



Honoring the Past While Transforming the Future: Bringing Diversity into the Scope of Gastroenterology



Amy S. Oxentenکو, MD FACP, FACG

Professor of Medicine, Mayo Clinic College of Medicine & Science

Vice Dean of Practice, Mayo Clinic

Consultant, Division of Gastroenterology/Hepatology

DISCLOSURES

None, other than I identify as a cisgender heterosexual woman with pronouns she/her/hers and see the world through that lens.



48th Annual
NEW YORK COURSE

December 12-13, 2024

New York, NY



Learning Objectives

1

Detail the importance (and limitations) of critical mass theory as it pertains to diversity in medicine.

2

Recognize the inequities that exist for women and other intersectional identities in medicine.

3

Propose steps on how to bridge the gaps identified related to diversity, equity and inclusion.

BIASES



1ST SCENARIO:

A father and son are in a horrible car crash that kills the father. The son is rushed to the hospital; just as he's about to go under the knife, the surgeon says, "I can't operate—that boy is my son!"

Did you make any assumptions?

2ND SCENARIO:

Trainee: “What can I do so others know I am a doctor?”

Program Director: “Why do you ask?”

Trainee: “Because I am being mistaken as janitorial service.”

Do you think this happens to everyone?

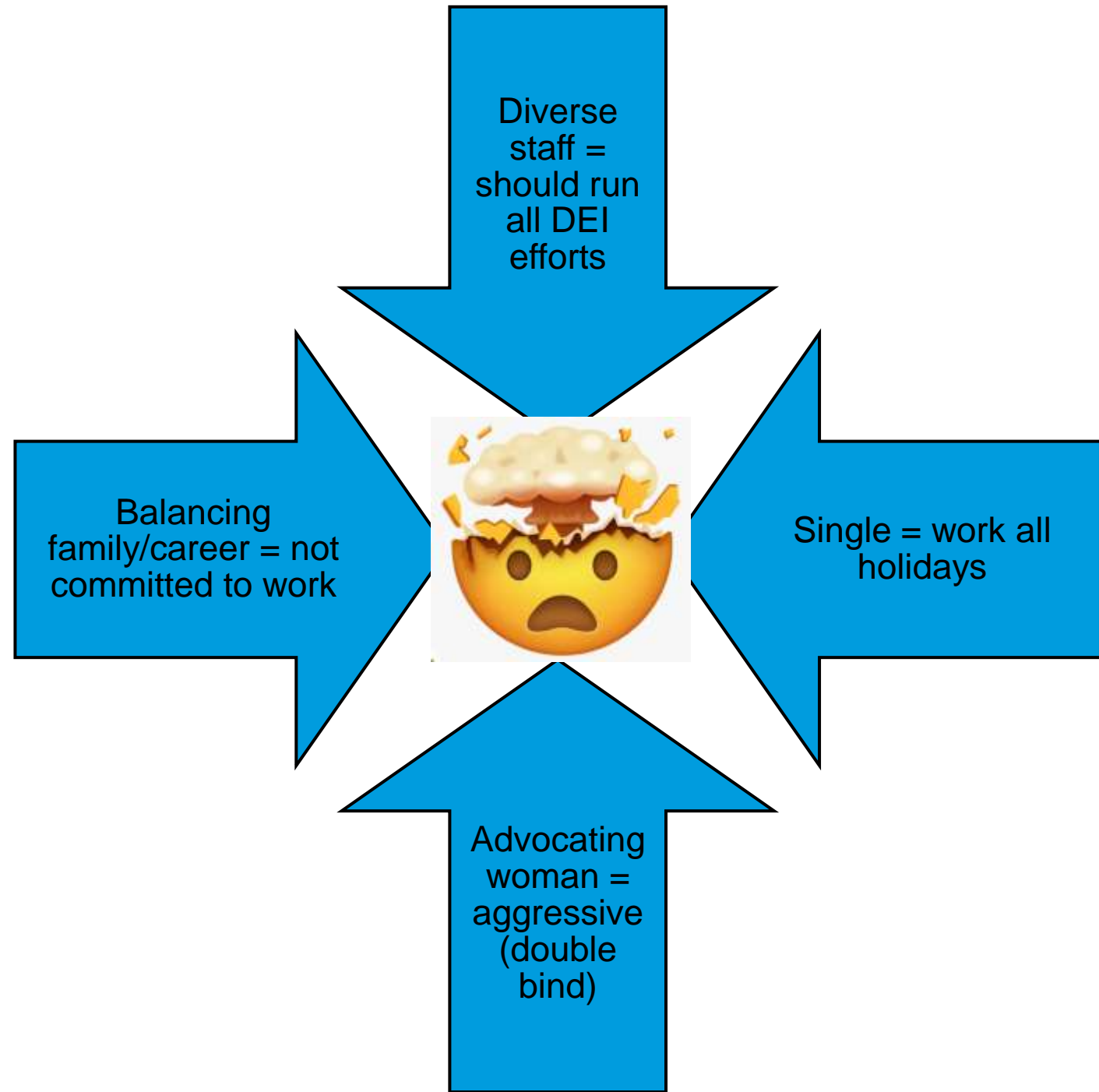
3RD SCENARIO:

A woman physician is going up in academic rank and meets with her Chair to ask for a raise.

