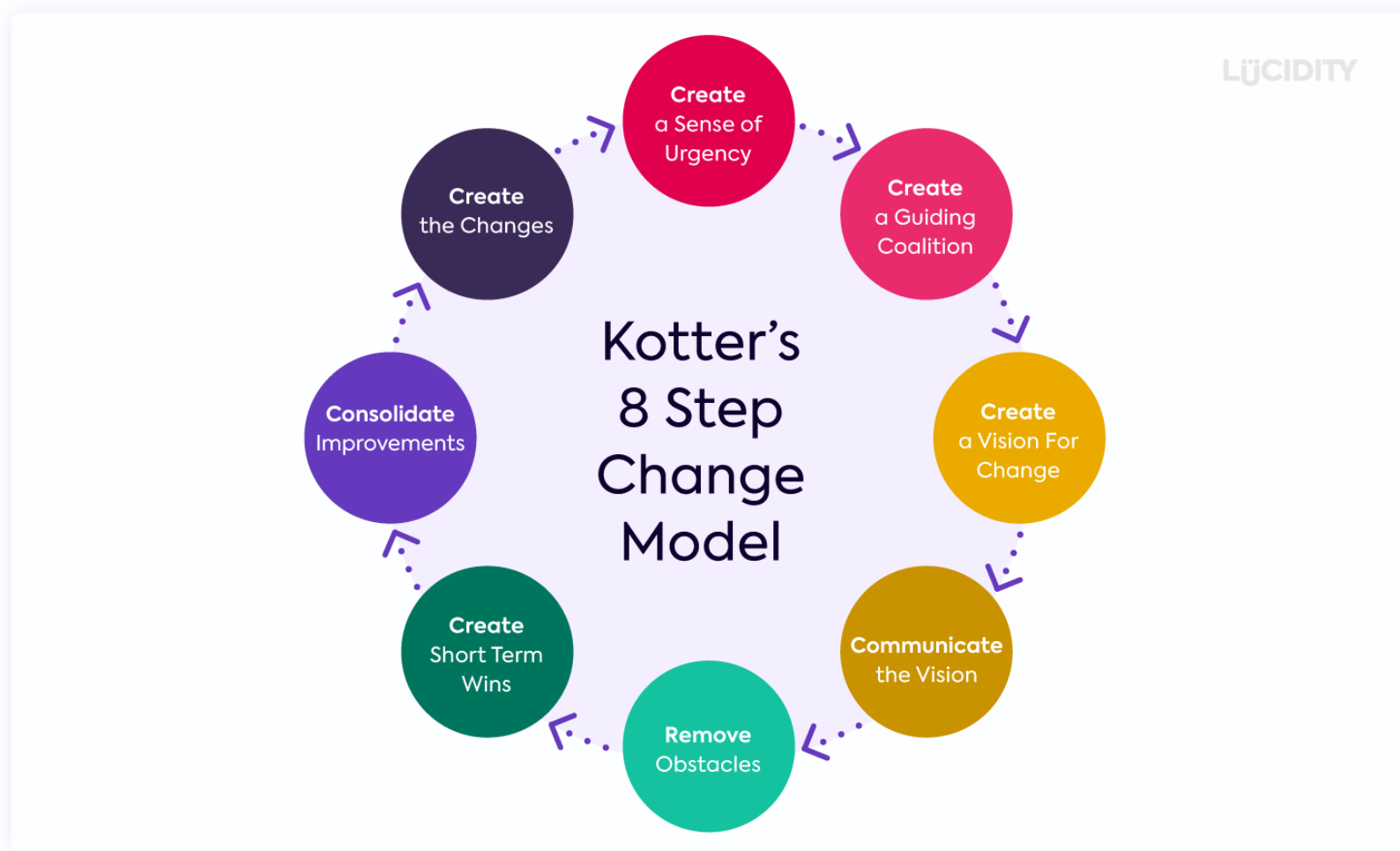
Dr. Saie Joshi
Jr Resident Rep



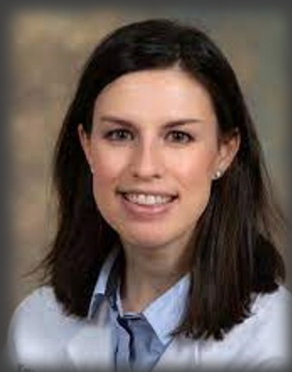
Be the change
you want
to see
in the world

-Mahatma Gandhi





UCCOM WIMS



Connection to National Groups



SEARCH

STUDENTS &
RESIDENTS

NEWS & INSIGHTS >

DATA & REPORTS

Home / Professional Development / Affinity Groups / Group on Women in Medicine and Science (GWIMS)

Group on Women in Medicine and Science (GWIMS)

The Group on Women in Medicine and Science (GWIMS) advances the full and successful participation and inclusion of women within academic medicine by addressing gender equity, recruitment and retention, awards and recognition, and career advancement.



WIMS Mission

Recruitment, advancement and retention of all women faculty and trainees

Advance the careers and leadership skills of our members

Collaborate in creating an **equitable, diverse & inclusive culture** at UC, the academic health center and community.

WIMS Structure

Members at large.

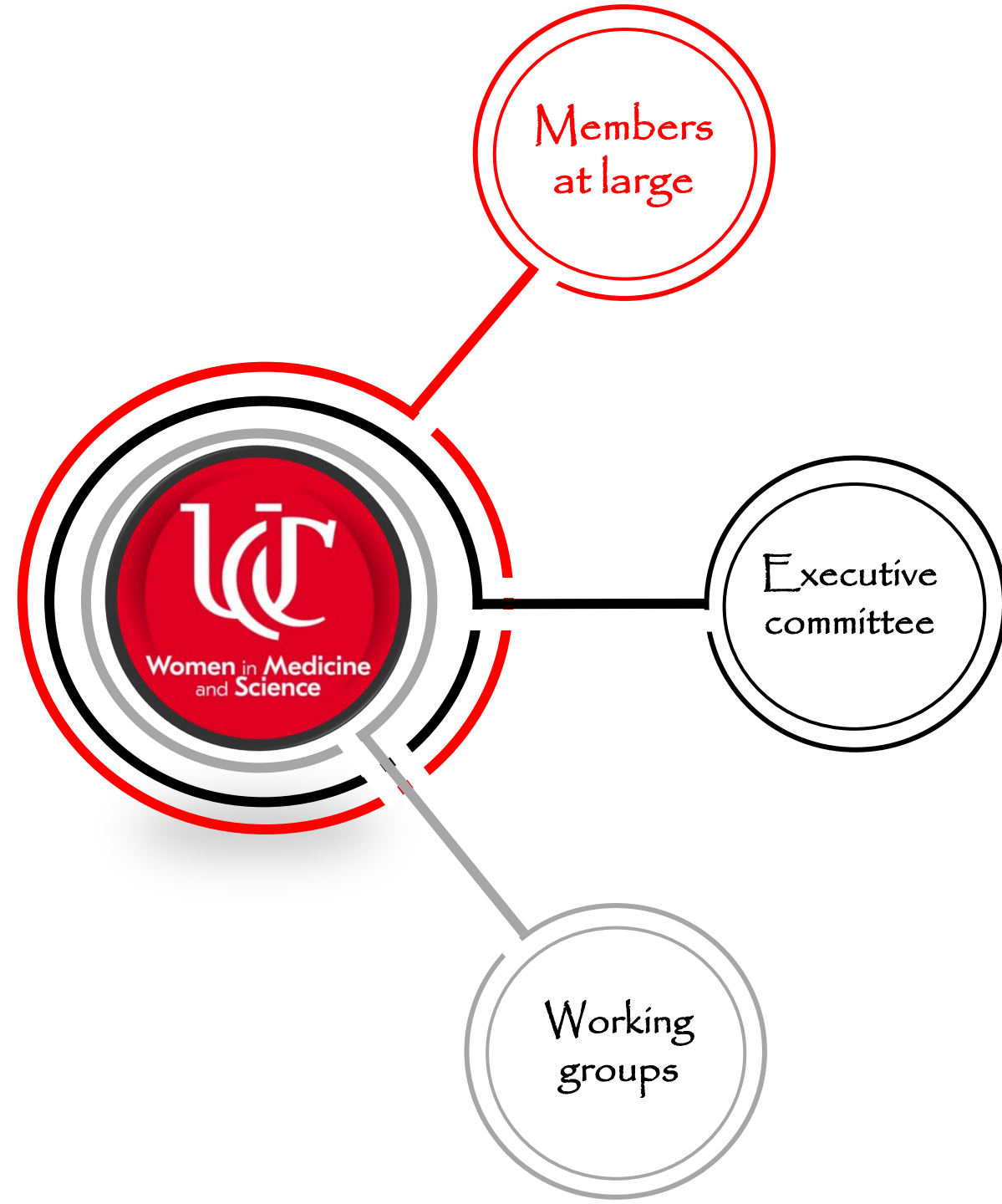
- Open to all
- Encouraged to attend meetings, events, and engage in policy work, professional development, & networking opportunities

