Gendered Impacts of COVID-19 on Faculty: an open conversation about the way forward

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Brought to you by DGSOM Academic Affairs, Equity and Diversity Inclusion (EDI), and Department of Medicine, Office of EDI
Gendered Issues in the Era of COVID-19

- Childcare Disruptions
- Home schooling
- Other family obligations – elder care, health care needs
- Research
  - Risk mitigation for protocols
  - Productivity
- Teaching demands
  - Modifications for remote instruction
  - Student mentoring/advising
- Administrative/Service obligations
UCLA Efforts To Date

• Academic Personnel Efforts
  • Vice Chancellor Levine
  • Vice Dean Hiatt
Child Care Resources for UCLA Faculty, Staff, and Students

- UCLA Organizational Effectiveness and Development
  - Dependent needs assessment survey completed in Summer 2020

- UCLA-Affiliated Resources
  - New this year- Woodcraft Ranger-Groves at UCLA

- In-Person and Virtual “bubble” supports
  - Bruin Bubbles
  - Blue Ribbon Educators – to match children with an expert educator/teacher for private or learning pod
  - Lexi’s Babysitters
  - Varsity Tutors

- Additional Resources

https://www.ece.ucla.edu/child-care-resources-for-ucla-faculty-staff-and-students
DGSOM

• Task Force for Keeping Trainees in Science
  • Established October 2020
    • Dr. Emilie Marcus, chair
  • Currently surveying medical and graduate students, postdoctoral trainees and residents/fellows
    • Is there a mechanism to identify the scope of the issue for our trainees and achieve targeted development opportunities to offset issues like dependent care or need for additional resources to achieve scientific goals

• Faculty needs
  • WiSDoM – Women in Science and Doctors of Medicine Affinity Group
Faculty Panel

• Dr. Carol Mangione - General Internal Medicine
• Dr. Mridula Watt - Medicine-Pediatrics
• Dr. Tanaz Kermani - Rheumatology
• Dr. Huiying Li - Molecular & Medical Pharmacology
Questions for Panelist - Suggestions

• Childcare Disruptions – How has the COVID pandemic impacted your childcare arrangements? What options have you been able to identify? What are remaining challenges?

• Home schooling – How has virtual instruction with children working from home during the COVID pandemic impacted your home life and ability to meet your work obligations? What options have you been able to identify? What are remaining challenges?

• Other family obligations - To what extent has the COVID pandemic impacted you with respect to any need to address elder or other family health care needs
Questions for Panelist – Suggestions

• **Research** - How has the COVID pandemic and UCLA’s initial ramp-down and current limited ramp-up for research activities on campus impacted your research?
  
  • Risk mitigation for protocols – What have you developed to address needs for risk mitigation with respect to implementation of research protocols
  
  • Productivity – How has the COVID pandemic impacted your productivity or that of your colleagues? What have you or others done to address any such concerns?
Questions for Panelist – Suggestions

• **Teaching demands** – How has the COVID pandemic and the move to mostly remote instruction impacted your teaching?
  
  • Modifications for remote instruction?
  
  • Student mentoring/advising? – Have you experienced more or different types of student mentoring needs? How has the need for remote contact impacted your ability to mentor your mentees?

• **Administrative/Service obligations** – How has the COVID pandemic impacted your administrative or service responsibilities?
Unique Risks and Solutions for Equitable Advancement during the Covid-19 Pandemic: Early Experience from Frontline Physicians in Academic Medicine

• “Not only are frontline women physicians on the frontlines at work, but they are more often on the “frontline” at home as well — serving as the primary caregivers for children or aging parents during the pandemic — and, as a result, are experiencing major barriers to academic productivity.”

Unique Risks and Solutions for Equitable Advancement during the Covid-19 Pandemic: Early Experience from Frontline Physicians in Academic Medicine: Recommendations

<table>
<thead>
<tr>
<th>Covid-19 and Domestic Responsibilities</th>
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<td>Social distancing regulations and heightened concerns for transmission from health care personnel often means traditional childcare options (schools, daycare, babysitters) or family support systems are no longer available.</td>
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<td>For faculty with young children, traditional timing for workday meetings conflicts with added childcare and learning obligations.</td>
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# Unique Risks and Solutions for Equitable Advancement during the Covid-19 Pandemic: Early Experience from Frontline Physicians in Academic Medicine: Recommendations

## Academic Productivity and Career Advancement

While other specialties may defer elective procedures or routine clinic visits allowing physicians more time to be academically productive, frontline academic physicians may experience a decline in scholarly productivity with a need to rapidly adapt to a new clinical environment, changing protocols, and similar or even increased clinical volume in response to a pandemic.

