Improving Knowledge, Awareness, and Use of Flexible Career Policies Through an Accelerator Intervention at the University of California, Davis, School of Medicine

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Abstract

The challenges of balancing a career and family life disproportionately affect women in academic health sciences and medicine, contributing to their slower career advancement and/or their attrition from academia. In this article, the authors first describe their experiences at the University of California, Davis, School of Medicine developing and implementing an innovative accelerator intervention designed to promote faculty work–life balance by improving knowledge, awareness, and access to comprehensive flexible career policies. They then summarize the results of two faculty surveys—one conducted before the implementation of their intervention and the second conducted one year into their three-year intervention—designed to assess faculty's use and intention to use the flexible career policies, their awareness of available options, barriers to their use of the policies, and their career satisfaction. The authors found that the intervention significantly increased awareness of the policies and attendance at related educational activities, improved attitudes toward the policies, and decreased perceived barriers to use. These results, however, were most pronounced for female faculty and faculty under the age of 50. The authors next discuss areas for future research on faculty use of flexible career policies and offer recommendations for other institutions of higher education—not just those in academic medicine—interested in implementing a similar intervention. They conclude that having flexible career policies alone is not enough to stem the attrition of female faculty. Such policies must be fully integrated into an institution's culture such that faculty are both aware of them and willing to use them.

Faculty encounter myriad obstacles during their academic careers, including individual, family, and institutional or societal influences that contribute to women leaving the academic pipeline.[1–11] Faculty in the health sciences face additional career challenges due to long training paths, unpredictable work hours, clinical work (patient care duties, paperwork, maintaining clinical expertise), lack of summer release time, and other job-determined demands. Yet, no one has identified truly effective strategies and interventions to stem the attrition of women from academic advancement.

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Why Flexible Career Policies Are Necessary

The challenges of balancing a career and family life among academic health science and medicine faculty disproportionately affect women, leading to their slower career advancement and/or dropout from academia.[12] The 2007 landmark report from the National Academy of Sciences, National Academy of Engineering, and Institute of Medicine, entitled *Beyond Bias and Barrier: Fulfilling the Potential of Women in Academic Science and Engineering*, concluded that the relatively higher rates of attrition for women from the science pipeline are linked to unintentional bias by both sexes.[12] This report and others suggested that providing more support for working parents could be an effective strategy to keep women in academic careers.[13–16] A recognition of the difference in attitudes toward work between generations also has increased awareness of the importance of career flexibility.[17–20]

Family-friendly, flexible career policies therefore are becoming more commonplace in U.S. medical schools, as well as in their parent universities, and are seen as important to addressing both gender and generational differences in career paths and expectations. A recent survey by the Association of American Medical Colleges (AAMC) demonstrated that over three-fourths of medical schools had a policy available to stop the tenure clock, and a third had a policy allowing faculty to work less than full-time while remaining on a tenure-eligible track.[21] In addition, almost half of academic medical centers surveyed in 2008 offered an extended probationary period of eight years or more to assistant professors.[22] Yet, substantial barriers exist that keep faculty from using such programs, limiting their effectiveness.

Why Faculty Are Not Taking Advantage of Flexible Career Policies

A 2006 survey of more than 4,400 University of California (UC) faculty found that almost 70% were unaware of the existence of the university's flexible career policies, and only a little more than a quarter knew that all of the policies existed.[23] We have demonstrated previously that faculty members' awareness and use of such institutional policies on our own campus, the University of California, Davis, School of Medicine (UC Davis SOM), School of Veterinary Medicine (SVM), and College of Biological Sciences (CBS), were low[24] and that younger faculty, particularly men, were the least aware of their existence.[25] At the same time, faculty in all three disciplines regarded the existence of such policies as very important to the recruitment and retention of faculty and to their own career satisfaction. We also have identified important gender and generational differences—Women were more aware and more likely to use such policies, though younger men and women reported similar interest in them.[25] Bristol and colleagues' 2008 study[26] of *U.S. News & World Report*'s top 10 medical schools showed that flexible career policies exist at each but that policy guidelines are often fragmented and difficult to access. Ensuring that faculty are aware of and able to use flexible career policies are therefore significant challenges. Bristol and colleagues concluded that institutions that develop flexible career policies that are widely promoted, implemented, monitored, and reassessed are likely at an advantage in attracting and retaining faculty while also advancing institutional excellence.

