

Womens' Leadership Representation

Standing Committees
2007

Search Committees
1997-2007

The Johns Hopkins University School of Medicine

Prepared for The Women's Leadership Council

December 2007

WLC

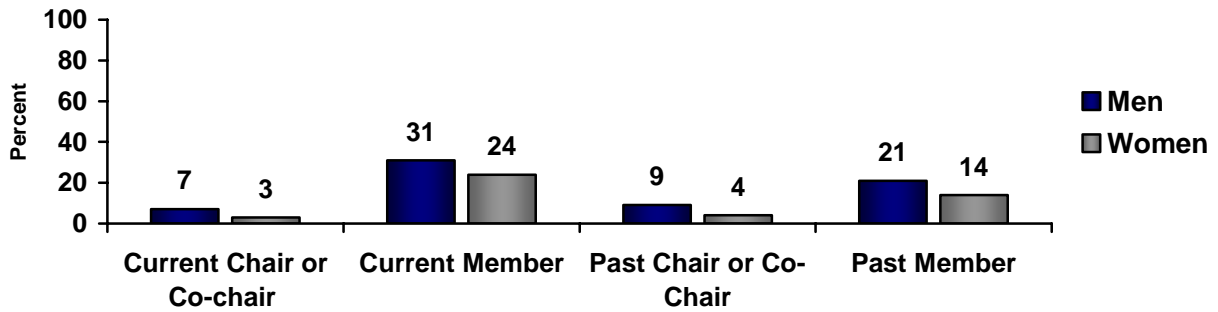
PLEASE DO NOT CITE, REPRODUCE, OR CIRCULATE

Standing Committees and Leadership Roles

A. Background:

A recent **Faculty Survey** (2004) examined perceptions of leadership among men and women using an item on self-reported service on decision-making committees. The results show self-reported low participation overall and a lower percentage of all women relative to the percentage of men who indicated that they had been involved a school-wide or university committees. The results are shown below.

Self-Reported Service on a School or University Committee by Gender (% of each sex who report serving)



Building on these data and on other previous surveys, we conducted an analysis of the gender composition of all standing committees, and some institutional (Hospital/University) for 2006-2007, and for 1996-1997, ten years ago. In addition, the composition of all major School of Medicine search committees was also examined over the past ten years to determine the extent to which perceptions of gender disparities were supported by actual data. For groups of committees, data are shown graphically, and generally tested where possible for their deviation from benchmarks constituting both equality and proportionality of women's representation. No interpretations are presented

B. Methods:

Data Sources:

The on-line version of the Catalogue of the Johns Hopkins University School of Medicine 2006-2007 (<http://www.hopkinsmedicine.org/som/students/academics/catalog06/>) Section: Administration, pages 281-293 was used to gather data on the Committees and membership of committees, listed and accessible to the public. Lists of all committee members were provided in the catalogue for 2006-2007. Membership listed was entered into a database and each member's gender was coded. Simple proportions based on the number of women and the total number of members on a committee were made.

For the 10-year comparison data, a bound copy of the printed official Catalogue of Johns Hopkins University School of Medicine Academic Year 1996-1997 pages 243-252 was similarly used to gather data and generate the proportion of women tenure track faculty (instructor to Professor) on each committee. All percentages of women faculty represented are rounded to the nearest whole number. There were no nontenure track women faculty serving on any committees reviewed. When a woman or a man was designated as staff for the committee or any member was designated as nonvoting ex officio, they were not included in the tallies presented, although very few persons with an ex officio designation were women. The purpose was to examine the role of women faculty members in decision-making roles on committees.

Statistical significance testing was done only for 2006-2007 data because the denominator of women faculty and total faculty numbers were known for that academic year.

Significance Testing 2006-2007 Data:

The proportion of women on a committee or in a leadership group was compared to two standards, one assuming equality of men and women (0.50 or 50%), and the other examining the extent to which the proportion of women observed in the committee or group deviated significantly from the approximate percentage of women who hold a tenured track faculty rank (instructor-professor) in the School of Medicine (approximately 0.33 or 33%).

The computation was based on a one sample binomial test (for small samples) for a two-level categorical variable (men/women) and it was determined whether the distribution of women differed significantly from the hypothesized values of 0.50 (equality) or 0.33 (actual representation of women in the faculty). The data were processed using SAS Version 9.1 (Cary, NC, 2007)

Reference:

Fleiss, JL, Levin, B, Paik MC, *Statistical methods for rates and proportions* (3rd ed). Wiley, New Jersey, 2003.

Table Data:

Number (N) Expected: 2006-2007

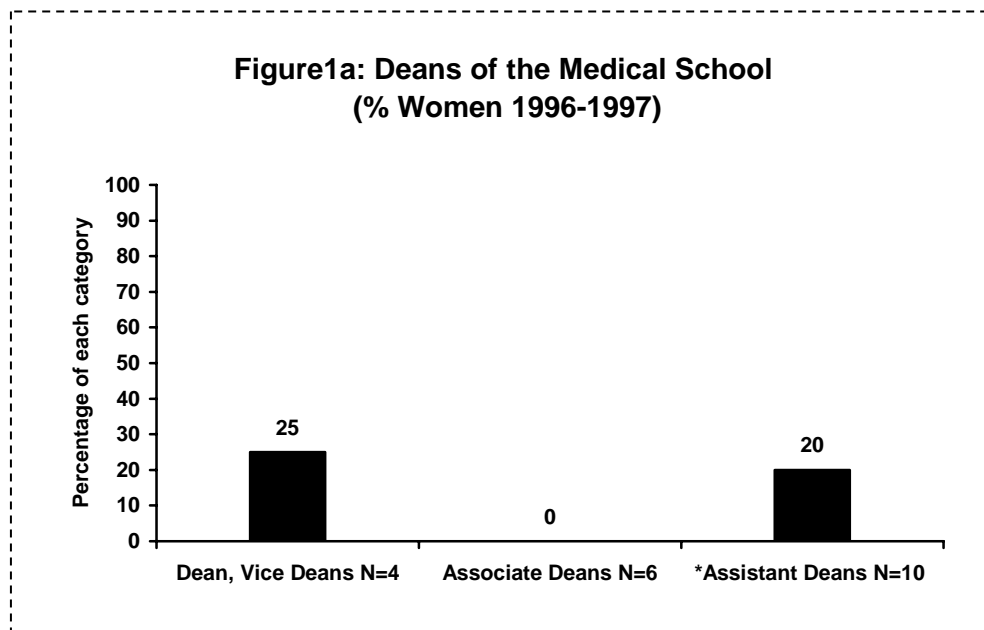
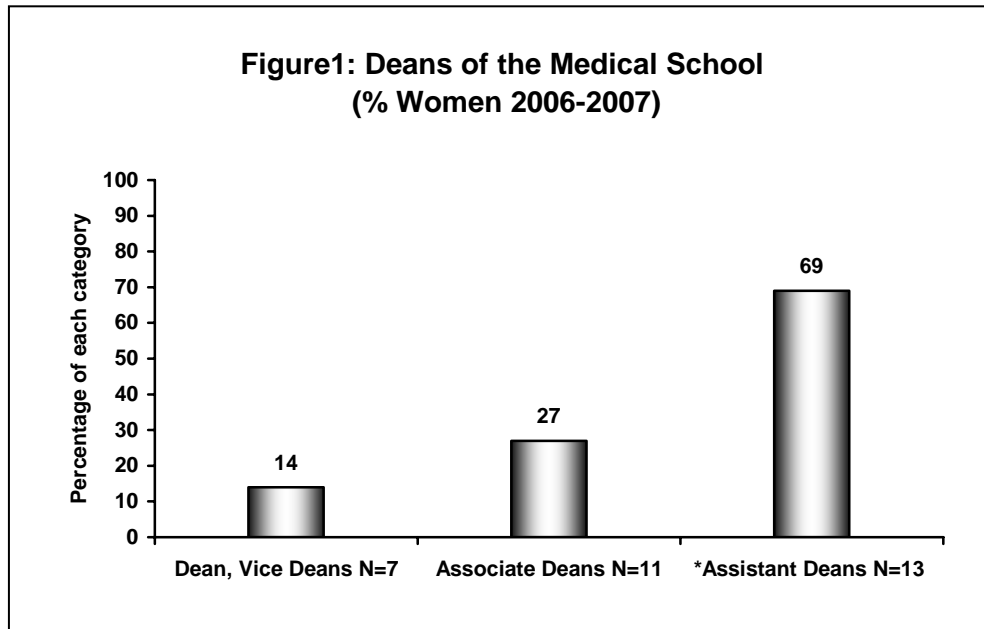
This represents the total number of women predicted under the assumption of either equal numbers of men and women, or under the assumption of proportionality (representation in the same proportions as women were comprised in the overall School of Medicine Faculty).