Chair response: “Your husband has a good job – I don’t need to pay you more.”

Do you think this could ever happen?

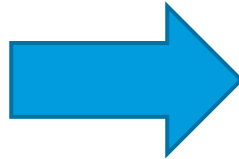
OTHER SCENARIOS



THE SPECTRUM OF BIAS AND MICRO/MACRO-AGGRESSION?

MICROAGGRESSION

- Unconscious
- More subtle
- Makes you question intent



MACROAGGRESSION

- Conscious
- Not subtle at all
- Intent is very clear

Use of titles
Assumptions on roles
Differing treatment
Stereotyping

Derogatory language
Threats
Hate crimes
Targeted actions

Bystander

- Only observes
- Remains silent
- No action



Upstander

- Stands up
- Speaks out
- Takes action

IDENTIFY A PROBLEM: FIND A SOLUTION



Physician Identification Badges: A Multispecialty Quality Improvement Study to Address Professional Misidentification and Bias

Emily M. Olson, MD; Virginia A. Dines, MD; Samantha M. Ryan, MD; Andrew J. Halvorsen, MS; Timothy R. Long, MD; Daniel L. Price, MD; R. Houston Thompson, MD; Megha M. Tollefson, MD; Jamie J. Van Gompel, MD; and Amy S. Oxentenko, MD

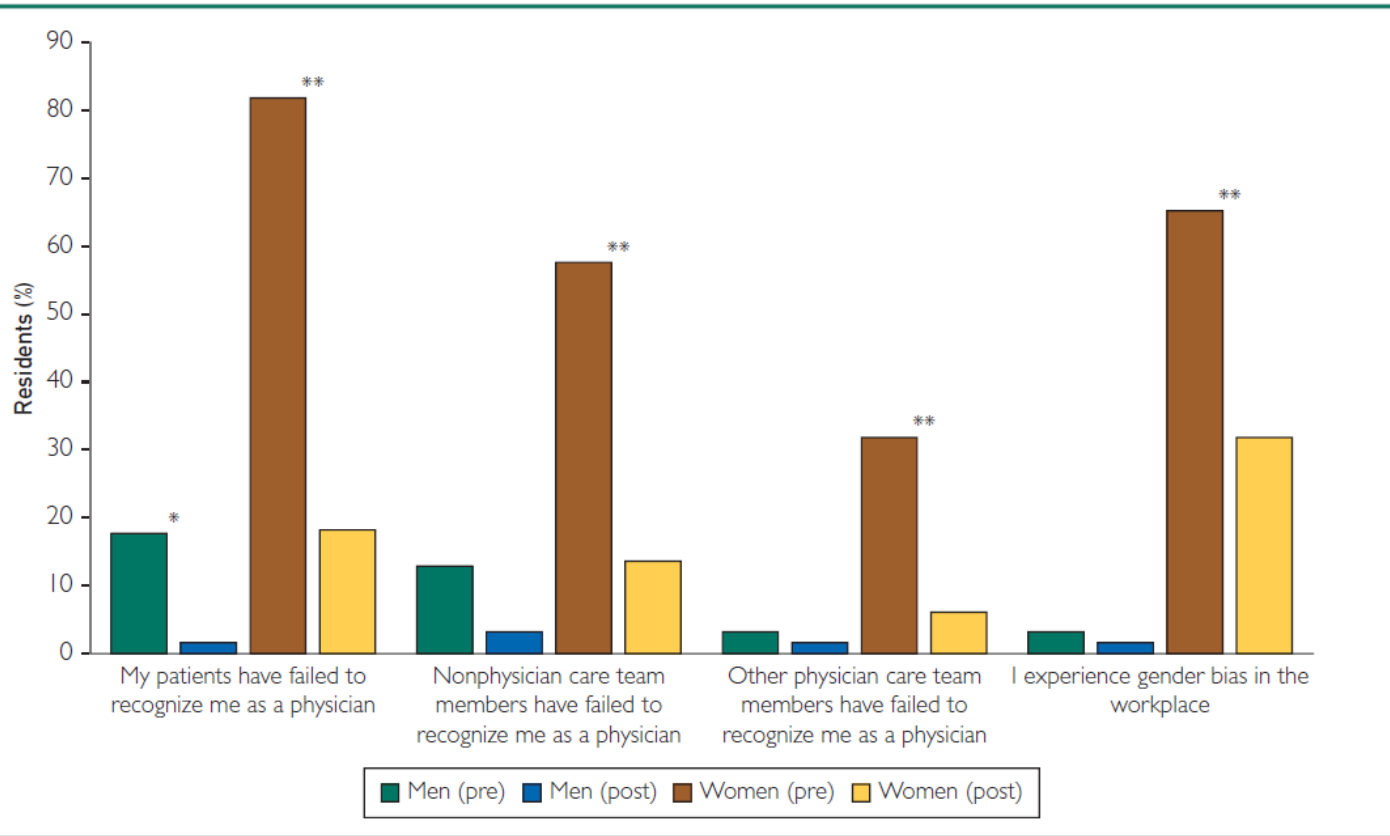


FIGURE 2. Women residents were significantly less likely to report experiencing weekly role misidentification and gender bias after wearing the “DOCTOR” badge intervention (* indicates $P=.002$; ** indicates $P<.001$).