In addition, we have reported previously that faculty underuse these programs for several reasons.[24] Faculty may be unaware of some programs. They also may be confused about eligibility. And the workplace climate may deter them from taking advantage of such opportunities—Faculty members may fear that their use of these policies will be met with retribution or cause colleagues undue burden.

How Institutions Are Promoting the Use of Flexible Career Policies

Challenges exist to implementing flexible career policies that facilitate the equal representation of women in academics. These policies relate to the multifaceted nature of female scientists' career paths and their close relationship with other life events, particularly those related to family formation and family demands.[27] The AAMC has been benchmarking the status of women in academic medicine for almost three decades.[1] Through the Group on Women in Medicine and Science, the AAMC sponsors annual career development seminars for early, mid, and advanced career women. Other professional groups also have interest groups or initiatives devoted to the career development of women, such as the American College of Cardiology's (ACC's) Women in Cardiology committee, which encourages more women to enter this field and to become involved in ACC committees and task forces.

Some academic medical centers also support programs that have been effective in increasing the number of women in science by improving their work experience.[28–31] For example, a study of a competitive awards program that provided modest amounts of flexible research dollars ($60,000 over two years) for early-career faculty with child care responsibilities at Massachusetts General Hospital found that over 90% of award recipients remained at the hospital after five years compared with 68% of nonrecipients.[31] In another study, multiple interventions (promoting mentorship, sponsorship, leadership development, faculty education, etc.) in the Department of Medicine at the Johns Hopkins University School of Medicine led to a 550% increase in the number of women at the associate professor rank over 5 years and a 183% increase in the number of women who said they expected to remain in academic medicine for at least 10 years.[30] One-half to two-thirds of women in the same study also reported improvements in the timeliness of their promotions, their access to the information needed for faculty development, and salary equity, and decreases in the incidence of gender bias and their sense of isolation.[30] In another study, female faculty in medicine indicated that specific interventions would improve their career success and sense of well-being, including a flexible work environment and opportunities for leave, such as short sabbaticals.[24,32] In addition, extending the probationary period for faculty has been shown to help retain and support assistant professors—Authors at the University of Pennsylvania reported a 64% decreased risk of departure among faculty who took such an extension.[33]

Sullivan and colleagues[27] identified five key strategies for successfully implementing flexible career policies and programs at institutions of higher education:

- Formalize policies and make them entitlements;
- Continually educate faculty and administrators about the policies;
- Address the issues that discourage faculty from using flexible career policies;
- Use data to promote programs that support work–life balance; and
- Foster collaboration between champions of individual policies and the relevant institutional committees.

Despite the growing amount of information on the barriers to the advancement of women in science and the growing number of efforts by a variety of organizations and academic medical centers to overcome these barriers, the efficacy of such policies remains to be determined. Over a three-year period, we implemented an accelerator intervention to increase awareness and use of our medical school's flexible career policies and to measure the effects of the intervention on faculty career satisfaction and advancement. We used a National Institutes of Health (NIH) Office of Women's Health Research grant to support our work. In this article, we describe our experiences implementing our accelerator intervention, and the results of our comparison of its effects in the UC Davis SOM with faculty career satisfaction and advancement in the SVM and CBS, where we did not implement our intervention.

Existing Flexible Career Policies at the UC Davis SOM

UC has been a leader in promoting flexible career policies through its *Family-Friendly Accommodation Policies* introduced in 1988. In 2004, the UC Davis SOM expanded these policies to meet the unique needs of medical faculty—The comprehensive

family accommodations package is designed to support faculty in all tracks (tenure-track and non-tenure-track, and research-intensive track versus clinical-intensive track) over their life, including childbirth, adoption, child rearing, and care of parents, spouses, and partners. Childbearing mothers in all faculty tracks receive 12 weeks of fully paid childbearing leave. All parents may request, at any time, up to one year of unpaid parental leave. Faculty with family needs can be granted a permanent change or temporary reduction in the percentage of time of their faculty appointment. In addition, faculty may defer merit advancement or promotion for one year after the birth or adoption of a child or for other reasons. See Table 1 for an overview of these policies.