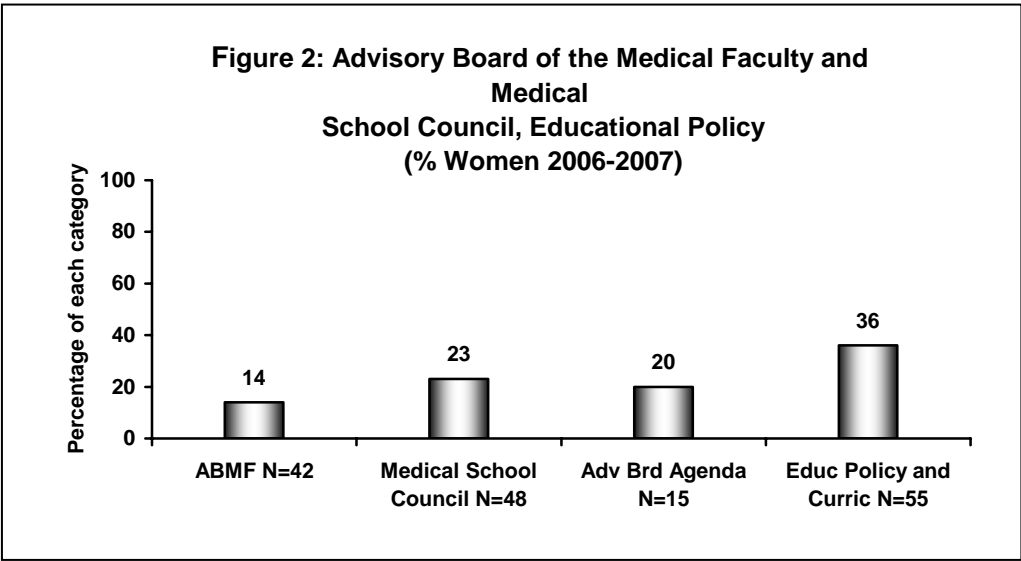
Number (N) Needed: 2006-2007

Represents the number needed to achieve either equality or proportionality (representation of women relative to the proportion who constitute the current faculty). The number needed was calculated to comprise either 50% or 33% of the total overall committee, minus the actual N of women currently serving on the committee. In the "number needed" scenario, women would replace men on the committee and would not increase the size of the committees.

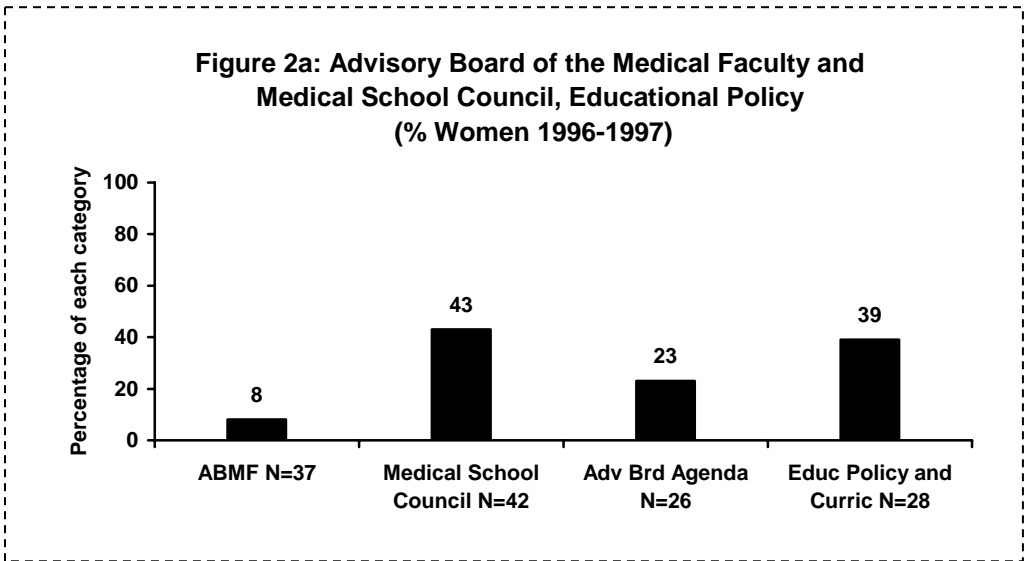
**Part I: Data on Committee and Leadership Representation by Gender
2006-2007 and Comparison with 1996-1997**