Executive committee.

- Nominated & elected faculty, trainees, and students
- Participate and vote on WIMS initiatives

Working groups / subcommittees.

- Group of at-large members
- Work to advance specific goals



Paid Parental Time Off Policy

Effective Date: 01/01/2018

Revision Date: NA

Policy:

UC Physicians (UCP) supports employees' need to take time off from work to care for newly born or adopted children.

Upon the birth or adoption of a child, UCP employees may take off from work the maximum amount of time permitted by federal and state law. During this time off, employees must follow all time reporting requirements of the University of Cincinnati, specifically with regard to use of sick time and vacation time.

In addition to sick and vacation time, UCP clinical providers serving as primary caregiver for a newly born or newly adopted child may take up to two weeks (80 hours, pro-rated based on FTE) of paid parental time off, calculated at the UCP sick pay hourly pay rate. Paid parental time off must be used continuously (not intermittently) within the first 12 weeks following the birth or adoption of a child.

A primary caregiver is defined as the individual who is responsible for providing and/or managing the care of a child following birth or adoption. Individuals adopting a spouse's or domestic partner's already-born child(ren) are not eligible for paid parental leave.

Paid parental time off will run concurrently with leave under the Family Medical Leave Act (FMLA) if the clinical provider is eligible for FMLA leave.

If both parents are UCP clinical providers, only one parent is eligible to receive paid parental time off.

Procedure:

1. The clinical provider must notify the Chair and Executive Director of Business and Administration (EDBA) for his/her department and the College of Medicine (COM) Human Resources (HR) Consultant in writing of his/her request to use paid parental time off. The request should be submitted at least 4 months in advance, whenever possible, and must specify the amount of paid parental time off requested and the expected dates of time off. The clinical provider must also meet with his/her supervisor and EDBA to reach agreement on time off dates that meet both childcare and patient care needs.
2. The COM HR Consultant will confirm eligibility and notify the UCP Payroll Specialist of the provider's use of paid parental time off.
3. The clinical provider will be required to provide appropriate documentation for the birth or adoption of the child.
4. The parental time off will be paid at the same pay rate as the provider's sick time.