These policies send the unambiguous message that faculty, both men and women, with substantial caregiving responsibilities, or those women who give birth to a child, are *entitled* to use the appropriate family accommodation policies (rather than *may request* them). In addition, peer reviewers may not act with prejudice when they evaluate the promotions or advancement of faculty who have used these policies. In 2008, following the lead of the UC Davis SOM, the 10-campus UC system adopted many of these policies and insurance benefits.[34]

Table 1

Summary of the University of California, Davis, School of Medicine's Flexible Career Policies, 2010 to Present*

Characteristic	Childbearing or adoption leave	Family and medical leave	Parental leave	Active service modified duties	Part-time appointment
Eligible faculty	Parent who is giving birth or adopting	≥1 year university service, responsible for ≥50% of child care	Any faculty member	≥1 year university service, responsible for ≥50% of child care	At chair's discretion, and academic/ business needs
Time and duration	Full-time leave for 12 weeks maximum	Full-time leave for 12 weeks maximum	Full-time leave for 1 year maximum (other leaves included)	Negotiated part-time leave for 12 weeks maximum	Negotiated percent reduction, renewable at reappointment time
Salary	Preserved	None	None	Full base, negotiated component of salary (Y*)† reduced proportionate to duty reduction	Base and negotiated component of salary (Y*) reduced proportionate to duty reduction
Health care benefits	Maintained	Maintained	None	Maintained	Maintained if 50% appointment

* In addition, the University of California, Davis, School of Medicine offers flexible career policies for tenure clock extension and deferral of review.
† (Y*) indicates negotiated component of faculty salary.

Development and Implementation of an Intervention to Promote the Use of Flexible Career Policies

In 2010, we implemented a longitudinal accelerator intervention designed to accelerate the pace of change in knowledge, awareness, and use of the flexible career policies at the UC Davis SOM. Our accelerator intervention included a comprehensive educational campaign designed to:

- publicize and promote the policies to all current and incoming faculty, whether they had family caregiving responsibilities or not, and administrators and staff involved in the merit/review process;
- accelerate the pace of implementation, awareness, and use of the policies, which provide increased career flexibility and are friendly to women with family demands;
- help female faculty overcome the negative pressures of family demands on their careers; and
- assist female faculty with managing and sustaining a career while attending to a family, so that the impact of the policies on their career success and advancement is direct and measurable.

Our overall desire was to shift the academic culture from one that views the use of flexible career policies as indicative of a lack of seriousness or drive to one that envisions career flexibility as a necessary component to productive academic careers and success for all faculty. Our educational campaign was multidimensional, sustained, iterative, and used multiple types of media. This broad-based approach afforded us the opportunity to determine both the individual and systems contributions to implementing such an intervention, and how such contributions relate to the overall success of women's careers. An annual assessment allowed us to adapt our approach to target specific components of the policy or subgroups of faculty and administrators to increase their awareness and decrease barriers.

Our communication plan included six key features: (1) informal workshops, (2) designated faculty liaisons, (3) didactic presentations to leadership and to faculty, (4) increased and enhanced Web presence, (5) inclusion of social media, and (6) print communication.

Starting in 2010, the SOM's active Women in Medicine and Health Sciences (WIMHS) group hosted additional yearly workshops to teach personal and professional career development skills for women and to raise awareness of the flexible career policies. The SOM's Office of Faculty Development also held a workshop dedicated to promoting these policies.

In June 2010, we created a network of department liaisons—senior faculty who were nominated by their department chairs. We provided these liaisons with additional information on the flexible career policies and our NIH grant. Because faculty often feel

more comfortable seeking advice from colleagues outside their department, we created an informal list of the liaisons so that faculty could inform their peers in a more personal manner.

