



**COMMITTEE ON THE STATUS OF WOMEN
2014 REPORT**

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Summary Report

NOVEMBER 1, 2014
JOHNS HOPKINS

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Committee Members

Chair:

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Co-Chair:

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Rachel Levine, M.D.	Associate Professor	Medicine
Susan MacDonald, M.D.	Professor	Medicine
Erika Matunis, Ph.D.	Professor	Cell Biology
Susan Michaelis, Ph.D.	Professor	Cell Biology
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The committee would like to thank Joanne Drake, for assisting with preparation of the report.

Executive Summary

Introduction

In 2005, in response to concerns about gender inequity, the School of Medicine Committee on Faculty Development and Gender (CFDG) produced a report on the status of women faculty at Johns Hopkins (appendix 2005 CFDG report). The report described faculty inequities by gender, and identified barriers to academic progression. Based on the data presented in that initial report, the CFDG made recommendations to address these issues of gender inequity. One of the recommendations was for the formation of the Joint Oversight Committee for Faculty Development and Gender (JOC), a standing committee to monitor the implementation of the recommendations made by the CFDG. Thus, the JOC was formed in 2006. In 2009 the JOC issued a follow up report to the 2005 CFDG report and noted persistent inequity by gender with further recommendations to mitigate this. (Appendix 2009 JOC report).

Over the ensuing years, the scope of work of the committee changed, and in 2013 the JOC was renamed the Committee on the Status of Women (CSW). The CSW has broad senior faculty departmental representation from across the entire SOM. As part of its mission, the CSW determined the need for a follow up report to re-evaluate and assess faculty inequities by gender and to readdress the barriers faced by women in regards to academic success. This report which is being presented now was initiated in January 2014, and all CSW members actively participated in its production. Based on data from the previous 2005 and 2009 reports, three broad domains were considered important focus areas for this report: satisfaction, leadership, and promotion. This report provides an in-depth review of the progress made in these specific areas in the SOM over the last 5 years.

Methods

A data driven approach was used for each section of the report drawing on established faculty data repositories with completion of data collection in June 1, 2014. The SOM Office of the Registrar provided data for the leadership section and the promotion section. The Vice Dean for Faculty, the Office of Faculty and the Office of Faculty Development provided additional data for promotions and satisfaction. The Associate Professor Promotions Committee (APPC) as well as the Professorial Promotions Committee (PPC) provided the promotions data utilized in this analysis. When there were any questions about data obtained, individual sources, such as Department Directors or department administrators were contacted for clarification or confirmation.

Results

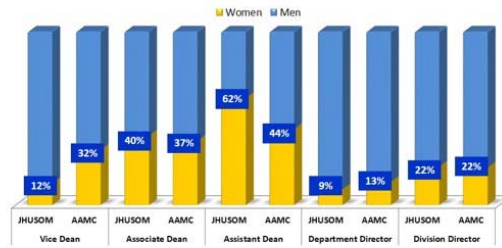
The complete results for each domain are located within the appropriate sections of the report. Of particular interest in each of the domains were the following:

1) Leadership

Leadership Results

There has been no gain in women in Vice Dean roles since 2007, the major gain has been achieved at the Associate and Assistant Deanship levels. The largest percentage of women in the SOM Dean's office is in the Assistant Dean position currently. We lag behind national numbers in regards to our number of Division Chairs and Department Directors.

JHSOM vs. AAMC
How We Compare to National Data



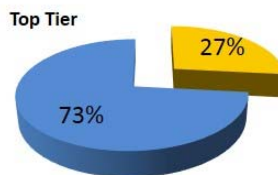
- For JHSOM, only Clinical and Basic Science Department Directors were included as of 7/1/2014
- For AAMC, only Clinical and Basic Science Department Directors were included - data was collected from the AAMC Report -Women in U.S. Academic Medicine and Science: Statistics and Benchmarking Report 2011-2012



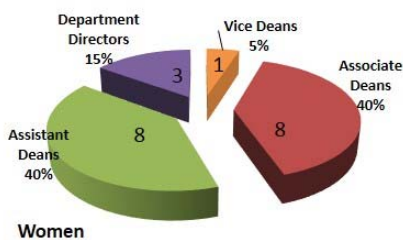
Position	Total N Faculty	Total Women	% Women	Departments	Total N Faculty	N Women Chairs	% Women Chairs
Executive and Vice Faculty Deans	8	1	12.5%	Overall	33	3	9%
Associate Faculty Deans	16	6	38%	Clinical Departments	20	1	5%
Assistant Faculty Deans	7	3	38%	Basic Science Departments	9	2	22%
Total Faculty Deanships	31	10	32%	Other* (History, Art, etc)	4	0	0
Non-faculty Associate	4	2	50%				
Non-faculty Assistant Deans	6	5	83%				
Total Deanships (both)	41	17	41%				

Top Tier Leaders

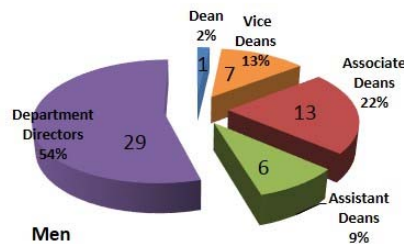
FY14 Metrics: Increase the percentage of women in top leadership (Dean positions and all Department Directors) to 30% for SOM



Of the Top Tier women in leadership positions - a large contribution of the 27% that are women comes from the Assistant Dean category

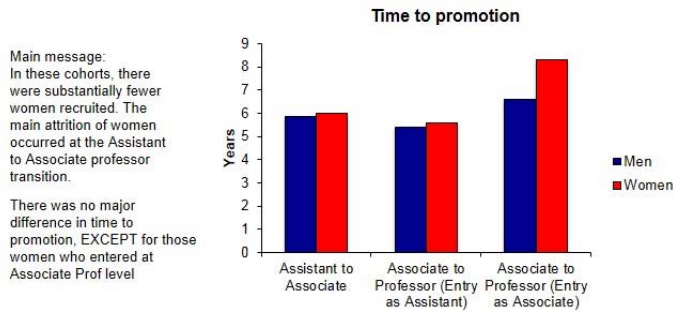
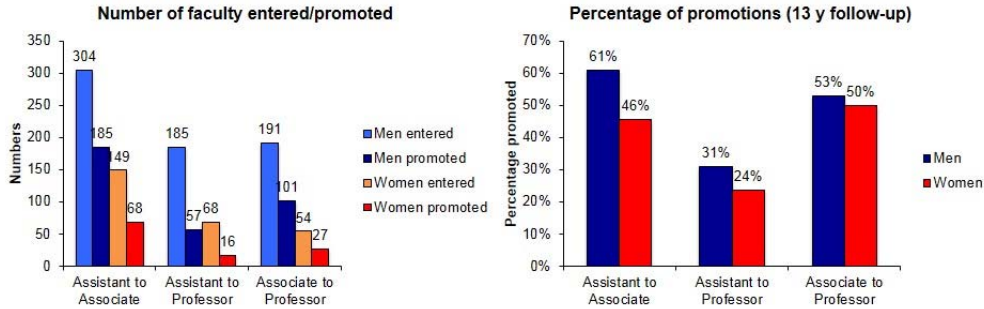


Of the Top Tier men in leadership positions - the largest contribution of the 73% comes from the Department Director category



2) Promotion

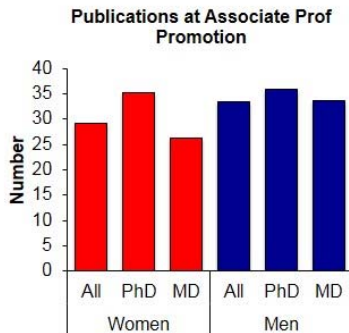
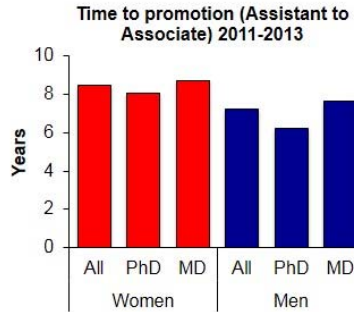
Data from 1990's Cohorts (1991, 1992, 1993, 1994, 1999)



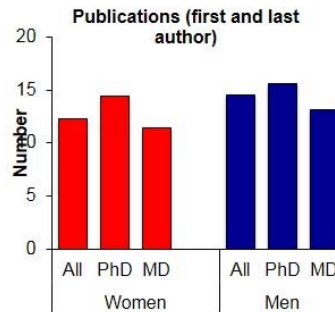
Promotion Results

Data from 2011-2013 Associate Professor Promotions

Recently Promotion to Associate Professor takes 1.3 years longer for women than for men (APPC Nomination Manager)

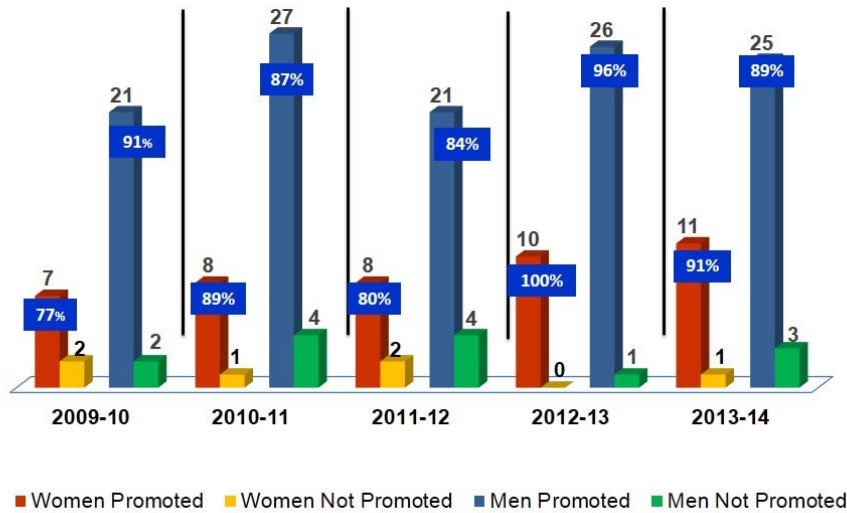


Publications are slightly lower for women than men being put up for promotion



All Professorial Candidates

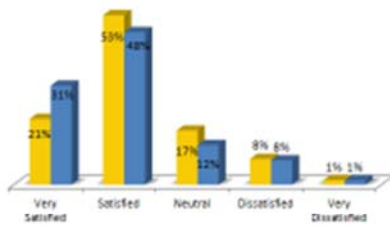
by Gender



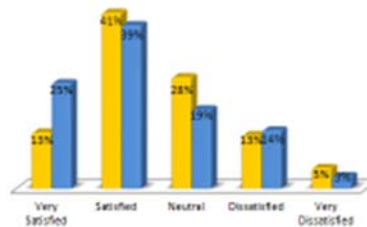
3) Satisfaction

Satisfaction Results

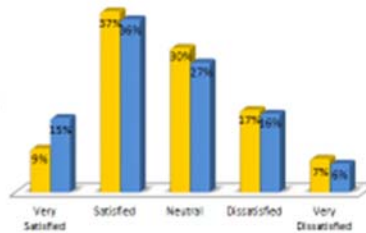
Level of Satisfaction
Being a Faculty Member



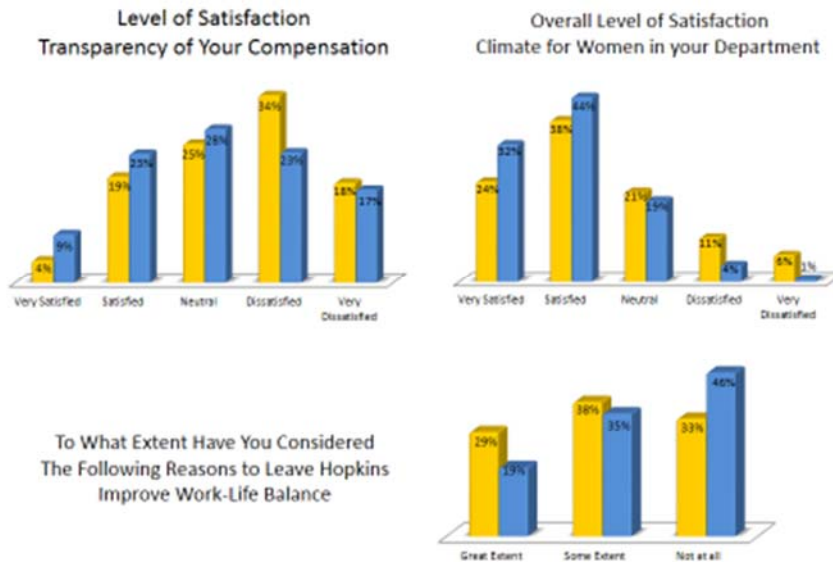
Level of Satisfaction
Your Career Progression



Level of Satisfaction
Transparency of the Promotion Process



Satisfaction Results



Conclusions

The Johns Hopkins School of Medicine recognizes the vital importance of faculty gender equity. The comprehensive, data-driven approach utilized in the preparation of this report provides valuable information to inform a global assessment of the status of women faculty. While direct comparisons with the previous (2005 and 2009) reports is not possible due to reporting differences, we note persistent inequity by gender in all three domains examined, promotion, leadership, and satisfaction.

A fourth domain considered of great importance for evaluation in a status of women faculty report is salary. The School of Medicine faculty salary analysis by gender has been reported on an annual basis for the last 10 years. In previous salary reports consistent differences by gender have been noted, with near universal lower salaries for women. Unfortunately, the 2014 salary analysis of 2013 salary data was not available at the time of completion of the current status of women report. The CSW elected to complete this report in lieu of holding it for the salary component, appreciating the importance of providing the global status assessment in a timely manner. The faculty salary data will be presented in a subsequent report as soon as it becomes available. It will be important to ultimately consider the salary data in association with the leadership, promotion, and satisfaction data.

In conclusion, inequities by gender remain despite prior SOM initiatives designed to eliminate them. With a goal of equalizing conditions in these important domains, the Committee on the Status of Women submits the recommendations described in each appropriate section. In addition to the complete recommendation set, the CSW highlights the set below as top priorities for immediate consideration.

Recommendations

The complete recommendations for each domain are located within the appropriate sections of the report. We are presenting the recommendations of most importance from each of the domains as follows:

Leadership

1. Sponsorship: Identify, develop, and maintain a pool of women available for leadership roles through sponsorship, and executive leadership training. Sponsor two women faculty per year for Executive Leadership in Academic Medicine (ELAM), and develop a similar internal executive leadership program by the Office of Women in Science and Medicine. Continue to provide internal leadership programs for women for increased mentorship and networking opportunities for potential female leaders.
2. Search Committees: Establish formal, transparent and gender diversity-conscious processes for all leadership searches across the SOM and within each department. Search committees should continue to be charged with ensuring that a diverse national pool of applicants is considered for all leadership positions (including division directors, department directors, deans, and vice chairs).
3. Dynamic Organizational Leadership Chart: Charge departments and/or divisions with creating dynamic organizational leadership position charts that detail existing and potential leadership positions, associated responsibilities, compensation, selection process, and current and/or potential faculty in the role. Develop leadership transition plans, with consideration for promoting gender diversity when filling open or new leadership positions. Review these department/division leadership plans annually with the Vice Dean for Faculty confirming sufficient attempts to promote leadership gender diversity, and succession planning

Promotion

1. Annual reviews: The SOM should ensure that annual departmental/divisional faculty reviews are performed, and systems are in place to address deficiencies for academic progression. The annual reviews should be managed electronically and maintained by the Office of Faculty.
2. Internal promotions committees: When departments utilize internal promotions committees to determine who should be put up for promotion, transparent criteria need to be in place and available to the departmental faculty to view. The internal promotions committee standards for promotion should be decided by the individual department.

Satisfaction

1. Greater transparency: There needs to be greater transparency in the determination of salary and other financial compensation, allocation of departmental resources and other support (including administrative support) for all faculty members.
2. Promote a culture change: A critical review of all departmental policies that impact work/life balance is needed to address the “personal/family/life concerns” identified by the majority of women and men as a factor in their decision to leave.