- University leadership should recognize and adapt promotion and compensation guidelines to support frontline academicians.
  - Support those who are ready for promotion to continue forward in the process
  - Pause the clock for tenure requirement when necessary, similar to during Family and Medical Leave Act
  - Acknowledge the important role clinical availability and efforts play during a pandemic
  - Annual audits of promotions by gender to ensure equitable practices

With the additional childcare and clinical obligations, research may be sidelined, and faculty may have additional stress maintaining their research staff.

- Bridge funding for grants
- Extend grant deadlines
- Facilitate team research with non-clinical academicians (e.g. PhDs or faculty on sabbatical) for grant writing and manuscripts

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Unique Risks and Solutions for Equitable Advancement during the Covid-19 Pandemic: Early Experience from Frontline Physicians in Academic Medicine: Recommendations

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<th>Cancellation of many conferences has resulted in many lost hours preparing work that will not be showcased.</th>
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<tr>
<td>● Add “Covid-Cancelled” as category on CV</td>
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<td>● Ensure that these items will “count” for promotion and other academic purposes through university policies</td>
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<td>● Consider automatic acceptances for the following year’s conference</td>
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<td>● Ensure that virtual presentations are considered equivalent to traditional in-person talks</td>
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<td>● Ensure equitable division of opportunities for virtual lectures/presentations by gender</td>
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<th>The cancellation of conferences has impacted the ability to obtain CME</th>
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<td>● Increased opportunities for free online CME</td>
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<td>● “Roll-over” CME funds for next academic year</td>
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<td>● Allow alternative uses for CME funding if these funds cannot be rolled into the next year (typical exceptions to existing policies)</td>
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COVID-19 has exacerbated existing gender inequities.
Ask about survey?

• Should we do a DGSOM faculty survey to identify areas for concentration?
Rest currently not planned to be used.
Step up for parents

• **Family support:** Emerging evidence suggests that more women than men are shouldering the burden of the pandemic's effect on domestic life. Given increased and often unequal responsibilities at home, institutions need to provide women with flexible schedules and robust child care supports, experts argue.

  • Consider introducing or increasing subsidies for dependent care costs if school or daycare closures cause undue financial hardship.
  • Other dependent care as well
  • Develop social support hubs and practical seminars focused on resiliency, managing vicarious trauma, and building camaraderie and community

Productivity

• Academic productivity: Gender disparities that impact women's advancement in academic medicine have been well-described. In particular, women faculty have had lower rates of peer-reviewed publications and grant funding from the National Institutes of Health. In the current pandemic, preliminary communications show a stark decrease in submissions to scientific journals by women investigators as well as fewer first-author COVID-19 publications compared with men. Additionally, educators have had to accommodate rapid changes in curricula and adapt teaching techniques for remote learning, which may impede or supersede other scholarly and educational endeavors.

• Cynthia Derdeyn, PhD, had high hopes of contributing to COVID-19 research. After all, she runs a lab at Emory University that researches vaccines and infectious diseases. But, she says, “it seemed like I kept hitting dead ends, and the men were getting the support. They often have large networks and a lot of resources.”

Exacerbation of underlying disparities in the research landscape

Compensation

- **Compensation and professional effort**: In the United States, women physicians earn 75 cents on the dollar compared with their male counterparts, even after accounting for numerous potential confounders.⁹
  
  - Healthcare institutions will likely be scrutinizing the cost of employee compensation and reducing payroll expenditures where possible.¹² Given pre-existing salary disparities, we strongly encourage organizational vigilance to ensure women physicians are not disproportionately penalized during cost-cutting initiatives.
Career Advancement - Tenure Clock

• But perhaps the biggest question is how to handle tenure clocks as COVID-19 hobbles credential-building work. Already, many institutions allow staff to request an extra year before coming up for tenure. Others have taken a much bolder approach: automatically stopping the clock for all candidates (with the option to opt out).

  • Also then shows up as a period of low productivity which could impact study section and grant funding
  • A hold on advancement clock means less likely to reach higher tenured positions which in many systems impacts salary and retirement
• **Career development**: Networking, sponsorship, and leadership development are critical to advancing women in academic medicine. Women's professional networks are less extensive than their male colleagues. Further, women face greater barriers to career mentorship, sponsorship, and obtaining protected time for scholarship, and are more likely to experience burnout than their male colleagues. Diminished travel funding, reduced time for conference attendance because of personal responsibilities and institutional cost-cutting measures, and cancelation of professional development activities due to social distancing policies may have a long-term impact on women's careers.

  • We urge institutions to protect investment in opportunities that support women's advancement, including programs that help identify sponsors, mentors, and collaborators.
• 46% of women medical students said they worry about COVID-19’s effect on their careers, versus 36% of men. And a National Academies of Sciences, Engineering, and Medicine (NASEM) webinar noted that many academic jobs lost during the pandemic have been contract, nontenure-track positions — jobs often held by women.