Jennifer Cavitt, MD



Vinita Takiar, MD, PhD



Dawn Kleindorfer, MD

WIMS at work: health
policy committee

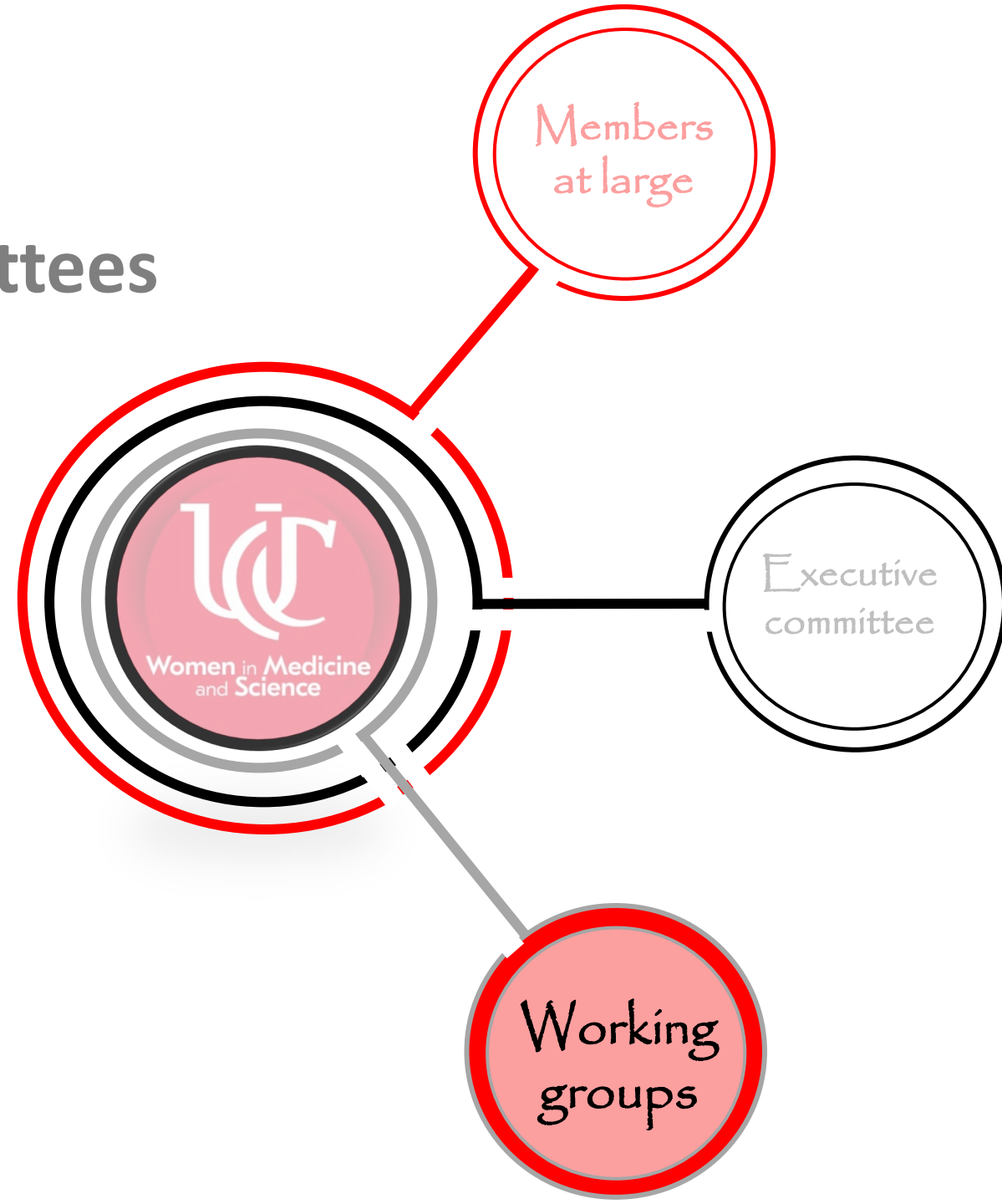
Early Success

Drafted policy recommendations to the Dean's office to provide, for the first time, non-AAUP-represented faculty with parental leave.

<http://files.constantcontact.com/a6e2fe00701/dd888219-63dc-48b9-8864-550aa1e18c70.pdf>

Working groups / subcommittees

- Lactation Space
- Mentorship
- Awards & Sponsorship



Lactation Spaces



Breaking silos



Needs assessment across COM & UHealth



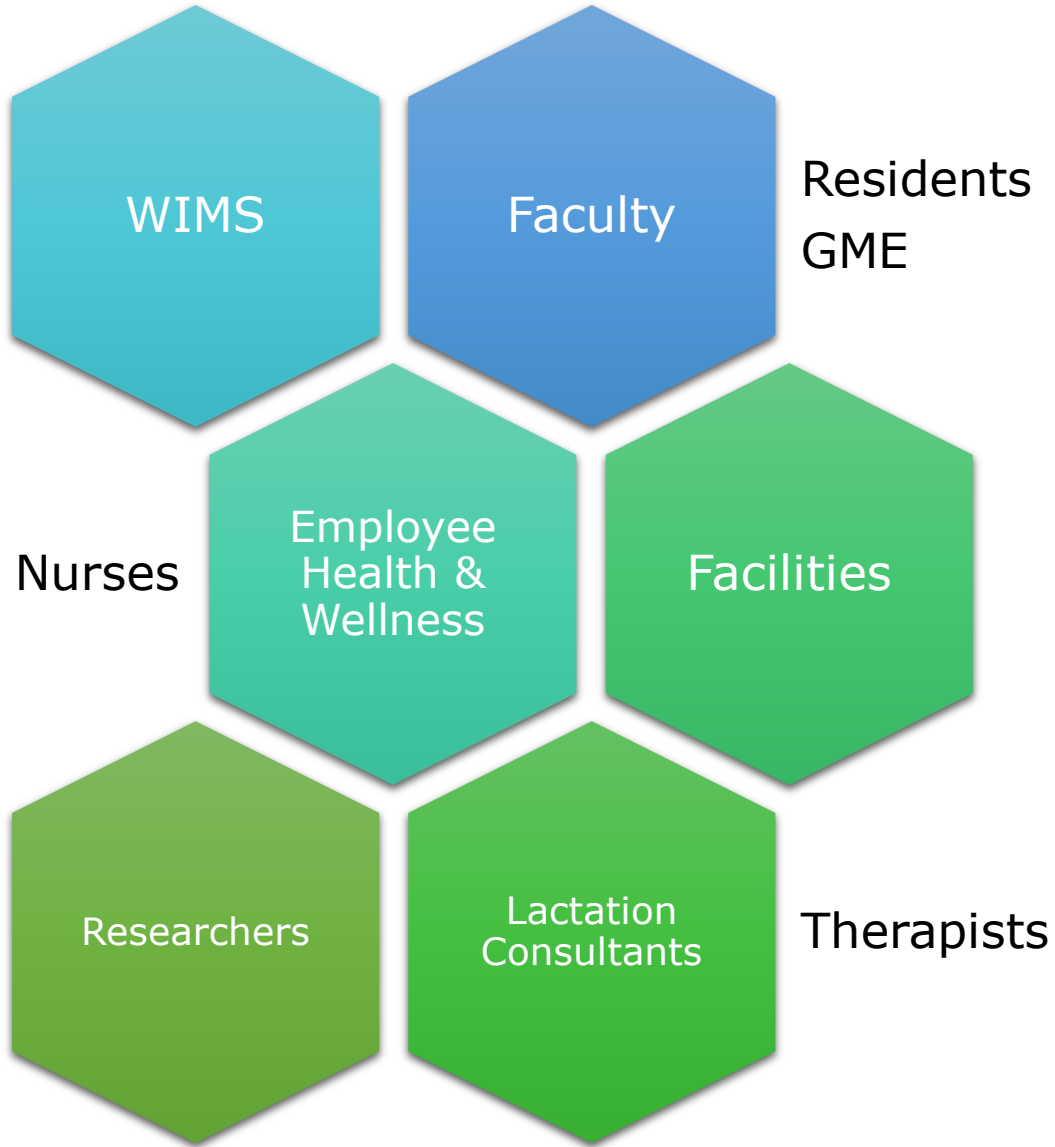
Shared department initiatives



Creating COM Lactation guidelines



Working with UC leadership for identifying additional space



Supporting and Promoting Lactation and Breastfeeding at Health

Expert medical societies recommend infants exclusively receive breast milk for their first six months of life, with continued breastfeeding for at least the first year



It is essential to establish an environment that provides encouragement and resources for the successful continuation of breastfeeding



- Breastfeeding can help **protect babies** against some short- and long-term illnesses and diseases.
- Breastfeeding can **reduce** the **mother's risk** of breast and ovarian cancer, type 2 diabetes, & high blood pressure.
- Breastfed babies have a **lower risk** of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS).
- Breastfed babies are also **less likely** to have ear and gastrointestinal **infections**.
- Results in **lower medical costs** for employees and their infants, lower absenteeism, lower turnover rates, higher productivity, and increased employee satisfaction.