Then, in October 2010, in conjunction with National Work–Family Month, we began a publicity blitz to advertise the new flexible career package to all SOM leaders and faculty. We repeated this blitz in the fall of 2011. The vice chancellor of human health sciences, dean, and executive associate dean of the SOM, as well as department managers and department liaisons, participated in our intervention. We presented to the council of chairs in the SOM, division chiefs within larger departments, the council of managers, the associate deans of the SOM, the vice provost of academic personnel for the UC Davis campus, and the vice provost for academic personnel for the UC Office of the President. Ongoing communications updated the SOM community during the implementation phase of our intervention. We held a formal grand rounds presentation and research seminars in a number of SOM departments and centers throughout the year, including the departments of dermatology, internal medicine (division chiefs), pathology and laboratory medicine, pediatrics, surgery, and the MIND (Medical Investigation of Neurodevelopmental Disorders) Institute. We also delivered a research presentation at a monthly SVM-wide faculty meeting at their request.

Next, in 2011, we created new and prominent links on the SOM's academic affairs Web site to publicize existing UC system–wide flexible career policies and to provide news and information about UC Davis SOM–specific policies.[34] These included two resources created for our intervention—a new PowerPoint presentation and a PDF copy of a new brochure, both with additional information on the SOM's policies.[35] In addition, the Web site provided links to other relevant resources, including the Web sites of the SOM's Office of Faculty Development and Office of Diversity and Inclusion, which included the Women in Medicine Program activities, the UC Faculty Family Friendly Edge initiative,[23] and the UC Office of the President's University of California Family Friendly Policies for Faculty.[36] We continued to update these resources with new information, including the results of our initial baseline survey.

In addition, in June 2011, we expanded our Web presence to include a Women in Medicine Program Facebook page designed to enhance communication and raise awareness of family issues and resources via social networking.[37] Posts to the Facebook page included links to pertinent articles published elsewhere, commentaries by school leaders and others, notifications of faculty development and leadership courses, and announcements of events sponsored by our school's WIMHS group. Through additional posts, either signed or anonymous, faculty had the opportunity to share their experiences, both positive and negative, obtain feedback or advice from others about the use of the flexible career policies, and take advantage of faculty development and leadership opportunities offered by the SOM and by national associations like the AAMC. An additional discussion forum was available through the SOM's female faculty listserv.

In 2011, we also created new print communications, including a brochure on the flexible career policies, which we distributed to all SOM faculty, chairs, and department managers. In addition, we developed an orientation packet for participants in the SOM's new faculty orientation program, and we provided the materials to the SOM's academic personnel office and the health system's human resources office for use in recruitments and career counseling. The brochure emphasized and advertised the advantages of the SOM's flexible career policies, dispelled common myths about their use, and provided tips for preserving a work–life balance and resources for current faculty interested in additional information. We did not provide faculty in the SVM and CBS with this brochure. Finally, in 2012, we collaborated with the SOM's Offices of Faculty Development and Academic Affairs to draft articles on these policies to appear in several online and print newsletters, including the SOM's weekly e-newsletter, *Weekly Update*, and the Office of Faculty Development's newsletter.[38] These articles provided an overview of issues related to balancing academic careers or goals with family life and were geared toward a faculty audience. We also hoped, however, that they would reach postdocs, staff, and students.

Impact of Our Intervention

Intervention evaluation

To provide baseline data, in March 2010 we gathered the results from the annual "Work, Family, and Satisfaction Survey" administered to faculty in the SOM, SVM, and CBS. The survey assessed faculty's use and intention to use the flexible career policies, their awareness of available options (leaves for mothers/fathers, personal disability, tenure clock stoppage, part-time appointments), barriers to their use of the policies, and their career satisfaction.[24]

One year later, we again gathered the results of the same annual survey. To assess the impact of our intervention, we examined changes in career satisfaction and documented policy use, along with changes in attitudes, awareness, and perception of barriers to using the flexible career policies among all faculty. Participation in both surveys was voluntary, and responses were anonymous and confidential. The UC Davis SOM institutional review board approved our study.

Intervention evaluation results

We found a high percentage of overlap among the respondents to the preintervention survey and those to the follow-up survey (76% in SOM, 82% in SVM, and 94% in CBS). The overall response rates ranged from 31% to 52% in the three schools. We recorded no major differences in the demographics of respondents to the preintervention survey and those to the follow-up survey or of respondents and nonrespondents.

