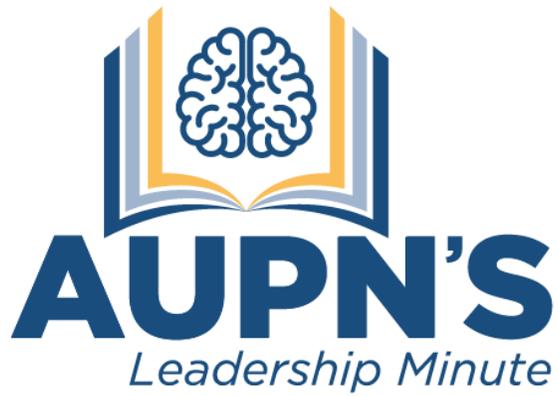




**Rohit Das, MD**

University of Texas  
Southwestern Medical  
Center at Dallas



***Pay and Promotion  
Disparities &  
Maintaining Equity***



**Julie Silver, MD**

Harvard  
Medical School

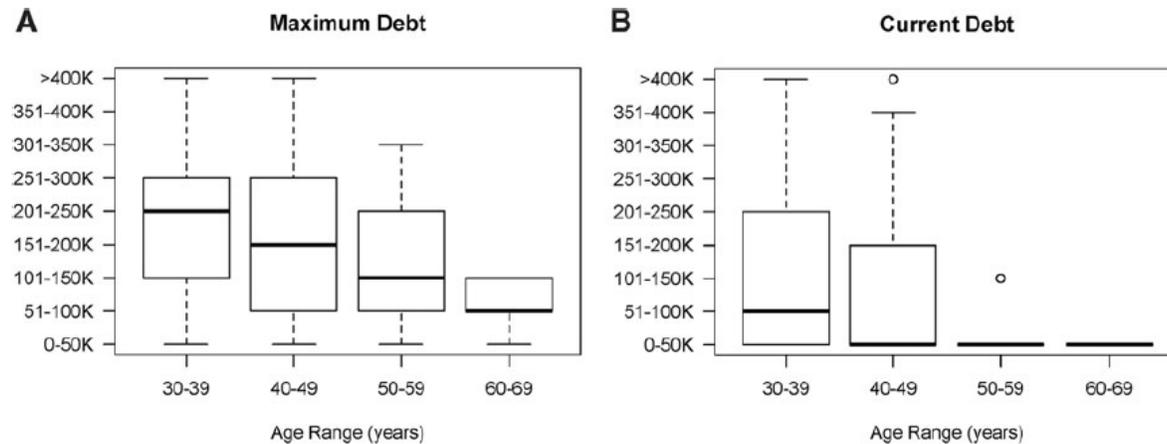
## Leadership Minute Podcast Episode Description

- Dr. Silver’s research has demonstrated a disconnect with women disproportionately conducting and disseminating pay equity research and men in leadership positions making most of the compensation decisions. Furthermore, it is misguided to think that achieving pay equity alone is enough when in fact this is necessary but not sufficient, because we must simultaneously ensure promotion equity as well as a psychologically safe workplace that supports wellness—accomplishing these 3 things at once is similar to the “Triple Aim” in valued based clinical care.



## Association of Compensation and Educational Debt with Burnout and Perceived Impact of Debt on Women Physicians' Career and Lifestyle Choices

Allison R. Larson,<sup>1\*</sup> Reshma Jaggi,<sup>2</sup> Susan M. Moeschler,<sup>3</sup> and Julie K. Silver<sup>4</sup>



**FIG. 1.** Educational debt stratified by age. **(A)** Maximum debt decreased with increasing age as did **(B)** current debt. The box spans the second through third quartiles; dark lines indicate the median, and whiskers extend across the first and fourth quartiles. Outliers are represented by circles.

**Table 2. Impact of Debt on Work and Lifestyle Choices**

Factor	n (%) agreeing <sup>a</sup>
In the past, my educational debt negatively influenced or prevented me from	
taking time off work or reducing work hours	95/185 (51)
paying for and taking time off work to exercise (e.g., joining a gym)	76/185 (41)
paying for vacations (e.g., flight, hotel)	104/185 (56)
paying for help at home (e.g., childcare, cleaning services)	100/185 (54)
paying for uncovered mental health services for myself or my family	42/185 (23)
paying for uncovered nonmental health services for myself or my family (e.g., dental, vision, orthodontic)	37/185 (20)
joining professional societies and actively participating in their conferences	79/185 (43)
obtaining healthcare-related training (e.g., attend CME courses)	75/185 (41)
working in a setting or role that offers lower compensation (e.g., academia, education, and administration)	73/185 (39)