GETTING TO EQUITY IN MEDICINE



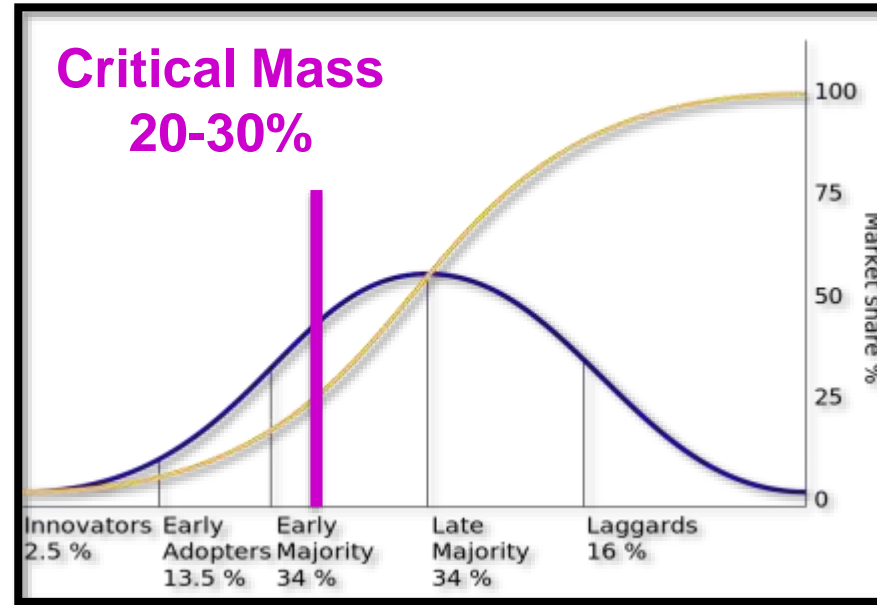
CRITICAL MASS THEORY

Sufficient number in minority group such that behavioral changes occur that rapidly increases acceptance of minority viewpoint

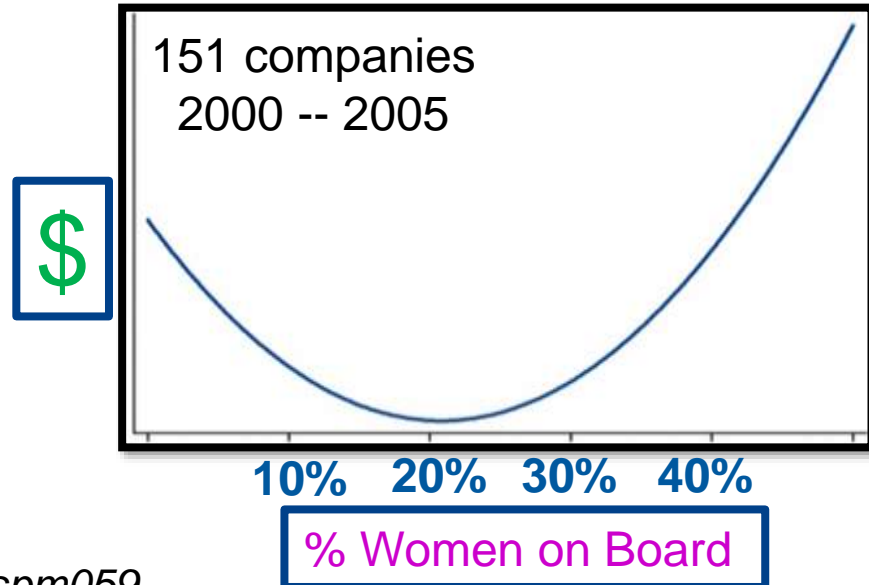
Rate of adoption self-sustains and accelerates more growth

When [women] constitute 20-30% of a group, change begins

Companies become more efficient, profitable and call out bias



E Rogers. Diffusion of Innovations.



Joecks, J of Bus Ethics 2013

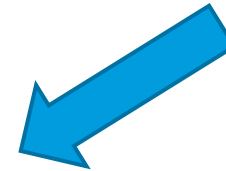
“Critical mass has its roots in physics: it’s the amount of material needed to sustain a nuclear explosion. Accumulate enough, set it off and there is no other outcome but BOOM!”

Newton-small J, Time.
<https://time.com/5016735/when-women-reach-a-critical-mass-of-influence/>