We found that our intervention was effective in (1) significantly increasing awareness in SOM faculty of each of the flexible career policies individually and for the program as a whole and (2) significantly reducing barriers to policy use, specifically those due to concerns about overburdening colleagues and an inability to stop work on projects that are grant funded or with colleagues. We also found differences in the impact of the intervention across sexes and generations. Female faculty and faculty aged 41 to 50 reported the largest gains in awareness of

the policies. Female faculty also reported a greater satisfaction with their ability to balance work and family than their male colleagues, and faculty aged 41 to 50 reported being more likely to attend a presentation on the policies. Next, in comparing survey results from before the intervention and one year later, we found increased policy awareness in all schools at one year after implementation and significantly greater awareness in the SOM, likely due to our communication campaign. Finally, in comparing survey results between schools, we found that SOM respondents were significantly more likely than SVM respondents to report that they felt more comfortable using the policies one year after implementation than they did before the intervention. Although we also found significant reductions in perceived barriers to policy use in the SOM, the change did not differ significantly from that in the SVM. And, although we mailed a brochure detailing the SOM's flexible career policies to all faculty in the SOM, only 27% of respondents indicated that they had received a brochure.

Limitations of Our Intervention

Our intervention and study have a number of limitations. The data we describe here represent only one year of a multiyear intervention. Because the response rates were relatively low (31%–52%) and because we collected data only after the first year of the intervention, we recommend that our conclusions be interpreted cautiously. Although we both hoped for a higher response rate, especially in the survey one year after implementation, and continue to work on strategies to optimize future follow-up surveys, our sample was large enough to permit statistically meaningful comparisons.

In addition, we implemented our intervention at a single institution, so our findings may not be generalizable to other institutions. However, we compared our results in the SOM with those in the SVM and CBS at UC Davis, and we found few differences in faculty experiences. Also, in our two surveys, we found no clear differences in the percentage of faculty who attended a presentation or were aware of a presentation between the SOM and SVM.

Finally, the specific flexible career policies that faculty used more often, and their ultimate impact on retention, promotion, and productivity, remain to be determined. The data we described here represent only initial findings, so we need to conduct several additional follow-up surveys over multiple years to identify the specific sustainable changes and determine which aspects of our multipronged intervention were most successful. Since we collected these initial data, we have continued to implement the intervention and collect objective metrics of its impact, which we will report after we have collected three years of data (the length of our intervention). Going forward, we plan also to evaluate the immediate process outcomes of our intervention and its ultimate impact on outcomes, such as faculty retention, promotion, and productivity.

Next Steps

Even at institutions like the UC Davis SOM, where flexible career policies are comprehensive and have been in place for many years, awareness and use are low, and educational interventions are needed to maximize the value of these policies. Although our initial results showed that we had succeeded in enhancing awareness and minimizing barriers to policy use, additional interventions are needed, particularly those targeting older women and younger men—two groups that we identified previously as having unique needs.[25] In addition, future interventions likely need to be sustained and reiterative to achieve lasting change. We plan to continue our intervention and follow-up evaluation for another two years. Then, we plan to investigate whether the intervention has led to not only increased personal and professional satisfaction but also improved recruitment, retention, and career performance. In addition, work remains to be done to more fully address faculty and leadership education, barriers to using policies, data collection, collaboration among administrative units, and institutional climate change. Furthermore, we plan to target in future interventions specific faculty groups (young fathers, early-career female faculty, and older female faculty) as our work has shown that these faculty groups are at risk for faculty dissatisfaction and, thus, for potential attrition.

Recommendations

Our experiences provide valuable lessons for other medical schools interested both in enhancing their flexible career policies and in recognizing such policies as important strategic tools in the recruitment and retention of top talent. Yet, such policies alone are not sufficient to keep women in the academic pipeline and will not bring about gender equity in science.

First, faculty must be made aware of existing policies and be willing to use them. In turn, policies must be equitable, and their effectiveness must be tested and demonstrated. The development and use of policies designed to overcome barriers to career advancement affect the management and output of science, but very little is known about this aspect of science productivity. Although such constructs are difficult to measure, research on gender differences in this regard can lead to a better understanding of how a faculty member's career course is affected by the intersection of his or her individual actions and those of the institution.