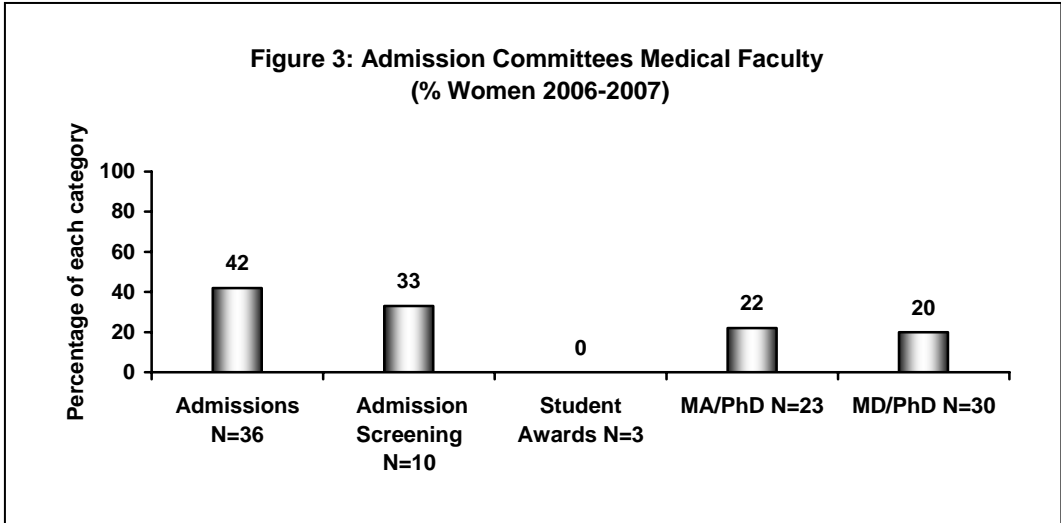
Senior Leadership



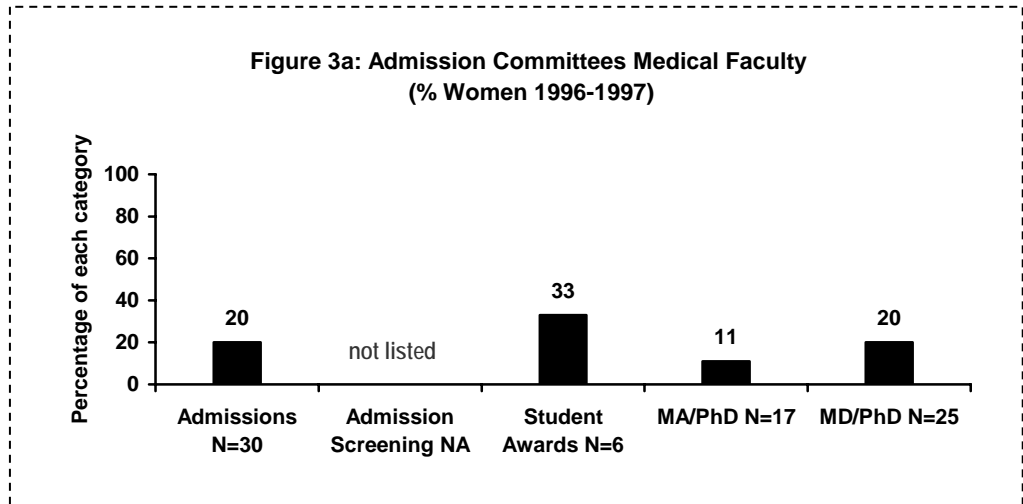


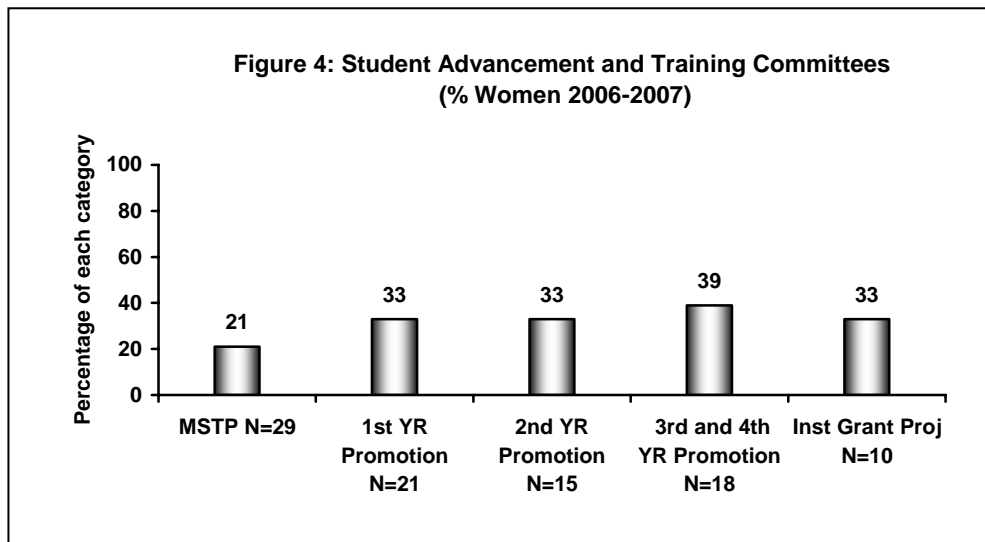
Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
ABMF N Expected/Needed	10 ⁻⁶ 21/15	0.009 14/8
Medical School Council N Expected/Needed	0.00008 24/13	0.04 16/5
Advisory Board Agenda Committee N Expected/Needed	0.01 7/4	0.13 5/2
Educational Policy and Curriculum N Expected/Needed	0.01 27/7	NA- meets expected



