

Women and Medicine

Women in Academic Medicine

Equalizing the Opportunities

DORIS G. BARTUSKA, MD, Philadelphia

What inspires women physicians to select a career in academic medicine and assume leadership roles in research, teaching, administration, and a clinical specialty medical practice? Academia provides a supportive and creative environment wherein ideas can be shared, research to solve medical problems conducted, and clinical medicine practiced while the art and science of medicine are taught to the physicians of tomorrow.

The work is hard. The average academic physician spends 63 hours per week in professional activities—about 20 hours in research, 12 in teaching, 16 in patient care, 12 in administration, and 3 in other, related activities. The hours will vary for those concentrating more on patient care than on research.

All faculty members have substantial administrative and committee responsibilities, as well as such extra duties as editing medical journals, serving on peer review panels, continuing their education, and obtaining research funding. Teaching is a stimulating and exciting aspect of academic medicine. One must love it.

Where do women stand in academic medicine? Almost 19% of medical school faculty members are women, but 67% of those are in the entry-level ranks of assistant professor, research instructor, or clinical instructor (Table 1). In 1985, 5% of professors were women; in 1987, 9.4% were women. In 1988, there are two women medical school deans

A review of career achievements has shown that full pro-

TABLE 1.—Distribution of Medical School Faculty in the United States by Sex and Rank, 1987*

Rank	Male		Female	
	Number	Percent	Number	Percent
Professor	14,694	31.5	1,023	9.4
Associate Professor	12,133	26.0	2,087	19.3
Assistant Professor	15,611	33.4	5,297	48.9
Instructor	3,268	7.0	1,966	18.1
Other	945	2.0	457	4.2
Missing	27	0.1	10	0.1
Total	46,678	100.0	10,840	100.0

fessors and most associate professors were in the upper third of their class rank academically in the four years of medical school.³ Most of the assistant professors were in the middle ranks of their class. Career success, measured by academic rank in one study, is positively and significantly associated with academic standing at the end of the fourth year of medical school. In this group of assistant professors, most of the women physicians were married and had families of comparable size to those women in clinical or administrative medicine. Marriage and family responsibilities of this small group of women physicians did not impede their attaining professor rank. Career achievement was influenced more by motivation and personality and less by marriage status and family.

A recent study of promotions at Johns Hopkins University School of Medicine (Baltimore) showed that there were no significant differences between promotions for clinical and research faculty members. The responses to a questionnaire indicated, however, that faculty members perceived clinician-teachers as less likely than basic science researchers to be promoted. Those who were promoted had twice as many articles published in peer-reviewed journals as those who were not promoted.

The American Medical Women's Association has a leadership training program for medical students and physicians, the goal of which is to enable women to attain positions of leadership in academia and medical societies and to influence policies that relate to women's health and child and dependent care.

We must encourage our talented women physicians by recognition, support, and financial assistance to enter and succeed in academic careers. More academic women physicians should be in leadership roles—delivering scientific papers and chairing sessions at medical meetings, having important positions in specialty societies, being politically active, chairing departments, being deans, and having a role in organized medicine to influence health care policy. Certainly, department chairs must monitor career paths and discuss the criteria for promotion in academic medicine with junior faculty members.

Everyone needs a mentor—preferably as early in medical training as possible—who will serve as a resource in career advancement, graduate opportunities, and credential sup-

(Bartuska DG: Women in academic medicine—Equalizing the opportunities, In Women and Medicine [Special Issue]. West J Med 1988 Dec; 149:779-780)

port. Women students may find inspiration and role models more easily now that women physicians are assuming leadership positions on medical school faculties. Medical students considering academic medicine should discuss their interests with the department chair as soon as they can.

We are, finally, starting to equalize the opportunities for women in academic medicine.

REFERENCES

- 1. Alger E, Barrood L: Women in academic medicine. NJ Med 1988; 85:399-402
- 2. Women in Medicine Project: Women in Medicine Data Source. Chicago, American Medical Assoc, 1987
- 3. Graves PL, Thomas CB: Correlates of midlife career achievement among women physicians. JAMA 1985; 254:781-787
- 4. Batshaw ML, Plotnick LP, Petty BG, et al: Academic promotion at a medical school: Experience at Johns Hopkins University School of Medicine. N Engl J Med 1988; 318:741-747





AGNES HOCKADAY, MD

With permission from the Archives and Special Collections on Women in Medicine, Medical College of Pennsylvania, Philadelphia.