#BOOM

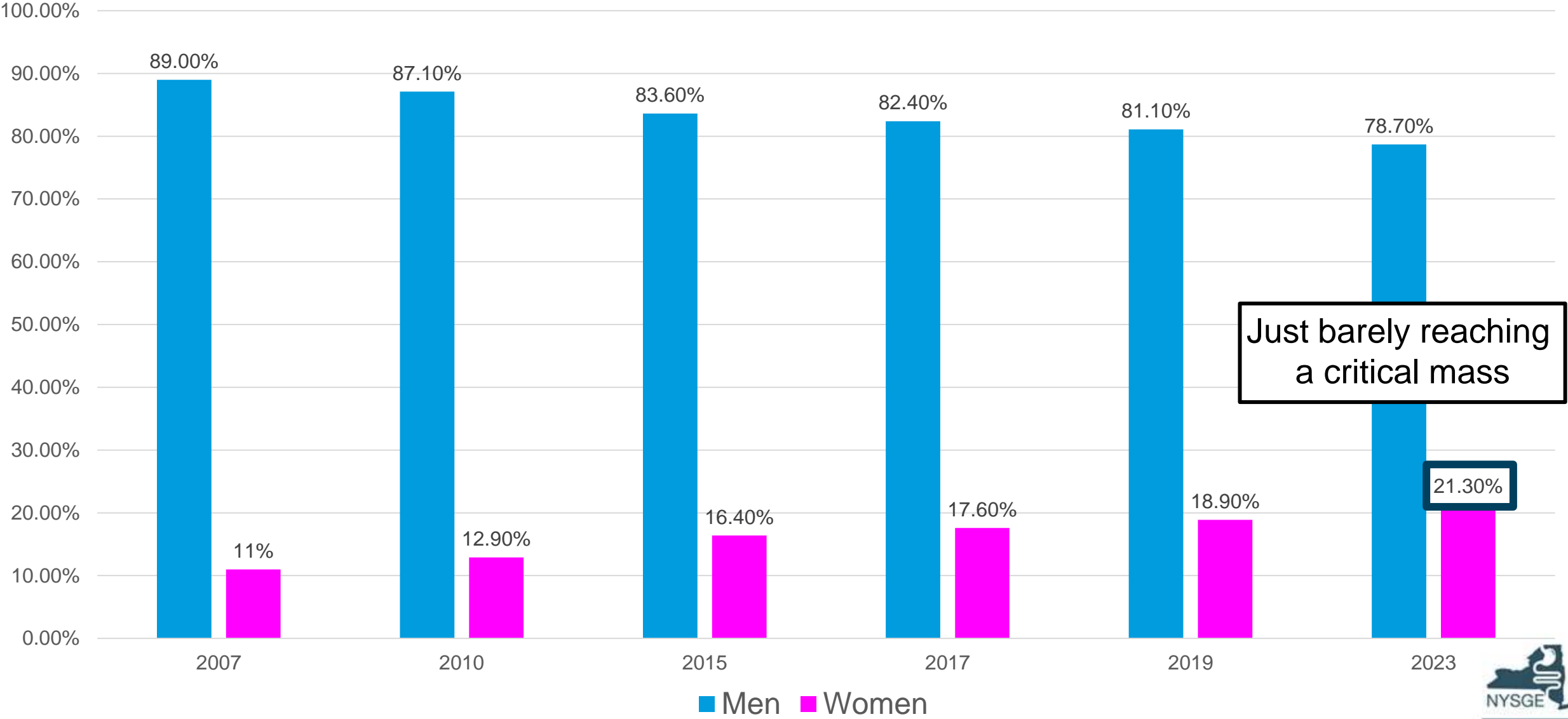
Association of American Medical Colleges

**37% faculty
30% students**



Graduation cohort	1965	1970	1975	1980	1985	1990	1995
Women now on faculty	53	99	219	483	675	700	732
Women graduates	503	700	1,706	3,497	4,904	5,231	6,228
Men now on faculty	541	690	1,105	1,312	1,445	1,287	1,067
Men graduates	6,906	7,667	11,010	11,616	11,414	10,167	9,655