REPORT ON LEADERSHIP 2014



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Associate Dean and Director, Office of Women in Science in Medicine

Mary E. Foy
Associate Dean and Registrar

Staffing

Bridget Moynihan, MA
Research Coordinator, Department of Medicine

Leadership

Introduction:

The term “glass ceiling” refers to women's lack of advancement into leadership positions despite no visible barriers. The term has been applied to women in academic medicine where their underrepresentation in top leadership roles has been noted for over a decade. (Reference 1). It has been shown that companies with more women in top management positions exhibit better organizational and financial performance (Reference 2). The ability to recruit, retain and promote a diverse and talented faculty is the key to success of Academic Health Centers (AHCs). In the 2011-2012 AAMC benchmarking report on the status of women, it was noted that women made up only 12% of Deans of US Medical Schools, 14% of Department Directors and 22% of Division Directors. (Appendix I). There are many barriers cited to contribute to this underrepresentation of women leaders which include; lack of women role models, limited and ineffective networks and sponsors, the persistence of gender stereotypes regarding leadership attributes, and workplace structures. The overall culture of the AHCs have also been shown to inhibit a women's ability to fully participate in opportunities for career advancement. (References 1, 3-7). The struggle to develop an effective “leadership identity” may be more prevalent in women, and it is speculated that they may not have the opportunity to take risks, to fail, and then to succeed in a way that builds confidence around their personal leadership efficacy. (Reference 8).

Methods:

For this report we analyzed recent data obtained from the School of Medicine (SOM) registrar's office. These data were obtained from FY 2014 statistics which reflect the demographics of our faculty from July 1, 2013 to June 30, 2014. Data were obtained to assess gender equity in leadership by looking at the following leadership positions: Dean, Vice Deans, Associate Deans, Assistant Deans, Department Directors, and Division Chiefs. Additionally faculty rank (Professor, Associate Professor, Assistant Professor and Instructor) was determined for each of the 33 Departments in the SOM. We also analyzed the composition of the SOM search committees over the last decade; and compared all of our data when possible to the AAMC Benchmarking data (Appendix I). Additionally, the Johns Hopkins SOM has put in place a new strategic plan (Appendix II) which has specific metrics for women in leadership roles. We evaluated these data to determine our progress in achieving the strategic plan metrics. Lastly, we obtained data from both the Dean's office and the Registrar's office to determine departmental leadership structure across the School of Medicine.

Results:

All Cross-sectional Data Reported FY 2014

Table 1 Summary of School Leadership Percentages: Women

Position	Total N Faculty	Total Women	% Women
Executive and Vice Faculty Deans	8	1	12.5%
Associate Faculty Deans	16	6	38%
Assistant Faculty Deans	7	3	38%
Total Faculty Deanships	31	10	32%
<i>Non-faculty Associate</i>	4	2	50%
<i>Non-faculty Assistant Deans</i>	6	5	83%
Total Deanships (both)	41	17	41%

- The total number of Deans is relatively large compared to 2007 (N=31), and even greater since 1997 (N=14). In 2007, there were a somewhat lower percentage of women in faculty Deanships, generally around 25%.
- There has been no gain in women in Executive and Vice Faculty Roles since 2007, the major gain has been awarded at the Associate and Assistant Deanship levels. The largest percentage of women in the SOM Dean's office is in the Assistant Dean position currently.

Table 2 Summary of N and Percentage of Women in Department Director Leadership Positions, Clinical, Basic Sciences and Other

Departments	Total N Faculty	N Women Chairs	% Women Chairs
Overall	33	3	9%
Clinical Departments	20	1	5%
Basic Science Departments	9	2	22%
Other* (History, Art, etc)	4	0	0

- Women are underrepresented in Department Director roles. See Table 4-6 showing the total number of senior women currently on the Hopkins faculty in several departments.
- AAMC Data 2012 show 14% women chairs in Departments nationally (Reference1)

Table 3 Division Chief Positions of All Clinical Departmental Reporting Divisions

Divisions	Total N Divisions	N Women Chiefs	% Women Chiefs
Overall	163	36	22%
ACCM	4	0	0
Dermatology	2	2	100%
GYN/OB	7	6	86%
Medicine	19	5	26%
Neurology	13	2	15%
Neurosurgery	4	0	0
Oncology	26	7	27%
Ophthalmology	12	2	17%
Orthopedics	10	1	10%
Otolaryngology	8	0	0
Pathology	16	2	13%
Pediatrics	15	6	40%
Rehab Medicine	2	0	0
Psychiatry	3	1	30%
Radiology	10	1	10%
Radiation Oncology	2	1	50%
Surgery	9	0	0
Urology	1	0	0

- 22% of all Division Chiefs in the Clinical Departments are women (See Table 5 for actual N of senior women per Department.).
- There is a significant range from zero to a substantive percent of women holding the title of Division Chief across the various SOM Departments. Anesthesia and Critical Care Medicine, General Surgery, Neurosurgery, Otolaryngology, Rehabilitation Medicine and Urology have 0%, while Dermatology, a smaller department has 100%. The largest Departments with the largest number of Divisions, Oncology, Medicine, and Pediatrics, had on average about 30% chiefs, with Oncology being in the middle, Pediatrics the highest, and Medicine in the lowest among these three. Emergency Medicine and Plastic Surgery do not have Division Directors.

Table 4 N and Percent Rank by Sex and Clinical Department: Full Time

Dept	Professor		Associate Prof		Assistant Professor		Instructor		N Men	N Women	N Total	% Women (total)	% of ALL Women who are Full Prof	% of ALL Men who are Full Prof
	M	W	M	W	M	W	M	W						
ACCM	20	1	18	10	44	39	2	1	84	51	135	(51//135) 38%	(1/51) 2%	(20/84) 24%
Derm	2	0	2	0	3	9	0	0	7	9	16	(9/16) 56%	(0/9) 0%	(2/7) 29%
Emergency Medicine	3	0	8	0	20	9	2	6	33	15	48	(15/48) 31%	(0/15) 0%	(3/33) 9%
ENT	13	0	12	7	16	11	3	2	44	20	64	(20/64) 31%	(0/20) 0%	(13/44) (30%)
GYN/OB	6	4	4	8	5	33	0	2	15	47	62	(47/62) 76%	(4/47) 9%	(6/15) 40%
Medicine	92	25	76	47	123	108	26	27	317	207	524	(207/524) 40%	(25/207) 12%	(92/317) 29%
Neurology	32	8	16	12	40	27	0	3	88	50	138	(50/138) 36%	(8/50) 16%	(32/88) 36%
Neurosurgery	11	0	8	1	10	2	5	0	34	3	37	(3/37) 8%	(0/3) 0%	(11/34) 32%
Oncology	35	4	22	14	25	17	10	2	92	37	129	(37/129) 29%	(4/37) 11%	(35/92) 38%
Ophth	27	5	16	5	19	17	3	7	65	34	99	(34/99) 34%	(5/34) 15%	(27/65) 42%
Ortho	9	0	11	3	19	3	1	0	40	6	46	(6/46) 13%	(0/6) 0%	(9/40) 23%
Pathology	28	7	15	16	15	16	1	1	59	40	99	(40/99) 40%	(7/40) 18%	(28/59) 47%
Pediatrics	28	24	25	14	29	58	5	6	87	102	189	(102/189) 54%	(24/102) 24%	(28/87) 32%
Plastic Surgery	3	0	5	0	10	3	0	0	18	3	21	(3/21) 14%	(0/3) 0%	(3/18) 17%
Psychiatry	25	10	28	20	33	49	2	10	88	89	177	(89/177) 50%	(10/89) 11%	(25/88) 28%
Radiology	24	7	26	8	49	19	25	22	124	56	180	(56/180) 31%	(7/56) 13%	(24/124) 19%
Rehab Med	1	0	7	2	5	4	3	1	16	7	23	(7/23) 30%	(0/7) 0%	(1/16) (6%)
Radiation	2	1	8	1	4	7	0	1	14	10	24	(10/24) 42%	(1/10) 10%	(2/14) 14%
Surgery	17	3	29	10	25	7	4	0	75	20	95	(20/95) 21%	(3/20) 15%	(17/75) 23%
Urology	12	0	10	0	4	4	4	1	30	5	35	(5/35) 14%	(0/5) 0%	(12/30) 40%
Totals	390	99	346	178	498	442	96	92	1330	811	2141	37.9% of the total full-time faculty are women:4 ranks		
% with each rank who are women	(99/489) 20%		(178/524) 34%		(442/940) 47%		(92/188) 49%							
% holding each rank among all women	(99/811) 12%		(178/811) 22%		(442/811) 55%		(92/811) 11%							
% holding each rank among all men	(390/1330) 29%		(346/1330) 26%		(498/1330) 37%		(96/1330) 7%							

- The John's Hopkins University "Diversity and Inclusion Statement" (Appendix III) conveys the importance of maintaining a diverse "faculty and staff", yet in a sample of 2,142 full time faculty members, there are still far fewer women (38%) in comparison to men (62%). Medical schools since 1985 have between 33 and 50% women members, so this % of women represents a lower number than the seemingly available pool of women physicians in the past 38 years. Representativeness is unknown among PhD's. In almost every department listed above, the percent of total women is far less than the percent of total men, with a few exceptions. In the department of GYN/OB, there is a higher percentage of female faculty (76%) compared to male faculty (24%), however, only 9% of women are full time GYN/OB professors while 40% of men are full professors.
- In the department of pediatrics, there are a higher percentage of women faculty (54%) compared to men (46%) but again, there are more male full time professors (32%) than female (24%).
- There is a gender divide in terms of full professor status. For example, in the department of dermatology, female faculty makes up 56% yet there are no women full professors and 29% of men are full professors. Similarly, in the department of psychiatry, women account for 50% of the faculty, but only 11% of women are full professors and 28% of men are full professors.
- In the departments of dermatology, emergency medicine, ENT, neurosurgery, orthopedics, plastic surgery, rehab medication, and urology there are no female full time professors.
- Within the full professor faculty pool, female full professors account for 20% of this while male full professors account for 80% of the pool.
- Within gender, 12% of all women are full professors and 29% of all men are full professors.
- Men are almost two and a half times more likely to be a full professor compared to women professors.
- Men are 18% more likely to hold the associate professor rank compared to women.
- Men are 34% less likely to hold the rank of assistant professor, compared to women.
- Men are 36% less likely to hold the rank of instructor overall compared to women.

Table 5 Women by JHMI (2013) Clinical Department Indexed to AAMC National Faculty Data (2012)

Departments	N Female Full or Associate Professor Rank JHMI Departments	% Female by JHMI Departments	% Female- AAMC Data*
ACCM	11	38%	34%
Dermatology	0	56%	47%
GYN/OB	12	76%	54%
Medicine	72	40%	35%
Neurology	20	36%	34%
Oncology	18	29%	Not reported
Ophthalmology	10	34%	33%
Orthopedics	3	13%	15%
Pathology	23	40%	37%
Pediatrics	38	54%	51%
Rehab Medicine	2	30%	45%
Psychiatry	30	50%	46%
Radiology	15	31%	28%
Surgery(non specialty)	13	26%	21%

- Johns Hopkins is generally similar or even higher with regard to the distribution of women nationally in clinical specialties (Appendix I).
- With regard to more senior women available for leadership opportunities, most clinical Departments, have sufficient women to be nominated for various leadership roles. Some, such as Medicine and Pediatrics have a large number of women at the higher ranks, with 25 women full professors in Medicine, 23 in Pediatrics, and 10 in Psychiatry (See Table 4).

Table 6. N and Percent Rank* by Sex and Basic Science Department: Full-time

Dept	Professor		Associate Prof		Assistant Professor		Instructor		N Men	N Women	N Total	% Women (total)	% of ALL Women Full Prof	% of ALL Men Full Prof
	M	W	M	W	M	W	M	W						
Biochemistry	6	1	2	1	3	4	0	2	11	8	19	(8/19) 42%	(1/8) 13%	(6/11) 55%
Biophysics	3	1	0	0	4	1	0	0	7	2	9	(2/9) 22%	(1/2) 50%	(3/7) 43%
Biomedical Engineering	12	0	2	0	9	0	0	0	23	0	23	(0/23) 0%	0/23 0%	(12/23) 52%
Cell Biology	2	5	2	3	1	0	0	1	5	9	14	(9/14) 64%	(5/9) 56%	(2/5) 40%
Microbiology	7	4	1	1	1	0	0	0	9	5	14	(5/14) 36%	(4/5) 80%	(7/9) (78%)
Molecular and Comparative Pathology	1	2	3	3	5	2	0	0	9	7	16	(7/16) 44%	(2/7) 29%	(1/9) 11%
Neuroscience	15	1	3	2	5	4	0	1	23	8	31	(8/31) 26%	(1/8) 13%	(15/23) 65%
Pharmacology	7	1	2	1	1	1	0	0	10	3	13	(3/13) 23%	(1/3) 33%	(7/10) 70%
Physiology	4	2	3	0	2	1	0	0	9	3	12	(3/12) 25%	(2/3) 67%	(4/9) 44%
All summed	57	17	18	11	31	13	0	4	106	45	151	32% of the total full-time basic science faculty are women: 4 ranks only		
% with each rank who are women	(17/74) 23%		(11/29) 38%		(13/44) 30%		(4/4) 50% (small N)							
% holding each rank among all women	(17/45) 38%		(11/45) 24%		(13/45) 29%		(4/45) 9%							
% holding each rank among all men	(57/106) 54%		(18/106) 17%		(31/106) 29%		(0/106) 0%							

- Approximately one third of the Basic Science Department faculty is women.
- There is a slight propensity overall for men to be at the full professor rank compared to women.
- There are very few men or women at the lower ranks in any Department.
- The percent of women who are full professors varies widely and the N's are small.
- This may represent the fraction of women who elect various basic science disciplines.
- Overall, there is a rank difference at the full professor level for women. This is driven by the Departments of Biomedical Engineering and Neurosciences. Most other Departments are close to equal or have more women than men who are full professors.

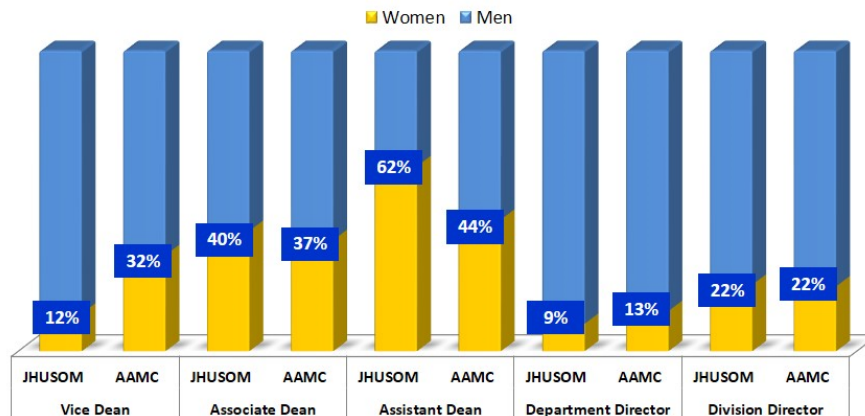
Table 7 Search Committee Leadership: Since 1999

	A. All Men	B. Men-Non MD/PhD	C, All Women	D, Women Non MD/PhD	% Women Col C/A+C	Women Chairs or Co-Chairs/ Total Chairs
Neurosurgery 1999-2000	013	1	0	0	0%	0/1
McKusick Nathans IGM	14	0	4	0	22%	0/1
Comparative Medicine	7	1	3	0	30%	0/1
Medicine 2000-2001	14	1	8	1	36%	0/2
History of Medicine 2000-2001	5	1	2	1	29%	0/1
Psychiatry 2000-2001	12	1	8	0	40%	0/2
Pathology 2000-2001	14	0	5	0	26%	0/2
Rehabilitation Medicine 2001-2004	11	3	5	0	31%	0/2
Radiation Oncology 2002	13	2	5	0	28%	1/2
Surgery 2001-2003	13	0	6	1-SON	32%	0/2
Ophthalmology 2002	14	1	5	1-SON	26%	0/2
Molec Biology & Genetics 2002	16	1	7	0	30%	0/2
Radiology 2003	12	1	4	0	25%	1/2
OHNS 2002	14	1	5	1	26%	0/2
Anesthesiology 2003-2004	15	2	5	1	25%	0/2
Urology 2003-2004	16	1	4	1-SON	25%	0/2
Neuroscience 2004	11	2	5	0	31%	0/2
Physiology 2004-2005	6	0	2	0	25%	0/2
Biop & Biophys Chem 2004-2006	15	1	4	0	21%	0/2
Dermatology 2005	9	1	4	1	31%	1/2
BME 2005-2007	15	1	9	1	38%	1/2
Neurology 2006-2007	17	1	6	0	26%	0/2
Oncology 2006	16	1	8	0	33%	1/2
OHNS 2010	17	2	7	0	29%	1/2
Orthopaedics 2011-2013	15	3	8	2	35%	0/2
OB/GYN 2012-2013	11	1	11	1	50%	2/2
ACCM 2013-2014	16	1	6	1	27%	0/2
Medicine 2013-2014	17	2	7	3- 1 SON	29%	0/2
VDR-Vice Dean for Research 2013	5	0	2	0	29%	No chair
VDE-Vice Dean for Education 2013	8	1	6	2	43%	0/2
Surgery 2014	14	2	13	2	48%	1/2
Total	381	34	161		30%	

- The percent of woman search committee members has generally remained constant over the recent years, but it should be noted that some committee members were not SOM faculty but represented the Health Care System, and in some cases the School of Nursing. These non- medical school faculty were more likely to be female than male.
- There has been an increase noted in the number of women holding search committee leadership positions (see last column of this table).