Next, our approach—using an accelerator intervention to improve knowledge, awareness, and use of flexible career policies and evaluating its impact—could serve as a model for measuring the impact of other innovative initiatives in various arenas (teaching, research, clinical or faculty effectiveness). Furthermore, our research approach, materials, items, and the constructs used in our questionnaires could prove useful to other researchers. Our approach and findings therefore support the use of a new strategic change model that both supports academic biomedical careers for women and may be used at other institutions.

Finally, we advise that a one-size-fits-all approach will not be effective given the differences in the effectiveness of our intervention between age groups (generational) and sexes (male/female). Because we found our intervention to be most effective in faculty under the age of 50 and the brochure, a traditional medium, to be less effective in all age groups, we recommend that future interventions take advantage of social media to achieve success.

In Conclusion

The challenges of balancing a career and family life disproportionately affect women in academic health sciences and medicine, contributing to their slower career advancement and/or their attrition from academia. We sought to determine whether a novel accelerator intervention designed to increase awareness, access to, and use of already-existing flexible career policies at the UC Davis SOM could overcome these challenges. In this article, we summarized the development and implementation of our intervention, the results of an initial evaluation of its effectiveness, areas for future research, and recommendations for others interested in developing similar interventions.

Our intervention offers a concrete plan for medical schools to address faculty work–life balance dilemmas and talent retention, and it potentially could broaden the conversation about these issues in higher education as well. We hope that our article provides a practical, relevant, and timely description of an innovative strategy to inform the practices of other institutions of higher education, not just those in academic medicine.

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Previous presentations: The authors presented this work in part at the 2010, 2011, and 2012 Group on Women in Medicine and Science poster session at the Association of American Medical Colleges Annual Meeting (Washington, DC; Denver, Colorado; and San Francisco, California).