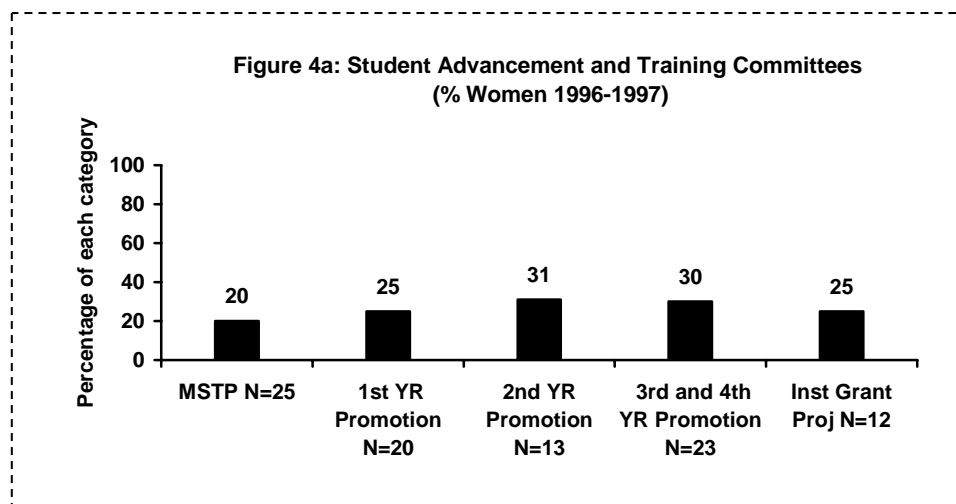


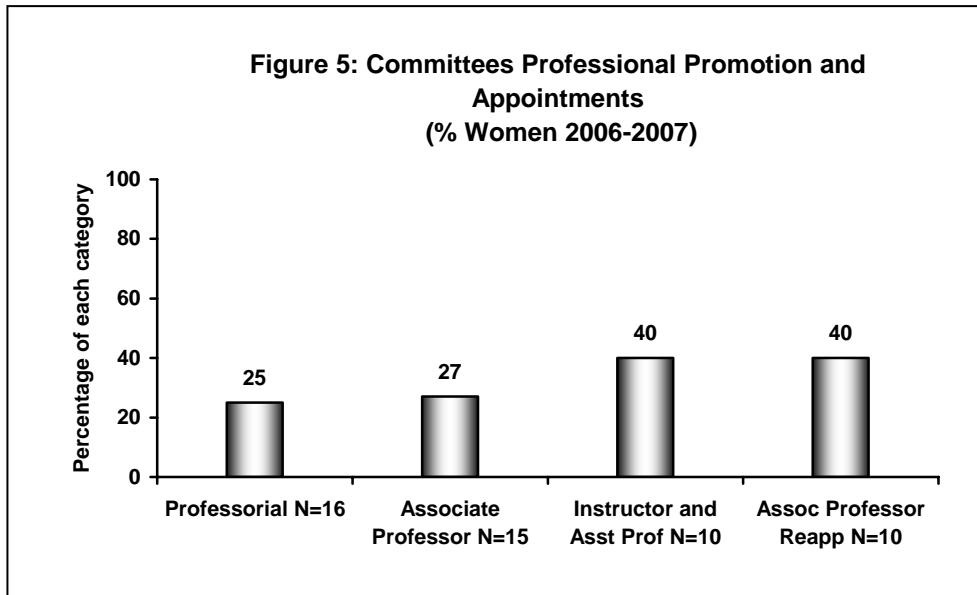
Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
Admissions N Expected/Needed	0.000006 18/3	NA-meets expected
Admission Screening N Expected/Needed	0.08 5/2	NA- meets expected
Student Awards N Expected/Needed	NA- N too small	NA- N too small
MA/PhD N Expected/Needed	0.004 11/6	0.09 8/3
MD/PHD N Expected/Needed	0.0005 15/9	0.05 10/4



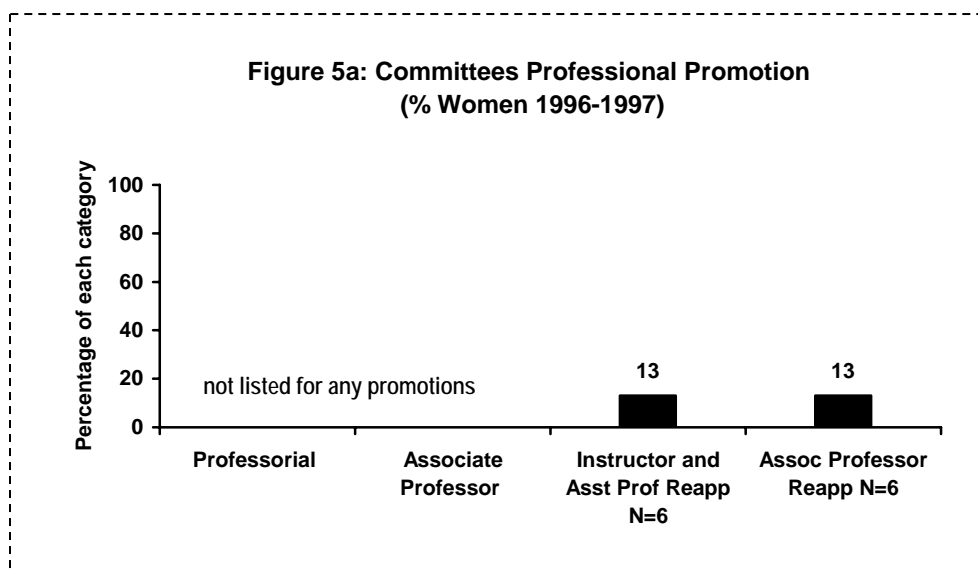


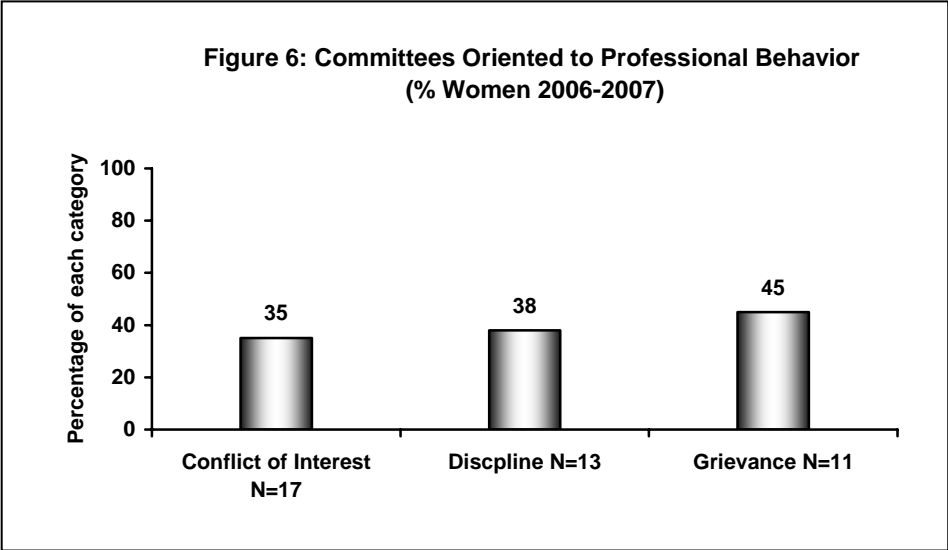
Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
MSTP N Expected/Needed	0.0008 14/8	0.06 10/4
1st Yr Promotion N Expected/Needed	0.05 10/3	NA-meets expected
2nd Yr Promotion N Expected/Needed	0.09 7/2	NA-meets expected
3rd and 4th Year Promotion N Expected/Needed	0.12 9/2	NA-meets expected
Institutional Research Grant Project Committee N Expected/Needed	0.12 5/2	NA-meets expected