Slide 1 Comparison of Johns Hopkins SOM with national AAMC Benchmarking data

JHSOM vs. AAMC How We Compare to National Data



- For JHSOM, only Clinical and Basic Science Department Directors were included as of 7/1/2014
- For AAMC, only Clinical and Basic Science Department Directors were included - data was collected from the AAMC Report -Women in U.S. Academic Medicine and Science: Statistics and Benchmarking Report 2011-2012



- JHSOM lags behind AAMC data at the highest level of leadership roles - Vice Dean and Department Director.
- JHSOM has a high percentage of women in the Assistant Dean role.

Slide 2 Johns Hopkins 2013 Strategic Plan



- For implementation in Fiscal years 2014-2018

Slide 3 Second Level Tier Metrics

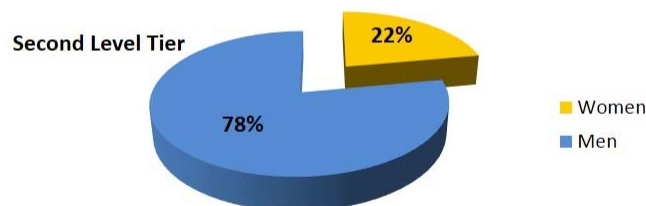


Strategic Plan

Attract, Engage, Retain and Develop the World's Best People

FY14 Metrics:

Increase the percentage of women in second level of top leadership to 20% for SOM



- Second Level Tier Leadership positions include Division Director

- Increase the percentage of women in second level of top leadership (Division Director Position) to 20% for SOM.
- We have achieved this metric for fiscal year 2014

Slide 4 Top Tier Metrics

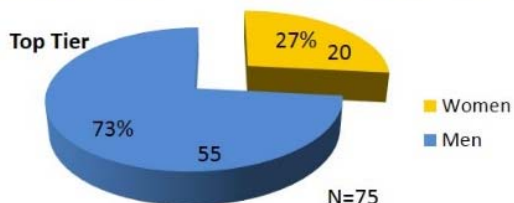


Strategic Plan

Attract, Engage, Retain and Develop the World's Best People

FY14 Metrics:

Increase the percentage of women in top leadership positions to 30% for SOM



- Top Tier Leadership positions include all Dean positions and all Department Directors
- A large contribution of the 27% that are women comes from the Assistant Dean category

- Increase the percentage of women in top leadership positions to 30% for the School of Medicine.
- Only 27% of Top Tier Leadership positions are held by women, not achieving this metric

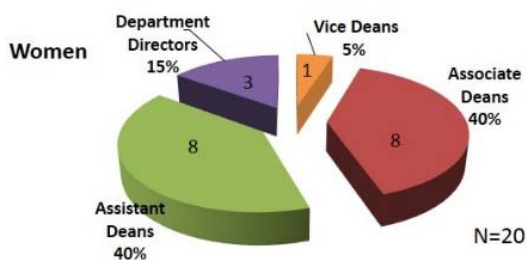
Slide 5 Top Tier Metrics, Women



Strategic Plan

Attract, Engage, Retain and Develop the World's Best People

Of the Top Tier women in leadership positions - a large contribution of the 27% comes from the Assistant Dean category.



- 5/8 (63%) of the Assistant Deans that are women are not faculty members
- 2/8 (25%) of the Associate Deans that are women are not faculty members

- 80% of Women in Top Tier positions are either Associate or Assistant Deans
- 20% of Women are Vice Deans or Department Directors
- Of the 16 Associate and Assistant Women Deans, 7 are not faculty (44%)

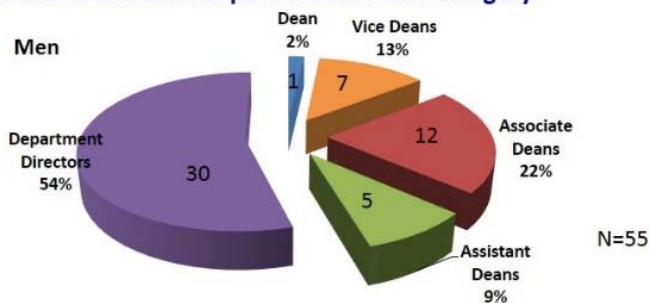
Slide 6 Top Tier Metrics, Men



Strategic Plan

Attract, Engage, Retain and Develop the World's Best People

Of the Top Tier men in leadership positions – the largest contribution of the 73% comes from the Department Director category.



- 1/5 (20%) of the Assistant Deans that are men are not faculty members
- 2/12 (17%) of the Associate Deans that are men are not faculty members

- 31% of Men in Top Tier positions are either Associate or Assistant Deans
- 69% of Men are Vice Deans or Department Directors
- Of the 17 Associate and Assistant Men Deans, 3 are not faculty (18%)

Conclusions:

Women continue to be underrepresented in top leadership roles at the JHSOM in 2014, with little change over the last decade. This is demonstrated by the low number of women in the Vice Dean and Department Director positions. There has been little improvement in this data since the initial report of the CFD&G in 2005 (Appendix IV); and on a national level the SOM lags behind as well (Slide 1). Evaluation of our Divisional Director data reveals that only 21% of our 165 Division Directors are women. Again little improvement is seen over the last decade; however we are similar to the AAMC national data in this regards.

In terms of total number of faculty there has been a significant increase in the number of women on faculty (37%) now, however, in the Clinical Departments only 20% of all Professors are women, with women being over-represented in the lower ranks (Assistant Professor and Instructor, 66%). We see a slightly higher percent of women being Full Professors (23 % of all Professors) in all of the Basic Science Departments; however the total number of women in these departments is much smaller than in the clinical departments. This observation is not significantly different that the findings from the CDF&G 2005 report(Appendix IV) where the majority of women faculty remained clustered at the junior ranks (78% and 71% of women faculty were Instructors or Assistant Professors in 1991 and 2001, respectively).

The JHSOM has recently in 2013 announced its new strategic plan and has developed very specific metrics related to gender. These metrics are to increase the percentage of women in top leadership positions (Deans and Department Directors) to 30% for the School of Medicine and increase the percentage of women in second level of top leadership positions (Division Directors) to 20% for the School of Medicine. We have evaluated our most recent data to determine how we measure up to this, and although we do meet the 20% necessary to satisfy the number of women in tier 2 leadership positions, we remain below our goal (30%) for having women in top tier leadership positions. Only 27% of top tier leadership positions in the SOM are held by women, and a considerable number of these are held by non-faculty women.

Recommendations:

The leadership data demonstrate a paucity of women in top-tier leadership roles despite representation in senior faculty ranks that exceeds the national average in most of our departments. It has been shown that companies with more women in top management positions exhibit better organizational and financial performance.(Reference 2) Hence, it is incumbent on School of Medicine senior leadership to adapt standard policies and practices that promote the advancement of women leaders at all levels, but especially to the top tier (Vice Deans and Department Directors). At present, Hopkins is behind its peers in representation of women in Vice Dean positions (12.5% at Hopkins versus 32% nationally) and Department Director positions (9% at Hopkins and 13% nationally). These disparities persist despite similar representation of women in senior faculty ranks, and at the division director level (22% at Hopkins versus 22% nationally).

Considering that mid-tier leadership experience must precede top-tier leadership experience, we recommend the following to improve opportunities for women to rise to top-level leadership roles include both SOM-wide efforts, as well as local departmental/divisional efforts:

1. **Sponsorship:** Identify, develop, and maintain a pool of women available for leadership roles through sponsorship, and executive leadership training. Sponsor two women faculty per year for Executive Leadership in Academic Medicine (ELAM), and develop a similar internal executive leadership program by the Office of Women in Science and Medicine. Continue to provide internal leadership programs for women for increased mentorship and networking opportunities for potential female leaders.

2. **Search Committees**: Establish formal, transparent and gender diversity-conscious processes for all leadership searches across the SOM and within each department. Search committees should continue to be charged with ensuring that a diverse national pool of applicants is considered for all leadership positions (including division directors, department directors, deans, and vice chairs).
3. **Dynamic Organizational Leadership Chart**: Charge departments and/or divisions with creating dynamic organizational leadership position charts that detail existing and potential leadership positions, associated responsibilities, compensation, selection process, and current and/or potential faculty in the role. Develop leadership transition plans, with consideration for promoting gender diversity when filling open or new leadership positions. Review these department/division leadership plans annually with the Vice Dean for Faculty, confirming sufficient attempts to promote leadership gender diversity, and succession planning
4. **Leadership Accountability**: Given the limited number of leadership positions, and awareness that change occurs primarily with turnover, hold current leaders accountable by linking expected performance metrics to all leadership positions, top and mid-tier, and monitor performance with annual reviews. Where performance goals are not met, despite adequate support, encourage transition, and always attempt to draw from the pool of potential women leaders to fill vacant positions.

Key references

1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2586600/>
2. Women Matter 2013 Report: http://www.mckinsey.com/features/women_matter
3. <http://hbr.org/2010/09/why-men-still-get-more-promotions-than-women/ar/1>
4. <http://hbr.org/2007/09/women-and-the-labyrinth-of-leadership/ar/1>
5. <http://onlinelibrary.wiley.com/doi/10.1111/0022-4537.00234/abstract>
6. <http://www.ncbi.nlm.nih.gov/pubmed/21512363>
7. <http://www.ncbi.nlm.nih.gov/pubmed/24556773>
8. <http://www.insead.edu/facultyresearch/research/doc.cfm?did=48085>

Supplemental Data

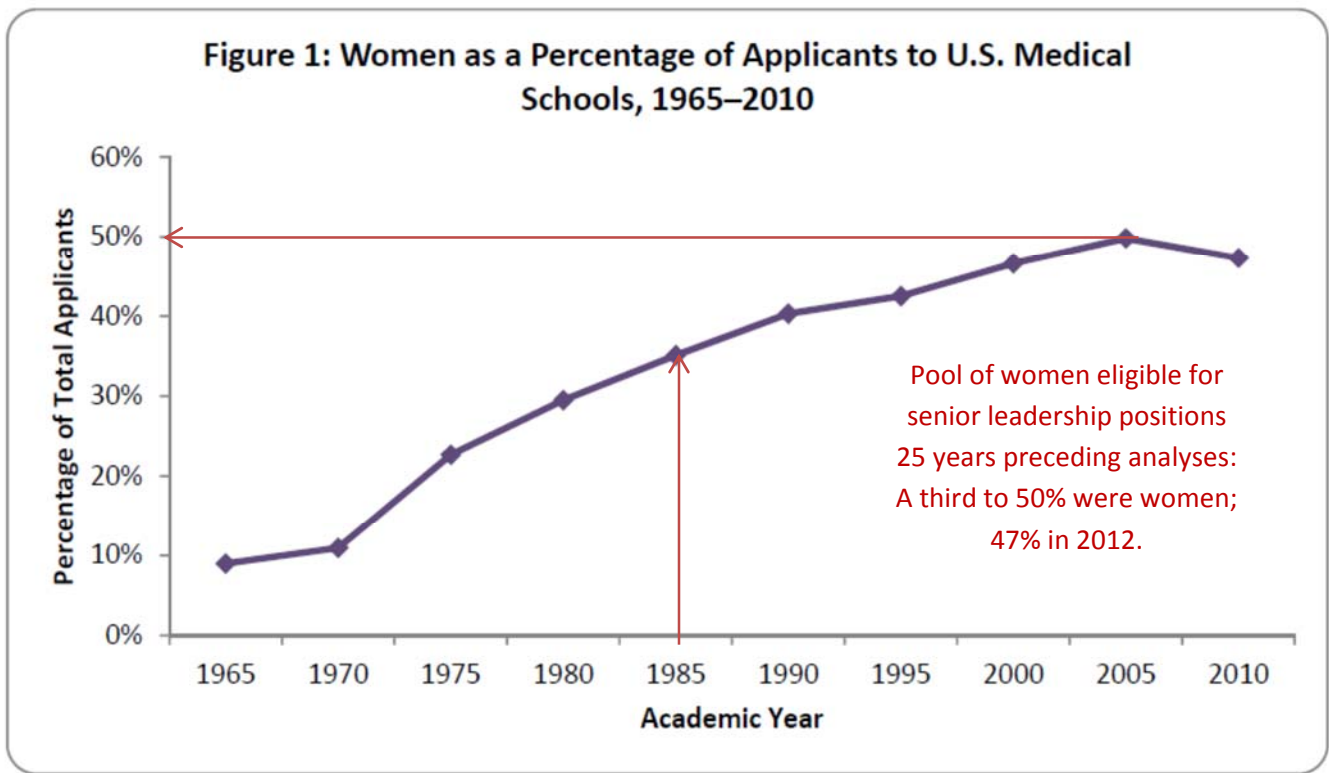
Part Time faculty data

Table1. N and Percent Rank Overall* by Sex Clinical Department: Part-time

Department	Professor		Associate Prof		Assistant Professor		Instructor		N Men	N WOM	N Total	% Women (total)	% of ALL Women who are Full Prof	% of ALL Men who are Full Prof
All Summed (1)	M 40	W 7	M 96	W 27	M 320	W 180	M 266	W 240	722	454	1176	39%	2%	6%
<u>% with each rank who are women</u>	(7/47) 15%		(27/123) 22%		(180/500) 36%		(240/506) 47%							
<u>% holding each rank among all women</u>	(7/454) 2%		(27/454) 6%		(180/454) 40%		(240/454) 53%							
<u>% holding each rank among all men</u>	(40/722) 6%		(96/722) 13%		(320/722) 44%		(266/722) 37%							
Relative Odds Men at each rank	Professor Men are twice as likely to be a Full Professor, compared to women but the %'s are very small in both sexes		Associate Professor Men twice as likely to be an Associate Professor compared to women		Assistant Professor Men and women are approximately equal in the Assistant Professor ranks		Instructor Men are less likely to be a an Instructor compared to women							

- The N of part-time faculty within each Department (except Medicine) yields highly variable percentages; thus the data are summed across all clinical Departments
- The number of both men and women among part-time clinical faculty who are full professor is low relative to the total number in each sex group, but increases at the next three levels, where in general men are more likely to be Associate Professors, equally likely to be Assistant Professors, and less likely to be Instructors.