PERCENTAGE OF MEN AND WOMEN IN GI



Just barely reaching a critical mass

21.30%

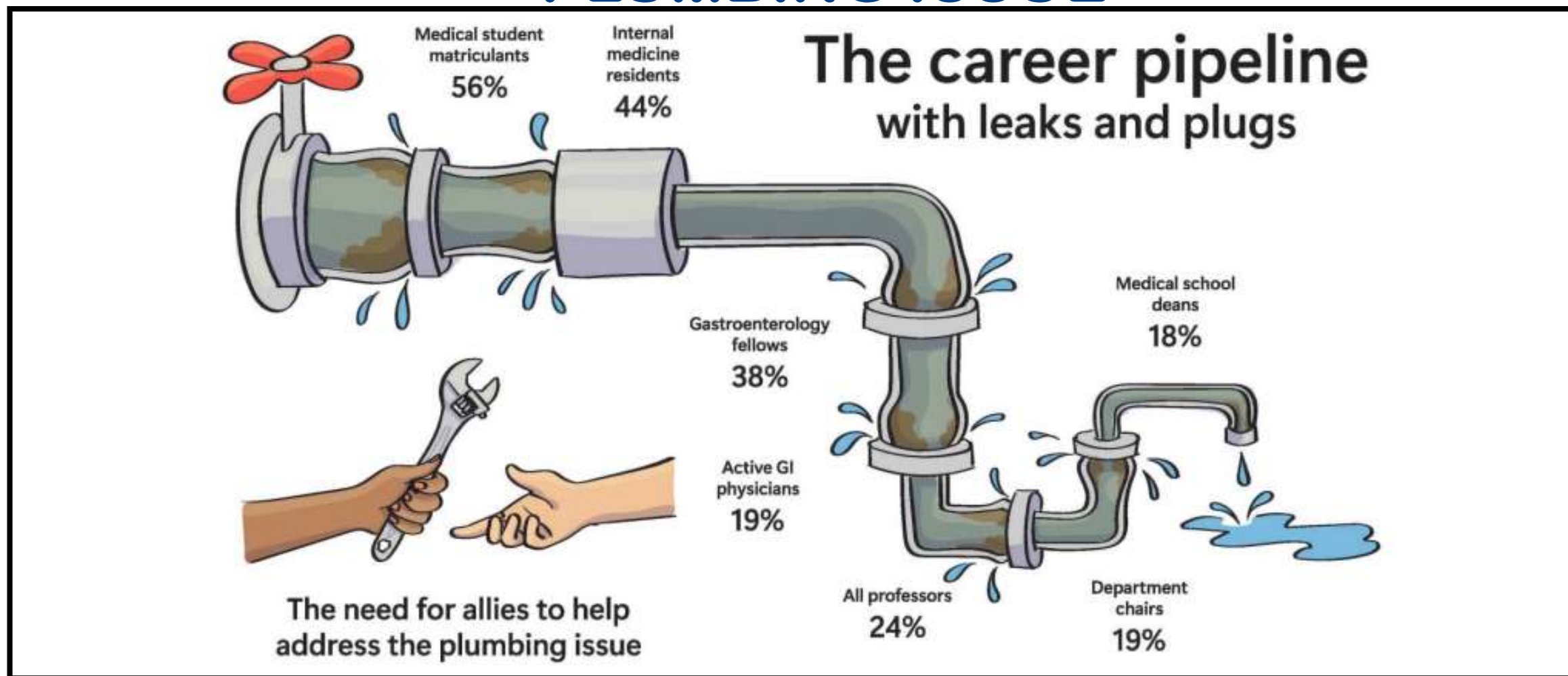
Men Women

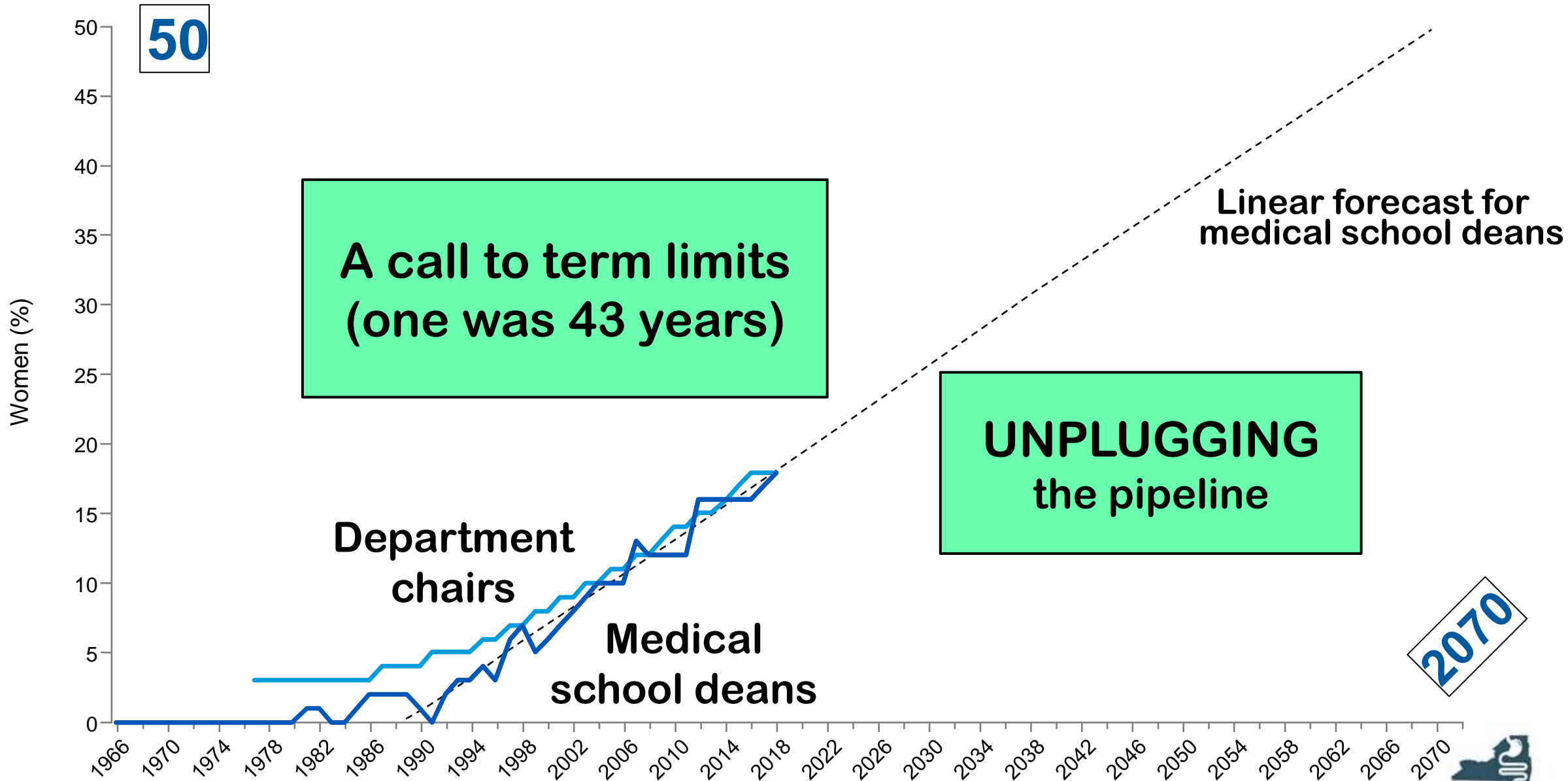
2023 AAMC DATA FOR PEDIATRICS MEDICAL DOCTORS

**66.2%
women!!!**



THE CAREER PIPELINE WITH LEAKS AND PLUGS – THE NEED FOR ALLIES TO ADDRESS THE PLUMBING ISSUE





WHY DO WOMEN AND MINORITIES LEAVE MEDICINE?