How to support breastfeeding mothers in the workplace:

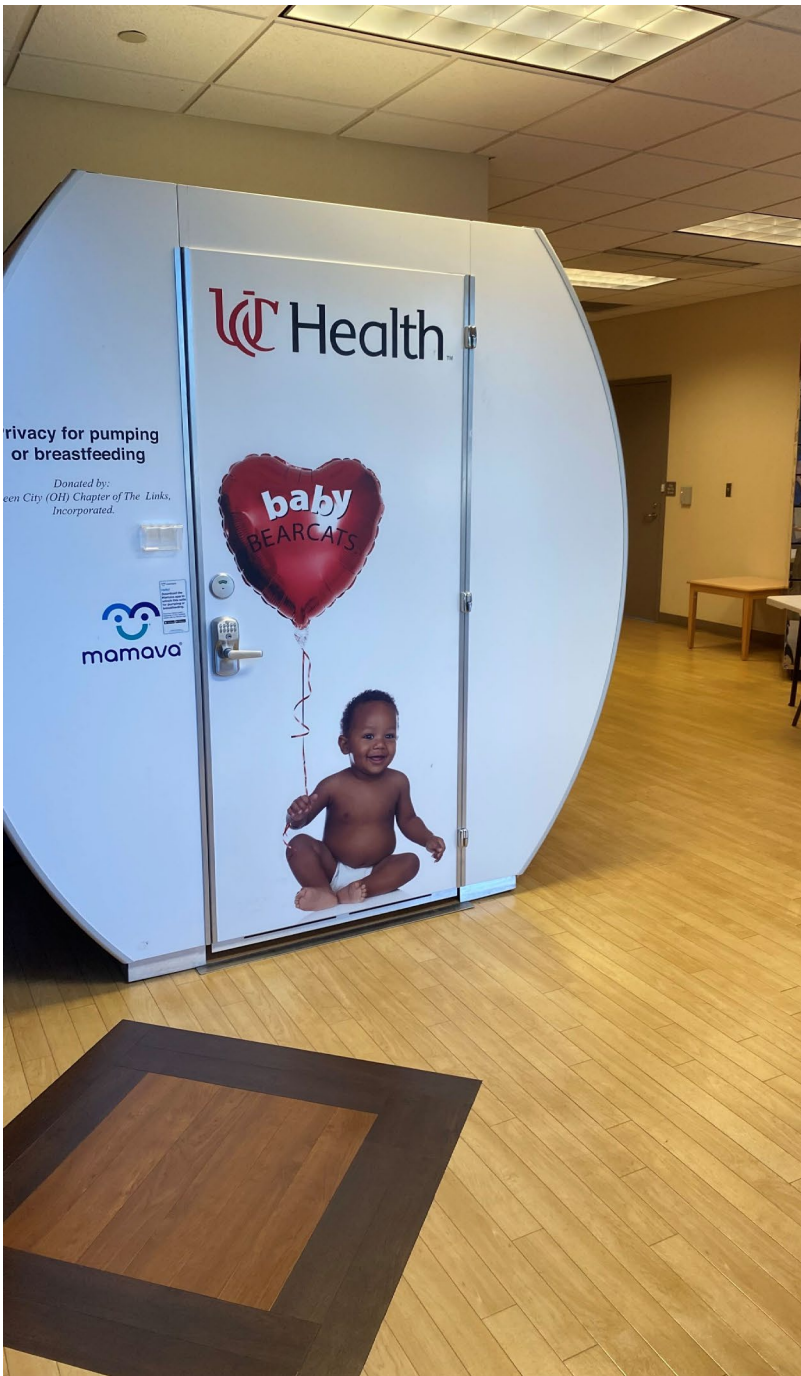
- ▶ Provide enough functional, sanitary, and available when needed space for pumping
- ▶ Arrange for safe milk storage
- ▶ Create a safe and supportive culture
- ▶ Ensure adequate and scheduled break times for mothers to pump privately



"We must do more to create supportive and safe environments for mothers who choose to breastfeed." Dr. Petersen, Director of CDC's Division of Nutrition, Physical activity, and Obesity

EMERGENCY SPACE





UC Health Lactation Resources Working Group- Amy E B Packard, PhD presenting University of Cincinnati Medical Center/ University of Cincinnati College of Medicine

ABSTRACT

Recognizing that breastfeeding provides many health benefits to families, we sought to minimize the barriers to breastfeeding and expressing breast milk in the working and learning environment at our medical center, UC Health/University of Cincinnati College of Medicine. We created a lactation resources working group with diverse representation from our health system community to accelerate improvement of lactation resources across all campuses. We provided a comprehensive report with recommendations to senior leaders of the health system and gained their support for these initiatives. While the work is ongoing, we've celebrated many successes including opening new lactation spaces, subsidizing resources that support breastfeeding and improving the culture around breastfeeding in the system.

APPROACH

Past efforts to create new lactation resources in the medical center had often focused on individual buildings or a small subset of the community (i.e., only residents or only one division) but progress tended to be slow and resources were unevenly distributed. Therefore, we opted to create an institution-wide approach to accelerate improvement of lactation resources across all campuses. Our method included three phases,

- 1) Creating a working group, and collecting background and baseline data
- 2) Presenting a report with recommendations to institution leadership
- 3) Monitoring progress on lactation resources, and ongoing efforts for advocacy and education

We gathered background information about lactation resources and best practices, and we conducted needs assessments from different constituencies. From this we crafted 5 specific recommendations to improve lactation resources at the institution and put these into a comprehensive report. We shared this report widely starting with key system leaders including the Dean of the College of Medicine, the CEO of University of Cincinnati Physicians, the CAO of the University of Cincinnati Medical Center, and the SVP of Human Resources. This approach resulted in widespread support to devote time and resources to implement these recommendations.

Lactation Resources working group



RESULTS

Supporting and Promoting Lactation and Breastfeeding at UC Health

Expert medical societies recommend infants exclusively receive breast milk for their first six months of life, with continued breastfeeding for at least the first year.

It is essential to establish an environment that provides encouragement and resources for the successful continuation of breastfeeding.

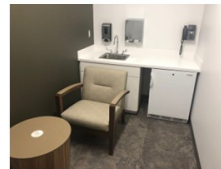
- Breastfeeding can help protect babies against some short- and long-term illnesses and diseases.
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How to support breastfeeding mothers in the workplace:

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"We must do more to create supportive and safe environments for mothers who choose to breastfeed." Dr. Peterson, Director of CDC's Division of Nutrition, Physical activity, and Obesity



NEEDS ASSESSMENT

Please complete this short survey if you have breastfed/pumped at any time in your training at UC or plan to in the future.

1. Which applies to you: Have you breastfed/pumped during training at UC (past or present) Plan to breastfeed/pump while training at UC (future)
2. Where did/do you or will you pump at UC?
3. If you pump/pumped/will pump in an unofficial lactation space (e.g. someone's office or call room) why did you do that?
4. What do you consider "close proximity" to your workspace?
5. Where would you suggest additional lactation spaces be created?
6. Are there other barriers to pumping at work you would like to share?
7. Are you aware of GME's Wellness of Lactating Residents and Fellows policy? (If not you can find this in the policy folder on MedHub).
8. Other comments?

Our needs assessment revealed that many women currently use non-designated and often unacceptable spaces for lactation including other people's offices, bathrooms, group workrooms, conference rooms, call rooms, locker rooms, cars and "random nooks". When asked why non-designated spaces were used, 14% cited lack of space and 54% cited spaces not in close proximity to workspace. Respondents generally considered close proximity to work area to be the same floor or less than 5-minute walk.

RECOMMENDATIONS

- Presently available lactation rooms should be assessed for meeting the requirements and recommendations (listed below). Opportunities for improvement should be operationalized.
- New lactation spaces meeting the requirements should be created in each of the identified deficient locations. At a minimum each building should have one room but additional rooms are needed in large occupancy buildings.
- Regular maintenance, cleaning and upkeep of all lactation spaces is a critical need. There should be clearly defined responsibility to care for and maintain these spaces.
- In order to promote a culture that is supportive of breastfeeding, lists of lactation spaces and resources should be provided to employees who are planning on maternity leave. This should be included in the leave of absence packet provided to employees. A list should also be made available on the intranet for easy access.
- It is critical that teams allow reasonable lactation breaks from work. There should be a set expectation that mothers would be gone 20-30 minutes, every 3-4 hours of work that is accepted and respected.