Relevant AAMC Data for Indexing:



*Source: *Women in US Academic Medicine and Science: Statistics and Benchmarking Report 2011-2012*, AAMC, Washington DC

REPORT ON PROMOTION 2014



Promotion Subcommittee CSW

Chair:

Estelle Gauda, MD. Professor, Departments of Pediatrics, Senior Associate Dean for Faculty Development

Committee Members:

Irene Kuo, MD, PhD, Associate Professor, Department of Ophthalmology, Medical Director, Wilmer Eye Institute at White Marsh

Todd Dorman, M.D., FCCM, Senior Associate Dean for Education Coordination, Associate Dean Continuing Medical Education, Professor & Vice Chair for Critical Care, Department of Anesthesiology & Critical Care Medicine, Joint Appointments in Medicine, Surgery and the School of Nursing

Ex-officio:

Lisa Ishii, MD, Associate Professor, Department of Otolaryngology
Co-Chair, Committee on the Status of Women

Mary E. Foy
Associate Dean and Registrar

Promotion

Introduction:

Faculty Promotion is critical to the faculty at the SOM. Of particular importance are the issues of promotion rate and promotion equity. Expectations for promotion are described in detail in the Gold and Silver books (Appendix V, VI). The promotional times by gender were followed over the last 2 decades. In the previous 2005 and 2009 Status of Women Reports (formerly called the Joint Oversight Committee) different times to promotion for men and women faculty were noted. Data from 2004 showed that for the 2 cohorts analyzed in that report (89-90 and 94-95), the time to promotion from associate professor to professor was 3.2 years longer for women (Appendix IV). The difference in the time to promotion from assistant professor to associate professor for women and men in the 94-95 cohort was 5.5 years longer for women. In the 2009 report, analysis of data from a faculty cohort hired as assistant professor or associate professor from 91/92 to 94/95 and followed thirteen years showed no difference in time for women from assistant professor to professor.

In the current report promotion characteristics for women and men were analyzed in 4 different ways: 1) overall trends in promotion by gender were evaluated for 5 separate cohorts followed for 13 years; 2) trends in associate professor promotion by gender were analyzed for recent years; 3) objective data on the number of grants and publications of the faculty promoted to associate professor in the recent years were analyzed by gender; 4) trends in promotion to professor by gender were analyzed for recent years.

METHODS:

1. Overall trends in promotion by gender for cohorts followed over time:

Data were obtained for five faculty cohorts that were followed for 13 years (the longest possible duration at the time of analysis): 1) faculty appointed as assistant or associate professor in 1991/92 followed for promotion until 2004/05; 2) 1992/93 thru 05/06; 3) 1993/94 thru 06/07; 4) 1994/95 thru 07/08; and 5) 1999/2000 thru 2012/13.

- A. Each cohort was analyzed for promotion rates overall, and by clinical or basic science path.
- B. Time to promotion by gender was analyzed for each cohort. The promotion data were based upon the rank at which the faculty member was recruited, either assistant or associate professor.
- C. Data on faculty who were not promoted were also analyzed. The data for the first four cohorts were combined for comparison to the data for the last cohort (1999/2000).
- D. Overview of combined data for total number of faculty who entered Johns Hopkins in all five cohorts (1991, 1992, 1993, 1994, 1999) who were promoted, the percentage of those who entered that were promoted, and their average time to promotion.

2. Overall trends in associate professor promotion for recent years:

Promotion data on a subset of the most recent years for which there were complete data were obtained from the Nomination Manager used for promotion of an assistant professor to associate professor. The Associate Professor Promotions Committee mandated use of the Web-based Nomination Manager for faculty nominated for promotion to associate professor in October 2010. These data were available for evaluation of academic years 2011, 2012, and 2013 in regards to time to promotion. From additional data obtained from the APPC, we were able to look at success rate of promotion for all faculty.

3. Objective faculty data from faculty successfully promoted to associate professor from recent years were analyzed:

Using data from the Associate Professor Promotions Committee Nomination Manager, objective data about successfully promoted faculty were extracted in an attempt to further characterize the promoted faculty by gender. These data included number of total publications, total publications at rank, total senior author publications, and grant funding, among others.

4. Trends in promotion to professor, by gender, recent years were analyzed:

Data on promotion to professor were obtained from the Professorial Promotions Committee to perform this analysis.

RESULTS:

1. Cohort data with 13 year follow-up by gender and by initial rank:

A. Promotions rates

1991/1992 Cohort

All Faculty

Faculty Rank	Total #	Male # (%)	Female # (%)	Male Promoted Associate	Male Promoted Professor	Female Promoted Associate	Female Promoted Professor
Assistant	68	48 (71)	20 (29)	38 (79)	13 (34)	10 (50)	3 (30)
Associate	43	35 (82)	8 (18)		18 (51)		7 (88)

Clinical Faculty

Faculty Rank	Total #	Male # (%)	Female # (%)	Male Promoted Associate	Male Promoted Professor	Female Promoted Associate	Female Promoted Professor
Assistant	61	43 (70)	18 (30)	33 (62)	10 (23)	9 (50)	2 (11)
Associate	38	33 (87)	5 (13)		17 (52)		4 (80)

Basic Science Faculty

Faculty Rank	Total #	Male # (%)	Female # (%)	Male Promoted Associate	Male Promoted Professor	Female Promoted Associate	Female Promoted Professor
Assistant	7	5(71)	2 (29)	5(71)	3 (43)	1(50)	1 (50)
Associate	5	2 (40)	3 (60)		1 (50)		3 (100)

1992/1993 cohort

All Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	100	71 (71)	29 (29)	49 (69%)	13 (27)	17 (59)	6 (35)
Associate	43	36 (84)	7 (16)		18 (50)		4 (57)

Clinical Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	93	67 (72)	26 (28)	46 (69)	12(18)	15 (58)	4 (15)
Associate	43	36 (84)	7 (16)		18 (50)		4 (57)

Basic Science Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	7	4 (57)	3(43)	3 (75)	1 (25)	2 (67)	2(67)
Associate	0	0	0		0		0

1993/1994 cohort*All Faculty*

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	63	42 (67)	21 (33)	23 (55)	8 (35)	6 (29)	3 (50)
Associate	49	40 (82)	9 (18)		27 (68)		5 (56)

Clinical Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	60	40 (67)	20 (33)	21 (53)	8 (20)	5 (25)	2 (10)
Associate	43	35 (81)	8 (19)		22 (63)		5 (63)

Basic Science Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	3	2 (67)	1 (33)	2 (100)	0 (0)	1 (100)	1 (100)
Associate	6	5 (83)	1 (17)		5 (100)		0

1994/1995 cohort*All Faculty*

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	103	70 (68)	33 (32)	37 (53)	12 (32)	14 (42)	1 (7)
Associate	64	45 (70)	19 (30)		20 (44)		8 (42)

Clinical Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	98	65 (66)	33 (34)	32 (49)	7 (11)	14 (42)	1 (3)
Associate	57	41 (72)	16 (28)		16 (39)		5 (31)

Basic Science Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	5	5 (100)	0	5 (100)	5 (100)	0	0
Associate	7	4 (57)	3 (43)		4 (100)		3 (100)

1999/2000 cohort

All Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	119	73 (61)	46 (39)	38 (52)	12 (32)	21 (46)	3 (14)
Associate	46	35 (76)	11 (24)		18 (51)		3 (27)

Clinical Faculty

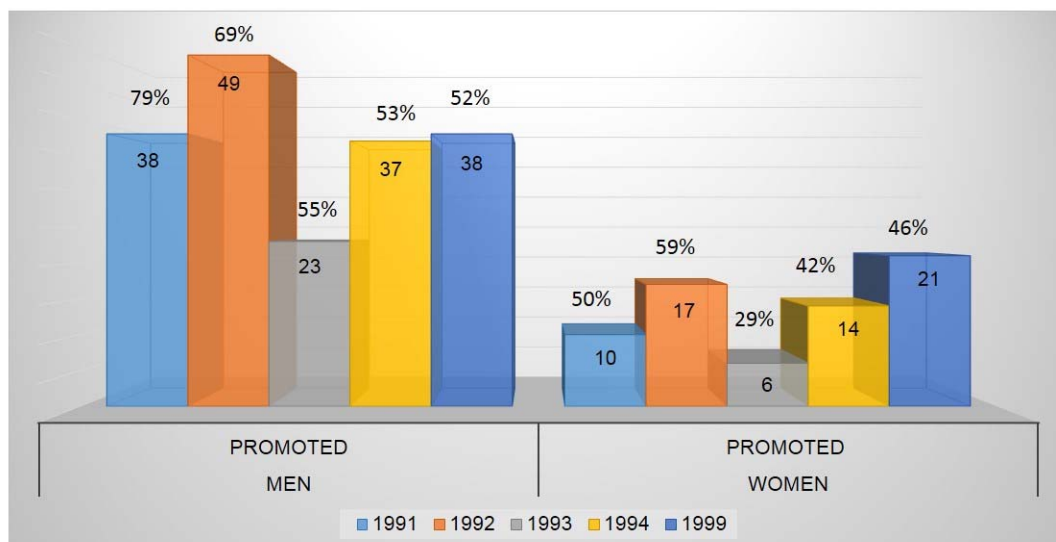
Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	117	71 (61)	46 (39)	36 (51)	10 (14)	21 (46)	3 (7)
Associate	40	30 (75)	10 (25)		14 (47)		2 (20)

Basic Science Faculty

Faculty Rank	Total #	Male (%)	Female (%)	Male Promoted Associate (%)	Male Promoted Professor (%)	Female Promoted Associate (%)	Female Promoted Professor (%)
Assistant	2	2 (100)	0	2 (100)	2 (100)	0	0
Associate	6	5 (83)	1 (17)		4 (80)		1 (100)

Promotion rates (all faculty), assistant to associate, by gender and cohort, 13 year follow up

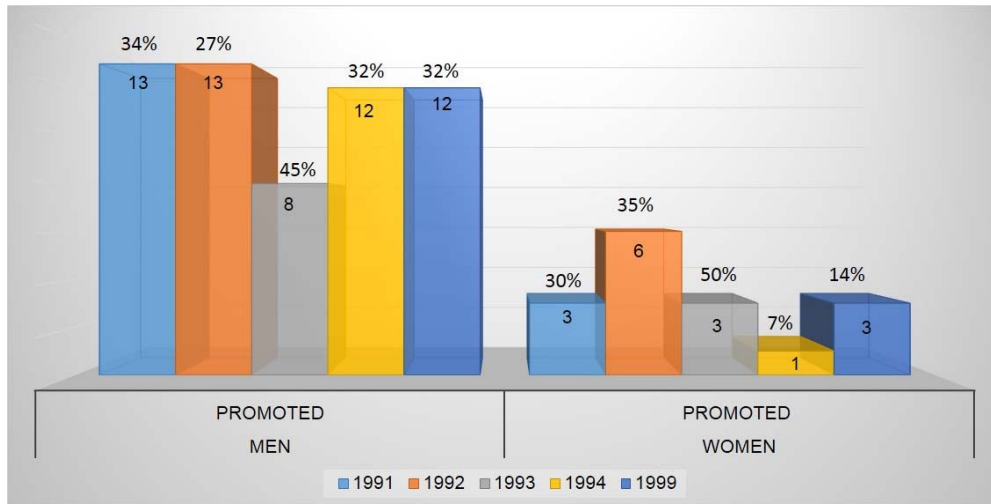
Promoted from Assistant to Associate over time as measured 13 years after start date



The numbers represent the total number hired in the cohort, the percentages represent the percent of the total who were promoted in the thirteen year follow up

Promotion rates, hired as assistant, now associate to professor, by gender and cohort, 13 year follow up

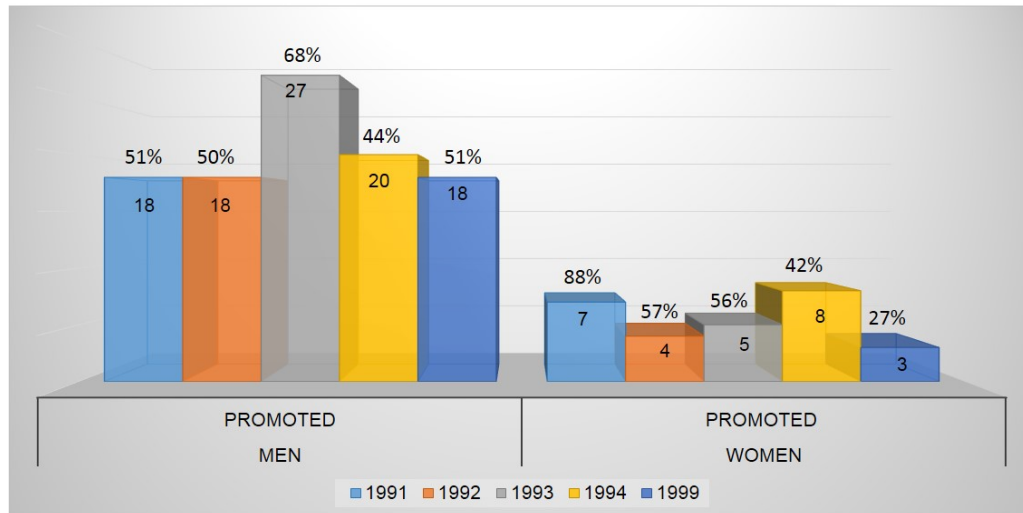
Started as Assistant and Promoted to Professor during the 13 year follow up



The numbers represent the total number hired in the cohort, the percentages represent the percent of the total who were promoted in the thirteen year follow up

Promotion rates, hired as associate, now associate to professor, by gender and cohort, 13 year follow up

Promoted to Professor when started as Associate Professor



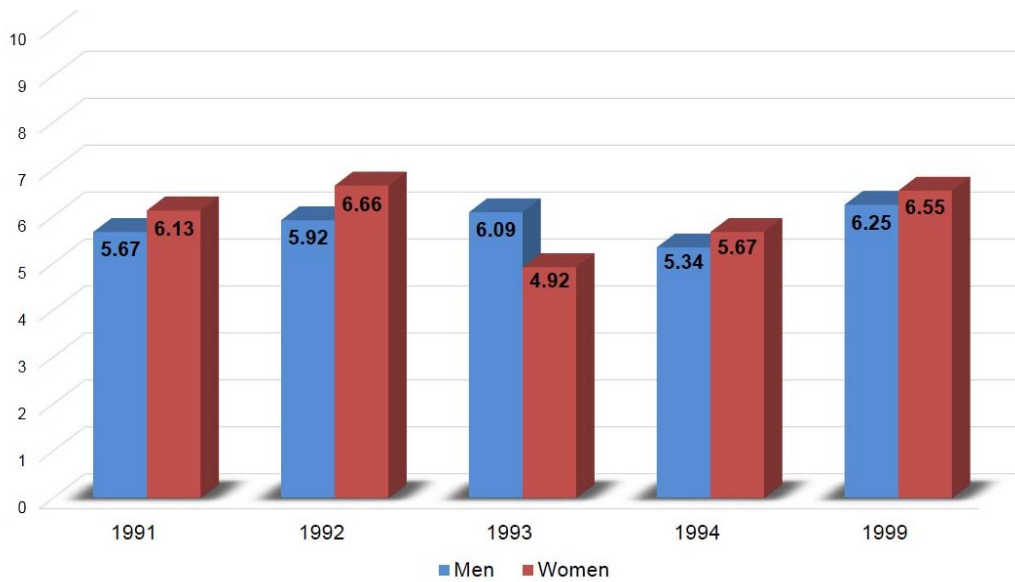
The numbers represent the total number hired in the cohort, the percentages represent the percent of the total who were promoted in the thirteen year follow up

- The majority of faculty entering as assistant or associate professor across all 5 cohorts were men. Thus the percentages for women risk greater variability secondary to smaller raw numbers

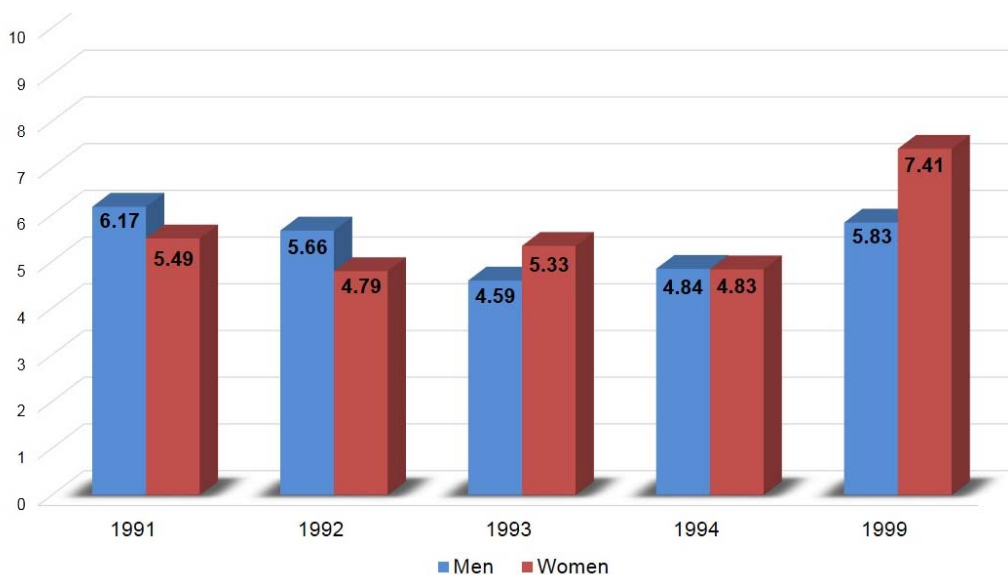
- For those recruited as assistant professors there is a trend toward fewer men being promoted to associate per cohort (79%, 69%, 55%, 53%, 52%), but no such trend for women (50%, 59%, 29%, 42%, 46%)
- For those faculty recruited as associate the percentage of men being promoted to professor is variable but overall flat (51%, 50%, 68%, 44%, 51%). The percentages for women shows a decline from each cohort to the next (88%, 57%, 56%, 42%, 27%).