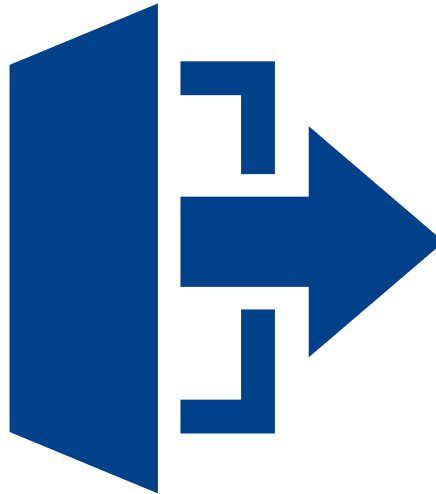
Salary inequity

Lack of career development

Lack of flexibility

Chair/Dept issues

Lack of parental support



35

YEARS

Number of years with no progress for women in promotion to associate professor and full professor at US medical schools ²

25

YEARS

Number of years the pandemic has set back women's progress in the US workforce ³

**A threat to
our critical
mass**

Feld LD, Oxentenko AS, Sears D, Charabaty, A, Rabinowitz LG, Silver JK. Parental Leave and Return-to-Work Policies. CGH 2023.

Cropsey KL, et al. J Women Health 2018;17:1111-8.

Richter KP et al. NEJM 2020;383:2148-57. <https://sheleadshealthcare.com/>

THE 3RD SHIFT

“Extra time per week that women physicians and researchers spend on parenting and domestic work compared to male colleagues after adjustment for work hours, partner employment and other factors.”



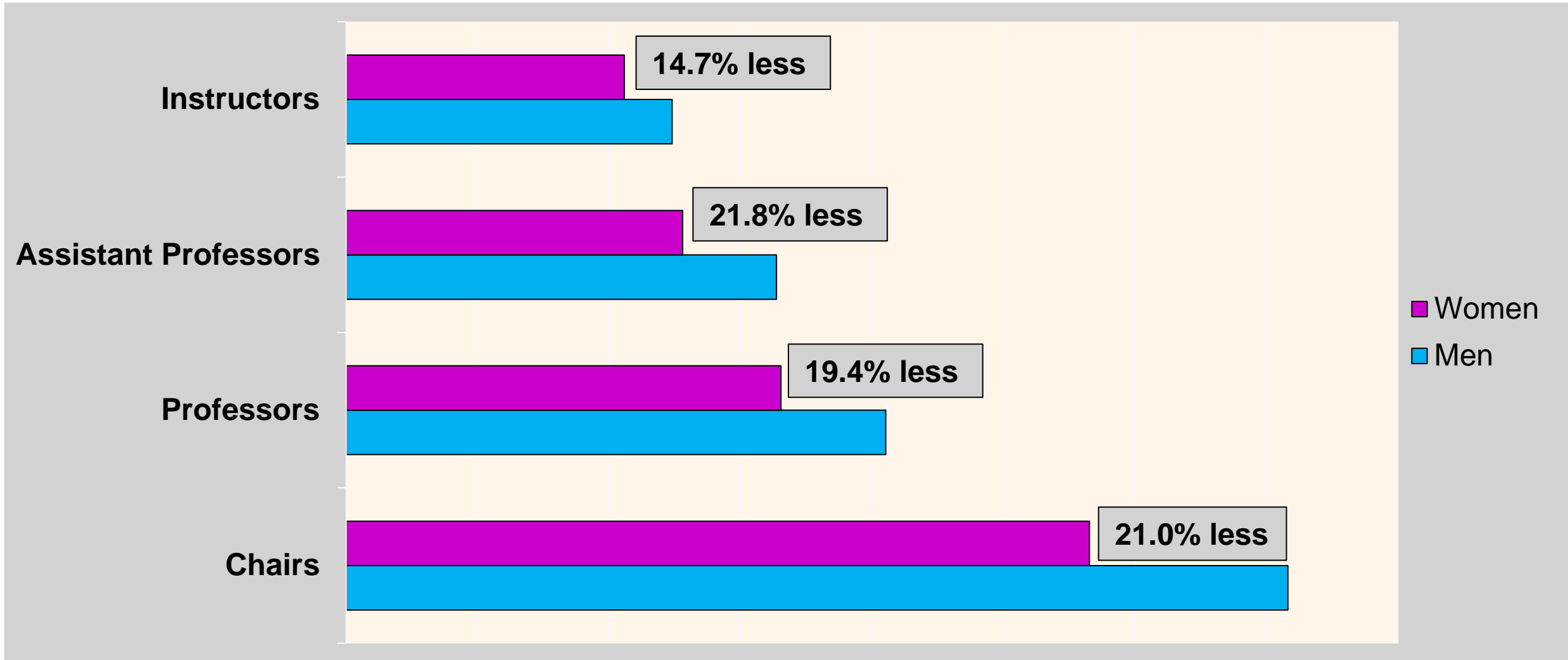
**8.5
hours/
week!**

*Jolly S. et al. Annals Intern Med 2014;160:344-53.
Pewresearch.org/Sept 24, 2019.*