Specifications for Lactation Rooms

- Dedicated, quiet room- not a bathroom or otherwise assigned office, minimum dimensions 6'x7' or 7'x7', available 24 hour/day, 7 days/week
- Accessibility guidelines should be met for all the features of the room
- Close proximity to work area (same floor, <5 minutes away)
- Adequate lighting and ventilation
- Door to room that locks, preferable badge entry
- Comfortable chair, suitable for workstation with adjacent surface to hold pump/supplies
- Easily accessible electrical outlet
- Cleaning supplies, paper towels, hand soap, hand sanitizer and trash can
- Posted professional cleaning schedule
- Computer stations and network connections
- Sink and faucet with adjacent surface to hold supplies
- Refrigerator with regular cleaning (size compatible with room occupancy)
- Contact information for lactation resources
- Signage to indicate when spaces are in use
- Medical grade breast pump
- Bonus- positive climate for occupants, bulletin board/white board, individual storage lockers, wall-mounted mirror, clock, footstool, hooks for hanging belongings

IMPACT

- ❖ Multiple new lactation spaces open in both patient/visitor and staff areas
- ❖ Work ongoing to identify new spaces and upgrade spaces with appropriate amenities
- ❖ Regular contact with facility teams across the institution to monitor progress
- ❖ Two intranet sites to help employees become aware of lactation resources
- ❖ Created and distributed an infographic to help provide breastfeeding awareness
- ❖ Working with employee health and wellness to promote a culture that is supportive of breastfeeding including resources in our established well-being system
- ❖ Working group continues to touch base monthly to monitor progress, discuss concerns
- ❖ Promoted programs to cover the costs of wearable breast pumps, if chosen

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1. American Academy of Pediatrics, Section on Breastfeeding, Breastfeeding and the use of Human Milk, Pediatrics 2012; 129 (3): e827-e841.
2. Academy of Breastfeeding Medicine, ABM Clinical Protocol #4: Mastitis, Revised March 2014. Breastfeeding Medicine 2014; 9 (5): 239-243.
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4. McGovern P, Dowd B, Gierdingen D, Dagber R, Ukestad L, McCaffrey D, Lundberg U. Mother's Health and Work-Related Factors at 11 weeks postpartum. Annals of Family Medicine 2007; 5:519-527.
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8. American Academy of Family Physicians
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10. American Institute of Architects. Lactation/Wellness Room Design. AIA Best Practices 2016

CONTACT

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513-584-0840 Amy.Packard@uchealth.com
@AEBPackard

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Mentorship Subcommittee



Completed needs assessment



Mentorship mixer



Launched unique mentorship program

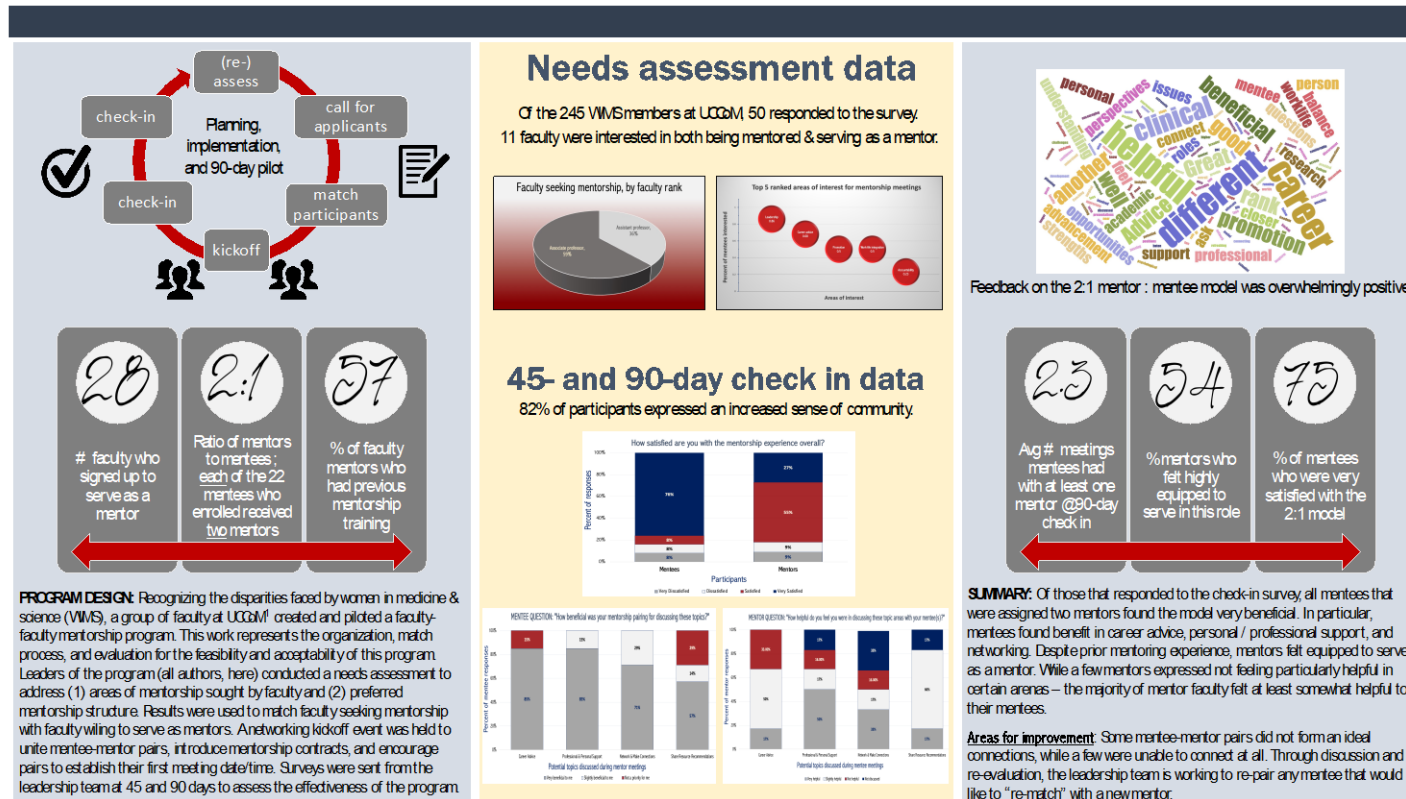


90 day assessment



2nd Year Launch

Near-peer faculty mentorship in a 2:1 mentor-to-mentee ratio is an effective way to increase community and provide personal and professional support to women in academic medicine.