References

1 Leadley J. Women in U.S. Academic Medicine: Statistics and Medical School Benchmarking, 2008–2009. Washington, DC: Association of American Medical Colleges; 2009.
2 Spain D, Bianchi SM. Balancing Act: Motherhood, Marriage, and Employment Among American Women. New York, NY: Russell Sage Foundation; 1996.
3 Sanberg DE, Ehrdardt AA, Mellins CA, Ince SE, Meyer-Bahlburg HFL. The influence of individual and family characteristics upon career aspirations of girls during childhood and adolescence. Sex Roles. 1987;16: 649–668.
4 Wolfe LK, Betz NE. Traditionality of choice and sex role identification as moderators of the congruence of occupational choice in college women. J Vocat Behav. 1981;18:43–55.
5 Reid P, Paludi MA. Developmental psychology of women: Conception to adolescence. In: Denmark FL, Paludi MA, eds. Psychology of Women: A Handbook of Issues and Theories. Westport, Conn: Greenwood Press; 1993.
6 Xie Y, Shauman KA. Modeling the sex-typing of occupational choice. Sociol Methods Res. 1997;26:233–261.
7 Marini MM, Brinton MC. Sex typing in occupational socialization. In: Sex Segregation in the Workplace: Trends, Explanations, Remedies. Washington, DC: National Academies Press; 1984.
8 National Research Council. From Scarcity to Visibility: Gender Differences in the Careers of Doctoral Scientists and Engineers. Washington, DC: National Academies Press; 2001.
9 Cropsey KL, Masho SW, Shiang R, Sikka V, Kornstein SG, Hampton CL; Committee on the Status of Women and Minorities, Virginia Commonwealth University School of Medicine, Medical College of Virginia Campus. Why do faculty leave? Reasons for attrition of women and minority faculty from a medical school: Four-year results. J Womens Health (Larchmt). 2008;17: 1111–1118.
10 Osborn EH, Ernster VL, Martin JB. Women's attitudes toward careers in academic medicine at the University of California, San Francisco. Acad Med. 1992;67:59–62.
11 Bickel J. What can be done to improve the retention of clinical faculty? J Womens Health (Larchmt). 2012;21:1028–1030.
12 National Research Council. Beyond Bias and Barrier: Fulfilling the Potential of Women in Academic Science and Engineering. Washington, DC: National Academies Press; 2007.
13 Bickel J. The work that remains at the intersection of gender and career development. Arch Phys Med Rehabil. 2007;88:683–686.
14 Lowenstein SR, Fernandez G, Crane LA. Medical school faculty discontent: Prevalence and predictors of intent to leave academic careers. BMC Med Educ. 2007;7:37.
15 Shollen SL, Bland CJ, Finstad DA, Taylor AL. Organizational climate and family life: How these factors affect the status of women faculty at one medical school. Acad Med. 2009;84:87–94.
16 Linzer M, Warde C, Alexander RW, Demarco DM, Haupt A, Hicks L, et al; Association of Specialty Professors Part-Time Careers Task Force. Part-time careers in academic internal medicine: A report from the Association of Specialty Professors Part-Time Careers Task Force on behalf of the Alliance for Academic Internal Medicine. Acad Med. 2009;84:1395–1400.
17 Borges NJ, Manuel RS, Elam CL, Jones BJ. Differences in motives between Millennial and Generation X medical students. Med Educ. 2010;44:570–576.
18 Howell LP, Joad JP, Callahan E, Servis G, Bonham AC. Generational forecasting in academic medicine: A unique method of planning for success in the next two decades. Acad Med. 2009;84:985–993.
19 Borges NJ, Manuel RS, Elam CL, Jones BJ. Comparing millennial and Generation X medical students at one medical school. Acad Med. 2006;81:571–576.
20 Howell LP, Servis G, Bonham A. Multigenerational challenges in academic medicine: UCDavis's responses. Acad Med. 2005;80:527–532.
21 Bunton SA, Corrice AM. Evolving workplace flexibility for U.S. medical school tenure-track faculty. Acad Med. 2011;86:481–485.
22 Bunton SA. U.S. Medical School Faculty Job Satisfaction. Washington, DC: Association of American Medical Colleges; 2008.
23 Mason MA, Stacy A, Goulden M, Hoffman C, Frasch K. University of California Faculty Family Friendly Edge. An Initiative for Tenure-Track Faculty at the University of California. http://ucfamilyedge.berkeley.edu/ucfamilyedge.pdf. Accessed February 19, 2013.
24 Villablanca AC, Beckett L, Nettiksimmons J, Howell LP. Career flexibility and family-friendly policies: An NIH-funded study to enhance women's careers in biomedical sciences. J Womens Health (Larchmt). 2011;20:1485–1496.
25 Howell LP, Beckett LA, Nettiksimmons J, Villablanca AC. Generational and gender perspectives on career flexibility: Ensuring the faculty workforce of the future. Am J Med. 2012;125:719–728.
26 Bristol MN, Abbuhl S, Cappola AR, Sonnad SS. Work–life policies for faculty at the top ten medical schools. J Womens Health (Larchmt). 2008;17:1311–1320.
27 Sullivan B, Hollenshead C, Smith G. Developing and implementing work–family policies for faculty. Academe. 2004;90:24–27.
28 Hochschild AR, Machung A. The Second Shift: Working Parents and the Revolution at Home. New York, NY: Viking; 1989.
29 National Research Council. Science and Engineering Programs: On Target for Women? Washington, DC: National Academies Press; 1992.
30 Fried LP, Francomano CA, MacDonald SM, et al. Career development for women in academic medicine: Multiple interventions in a department of medicine. JAMA. 1996;276:898–905.
31 Jagsi R, Butterton JR, Starr R, Tarbell NJ. A targeted intervention for the career development of women in academic medicine. Arch Intern Med. 2007;167:343–345.
32 McGuire LK, Bergen MR, Polan ML. Career advancement for women faculty in a U.S. school of medicine: Perceived needs. Acad Med. 2004;79:319–325.
33 Speck RM, Sammel MD, Troxel AB, et al. Factors impacting the departure rates of female and male junior