B. Time to promotion, by gender and cohort

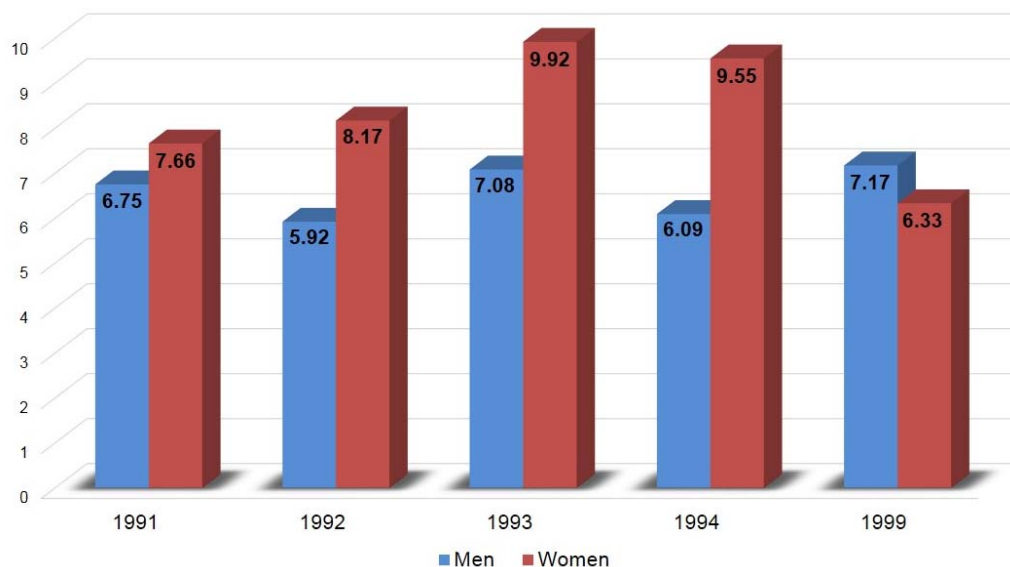
Median years by gender from assistant to associate professor, 13 year follow-up



Median years by gender from associate to professor, 13 year follow up, cohort started assistant



Median years by gender for cohort starting at associate promoted to professor, 13 year follow up



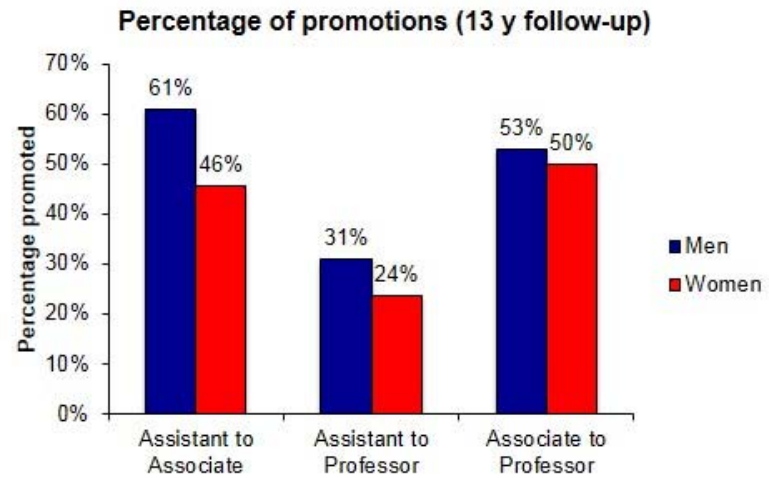
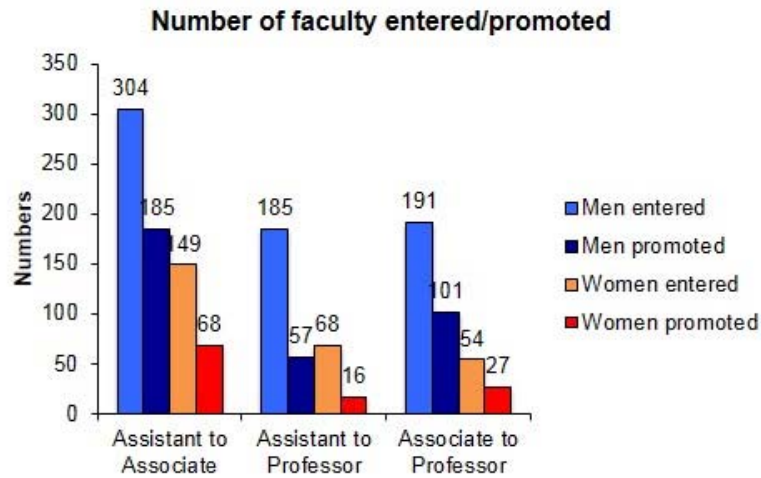
- For 4 of the 5 cohorts, the median time for promotion from assistant to associate is longer for women by about 6 months.
- There is no trend in time to promotion for men and women who started as assistant and were promoted from associate to professor across the cohorts
- In 4 of the 5 cohorts, for women who entered as associate, the time to promotion to professor was longer with a range of 0.5 to 3.45 years.

C. Data on those not promoted

- Data from first four cohorts were combined:
- 71% of the men and 70% of the women that were recruited as an assistant and were not promoted to associate had left JHUSOM by 13 years. 51% of the men and 42% of the women who entered as associate had left by 13 years.
- Specifically for the 1999/2000 cohort, 86% of the men and 80% of the women who were recruited as an assistant and were not promoted to associate by year 13 have left JHUSOM. 77% of the men and 75% of the women who entered as associate and were not promoted to professor in 13 years have left JHUSOM.

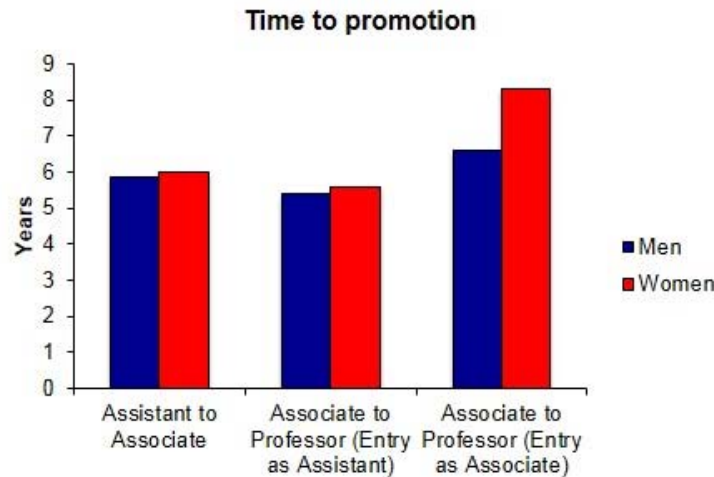
D. Overview of combined data from all cohorts

Data from 1990's Cohorts (1991, 1992, 1993, 1994, 1999)



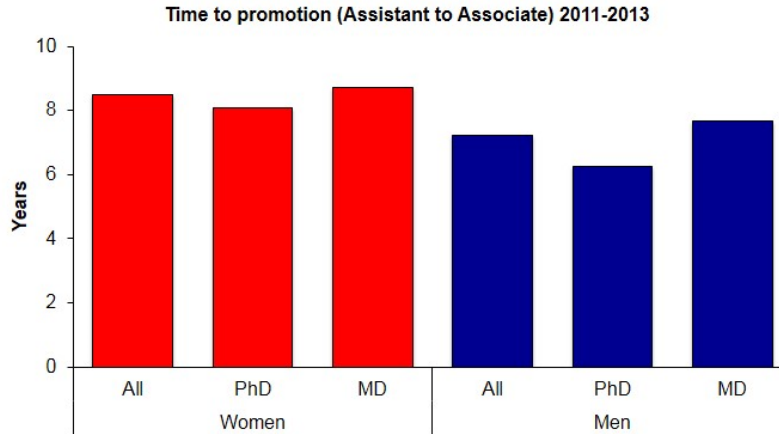
Main message:
 In these cohorts, there were substantially fewer women recruited. The main attrition of women occurred at the Assistant to Associate professor transition.

There was no major difference in time to promotion, EXCEPT for those women who entered at Associate Prof level



2. Overall trends in associate professor promotion for recent years

Data from 2011-2013 Associate Professor Promotions



Promotion to Associate Professor takes 1.3 years longer for women than for men
(APPC Nomination Manager)

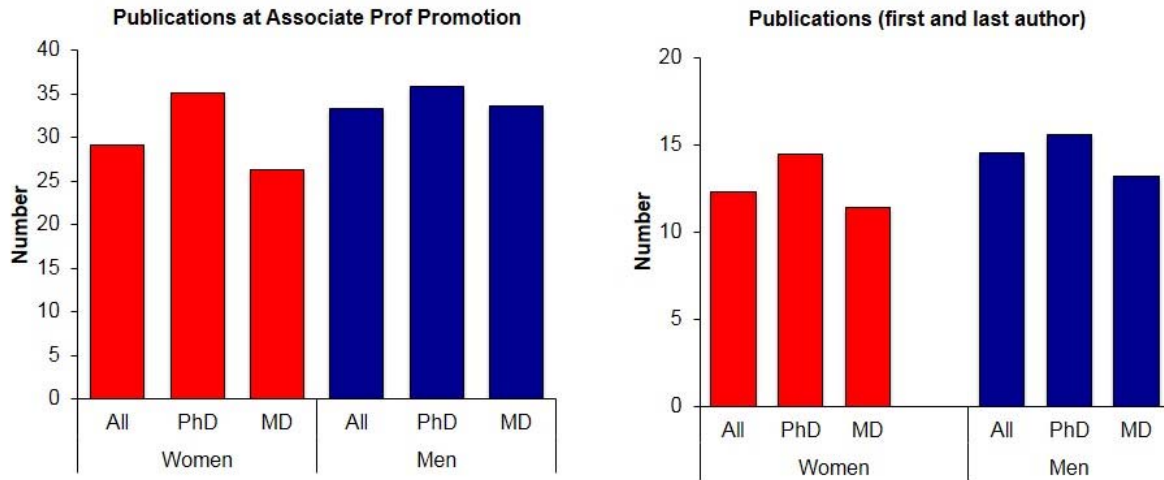
Summary Statistics for Associate Professor Promotions Committee

Year Jan-Dec	Total number reviewed	% promoted on first review	Years at Rank (mean± SD)	Years at Rank (Median) Range	% Female (n)	Not Promoted on first review
2007	41	92%	7±2	6 (3-15)	39% (16)	At least 3 not promoted on 1 st rev. All male faculty
2008	87	94%	8±3	7.5 (2-17)	48 % (41)	4-NotP 3M/1F
2009	65	90%	6±2	6 (3-12)	30.5% (19)	6-NotP 6M/0F
2010	52	95%	IC	IC	IC	6-NotP 4M/2F
2011	74	93%	7 ±4	7 (3-14)	50% (37)	5-NotP 2M/3F
2012 (9 mos)	52	90%	8±3.5	8 (3-17)	50% (26)	5-NotP 2M/3F

Overall rates of promotion from Assistant to Associate Professor are high across the SOM –with a 90% success rate or above in each of the years represented (2007-2012). It appears that once faculty reach the APPC it is very likely they will be successfully promoted to the Associate Professor level. There appear to be no significant gender differential.

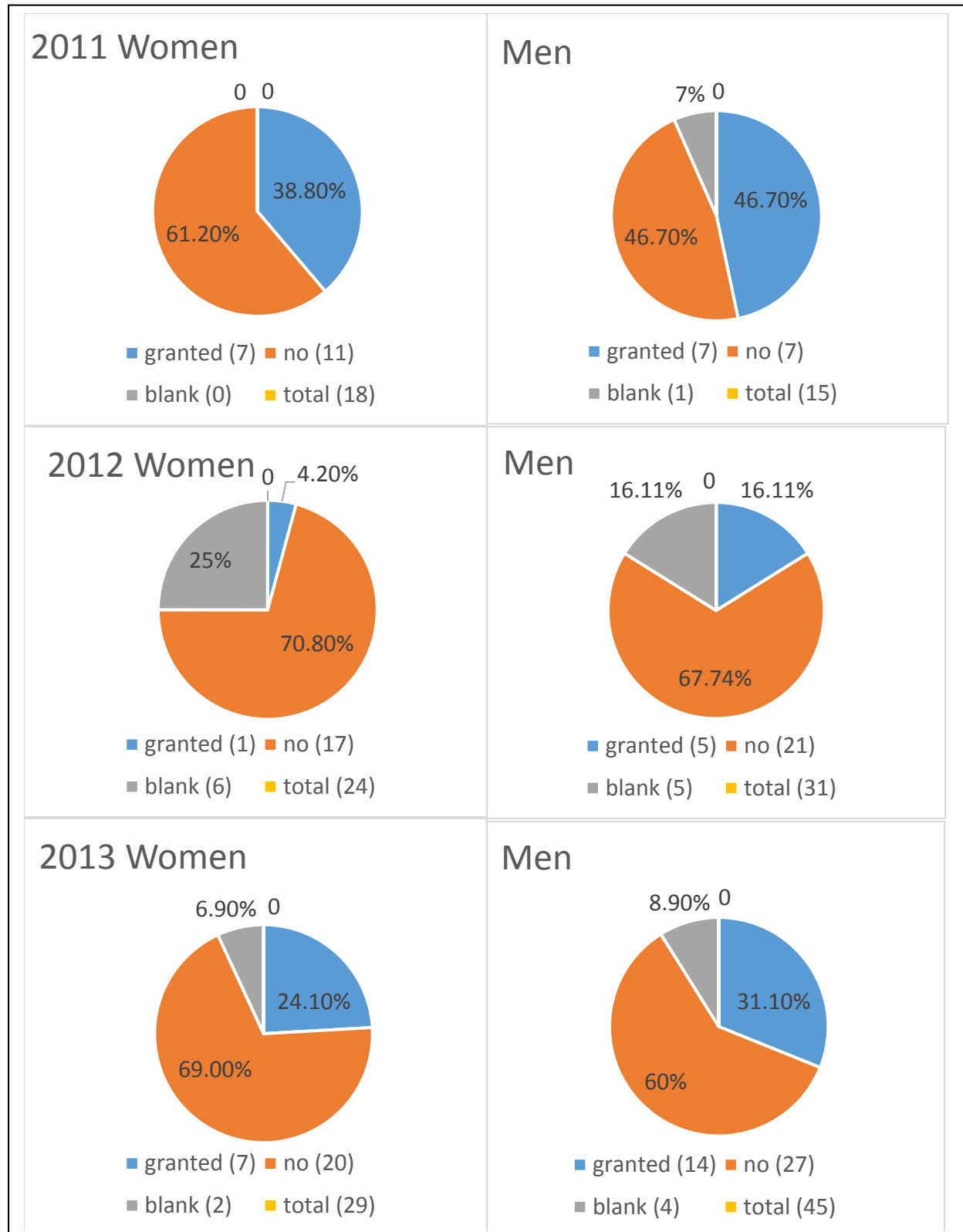
3. Objective data from faculty successfully promoted to associate professor from recent years