### Education Debt

*Prior studies:* specialty choice, academic performance, mental health

*This study:* burnout, work and lifestyle choices

Clinical Expertise may be defined as the following:	
Recognition as a clinical expert	Recognition as a clinical expert as evidenced by national, and in many cases international, leadership roles and reputation related to the clinical field
Influencing clinical practice	Development of innovative approaches to diagnosis or treatment, applications of technologies and/or models of care that influence care at a national, and in many cases international, level. Examples of activities (many others are possible) include: <ul style="list-style-type: none"> <li>• Having a critical role in defining a new field</li> <li>• Developing innovative treatments, procedures, or technologies demonstrated to be superior to previous approaches</li> <li>• Developing treatment protocols or practice guidelines that influence the standard of care</li> </ul>
Recognition	
	<ul style="list-style-type: none"> <li>• Visiting Professorships and invitations to speak nationally, and in many cases internationally, on issues related to area of clinical expertise</li> <li>• Leadership roles in national, and in many cases international, professional organizations related to area of clinical expertise including leadership of courses or programs</li> <li>• Service as a consultant on issues related to area of clinical expertise</li> <li>• Service on national, and in many cases international, committees developing guidelines and policies for management or evaluating programs in area of clinical expertise</li> <li>• Editor of a journal in the area of clinical expertise</li> <li>• Peer-reviewed funding to support innovations that influence clinical practice nationally, and in many cases, internationally</li> <li>• National, and in many cases international, awards for contributions and/or innovation in the area of clinical expertise</li> </ul>
Scholarship	
	<ul style="list-style-type: none"> <li>• Publication of senior author original research, chapters, reviews, and/or textbooks related to area of clinical expertise that are widely recognized as influencing the field nationally, and in many cases, internationally</li> <li>• Development of guidelines and/or protocols for patient treatment or delivery of care that are adopted nationally, and in some cases, internationally</li> <li>• Publication of senior author manuscripts that demonstrate the impact of the candidate's innovation on quality of care, clinical outcomes, and/or access to care</li> </ul>



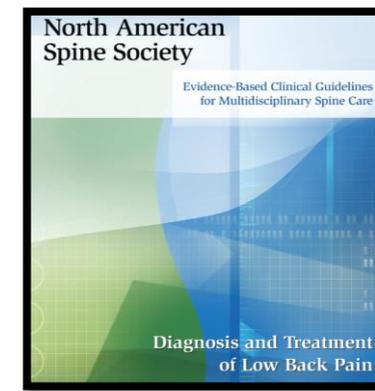
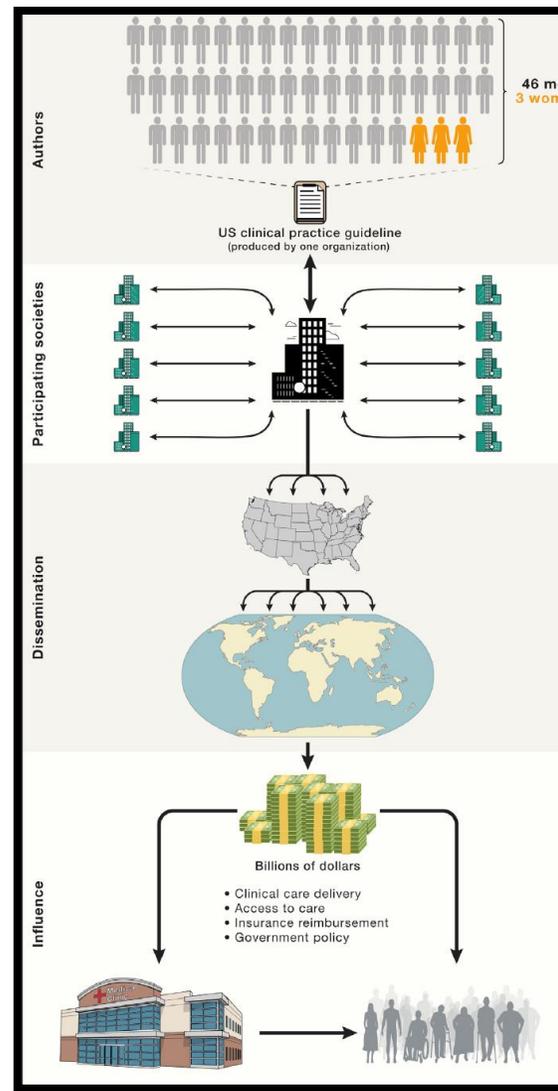
THE FACULTY OF MEDICINE  
Harvard University

Professor, Clinical Expertise and Innovation

**Interorganizational structural discrimination** is a novel concept we define as possessing 3 features:

- 1) Two or more organizations intentionally work together
- 2) One has a structural discrimination issue
- 3) The issue is fixable

Silver JK et al. Organizations in science and medicine must hold each other accountable for discriminatory practices. Cell. 2022 Aug 18;185(17):3073-3078.