medical school faculty: Evidence from a longitudinal analysis. J Womens Health (Larchmt). 2012;21:1059–1065.
34 UC Davis School of Medicine. Family-friendly and career flexibility policies to achieve work–life balance. http://www.ucdmc.ucdavis.edu/academicpersonnel/academicleaves/index.html. Accessed February 19, 2013.
35 UC Davis School of Medicine. Academic leaves—Options. http://www.ucdmc.ucdavis.edu/academicpersonnel/academicleaves/leaveoptions.html. Accessed February 20, 2013.
36 University of California Office of the President. Family friendly policies and issues. http://www.ucop.edu/academic-personnel/programs-and-initiatives/family-friendly-practices-and-policies/family-friendly-policies-and-issues.html. Accessed February 20, 2013.
37 UC Davis Women in Medicine and Science [Facebook page]. http://www.facebook.com/pages/UC-Davis-Women-in-Medicine-and-Science/218743748158322. Accessed February 20, 2013.
38 UC Davis School of Medicine. Flexibility Policies Newsletter [available through the UC Davis Health System intranet only].

Teaching and Learning Moments

Dumped On

"This guy's a dump."

So began the resident's presentation on Mr. Jones, a 65-year-old alcoholic with hepatitis C, hepatic encephalopathy, and recently diagnosed hepatocellular carcinoma.

"He should have been admitted to medicine, but they were full. We got dumped on. This is his third admission this month. He's a frequent flier, a noncompliant alcoholic, always comes in with altered mental status. And he's not getting any chemotherapy, so why did we have to admit him?"

The resident looked frazzled. He was outwardly burdened by an oncology service of very sick and complicated patients and a systemic urgency to discharge as soon as possible. Like many physicians when hurried and overwhelmed, he felt resentful. I should have asked if he realized what he had just said and used it as a teaching moment on the value of the person and the disease. I should have emphasized that we see the person as well as the disease—or at least we should. It was clearly a time for self-reflection and questions about why we used the word "dumped"—burnout, poor team dynamics, workload issues, or personal matters. But I did not. For that, I am guilty. I failed as a mentor—I condoned the use of the word "dumped."

But a picture of Mr. Jones began to emerge, at least in my mind. No one really knew this man—his home, his life, his family—and appropriate discharge planning had failed to include the burdens of his social environment. But when you are labeled noncompliant or a problem patient and you have had several admissions, you are relegated to the periphery of priority. Not purposefully, but almost reflexively. You become a dump or, at best, a problem patient—forever.

I entered Mr. Jones' room. He looked much older than 65. His body leaned to the right as he sat in bed, his right elbow providing crutch-like support. His skin was bruised and yellowed, and his nasal cannula rested atop his head. His belly was pregnant with ascites, and a catheter snaked from his bladder—he looked like a balloon tethered with ropes. He looked sick. He was sick.

I explained what I do and why I was there, then I listened to his story. He lived alone in a small, low-income apartment, was divorced and estranged from two sons. He was a carpenter, but on permanent disability because of a work-related injury. He admitted that he spent his monthly check on alcohol to combat loneliness and depression, and now, the fear of a terminal illness, but he did not see anything wrong with that.

"Who am I hurting?" he asked. "I don't wanna die, but I know I am—the juice takes my mind off that." He was scared. I asked about his medications, why he didn't take them.

"I can't afford 'em, doc. Yeah, I buy the beer, but it's cheaper than the pills. And from where I'm sittin', Miller and Budweiser do just as good a job as any pill."

He paused, then spoke again: "Doc, I'd just rather be at home with my beer, just let me do that. I'm gonna die, just let me go home."

"Why do you keep coming to the hospital if you want to stay home?" I asked.

"My neighbors keep calling the fire department. They bring me."

We talked, and I sold him on the benefits of hospice as a way to keep him at home, comfortable, and have another set of eyes look in on him. He liked the idea, but he did not like the idea of not drinking, and at this point, did it really matter if he drank?

After convincing a hospice to enroll Mr. Jones in spite of his alcohol use, he went home and never returned to the hospital. He drank his beer, but I am told he was not belligerent or noncompliant; in fact, one nurse described him as a model patient, albeit one who really loved his beer.

Then he abruptly declined and transitioned to inpatient hospice and, within a day, died a comfortable and dignified death, surrounded by people whom he did not know, yet who cared about him, his story, and his value as a person.

Author's Note: The name in this essay has been changed to protect the identity of the patient.

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