



American College of  
Emergency Physicians®

**SAEM**  
Society for Academic Emergency Medicine

October 24, 2019

Re: NOT-OD-19-141

Teraya Donaldson, PhD  
Office of Research on Women's Health  
National Institutes of Health  
Department of Health and Human Services

**Re: Request for Information (RFI): Inviting comments and suggestions on the development of a prize competition for Gender Diversity in the Biomedical Research Workforce**

Dear Dr. Donaldson:

On behalf of the American College of Emergency Physicians (ACEP) and its 40,000 members, and the Society for Academic Emergency Medicine (SAEM) and its over 7,000 members, we appreciate the opportunity to respond to this request for information.

The Society for Academic Emergency Medicine (SAEM) and the American College of Emergency Physicians (ACEP) have prepared this joint statement in response to the RFI from the Office of Research on Women's Health (ORWH) on a proposed prize designed to reward efforts to promote gender equity and diversity in the biomedical workforce.

**STRUCTURE OF THE PRIZE COMPETITION**

- ***Ways to recognize institutions for reducing and or eliminating institutional barriers to faculty gender equity and diversity***

Institutions advancing gender equity and diversity should be recognized publicly and given the opportunity to use their designation in materials for recruitment, including in press releases, print and online outlets, including social media. Examples of effective recognition systems include Magnet Hospital designation or high rankings on the annual *U.S. News*' Best Hospitals Honor Roll. A certificate to the leadership of the organization and/ or those most responsible for implementing solutions to advance equity could also be included. A financial award would likely not be necessary; however, if one is offered, we recommend that it support trainees or those who are underrepresented (e.g., travel scholarship for a woman to attend an award ceremony or a women-specific conference).

- ***If this prize is judged on retrospective achievements in meeting gender diversity and equity goals, suggestions on when past interventions had to occur***

We believe that it is critical to recognize institutions with sustained gender diversity and equity over time, as well as those institutions that have shown recent improvements in equity and diversity since recent achievements (e.g., over the last 5 years) are likely to be most reflective of current culture and practices. Accordingly, we recommend at least two types of awards: one for institutions with exceptional, *sustained* gender diversity for the past 10 years and another for institutions who have shown significant improvements in gender diversity in the last 5 years.

Using AAMC benchmark data is one potential way to incorporate relevant time periods into the structure of the proposed award. For example, if the proportion of female faculty is one component of the metric, comparing a given institution's growth in proportion of female faculty to the expected growth based on national AAMC data might help to identify departments and/or institutions that are progressing faster

towards gender equity than their peer institutions.

- **Whether the prize should be aimed at the institutional or departmental level**

To truly achieve gender equity and diversity, the adoption of structures and processes to facilitate equity must occur at both departmental and institutional levels. In general, specialty-specific practices targeted at the hiring and retention of faculty and residents are likely to be influenced at the departmental level, while equity in leadership (e.g., Chairs, Deans) and medical student recruitment are more likely to be institutional. Mentoring or affinity programs, paid parental leave, and salary transparency policies may be either institutional or departmental; however, department or specialty-specific initiatives are more likely to flourish with institutional support and resources. Ideally, the proposed ORWH prize(s) would be structured to allow recognition for either level based on the specific local interventions.

One way to combine efforts and resources would be to recognize institutions with innovative strategies to support their individual departments in the process of hiring diverse faculty. Institutions may then be allowed to feature and reward exemplary departments that have used novel methods to address parity and retention. Such institutions may be encouraged to apply similar methods to other departments or provide rationale why this would not be possible. While substantial heterogeneity in gender breakdown across different specialties (e.g., pediatrics vs Urology) may limit institution-wide investigations, one could argue that institutions are obligated to find novel solutions and strategies to improving faculty diversity across specialties.

An example of a successfully implemented departmental-level award is the annual Academy for Women in Academic Emergency Medicine (AWAEM) Outstanding Department Award, which was implemented 5 years ago to recognize academic Emergency Medicine Departments that have shown support of women in academic Emergency Medicine through organizational initiatives that address the recruitment, development and advancement of its women physicians. The number of nominees for this award continues to increase every year, and informal feedback suggests chairs and departments find the recognition to be valuable for recruitment and prestige. We have attached the eligibility and selection criteria as **Exhibit A**.

- ***Other suggestions for how a competition could be structured to best facilitate fair and open competition and to best allow for entrants to be successful***

We believe it is critical that the competition recognize organizations implementing *structures and processes* that promote gender equity, not simply outcomes (e.g., percent of women Chairs or full Professors).