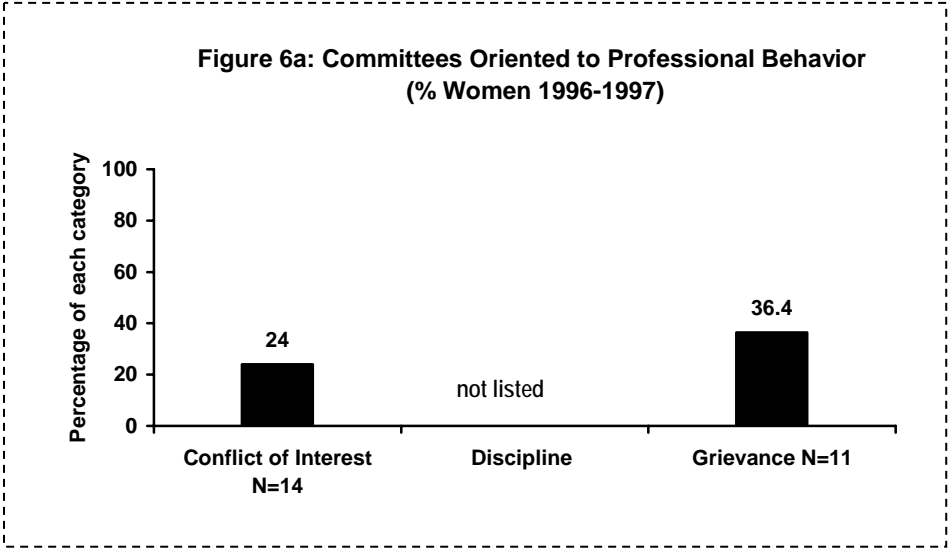


Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
Professor Promotions N Expected/Needed	0.03 8/4	0.18 5/1
Associate Professor Promotions N Expected/Needed	0.04 7/3	0.20 5/1
Instructor and Assistant Professor Reappointment Committee N Expected/Needed	0.20 5/1	NA-meets expected
Associate Professor Reappointment Committee N Expected/Needed	0.20 5/1	NA-meets expected

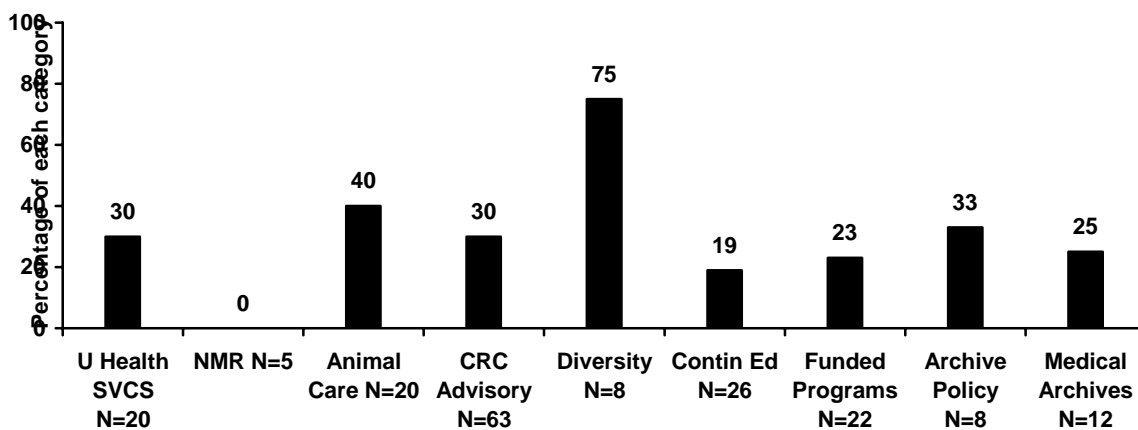




Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
Conflict of Interest N Expected/Needed	0.09 8/2	NA-meets expected
Discipline N Expected/Needed	0.16 6/1	NA-meets expected
Grievance N Expected/Needed	NA-meets expected	NA-meets expected



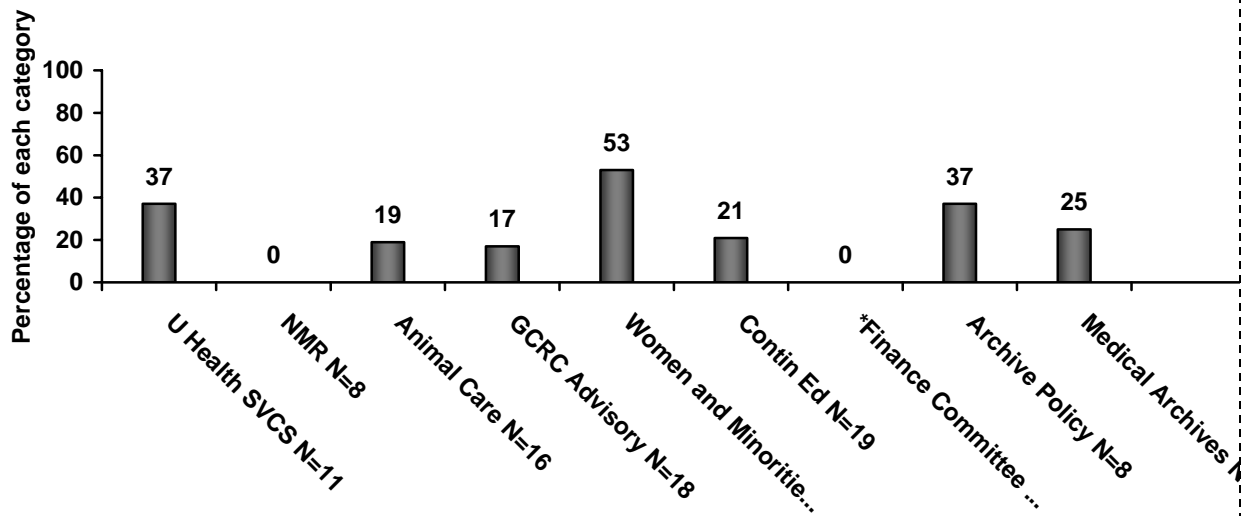
**Figure 7: Advisory Committees
(% Women 2006-2007)**



* Not clear that this “Finance Committee” is analogous to current category of “Funded Programs” which exists in 2007, but not in 1997, and vice versa.

