



Women in Cardiology

QUARTERLY NEWSLETTER

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WIC Section Visiting Professor Program:

The WIC Visiting Professor Work Group of the WIC Section is in the process of targeting institutions for Fall 2009 and Spring 2010. The goal of the WIC Section Visiting Professor program is to encourage female medical students and Internal Medicine residents to enter field if Cardiology. This is a great opportunity for an **Internal Medicine Program** to have a top female cardiologist visit their institution, give grand rounds, and meet with interested female students.

If you know of an Internal Medicine Program that would benefit from the Visiting Professor Program please contact Kelly Ventura at kventura@acc.org with the following information:

- Your Name
- Name of Institution
- Contact Name and Phone number in the Department of Internal Medicine
- Name of Chief Resident (if different) and Contact Info

WIC Section Chapter Networking Grants:

Is your chapter interested in hosting a networking event for Women in Cardiology? The WIC Section has a limited number of grants available to support such programs. If interested in applying, please contact Kelly Ventura at kventura@acc.org.

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Carole Warnes, M.D., F.A.C.C.



Gender bias in cardiology: What it is and how to deal with it

When it comes to recognizing and overcoming gender bias, cardiologists should apply the same evidence-based approach they demand in clinical practice. That's the advice of Molly Carnes, M.D., M.S., who directs the University of Wisconsin Center for Women's Health Research in Madison.

Evidence of gender bias in clinical medicine and research is abundant—albeit subtle—says Dr. Carnes, who presented “Forewarned is Forearmed: An Evidence-Based Approach to Advancing Women in Academic Medicine” at the 2009 Women in Cardiology Brown Bag Lunch at the ACC Annual Scientific Session in Orlando. In cardiology, you need only review the findings of a survey published in December by the ACC's Women in Cardiology Council to see that although professional satisfaction is high among female cardiologists, women are under-represented in cardiology, continue to experience gender-based discrimination, and are less satisfied with their compensation than male cardiologists.

“Cardiology continues to have a number of issues related to gender,” Dr. Carnes says. “They reflect the deeper, implicit gender stereotypes that are so pervasive in our society.”

To recognize subtle gender bias, it's important to understand the concepts of expectancy bias and prescriptive gender norms. In short, we all have preconceived notions about how men and women behave, and these stereotypes tend to place women at a disadvantage in the workplace. For example, women typically are viewed as more communal (i.e., nurturing, supportive, helpful), whereas men are seen as agentic (decisive, strong, independent, risk-taking). Unfortunately, our societal notion of an effective leader more closely matches stereotypes about men than women, automatically placing women at a disadvantage in their attempts to advance in research and academic medicine.

“The expected behaviors for men exactly overlap the expected behaviors for a leader, or for a cardiologist: They're action-oriented, they're independent, they're decisive, they're strong,” Dr. Carnes said. “This constitutes an enormous advantage for men, because of expectancy bias. You expect men to be better, so when you're evaluating their work, you rate it better.” But women face a dilemma: They are often judged harshly if they appear too strong and forceful—that is, if they deviate from prescriptive gender norms.

Consider the following findings from a variety of carefully designed studies:

- Among candidates for a postdoctoral fellowship, women needed to publish three more research papers and be 2.5 times as productive as men in order to be scored equally competent.
- Curriculum vitae that were randomly assigned a male name were rated higher in teaching, research, and service experience than those randomly assigned a female name.
- Women who were described as highly competent, hard-working, and performance oriented were judged less likeable, more hostile, and less desirable as a boss than women who were, in addition, described as being caring and sensitive to the needs of employees.

When job descriptions are filled with abstract language, and loose personnel practices permit hiring committees to redefine merit as they evaluate candidates, women can lose out on career opportunities, Dr. Carnes said. Studies of mock hiring scenarios have shown that if a hiring committee commits to the value of specific qualifications such as education, experience, and research before ever reviewing job applications, male and female applicants are judged equally. However, if the committee does not make such a commitment in advance, the definition of an ideal candidate tends to shift, so that in the end it corresponds to the qualifications of the male candidate.

What can be done? At the institutional level, it is important that job descriptions and research applications use precise language in describing the ideal candidate. For example, rather than saying that the winning candidate must a strong leader—vague language that favors men—the text should list specific experience that demonstrates leadership, for example, a proven track record of mentoring young researchers into faculty positions. In addition, hiring committees should decide in advance what weight they will give to each job qualification, rather than allowing the evaluation process to shift midstream.

On an individual basis, female cardiologists should consider operating within an admittedly narrow range of acceptable behaviors, to avoid activating common gender stereotypes. The goal is to appear neither too strong nor too soft. For example, dress neutrally. When submitting a job application or a research paper for publication, consider disguising your gender by using initials rather than your full name. Don't bring cookies to meetings. Don't offer to get coffee. Adopt a leadership style that is communal but not submissive. And, since research has also shown that simply knowing someone on a hiring committee can overcome the disadvantage of being female, network, network and network some more.

Finally, consider launching your research career by initially focusing on women's health issues—an area that doesn't draw the interest of many men. “Women's health research is a good door to walk through because you'll get in, it helps women, and there won't be men blocking the way,” Dr. Carnes said. “You'll need to move on eventually, but as a launching pad, it's wonderful.”

Make sure to visit and bookmark the [WIC website](#) for news of the WIC Council and Section, virtual mentoring program, outreach materials, and more.