First-author contact information

H. Christensen, PhD¹; D. Clark, MD¹; A. Kanfi, MD¹; E. Leenellett^{1,2}
S. Ronan-Bentle, MD¹; A. Vagal, MD¹

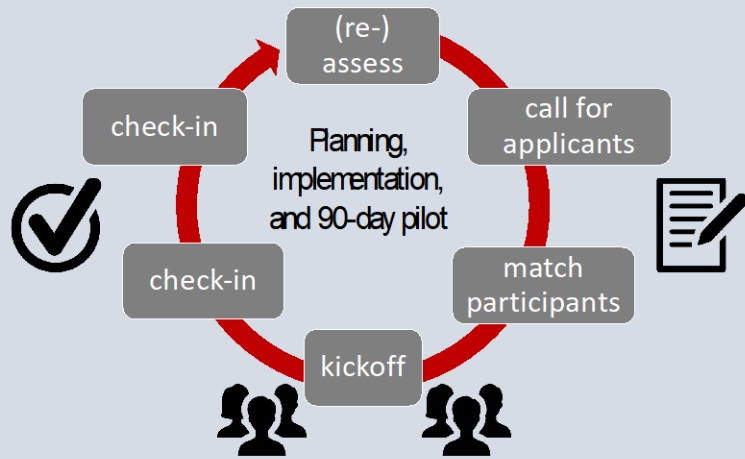
¹ University of Cincinnati College of Medicine

² Chair of WIMS mentorship committee and mentorship project leader



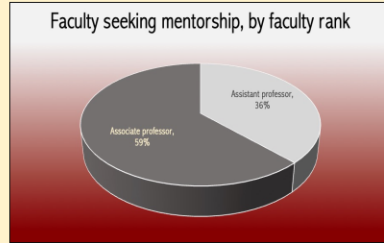
SCAN ME

Scan for UC WIMS website



Needs assessment data

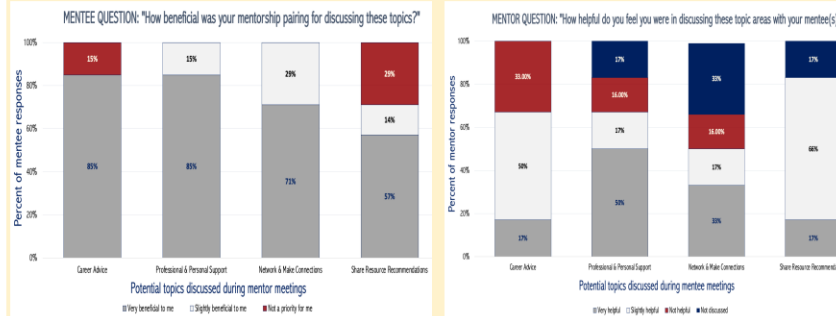
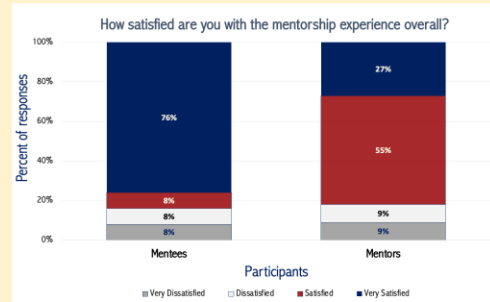
Of the 245 VIMS members at UCCOM, 50 responded to the survey. 11 faculty were interested in both being mentored & serving as a mentor.



Feedback on the 2:1 mentor : mentee model was overwhelmingly positive.

45- and 90-day check in data

82% of participants expressed an increased sense of community.



28

faculty who signed up to serve as a mentor

2:1

Ratio of mentors to mentees; each of the 22 mentees who enrolled received two mentors

57

% of faculty mentors who had previous mentorship training

2.3

Avg # meetings mentees had with at least one mentor @90-day check in

54

% mentors who felt highly equipped to serve in this role

75

% of mentees who were very satisfied with the 2:1 model

SUMMARY: Of those that responded to the check-in survey, all mentees that were assigned two mentors found the model very beneficial. In particular, mentees found benefit in career advice, personal / professional support, and networking. Despite prior mentoring experience, mentors felt equipped to serve as a mentor. While a few mentors expressed not feeling particularly helpful in certain arenas – the majority of mentor faculty felt at least somewhat helpful to their mentees.

Areas for improvement: Some mentee-mentor pairs did not form an ideal connection, while a few were unable to connect at all. Through discussion and re-evaluation, the leadership team is working to re-pair any mentee that would like to "re-match" with a new mentor.

PROGRAM DESIGN: Recognizing the disparities faced by women in medicine & science (VIMS), a group of faculty at UCCOM¹ created and piloted a faculty-faculty mentorship program. This work represents the organization, match process, and evaluation for the feasibility and acceptability of this program. Leaders of the program (all authors, here) conducted a needs assessment to address (1) areas of mentorship sought by faculty and (2) preferred mentorship structure. Results were used to match faculty seeking mentorship with faculty willing to serve as mentors. A networking kickoff event was held to unite mentee-mentor pairs, introduce mentorship contracts, and encourage pairs to establish their first meeting date/time. Surveys were sent from the leadership team at 45 and 90 days to assess the effectiveness of the program.

Awards & Sponsorship



2023



Lead WIMS-sponsored awards (Lift While You Climb)



Ensure women are well-represented as nominees or applicants



Focus on UCCoM & then broaden (extramural or national organizations)



Bolster WIMS professional development (workshops related to awards & sponsorship)

“Lift While You Climb” Mentorship Award



Mentoring is vital to the advancement of women in academic science and medicine and this work often goes unrecognized or unrewarded. **Grace Kawas LeMasters, PhD**, UC Emeritus Professor, has established this award to celebrate those unsung heroes. In particular, this award honors someone who has embodied the same spirit that Dr. LeMasters maintained in lifting less senior women towards achieving both personal and professional goals.

Grace Kawas LeMasters, PhD “*Lift While You Climb*” Mentorship Award



Dr. Ardythe Morrow

Professor, Environmental and Public Health Services
Epidemiology Division Director

Nominated for this award by current and former mentee: Shannon Conrey, Karina Tonon, Diana Taft, Hatice Cetinkaya, Richa Patel, Rosie Davis, Dorcas Washington, Mary Staat, Allison Burrell, Alexander Thorman, Somchai Chutipongtanate and Robert Rolland Jr.

Join us in Action

Awards & Sponsorship

Spring Workshop

Mentorship

2nd Cohort

Lactation Space

March 20, 1p



Professional Development, Networking, & Beyond



 **Planned
Parenthood**
Act. No matter what.
Planned Parenthood Advocates of Ohio

Benefits of WIMS

- Grassroots with national ties
- Community who want to improve COM
- Working Groups - longer-term initiatives
- Partnerships
- Advocacy



Danielle L. Clark MD MEd

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702-461-1928



Contact me anytime!