Data from 2011-2013 Associate Professor Promotions

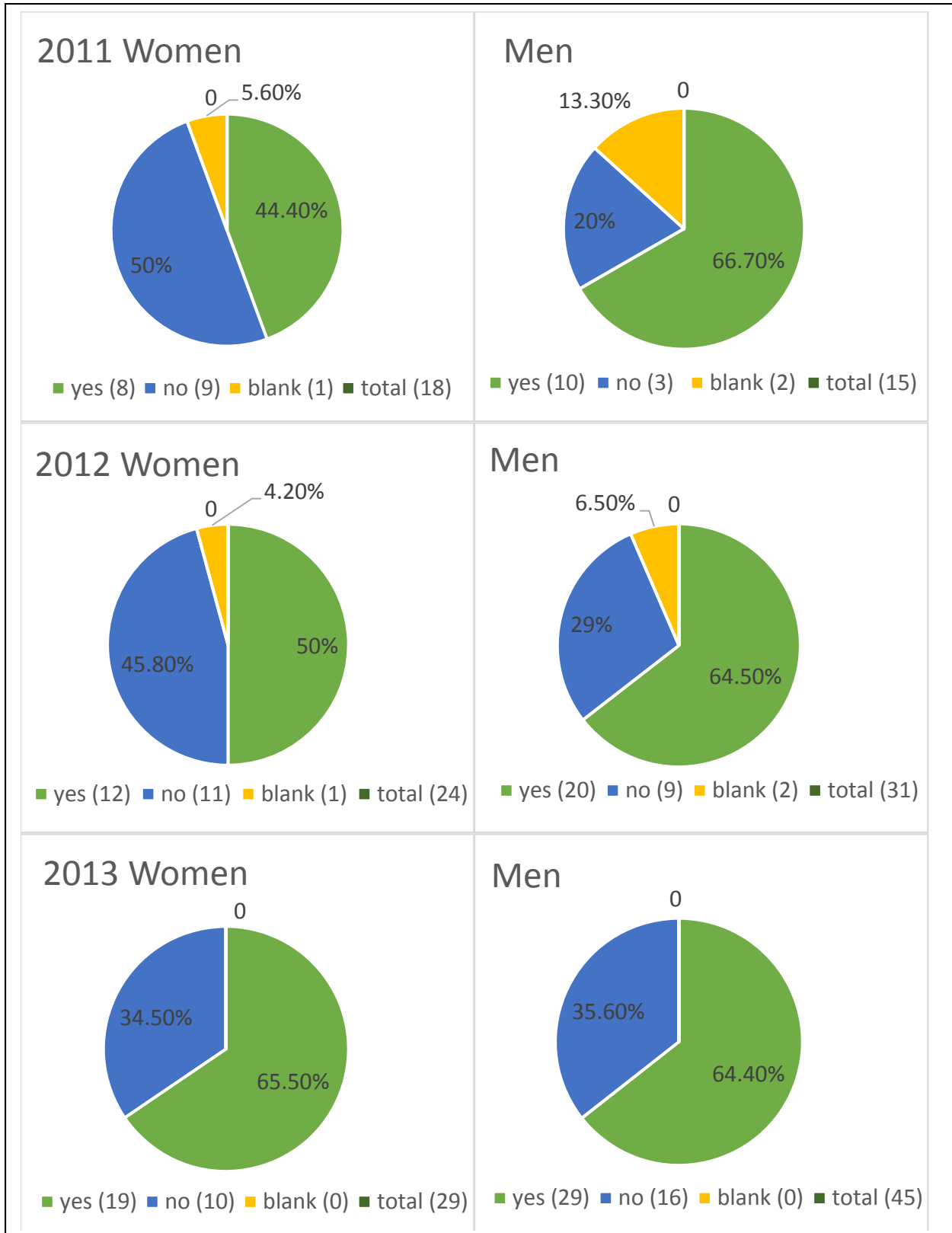


The following funding data (1) K Awards, (2) PI on any grant, (3) Funding independent from mentor) are from a cohort of women/men who were promoted during the time period listed. The cohort in 2011 does not represent all faculty promoted during that time. These data are however, representative of the funding status of faculty at time of promotion.

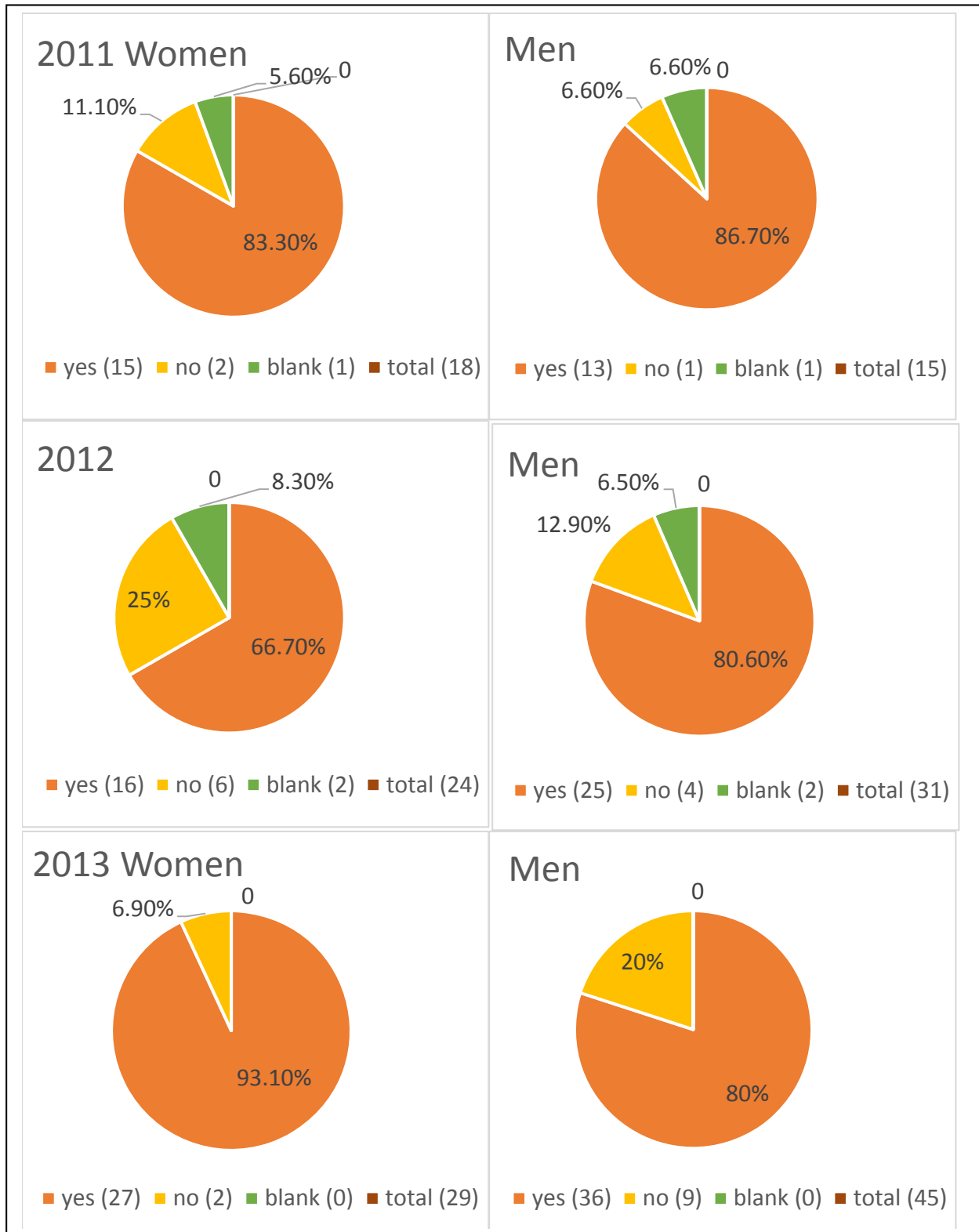
K Awards



PI on any grant

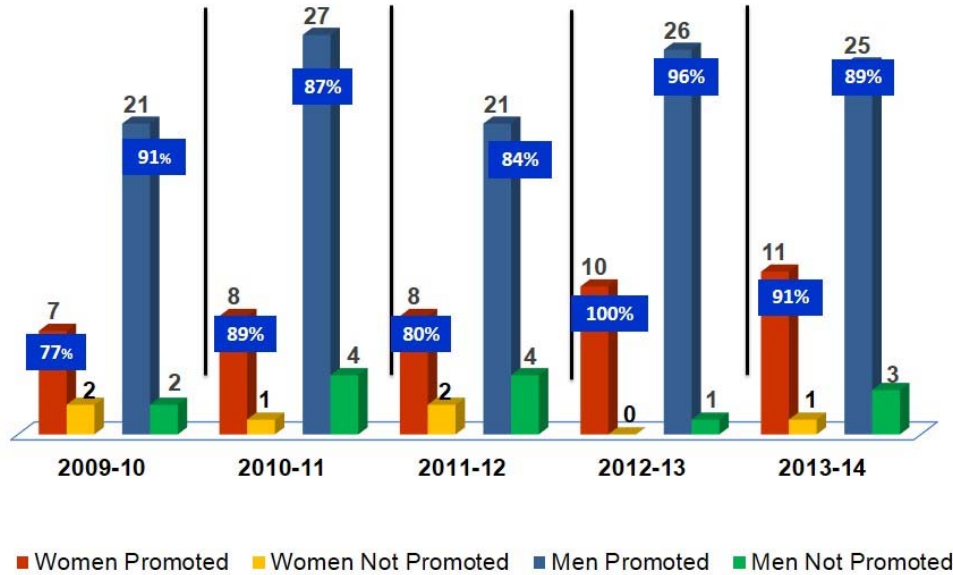


Grant Independent from Mentor

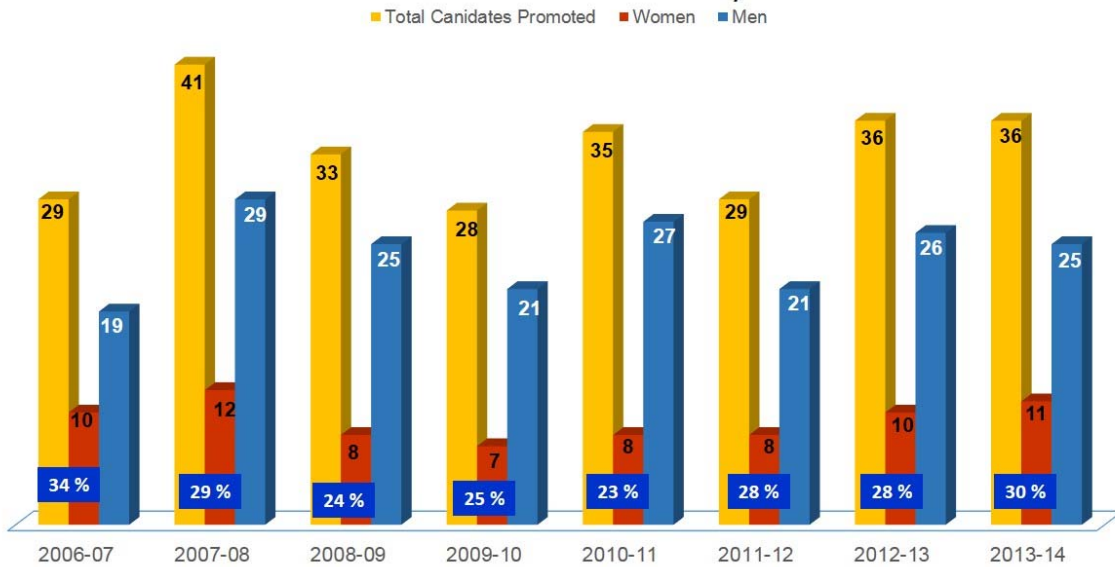


4. Trends in promotion to professor, by gender, recent years

All Professorial Candidates
by Gender



Professorial Promotions by Gender



Conclusions:

Analysis of the faculty promotion data was done using multiple methods and revealed differences in faculty promotion by gender. In the thirteen year cohort analyses, lower promotion rates for women from assistant to associate were noted in all five cohorts, though the only two cohorts with women having lower rates for the next step, hired as assistant, promoted to full professor, were in the last two cohorts. For those hired as associate and promoted to professor, the first two cohorts showed no difference in comparison to the last three cohorts that showed lower rates for women. For all of the thirteen year cohort analysis, the rates were based on small numbers of women. The collapsed data revealed there were substantially fewer women recruited to faculty. The main attrition of women occurred at the Assistant to Associate professor transition, with only 46% of women advancing vs. 61% of male faculty recruited during that time. In terms of promotion time for the cohorts, for all but one of the five cohorts the time to promotion from assistant to associate was longer for women, by an average of approximately six months. The difference in time to promotion from associate to professor (hired as assistant) analyzed for the cohorts, showed no clear trend or major difference, with one cohort at equal times for men and women, two with women taking less time, and two with men taking less time. For the final promotion group for the cohort analysis, associate to professor (hired as associate), for all but the last cohort the time to promotion for women was longer. The collapsed data revealed this same trend of increased length in overall time to promotion for those women who entered at the Associate professor level.

In recent years (2011, 2012, 2013), data from the APPC Nomination Manager showed the times to promotion were longer for women when analyzed by all faculty, and when analyzed by MD and PhD. Also in the recent years, the APPC Nomination Manager Data analysis revealed there were several examples of lower numbers of objective findings, such as lower overall publications and senior author publications, for women successfully promoted. There was also possibly overall lower grant funding success for women, though missing data (not completed by applicant) make it impossible to say with certainty. There are no real differences in rates of women promoted to Professor in recent years, and the overall percentage of faculty promoted to professor has remained constant for the last eight years at approximately thirty percent being women.

Recommendations:

The thirteen year cohort analysis revealed lower promotion rates from assistant to associate professor and that the main attrition of women occurred at this transitional point. In terms of promotion time in the cohort study, for all but one of the cohorts the time to promotion from assistant to associate was longer for women by an average of approximately six months. The recent data (2011-2013) provided in this report show this continued trend that women still take longer to be promoted from assistant professor to associate professor and this has actually increased to an average of 1.3 years. Further examination of the data reveals that women may take longer to develop the scientific portfolios needed to make this transition.

We recommend the following actions be taken that may assist in mitigating this discrepancy in academic advancement between men and women at JHUSOM:

1. **Annual reviews:** The SOM should ensure that annual departmental/divisional faculty reviews are performed, and systems are in place to address deficiencies for academic progression. The annual reviews should be managed electronically and maintained by the Office of Faculty.
2. **Internal promotions committees:** When departments utilize internal promotions committees to determine who should be put up for promotion, transparent criteria need to be in place and available to the departmental faculty to view. The internal promotions committee standards for promotion should be decided by the individual department.
3. **Greater mentoring opportunities:** Each department should be required to develop a mentoring/advising program that ensures that all women have a mentoring team and that the mentor/mentee relationships are thriving. Best practices in mentoring women faculty should be incorporated in designing these programs, and metrics should be in place to determine effectiveness.
4. **Unconscious bias training:** Departmental leaders and mentors should receive training in unconscious bias and how it impacts the promotion of women faculty in academia.
5. **Targeted Programming:** The SOM, through the Office of Women in Science and Medicine (OWISM), and the Office of Faculty Development (OFD), should design additional programs in leadership development, scholarly productivity, including seminars and workshops on manuscript publication, successful grant writing, and managing a research team.
6. **Monitoring:** The Committee on the status of Women (CSW) with the OFD should provide a summary document every 3 years that reports the rate of promotion by gender, by department, and career pathways. This report should be presented to the ABMF and the faculty Senate and be available for all faculty to view.