We recommend that institutions and departments should be allowed to self-nominate; however, evaluation of the success in achieving diversity and equity should be evaluated independently.

Prizes could be stratified for institution or department size, in order to incentivize organizations with differing resources to apply and work towards gender equity. Similarly, the recognition of those with longstanding, sustained achievements, in addition to those demonstrating more recent improvement, will allow organizations at varying stages of change the potential to be successful. In addition, the competition should take into account nominee organizations' vision for intersectional gender diversity, including the communication of the stated vision, and ensuing actions – e.g., promoting and retaining individuals empowered to implement and sustain policies and practices for gender diversity.

## CONTENT

- ***Types of media outlets that would be helpful to share information about the prize competition***

- *Examples of media include (not all inclusive) webinars, website, twitter chat, and reddit post, etc.*
- *Range of metrics that would be appropriate for different sizes and types of institutions or discipline/science focus*

We recommend a broad-based dissemination strategy through various media outlets, particularly via social media platforms including Twitter. We also recommend distribution of informational webinars, FAQs, and press releases through Association of American Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education (ACGME), American Medical Women’s Association (AMWA) and various specialty society (e.g., SAEM, ACEP) email lists to which candidate organizations are likely to belong.

We believe that specific strategies designed to reduce barriers to gender equity and diversity should be grounded in evidence where available. While there are many best practices and recommendations, some interventions have a stronger body of evidence supporting their effectiveness in achieving diversity than others. In the absence of evidence, consensus recommendations from expert stakeholders representing diverse constituencies should be strongly considered. The relative lack of evidence supporting specific strategies should not preclude the consideration of novel solutions to enhance gender equity and diversity. We recommend the following metrics for consideration:

- Pipeline outcomes: % women among students, residents, fellows, post-bacs, and junior faculty using AAMC data.
- Advancement outcomes: % women by academic rank, among endowed chairs, those receiving significant awards (including participation in faculty development courses or Grand Rounds). Gender-based comparisons of median number of years until promotion to the next academic rank.
- Leadership outcomes: At the institutional level, % women among deans, chairs, division chiefs, vice chairs, and institutional committee chairs at the institutional level. At the departmental level, % women among medical directors, residency program leadership, clerkship leadership.
- Structure metrics:  
*Recruitment*: transparency and equity in total compensation - including bonus and recruitment packages; recruitment policies for significant positions like search committee diversity practices, minimum candidate diversity requirements.  
*Family-friendly policies*: paid parental leave; adequate accommodations including time and space for breastfeeding; options for flexible work schedules; dependent care support.
- Process metrics: formal mentoring systems, career development programs, affinity groups; leadership development targeting women, including those who identify as LGBTQ and URiM; formal faculty development programs facilitate equitable faculty promotion.
- Culture metrics: safe learning environment, accessible and confidential reporting system for sexual harassment, implicit bias training for leaders.

## JUDGING CRITERIA

- *Suggestions on criteria that judges might use to identify a winner*
- *Ways to measure the impact of increased faculty gender equity and diversity on the department, institution, research, etc.*

We recommend the use of clearly defined scales pertaining to the above listed cultural, structural,

process-oriented, and outcome metrics with clear criteria for each rating. For example, a 1-5 Likert scale for paid parental leave could have the following options: 1=no policy, 2=unpaid leave only, 3=partially paid leave or less than 8 weeks, 4=partially paid leave for up to 12 weeks, or fully paid leave for less than 8 weeks, and 5 = fully paid 12 or more weeks of leave.

After scoring, winners could be identified by stratifying organizations into deciles and recognizing the top decile for both overall achievements, and within categories. In addition to typical positive outcomes, there should be criteria to assess negative culture as well. For example, institutions with higher than average occurrences of Title IX complaints or settled lawsuits related to equity or harassment may be perceived less favorably. Similarly, those who have not held perpetrators accountable, or retained faculty on tenure with confirmed prior violations of laws and policies should be considered less favorably.

## **TIMING**

- ***Time needed to develop a prize submission and for judges to identify a winner***

We believe that organizations will need at least one month to prepare submissions, and effective dissemination may take 1-2 months, so we recommend releasing the award opportunity at least 3 months before the submission deadline. Depending on the complexity of the scoring and judging, it would likely take an additional 1-2 months for judges to complete the scoring process and come to consensus on winners. With respect to timing, we recommend announcing winners in the first half of the calendar year so new graduates have an opportunity to review and make their job choices accordingly.