EQUALITY VS EQUITY



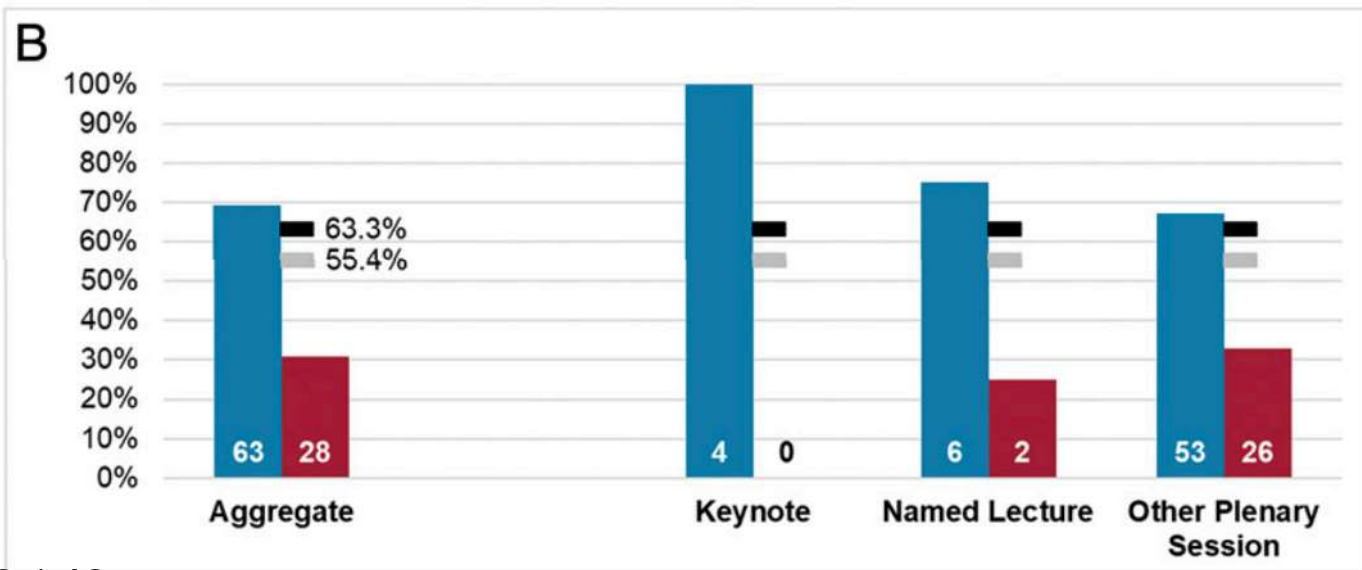
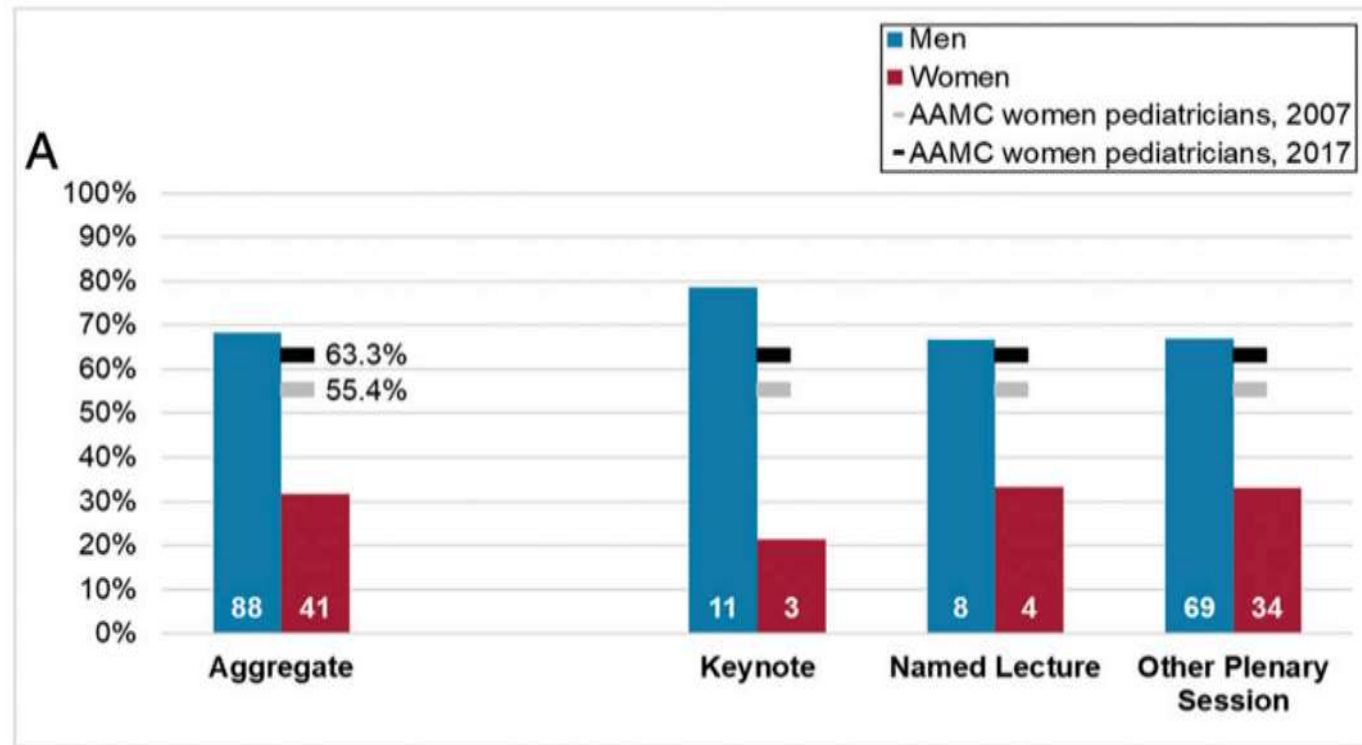
GENDER SALARY DISPARITIES: GOAL SHOULD BE *EQUALITY*