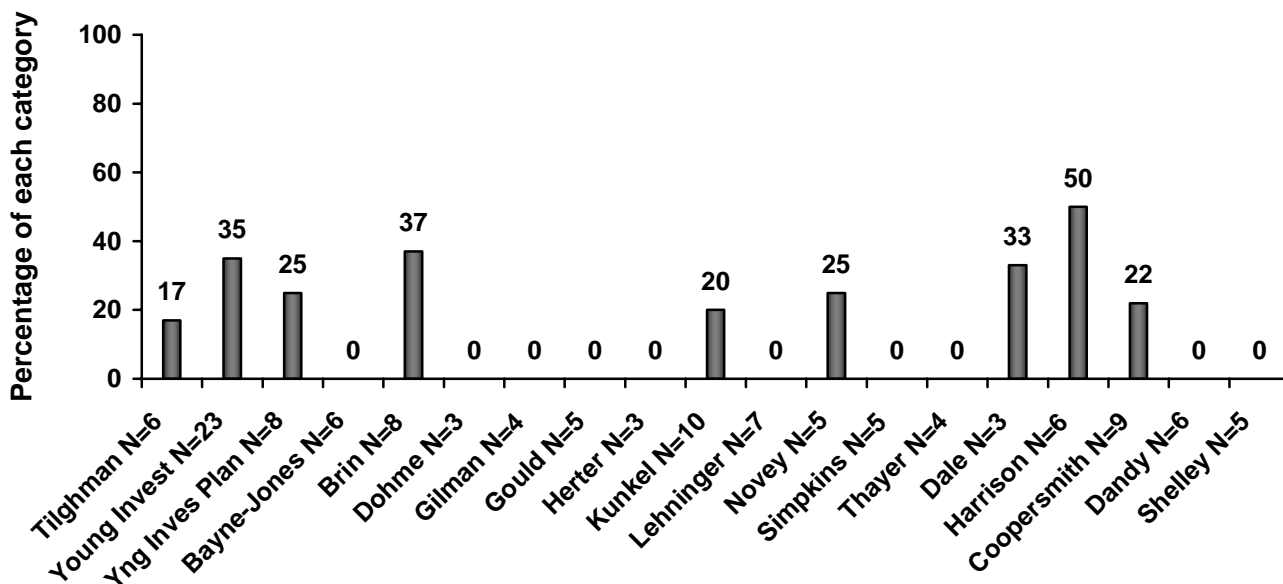
Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
University Health Services N Expected/Needed	0.04 10/4	0.18 7/1
Nuclear Magnetic Resonance N Expected/Needed	0.03 2/2	0.13 2/2
Animal Care N Expected/Needed	0.12 10/2	NA-meets expected
General Clinical Research Center N Expected/Needed	0.0007 31/12	0.09 21/2
Diversity N Expected/Needed	NA-meets expected (exceeds by 2)	NA-meets expected
Continuing Education N Expected/Needed	0.0009 13/8	0.06 9/4
Funded Programs N Expected/Needed	0.006 11/6	0.11 7/2
Archive Policy N Expected/Needed	0.22 4/1	NA-meets expected
Medical Archives N Expected/Needed	0.05 6/3	0.21 4/1

Figure 7a: Advisory Committees
(% Women 1996-1997)



No statistics were performed on these Awards Advisory Panels due to the generally small denominators.

Figure 8: Awards, Lectureships, Visiting Professorships, Special Fellowships
(% Women 2006-2007)



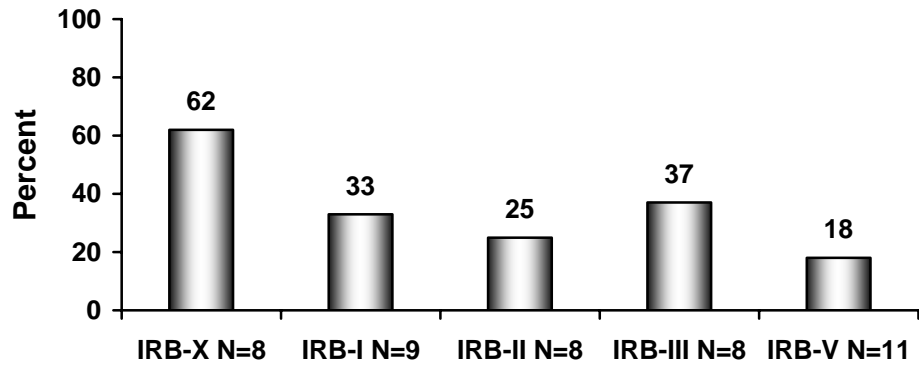
In 2006-2007, of the total of 19 listed award committees, 10 had no women and 5 had equal to or < 33% women. Women were thus under-represented 79% of all listed award committees.

Additional

Professor's Teaching Award Committee N= 7
Clinician Scientist Award N=9

0.0% women
55.5% women

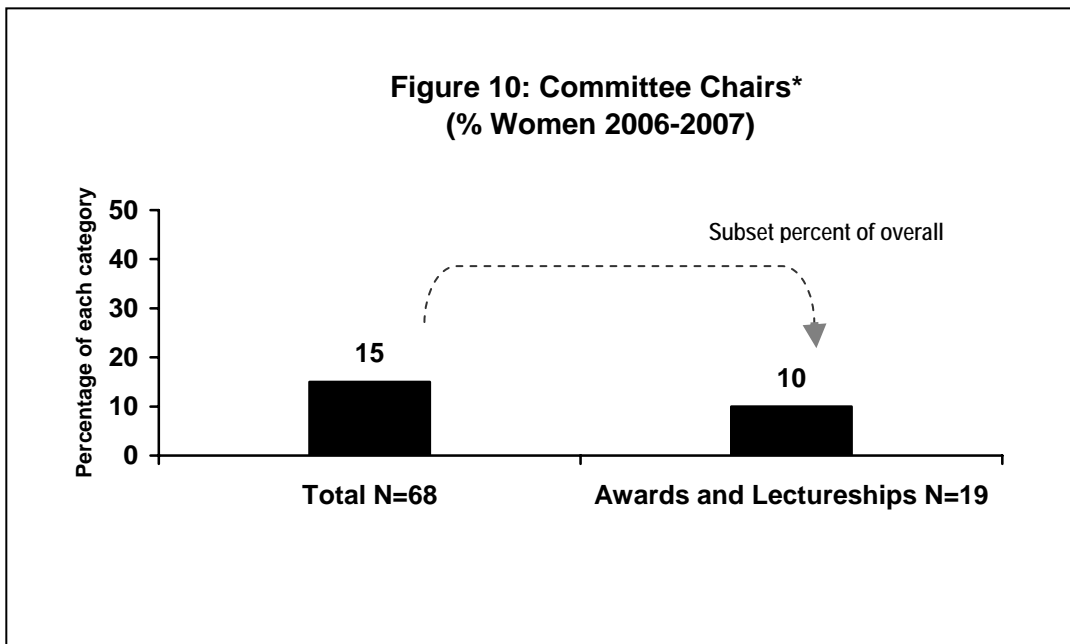
**Figure 9. Institutional Review Boards *
(% Women 2006-2007)**



Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
IRB-X Expedited	NA-meets expected	NA-meets expected
IRB-I N Expected/Needed	0.16 4/1	NA-meets expected
IRB-II N Expected/Needed	0.11 4/2	0.27 3/1
IRB-III N Expected/Needed	0.22 4/1	NA-meets expected
IRB-V N Expected/Needed	0.03 5/3	0.16 4/2

In 1996-1997, there were two institution-wide Institutional Review Boards:

JHMI N=24	33.0% women
Bayview N=15	46.7%



* Represents committees and groups that are constituted primarily of but not solely of The Johns Hopkins University School of Medicine Faculty

Committee	Departure from equality (0.50) P value	Departure from existing proportion women faculty (0.33) P Value
Chairs of Standing SOM Committees	0.0000 (10^{-13})	0.0001
N Expected/Needed	34/24	22/12
Chairs of Awards Committees	0.0003	0.02
N Expected/Needed	9/7	6/4

In 1996-1997, there were only 4 committee chairs, 3 of which were chaired by the same woman, the Vice Dean, and 1 award committee chaired by a woman associate professor. The committee structure was slightly different with regard to overlap with the hospital, but in general there is some increase in chairmanship overall, but not of awards or lectureships.