REPORT ON SATISFACTION 2014



Satisfaction Subcommittee CSW

Chair:

Joann N. Bodurtha, MD., MPH, FAAP, FACMG, Professor, Departments of Pediatrics and Oncology, McKusick-Nathans Institute of Genetic Medicine

Committee Members:

Rebecca Gottesman MD, PhD, Associate Professor, Department of Neurology

Erin Michos, MD, Associate Professor, Department of Medicine

Karen Swartz, MD, Associate Professor, Department of Psychiatry and Behavioral Sciences

Ex-officio

Barbara Fivush, MD, Professor, Department of Pediatrics
Director, Division of Pediatric Nephrology
Associate Dean and Director, Office of Women in Science in Medicine
Chair, Committee on the Status of Women

Lisa Ishii, MD, Associate Professor, Department of Otolaryngology
Co-Chair, Committee on the Status of Women

Satisfaction

Introduction:

Faculty satisfaction for the Johns Hopkins School of Medicine has been and continues to be of critical importance. Satisfaction with your position and institution is correlated with a more productive and stable work force (Reference 1-6). The previous Faculty Satisfaction Survey results which have been reported in 2004 and in 2009 (Appendix IV) have indicated more negative trends for women than men in overall job satisfaction, advancement compared to peers, and balance between career and family. In addition to the satisfaction survey, exit surveys and interviews have been conducted over the last decade for departing faculty members. These surveys over time have indicated that job satisfaction is the highest career/life factor influencing faculty decisions to leave the JHSOM.

Methods:

The Faculty Satisfaction Survey was adapted and modified from the University of Wisconsin-Madison Faculty Work Life Satisfaction Survey by the JHSOM Committee on the Status of Women in conjunction with the Office of Faculty Development for administration to our faculty (Supplemental Data 1). In April 2013, Dean Rothman sent out an email requesting that all faculty participate in taking this newly developed Faculty Satisfaction Survey. Follow up emails were sent by him 4 times over the following months to any non-responders. The survey was closed May 3, 2013, and there was a 63% response rate from the full time faculty (N=1392). Of the respondents, 63% were male (vs 61 % of full time faculty) and 31 total responders did not identify their gender. Among the 1323 individuals with both gender and appropriate rank data, rank of responders was: 359 Full professor (273 male/ 86 female), 316 Associate Professor (209 male/ 107 female), 576 Assistant Professor (299 male/ 277 female), 72 Instructor (44 male/ 28 female). Disproportionately fewer women were respondents in the higher ranks, similar to the distribution in the faculty.

Results:

The overall level of satisfaction by SOM faculty is very similar between men and women faculty who reported being “satisfied/very satisfied”. However, fewer women compared to their male colleagues reported being “very satisfied” (21% vs. 31%). Women faculty report being “very satisfied” as a faculty member at a lower rate than in men across all ranks from Assistant Professor through Professor.

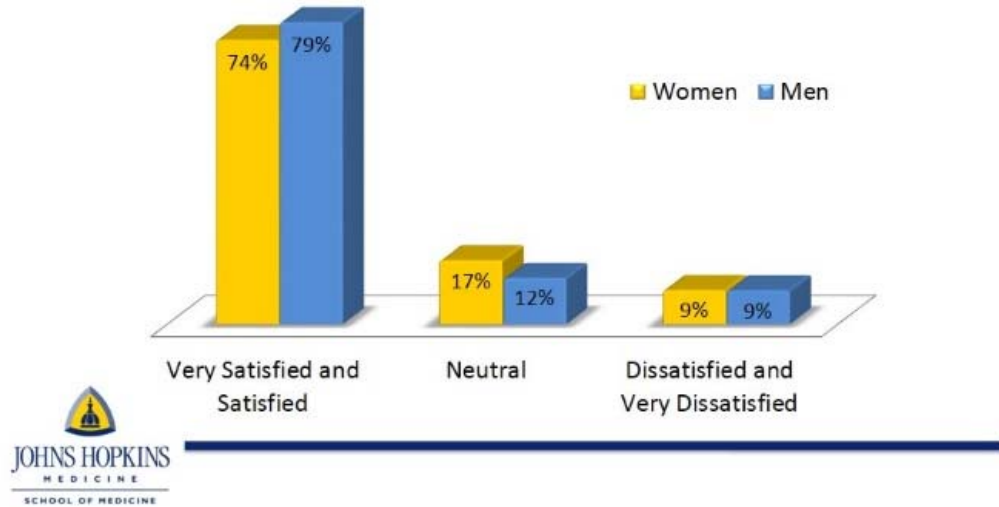
Specific areas with lower satisfaction reported by women vs men include: *Career progression* (13% of women vs 25% of men are very satisfied), *transparency of the promotion process* (9% women vs 15% of men are very satisfied), *Compensation* (4% women vs 7% men are very satisfied) and *transparency of compensation* (4% women vs 9% men are very satisfied). Additional areas with low levels of satisfaction for women faculty include gender diversity in departments/divisions, resources, leadership within individual departments, having a voice in decision-making, and mentoring needs being met.

Comments from the Faculty Satisfaction Survey free text had similar themes involving low salary, feeling replaceable, and the difficult working environment for all faculty especially for mothers/parents. These qualitative comments from the Faculty Satisfaction Survey (Supplemental Data 3), demonstrate these findings. However, the gender (i.e. male/female) of the commenter is not known.

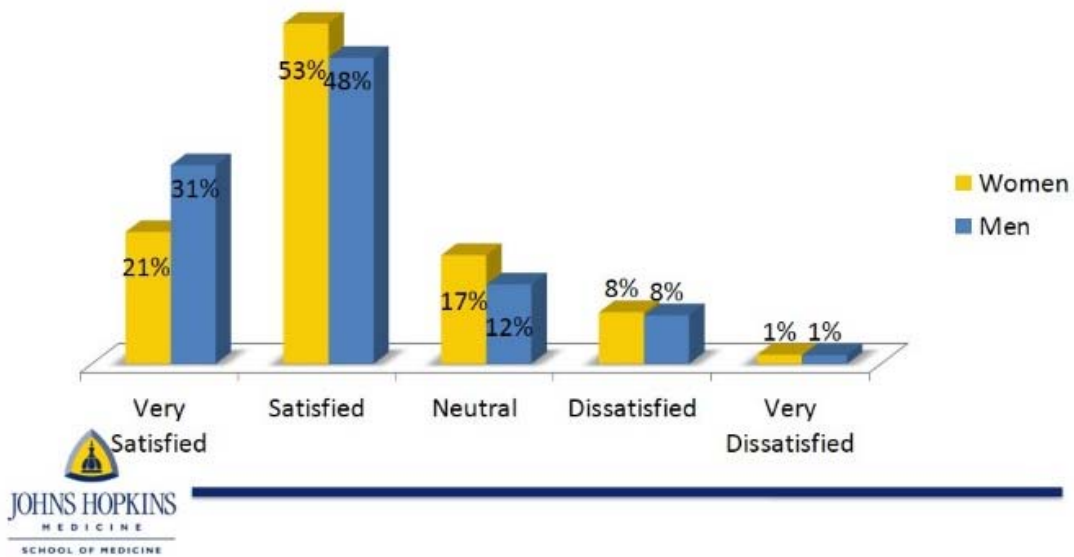
Exit interview data which has been collected from departing faculty over the last decade was also used to supplement the findings of the Faculty Satisfaction Survey for this 2014 Committee on the Status of Women report. From 2010 to present (May 2014), 86 female and 130 male faculty members have ended their appointments at JHUSOM. 77% reported personal/family/life concerns were the most frequent factor affecting their decision to leave with no gender differential.

Slides 1-16 (Data obtained from 2013 Faculty Satisfaction Survey)

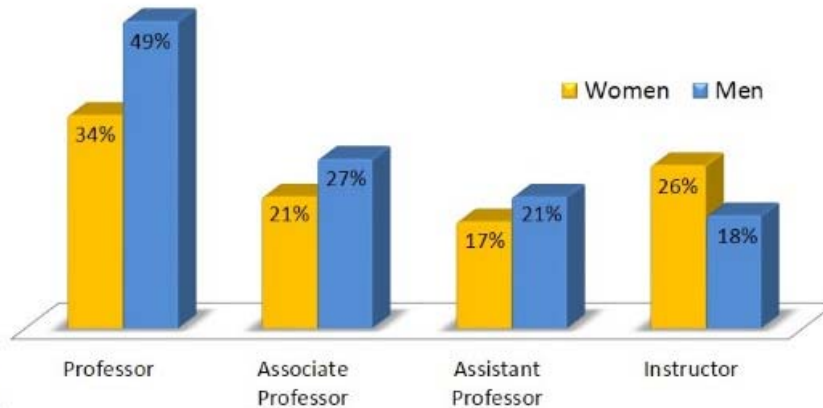
Level of Satisfaction Being a Faculty Member



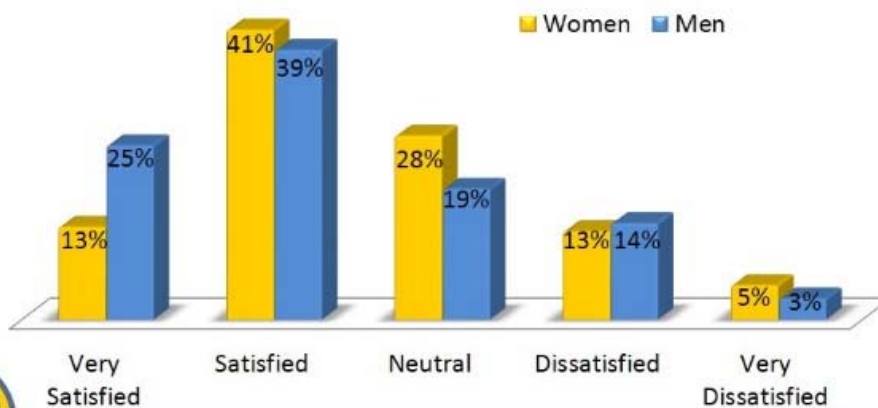
Level of Satisfaction Being a Faculty Member



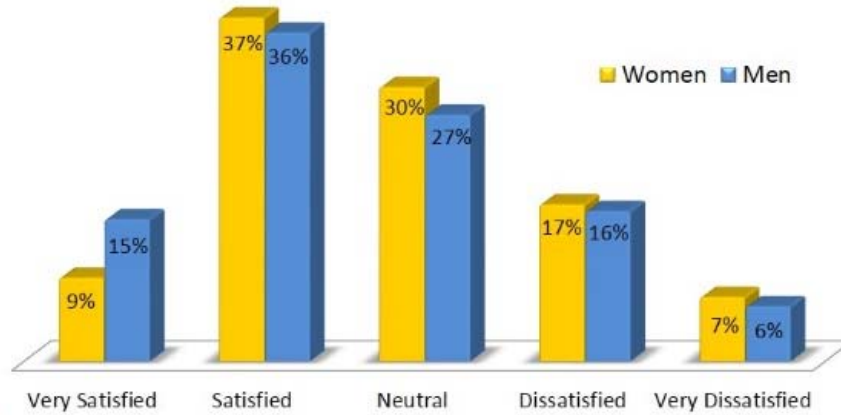
Level of Satisfaction Being a Faculty Member Very Satisfied by Gender and Rank



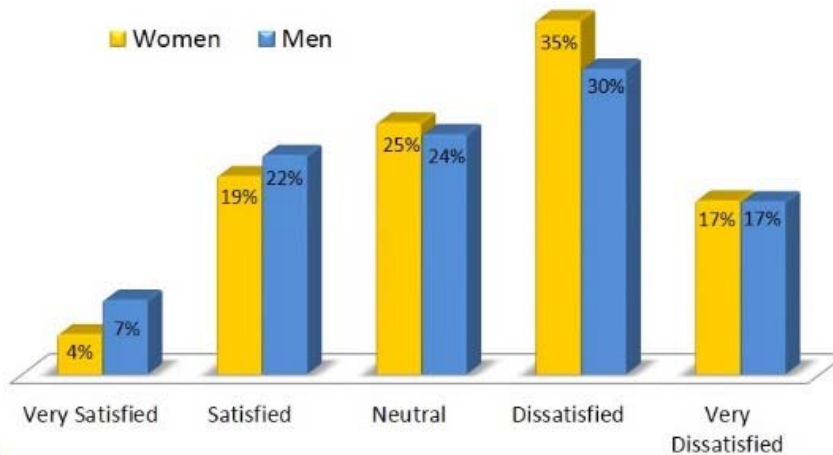
Level of Satisfaction Your Career Progression



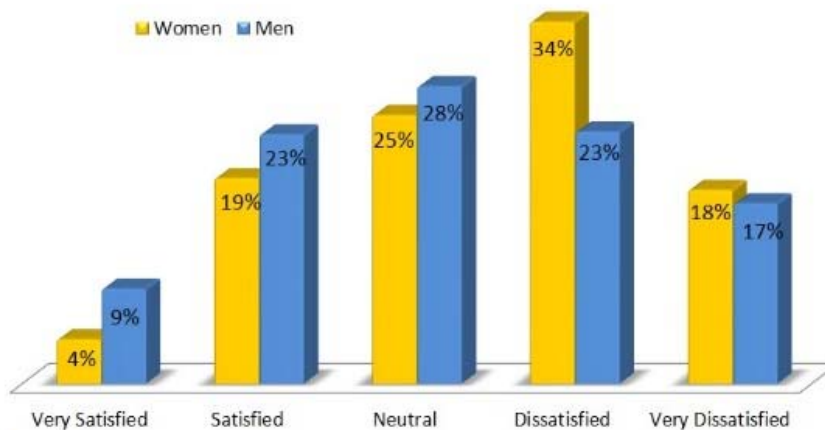
Level of Satisfaction The Transparency of the Promotion Process



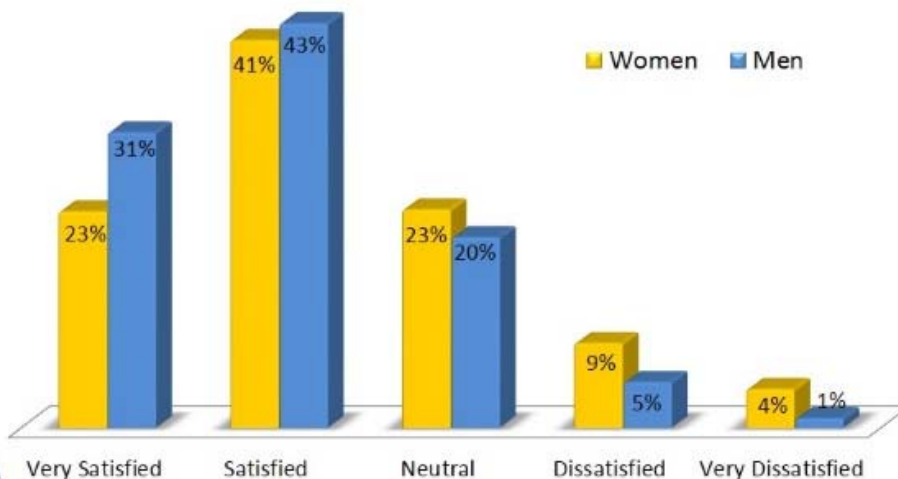
Level of Satisfaction Your Compensation



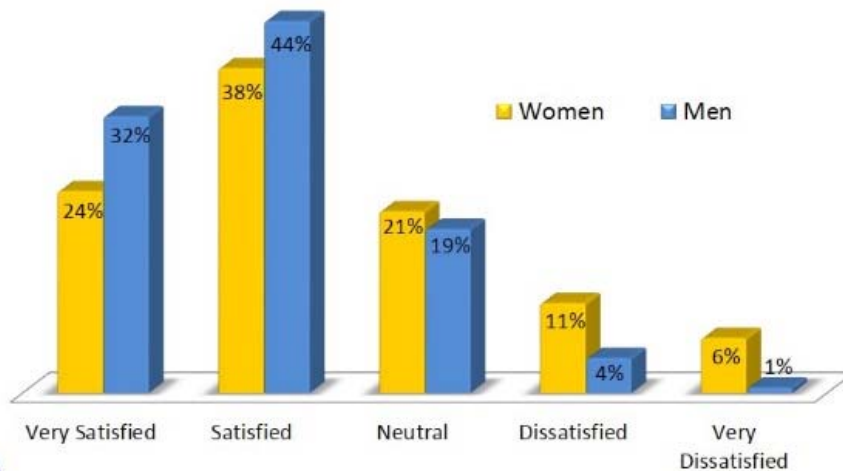
Level of Satisfaction The Transparency of Your Compensation