### Participating Societies

*(does not necessarily imply endorsement)*

- American Academy of Family Physicians (AAFP)
- American Academy of Orthopaedic Surgeons (AAOS)
- American Academy of Pain Medicine (AAPM)
- American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS)
- American Society of Anesthesiologists (ASA)
- American Society of Regional Anesthesia and Pain Medicine (ASRA)
- American Society of Spine Radiology (ASSR)
- Spine Intervention Society (SIS)

### Contributing Societies

*(does not necessarily imply endorsement)*

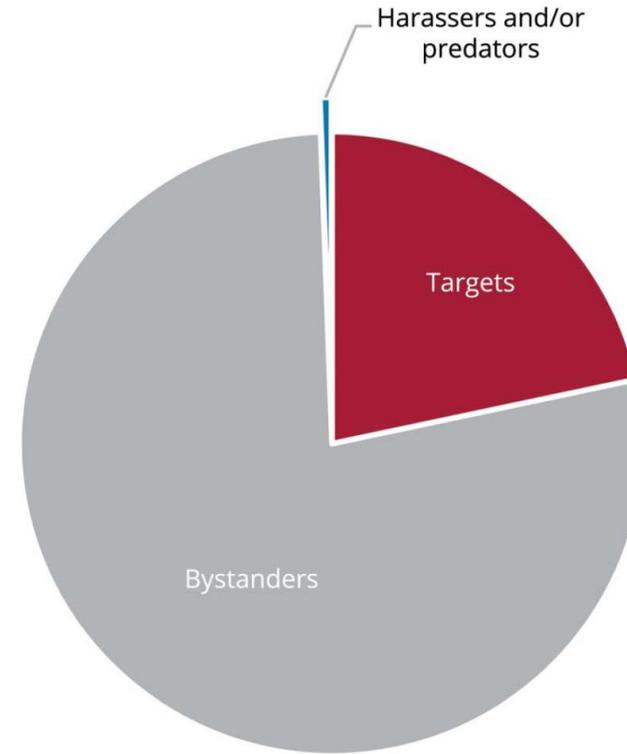
- American Academy of Physical Medicine and Rehabilitation (AAPM&R)
- American Physical Therapy Association (APTA)

**Pay Equity**

**Promotion Equity**

**Safe Workplace**

**Figure 1** Sexual harassment in medicine



This graphic is inclusive of all genders and is intended to show that the proportion of serial harassers or predators (which is unknown) is a much smaller group compared to targets and bystanders.

Silver JK. Understanding and Addressing Gender Equity for Women in Neurology. *Neurology*. 2019 Sep 17;93(12):538-549.

# Solutions

“Empower your chairs to take ownership of the process as part of regular chair responsibilities”

(Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools. Association of American Medical Colleges, 2019)

Look at your own data



Analyze the opportunities & associated

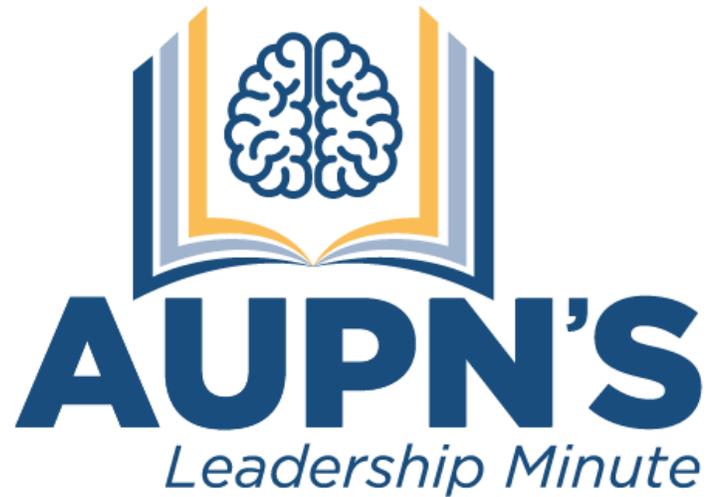


Transparently report data to stakeholders



Recognize

- \*microinequities
- \*citizenship tasks
- \*invisible work
- \*voluntold



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