Additional 2006-2007 University-wide and Hospital-University Relevant Committees*

	Total N	% Women*
Human Genetics	11	18.2
Graduate Medical Education	12	36.1*
Radiation Control	12	0
Laboratory Advisory	20	35*
Institutional Privacy Board	8	37.5*
Clinical Radiation Research	6	16.7
Radioactive Drug Research	6	16.7
Welch Library Advisory Committee-Service Group	13	76.9*
Welch Library Financial Advisory Group	10	50*
Joint Committee for Health Safety and Environment	26	34.6*
Joint Committee on Social and Cultural Affairs	7	14.3
Board of Trustees of the Johns Hopkins Health System Corporation	22	4.5

* Includes staff and other women and men from The Johns Hopkins University and Health System. Denominator no longer represents primarily the SOM faculty only. Comparables for 1996-1997 are not possible due to change in structure of joint Hospital/ University organizational activities. Six of the 11 (54%) meet proportionality, 2 of which (18%) meet equality assumptions.

Part II: Search Committees 1997-2007

Methods:

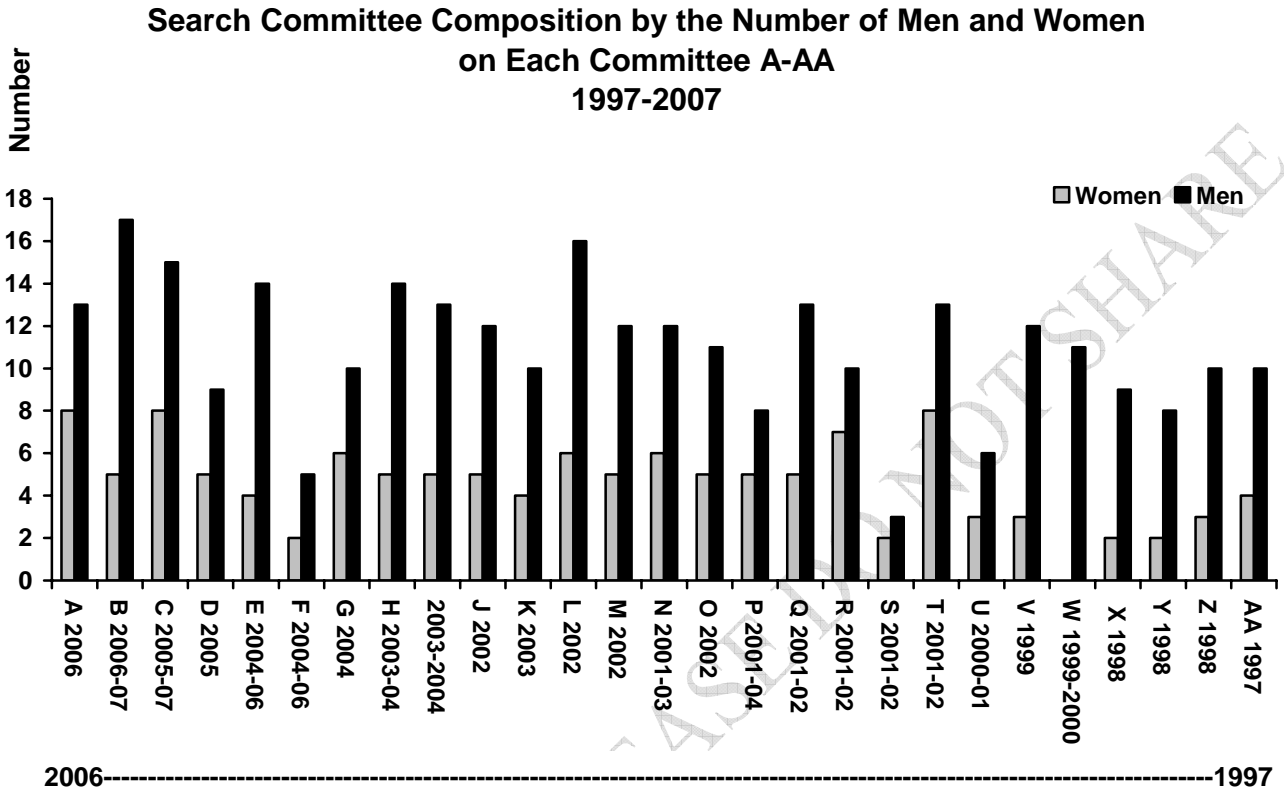
Data were derived from official lists provided by the Dean's Office and are a matter of public record. The data are collated from all search committees from 1997-2007. The number of women and men, and percent of the total membership of the committee(s) who were women was tabulated. In addition, the numbers and percent of committees chaired and co-chaired by women were tabulated.

In all cases, all ex officio members who represented the Dean's Office or the Hospital were omitted from the final count (most were male). In addition, in 10 instances, the women serving on the search committees represented nursing leadership from the Hospital or School of Nursing, so not all women counted here represent women on the School of Medicine faculty.

Committees are labeled by Year and each was given a letter to protect the identity of any group or members thereof. Search Committees during these years are listed below:

- Anesthesia and Critical Care Medicine X 2
- Biomedical Engineering
- Biophysics & Biophysical Chemistry
- Comparative Medicine Search
- Dermatology X 2
- History of Medicine, Science and Technology
- Institute of Genetic Medicine
- Medicine
- Molecular Biology and Genetics
- Neurology
- Neuroscience
- Neurosurgery
- OHNS
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Pathology
- Physiology
- Psychiatry
- Radiology
- Radiation Oncology
- Rehabilitation Medicine
- Surgery
- Urology
- Welch Library Director

Search Committees 1997-2007: N=27



Search Committees N=27 over 10 years

CONFIDENTIAL-

Summary Data 1996-1997 and 2006-2007

The Role of Women in the Institutional Leadership and Committees of The Johns Hopkins University School of Medicine

Prepared and/or reviewed by:

Diane M. Becker, MPH, ScD
Professor, Department of Medicine (1999-present)
Division of General Internal Medicine
The Johns Hopkins University School of Medicine
Professor, Department of Health Policy and Management
The Johns Hopkins Bloomberg School of Public Health

