Increasing the Depth of the Recruitment Pool for Future Women Academic Leaders: Should We Begin with Medical School Electives?

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Increasing the Depth of the Recruitment Pool for Future Women Academic Leaders: Should We Begin with Medical School Electives?

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Purpose

A 2002 report from the AAMC Project Implementation Committee indicated, “The pool from which to recruit women academic leaders remains shallow” (Bickel et al., 2002). Since then, much attention has been focused on improving conditions for women at the faculty level. Yet, few studies address the possibility that the medical school experience could impact the initial depth in this recruitment pool. Is there a trend in medical school that may be negatively impacting women’s success in pursuing a career in academia?

Recommendations

TECHNICAL PART

RECOMMENDATIONS (2002) FROM AAMC’S INCREASING WOMEN’S LEADERSHIP PROJECT IMPLEMENTATION COMMITTEE

- Evaluate teaching and research faculty on their mentorship of female medical students.
- Target the professional development needs of women to make the impact of faculty appointment, including guidance of mentees, become more effective.
- Assess which institutional factors lead to favor non-traditional women’s professional development, such as defining “academic success.”
- Provide financial support to institutional women in Medicine programs and the AAMC Women Leaders Officer and regularly monitor the representation of women in the senior ranks.
- Enhance the effectiveness of impact committees to attract more women candidates.

Suggested Recommendations at the Medical School Level

- Evaluate teaching and research faculty on their mentorship of female medical students.
- Encourage and evaluate faculty members on overall participation of female medical students.
- Teach students that community and team building are components of academic success.
- Provide financial support to institutional women in Medicine programs and the AAMC Women Leaders Officer.
- Establish an improved system, which will primarily serve as a mentoring and monitoring tool for female medical students.

Method

Electives are one of the few times within the uniform medical school curriculum that allows for variation. Using data from the 2005 AAMC Graduation Questionnaire (GQ), differences in participation rate by gender were examined using Chi-square tests for each of the 15 activities (elective/volunteer-based) listed. The sample consisted of a cohort of 91 students (46% male and 54% female).

Results

Six of the fifteen activities showed statistically significant (p<.05) differences in gender participation rates. The participation rates of males were significantly higher in independent study projects (50% vs. 29%); research project with faculty (60% vs. 33%); authorship of research paper (53% vs. 22%); and in-home care (36% vs. 16%). Female participation rates were significantly higher in the areas of international health experience (57% vs. 29%); and learned another language (35% vs. 33%).

Conclusion

Men are disproportionately choosing electives where the pathway to a career in academia is more direct. Why women are not choosing this same pathway is unknown. More detailed and multi-institutional studies appear necessary.

References