## **DISSEMINATION OF WINNING SUBMISSIONS**

- ***Ways to best disseminate approaches that have increased faculty diversity***

In addition to the above recommended outlets for dissemination of the competition announcement (Twitter, Doximity, AAMC, ACGME, specialty societies), it is especially important to target those in positions of influence who can adopt approaches to increase faculty diversity. Some leaders may not regularly read peer-reviewed academic journals, so we recommend promoting in lay publications that attract the attention of decision-makers (e.g., *U.S. News & World Report*) or other health care related publications read by administrative staff (e.g., *Modern Healthcare*). Many specialty societies also have an organization for academic chairs (e.g., the Academy for Academic Chairs in Emergency Medicine), so it is critical that best practices are disseminated among these organizations as well. Best practices to increase diversity could also be collated into a repository or toolkit to be endorsed by organizations like the American Medical Association (AMA), ACGME or AAMC and distributed among chair groups and specialty societies.

## **REASONS AND POTENTIAL BARRIERS IN APPLYING**

- ***Major factors or other reasons that may influence an institution's decision to compete in the prize competition described in this information request.***
- ***Major barriers that may impede applying for the prize competition. Comments may reflect considerations about what potential solutions, if any, may be available to overcome such barriers.***

Institutions that are already attentive to gender parity and diversity, with programs in place and positive metrics, are more likely to compete. Many institutions may lack sufficient resources to initiate and sustain practices to promote diversity, which may reflect the fact that diversity is not a top priority. Alternatively, institutions may have insufficient resources to evaluate or disseminate practices that are in place; for example, many institutions may not follow NIH award announcements closely, or have

familiarity with the process of preparing and submitting an application. Some institutions may be situated in less diverse geographic regions, which has been cited as a barrier to recruiting diverse trainees and faculty, particularly in non-urban settings. If a department or institution has had difficulty or negative experiences with gender diversity and parity, this line of investigation could be seen as politically harmful or damaging. Institutions may also not want negative or neutral comments to be accessible to their non-medical local community.

To help overcome these barriers, the AAMC or organizations who collect demographic data could share diversity metrics with institutions and departments, along with their benchmarks relative to the country, in order to facilitate fair competition. Alternatively, the scoring of nominees could be performed independently during the judging process (including evaluation of structures, processes, and outcomes) which would require additional time and resources, but may increase the rigor of the prize. Either way, ample notice should be given to institutions (e.g., at least 3 months) in order to ensure sufficient time to prepare an application.

We appreciate the opportunity to share our comments. If you have any questions, please contact Loren Rives, ACEP's Sr. Manager of Academic Affairs at [lrives@acep.org](mailto:lrives@acep.org) or Melissa McMillian, SAEM's Director of Foundation and Business Development at [mmcmillian@saem.org](mailto:mmcmillian@saem.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Vidor E. Friedman". The signature is fluid and cursive, with a large loop at the end.

Vidor E. Friedman, MD, FACEP  
ACEP President

A handwritten signature in blue ink, appearing to read "Ian B.K. Martin". The signature is cursive and includes a horizontal line at the end.

Ian B.K. Martin, MD, MBA  
SAEM President

## EXHIBIT A

### AWAEM Outstanding Department Award

This award goes to the Emergency Medicine Department that has shown support of women in academic EM through organizational initiatives that address the recruitment, development and advancement of its women physicians, promoting gender equality, diversity, opportunity and inclusion.

#### **Eligibility:**

- Applicant departments must be academic, defined by having an EM training program
- Divisions or departments of EM are eligible
- Pediatric EM divisions housed within a department of Pediatrics or PEM departments within a Children's Hospital are not eligible. PEM divisions housed within a Department of EM may be considered as part of a department's application.

#### **Selection criteria:**

- Nominated Departments will be judged for evidence of:
- Global approaches for supporting the recruitment, retention and advancement of women EM faculty
- Family friendly policies for recruitment and retention of women in EM department or division
- A supportive environment for development and advancement of women in EM
- High percentage of female faculty or recent recruitment of female faculty
- High retention rate of female faculty
- High percentage of women in leadership, including administrative positions and faculty rank.
- Environment of transparency with respect to salary, benefits, and promotion process.

#### **Required Documentation:**

- One nomination letter explaining why the department merits the award.
- The letter should include examples of the programs and practices mentioned above.
- The letter should come from a Chair, Vice Chair, Hospital President or Medical School Dean.
- One support letter from departmental faculty member.

\*Previous Outstanding Department Award winners will not be eligible for 5 years.

<https://www.saem.org/awaem/grants-and-awards/awaem-awards/department-award>