Barbara Hawkins, PhD
Professor, Wilmer Ophthalmological Institute (1995-present)
The Johns Hopkins University School of Medicine
Professor, Department of Epidemiology
The Johns Hopkins Bloomberg School of Public Health

Emma Stokes, PhD
Consultant
Department of Medicine
The Johns Hopkins University School of Medicine

Taryn F. Moy, MS
Genetic Research Co-ordinator
Research Associate
Department of Medicine
The Johns Hopkins University School of Medicine

Lisa R. Yanek, MPH
Research Analyst
Research Associate
Department of Medicine
The Johns Hopkins University School of Medicine

Please address comments and queries to:

Dr. Diane M. Becker
dbecker@jhmi.edu
410-955-7781

Patricia Humphries, Administrative Assistant
phumphr1@jhmi.edu
410-955-7782

December 13, 2007

Additional Comment

Climbing Through the Glass Ceiling Still a Rare Event in Academic Medicine

Posted: Dec. 20, 2007

Dr. Nancy Andrews is dean of the Duke School of Medicine. This article appeared in the New England Journal of Medicine.

Durham - Earlier this year, I was named the first female dean of the Duke University School of Medicine, an event that National Public Radio summed up in the headline: "Andrews Makes History at Duke Med School." Why should the appointment of a woman dean still be big news in 2007? Perhaps because, with a few localized exceptions, there has been little change since the 1970s in the barriers to women's full participation in academic medicine.

I happen to believe strongly that diversifying all levels of academic medicine is not only politically correct, it is also the way to make our institutions better. The history of Harvard University, for example, where I spent many years before moving to Duke, is one of gradually increasing diversity, which I see as a necessary ingredient of an outstanding institution. When the university was young, 300 or so years ago, its faculty and students were Puritan men from good local families. Over the centuries, the Harvard community gradually became diversified in terms of geographic origin, religion, socioeconomic background, sex, race, nationality, and other personal characteristics. It has always seemed to me that it was only by choosing to recruit the individual scholars whom it viewed as the best, regardless of such characteristics, rather than limiting itself to a narrow circle of candidates, that Harvard was able to build a world-class faculty and student body worthy of the reputation it now enjoys. After all, brilliance and ability are not restricted to certain groups, so it seems logical that if they draw from the widest possible talent pool, the very best institutions will naturally have diversity at all levels.

And yet most do not, despite efforts to begin with a diverse population of students. Given that the proportions of men and women in medical school classes have been similar for some time, it seems puzzling that there are not more women in leadership positions in academic medicine. I suspect that some of the reasons for this disparity are the same as those that apply at the entry level for physician-scientists concerns about balancing work and family, perceptions that women need to be better than men at their professions in order to be considered equal, and a dearth of female role models.⁽¹⁾ But I also believe that if we are to have more female deans, we must be able to envisage female deans.

There was a riddle that was popular not too long ago that took advantage of listeners' failure to consider the possibility that a patient's mother might be a surgeon. It would not stump as many people now as it once did, but it continues to be true that we do not expect women to hold certain positions in society or medicine. Recently, I witnessed firsthand the persistence of such expectations, when my husband, our children, and I went to visit a school in North Carolina where Duke staff members had made an appointment for the family of the new dean of the medical school. As we entered the school, its principal vigorously shook my husband's hand and welcomed him, saying, "You must be the man of the moment." Unfortunately, it is quite understandable that it wouldn't have crossed his mind that I might be the "woman of the moment" instead.

The principal had the odds with him. Only 14 of 124 U.S. medical school deans are women. Deans are often former department chairs, most frequently chairs in internal medicine. But in the United States, only 10 medicine department chairs are women — that pipeline is almost empty. Strikingly, only 9% of the chairs of all clinical departments are women, and many schools have no female department chairs at all. Since these leadership positions turn over slowly, the situation will not change anytime soon.

If institutions are to accelerate the emergence of more female deans, then they will need to consider women who have not stepped on every rung of the traditional academic career ladder. Never having served as a division chief or a department chair, I was a somewhat atypical dean candidate. Interestingly, Duke has recently appointed a whole cadre of new deans who have had unusual careers — not only for its medical school, but also for its business school, its law school, and its Nicholas School of the Environment and Earth Sciences. I think that taking a creative view of leadership will enrich academic medicine.

Summary Data 1996-1997 and 2006-2007

The Role of Women in the Institutional Leadership and Committees of The Johns Hopkins University School of Medicine

Part of the answer for universities aiming to pursue such benefits is to work harder to identify and recognize women who are leaders. The Rosalind Franklin Society (of which I am a founding member) was recently created to draw attention to leading female scientists, on the premise that "there still exists a prevailing perception that women do not have the same talents and abilities as their male colleagues and that the contributions of women scientists are not as important."⁽²⁾ The goal of the group, made up of prominent scientists of both sexes, is to ensure that outstanding women are recognized in ways that its namesake, Rosalind Franklin, was not.

It is also important not to make assumptions about what women will and will not do. After my appointment at Duke was announced, many people told me that they'd assumed I would not be willing to move out of Boston — that I would not leave Harvard, that I would not move my children before they finished high school, that I would not uproot my husband. Obviously, all those assumptions were incorrect. My own choices notwithstanding, however, the "two-body problem" — finding a position for a new appointee's spouse — remains a major obstacle to the recruitment of women in particular and of academic leaders in general. Though Duke found a creative solution in my case, many academic institutions do not do as well on this front.

Some of our counterparts in the corporate world may do better, for they are beginning to recognize that women are an undervalued resource. The teaser for a recent Boston Globe article began: "Hungry for talent, big companies have started to pursue women who have dropped out of the workforce. How this could redefine the whole notion of a career."⁽³⁾ The article described a partnership between a large financial institution and a prominent business school designed to recruit gifted women who had taken time off for motherhood. It argued that women (in this case, mothers) are an important, untapped pool of talent.

At the moment, it appears that corporate pursuit of profits may be more powerful than academic initiatives in leveling the playing field for women.

As I look to the future, I wonder what my 15-year-old daughter thinks about all the publicity surrounding my new deanship. Until recently, she had been telling people that she was interested in medicine, but she's been uncharacteristically quiet of late. Will she end up being a top clinician, a chief, a chair, or a dean someday? Or will she compare academic medicine with other fields that seem more open to women and decide that it's not the right place for her?

Source Information

1. Andrews NC. *The other physician-scientist problem: where have all the young girls gone?* *Nat Med* 2002;8:439-441.
2. *Rosalind Franklin Society home page.* (Accessed October 18, 2007, at <http://www.rosalindfranklinsociety.org/>.)
3. Bennett D. *Mom, the next corporate titan.* *Boston Globe.* September 2, 2007.

Duke University. All rights reserved.