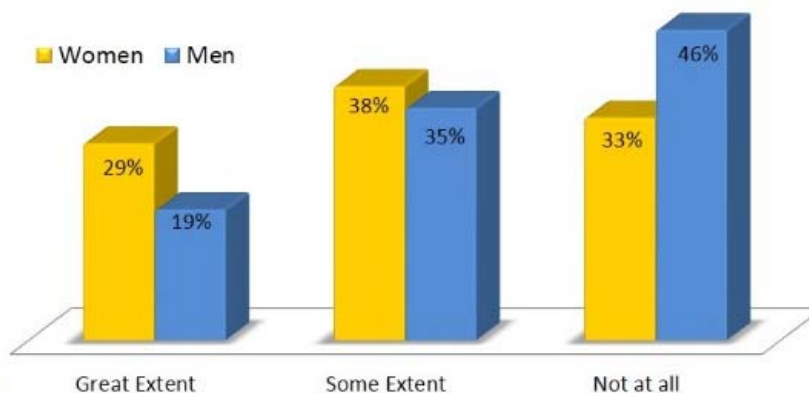
Level of Satisfaction Gender Diversity in your Department/Division



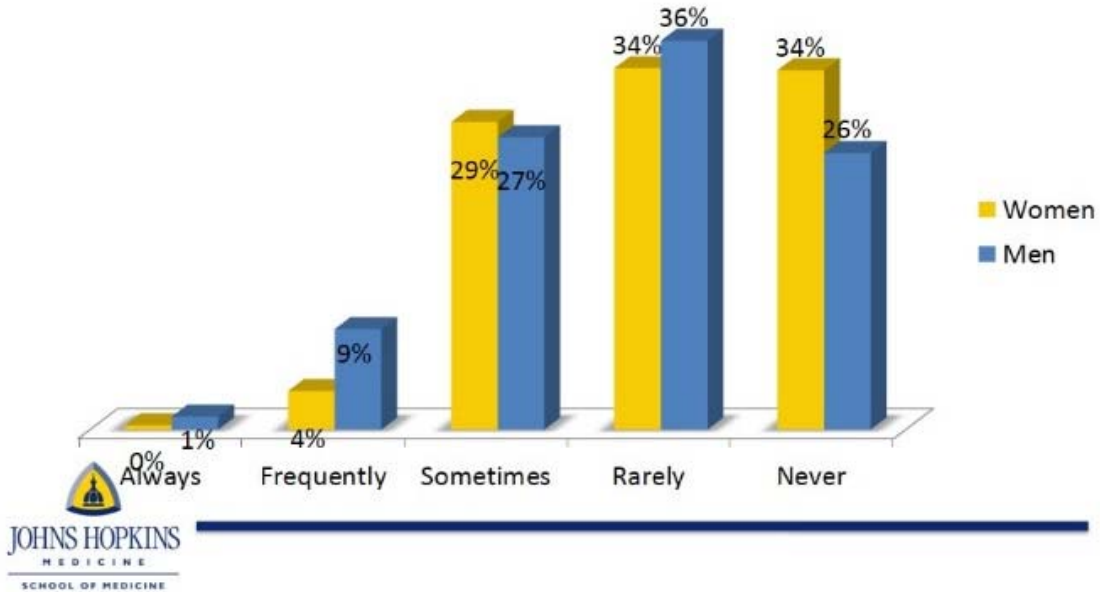
Overall Level of Satisfaction Climate for Women in your Department



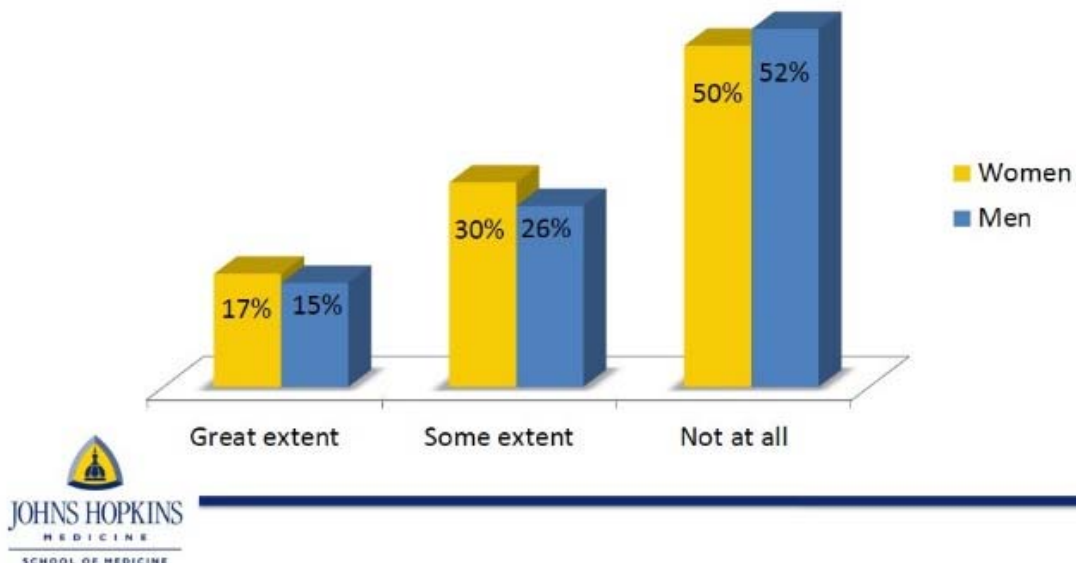
To What Extent Have You Considered the Following Reasons to Leave Hopkins Improve Work-Life Balance



Thinking about Interactions with Colleagues, How Often Do You Have a Voice in Decision-Making

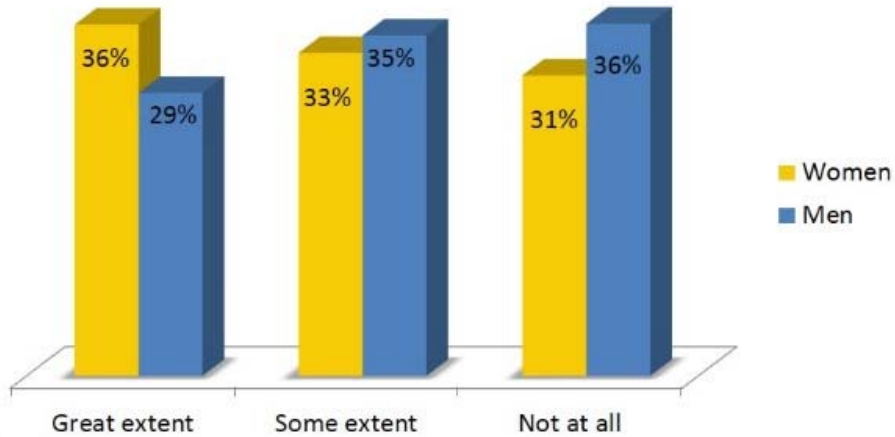


To What Extent Have You Considered the Following Reasons to Leave Hopkins Inadequate Leadership



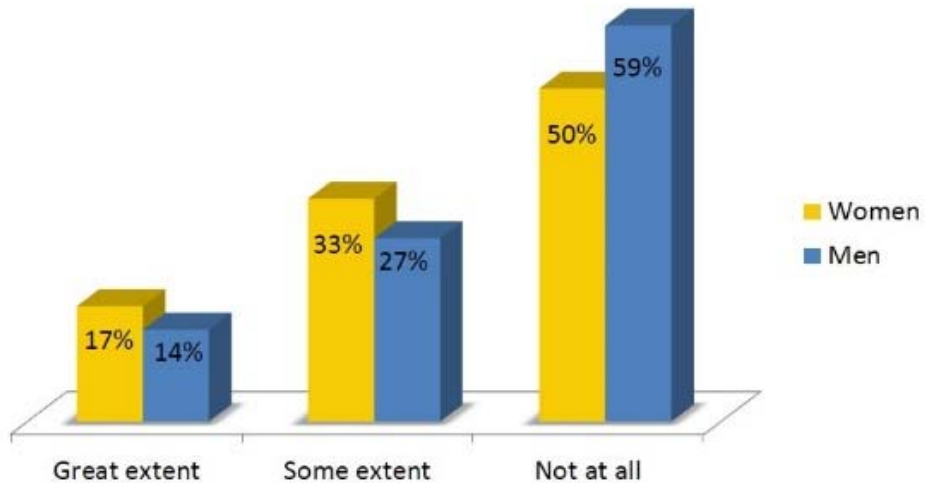
To What Extent Have You Considered the Following Reasons to Leave Hopkins

Lack of Resources

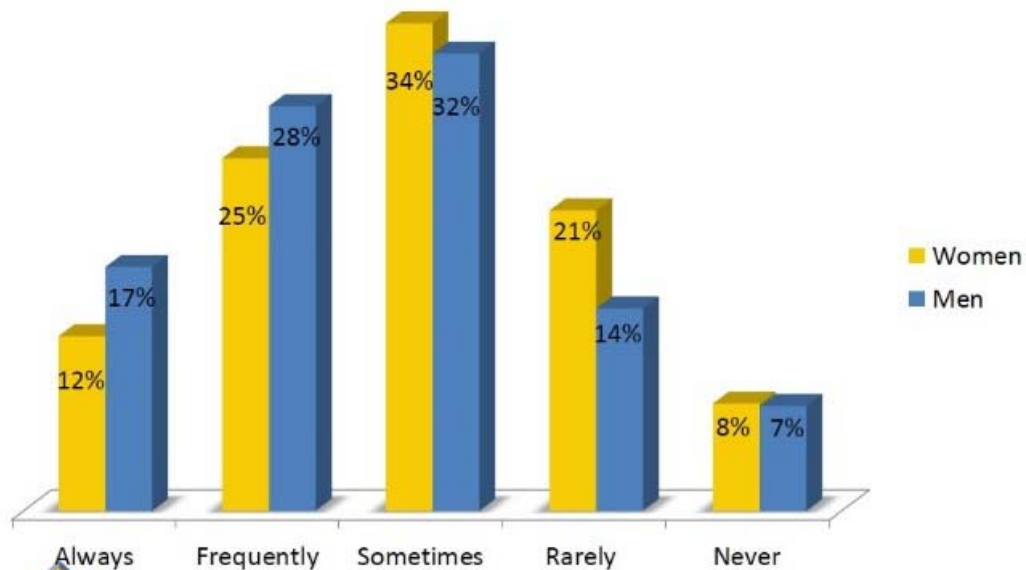


To What Extent Have You Considered the Following Reasons to Leave Hopkins

Family Reasons



Do You Feel That Your Mentoring Needs Are Met?



Exit data

- Faculty departures from JHSOM

	Women	Men
2010-11	18/699 (1.1%)	37/1298 (2.9%)
2011-12	23/733 (3.1%)	25/1331 (1.9%)
2012-13	25/780 (3.2%)	40/1370 (2.9%)
2013-14	20/793 (2.5%)	28/1366 (2.0%)

- Themes from exit surveys

- Need for “better support for working mothers”
- 77% (n=30) overall with no difference by gender reported personal/ family/ life concerns factored into their decision to leave in 2013

Conclusions:

The Faculty Satisfaction Survey has been previously done in 2004 and 2009 and correlated to gender, however these surveys had different questions and overall survey design. Because of these differences we could not correlate our findings from the 2014 Faculty Satisfaction Survey directly with previous satisfaction surveys. Despite the inability to compare to previous surveys, the 2014 survey results are critical to understanding faculty satisfaction and gender differential in this satisfaction at this time, when there are many changes occurring in academic medicine that impact the faculty.

Although the previous surveys had different methodologies and variable response rates, the overall results were similar with fewer women expressing overall satisfaction with their experiences on the faculty. There are multiple consistent themes across all three surveys: women feel less valued, feel they have less of a voice in their departments, feel less satisfied with their advancement, and have lower overall satisfaction. Importantly, there has been little change in the areas of dissatisfaction identified by the women faculty over the past decade.

The goal of Johns Hopkins Medical School Strategic Plan Priority #1 (Appendix II) is to have a “very satisfied” faculty, and to promote excellence in patient care, research and teaching. There are multiple areas identified in this survey in which faculty women report lower levels of satisfaction including fewer women being “very satisfied” with their overall professional experience. The excellent response rate of the recent survey and the identification of multiple areas of lower satisfaction among women faculty demonstrates the need for systematic changes not only for women faculty but for all faculty.

Recommendations:

Although the recommendations made in the 2009 Report of the Committee on Faculty Development and Gender (Appendix IV) were largely implemented and have benefited all faculty, the consistency of the concerns raised by the women faculty underscore the need for new approaches and programs to address these causes of continued dissatisfaction.

Specific recommendations to improve the satisfaction noted by women faculty at the SOM include:

1. **Greater transparency:** There needs to be greater transparency in the determination of salary and other financial compensation, allocation of departmental resources and other support (including administrative support) for all faculty members.
2. **Promote a culture change:** A critical review of all departmental policies that impact work/life balance is needed to address the “personal/family/life concerns” identified by the majority of women and men as a factor in their decision to leave.
3. **Accountable sponsorship of department directors for their individual faculty members’ success and satisfaction:** Department directors need to be responsible for assisting their faculty with career decisions and providing leadership

opportunities Departmental directors or their designee have the responsibility to conduct annual reviews with faculty as described in the Gold Book (Appendix V)

4. **Review of satisfaction data:** The faculty satisfaction survey should be administered to faculty every two years, and the CSW and Office of faculty should analyze these data by gender and by department to look for trends in response. These data should be reported to the ABMF and the Faculty Senate. Satisfaction survey results should be used to address faculty issues within the various departments. Department directors have the responsibility to discuss the satisfaction results at departmental faculty meetings. Satisfaction survey results can be an issue for discussion to be raised during individual meetings.

Key References

1. Bucklin BA et al. Predictors of early faculty attrition at one Academic Medical Center. BMC Medical Education 2014; 14:27.
2. Bunton SA et al. Predictors of workplace satisfaction for US Medical School Faculty in an era of change and challenge. Acad Med 2012; 87:574.
3. Gunn CM et al. Knowledge and perception of family leave policies among female faculty in academic medicine. Women Hlth Iss 2014; e205.
4. Hagedorn LS. Conceptualizing faculty job satisfaction. 2000, Ch. 1 in New Directions for Institutional Research, no 105, p. 5.
5. Olsen D, Work satisfaction and stress in the first and third year of academic appointment. JHE 1993; 64: 453.
6. Ries A et al. Measuring faculty retention and success in academic medicine. Acad Med 2012p; 87: 1046.

Supplemental Data 1 – Verbatim Comments from 2013 Faculty Satisfaction Survey

- Low pay: “I fear being laid off due to budget cutbacks”
- Feeling replaceable: “The institution takes us for granted.”
- “No one cares who you are”
- “No one is going to tell you you’re doing a good job”
- “My chairman says that we faculty are ‘disposable’ and values administrators above us”
- “Difficult work environment for mothers with young children.”
- “For the past 15 years there was a bigger concern in having new buildings than supporting our personnel”
- “Lack of leadership and direction. Poor compensation coupled with no direction on how you can move up the ladder makes you want to consider what is available elsewhere”
- “The promotion process is markedly inequitable. Excellence as a clinician is VERY undervalued, though it does “pay the bills”, while publication in a high value journal (with limited clinical production) is VERY overvalued”
- “Absolutely no assistance with providing the tools for becoming a successful academic clinician at Hopkins”
- “There is an increasing emphasis on meeting the clinical needs of the institution and we have an inadequate number of faculty to meet these increasing needs. Thus, time dedicated to research or administrative functions is being allocated to maintaining the clinical mission”
- “The biggest reasons to leave Hopkins are the salary and the overall feeling (that comes ‘from the top’) of feeling ‘replaceable”
- “I believe women faculty in my department are treated differently than the male faculty. Resources provided to them are significantly less”
- “Lapses in collegiality and collaboration. Ever greater clinical demands”
- “Feels like every year we’re asked to do more with less. The latest is being asked to do more clinical work for less FTE credit. I already feel like I am stretched to my breaking point”