Gender Equity in Medicine (WIMS)

UC Hospitalist & Inpatient Operations

Medical Education (IM Residency APD)

Patient-Centered Communication Research



Improving Gender Equity in Medicine

Raise
Your
Voice

IGEM Lead Team:

Heather Christensen, PhD (*she/her*)

Aaron Marshall PhD (*he/him*)

Sarah Pickle, MD (*she/her*)

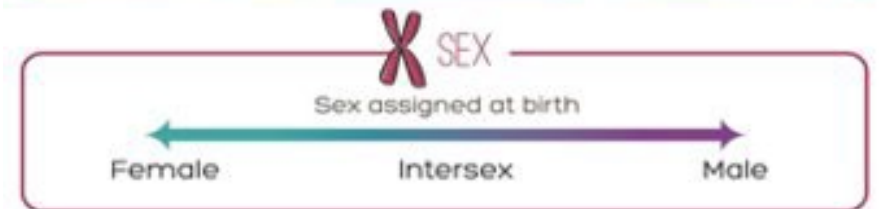
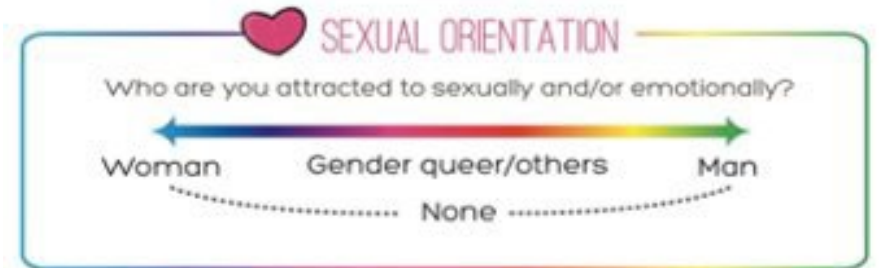
Malia Schram (M4) (*they/them*)

***To promote and achieve equity for all genders at the University of Cincinnati
College of Medicine, ultimately creating lasting change to benefit all members
of the institution.***

Gender Inclusivity



- The ‘G’ in IGEM was intentional.
 - Sex is biological variable (often defined by physiological/genetic characteristics)
 - Gender is socially-constructed variable (i.e. how one identifies).
- Using inclusive language in specific recommendations or policies is important to advancing recognition and equity for all genders



Capitalize on Sense of Urgency

- Grassroots desire to create IGEM = created a coalition and vision for change (Kotter's "steps 2+3")
- Offer a playbook to incoming dean (Kotter's "step 4" = communicate the vision).

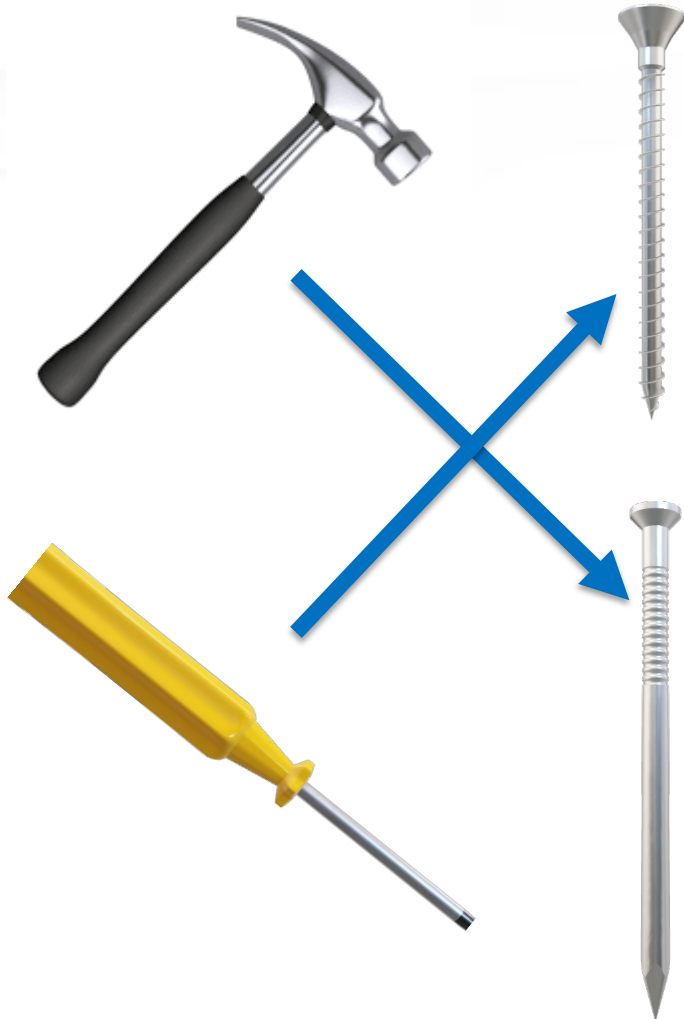
Sr. Associate Dean for Inclusive Excellence



GOAL

Report authored by IGEM lead team and provided to Sr. Associate Dean of Inclusive Excellence.

Pick the tool to match the goal



- **Taskforce model** - - - temporary; aggressive timeline (~15 months)
- **"Working group"** model
 - Five WGs (created by a lead team)
 - Each WG had chair(s) - faculty *and* students
 - report to IGEM lead team
 - given autonomy to develop focus areas and specific recommendations for inclusion in final report
- Open call to entire college
 - Faculty, staff, students
 - >100 responses in two days
 - Needed 10-12 per WG



New Gender Equity in Medicine Task Force is seeking additional members

Individuals who are passionate and committed to gender equity in academic medicine are invited to submit an application to join the College of Medicine's Gender Equity in Medicine Task Force. The deadline to apply is 5 p.m., Monday, Aug. 2.

The task force was created in May to provide recommendations addressing gender inequities at the College of Medicine. Recommendations will be provided to the Dean's Office in concert with leadership in diversity, equity and inclusion.



Working group structure and work

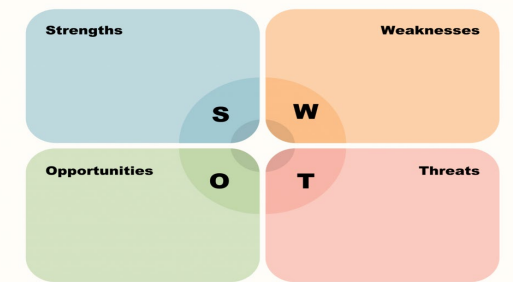
Recruitment & retention & advancement of women faculty	Dr. Ahmad Sedaghat Dr. Melissa Summers Priyanka Gudsoorkar	Create strategies to optimize recruitment of women to all faculty levels. Identify evidence-based practices for improving retention of female faculty. Evaluate the promotion and tenure guidelines for gender bias. Make recommendations to implement best practices at UCCoM.
Data analysis	Dr. Alison Weiss Dr. Danielle Clark Ellie Sidler	Gather data from UCCoM on faculty ratios and time to advancement, retention rates, committee composition, etc.; evaluate internal data compared to national standards.
Institutional structure & leadership position for sustainable change	Dr. Rama Ayyala Dr. Jennifer O'Toole Esther Iyanobor	Assess the leadership structure within UCCoM and suggest how existing and newly proposed positions can be leveraged to improve advancement of women in academic medicine.
Workplace environment & anti-harassment	Dr. Margaret Powers-Fletcher Krissey Reinstatler, PharmD Sarah Sotropa Chris Chang	Collaborate with the College of Engineering on the "Action Collaborative on Preventing Sexual Harassment in Higher Education" (an initiative led by National Academies of Science Engineering and Medicine, NASEM).
Supporting working families	Dr. Katie Phillips Dawn Skirpan (CRPM) Kiersten Woodyard	Amend existing policies and propose new policies that will support working parents. This might include childcare initiatives, flexible work hours, work-from-home allowances, and other issues that support improved work-family balance.

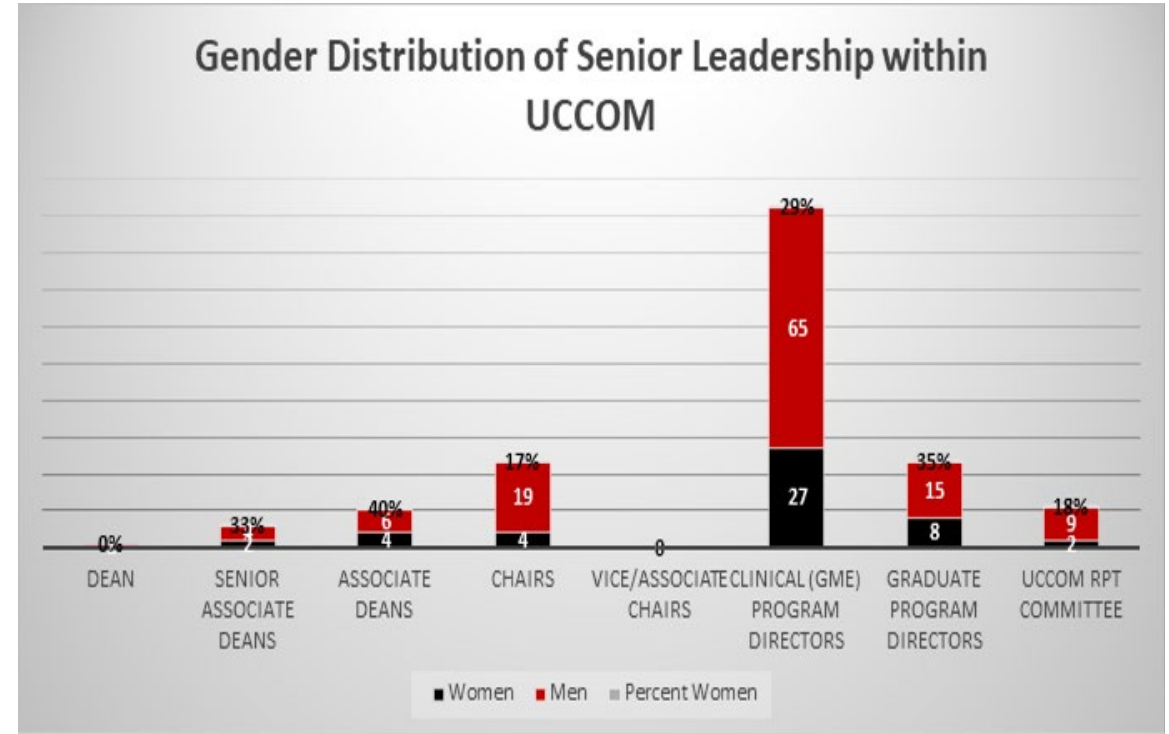
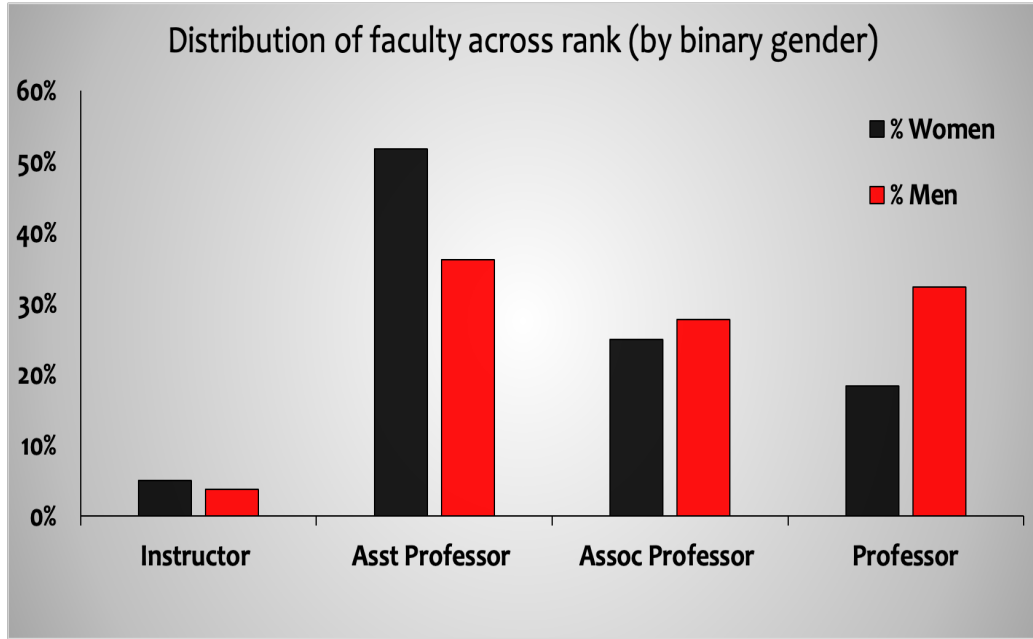
1: Focus areas / resources:
What problems are you trying to solve? What do you need?

2. WG priorities (2-3): *outline short- & long-term goals*

3. SWOT analysis on each WG priority

4. Recommendations:
deliverable





UCCoM Data

- UCCoM Faculty:
 - 41% women
 - 59% men
- Drake award winners:
 - 13% women
 - 87% men

[Some] Recommendations from IGEM

Policy/
procedure

- Implement standardized, transparent procedures for the selection of leaders, utilizing an open call process (internally or externally) for new leadership positions.
- Introduce a metric in evaluating leaders (chairs, deans) assessing efforts and effectiveness in promoting gender diversity within their areas of influence.
- Establish clear accountability measures for instances of harassment and misconduct, linking them to funding and award nominations.

Support

- Develop a fund to financially support students and/or junior faculty who need to leave hostile/negative environments (with metrics to monitor / evaluate the success of the transition fund program).

Educate

- Develop a gender equity toolkit tailored for UCCOM, providing comprehensive policies, guidance, and training to ensure equity in the selection and development of leaders at all levels.
- Develop educational materials that promote healthy, equitable academic environments and provide tools for recognizing and addressing microaggressions and misconduct at UCCOM.

Hindsight & insights

- What we learned:
 - Diverse voices yield powerful ideas
 - Passionate people put in the work
 - Grassroots efforts have limitations - - - *formal support exists for a reason; protected time for work exists for a reason; gendered burden of responsibility*
- Things to consider for your own efforts:
 - Transparency in expectations... *encourage bandwidth assessment*
 - Values-aligned work... *"why" > "what"*
 - Power and prowess ... *who needs to hear about your work?*
 - Reward yourself ... *celebrate your work, often!*

Questions?



Laura Conforti, PhD



Elizabeth Leenellett, MD



Danielle Clark, MD



Heather Christensen, PhD