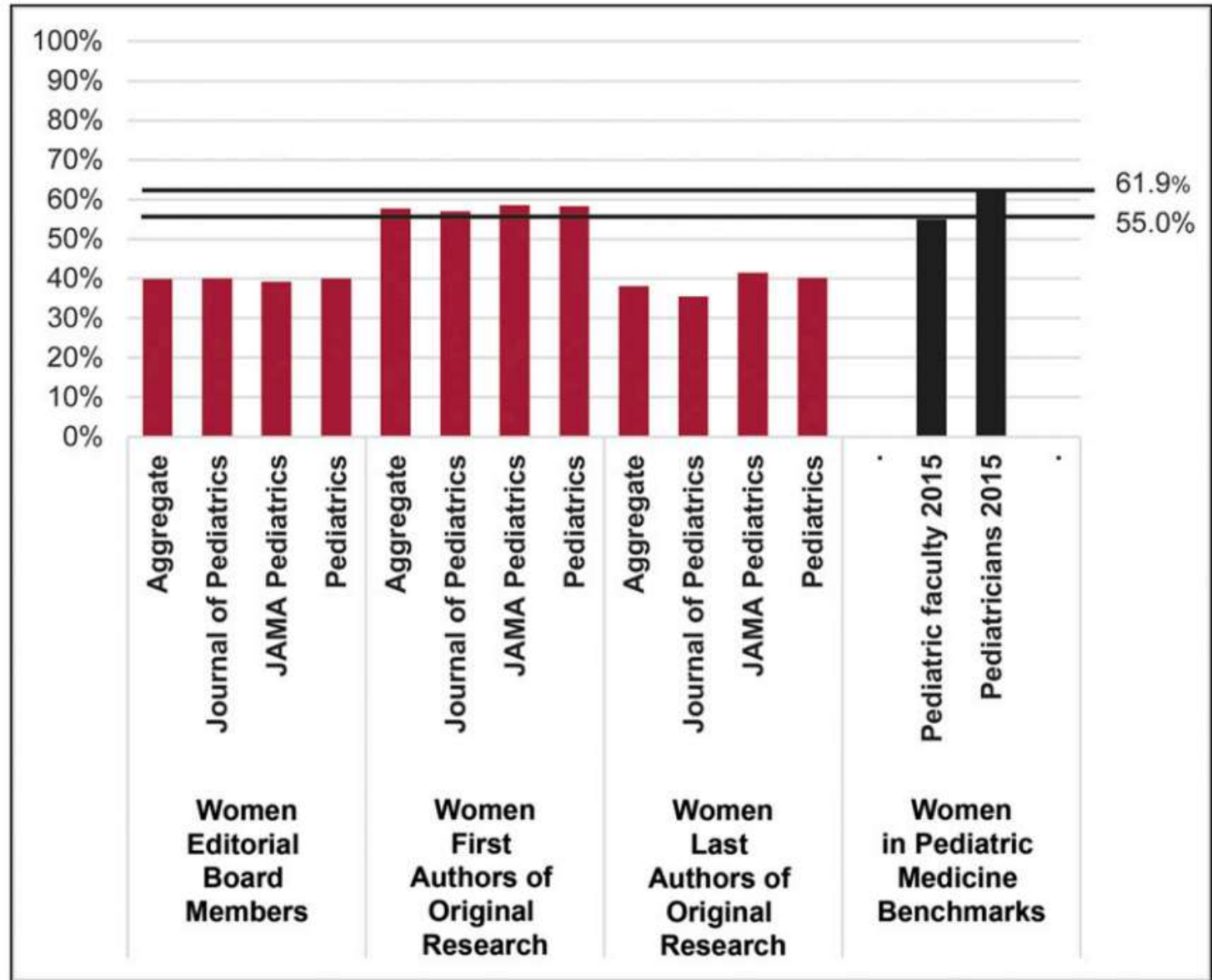
PEDS SPEAKERS AT AAP (2006-18)

A CALL TO EQUITY

- Lower numbers for women among all plenary faculty (A)
- Even lower yet when looking at physician plenary faculty (B)
- Non-physician women faculty doing the keynotes, named lectures, etc.



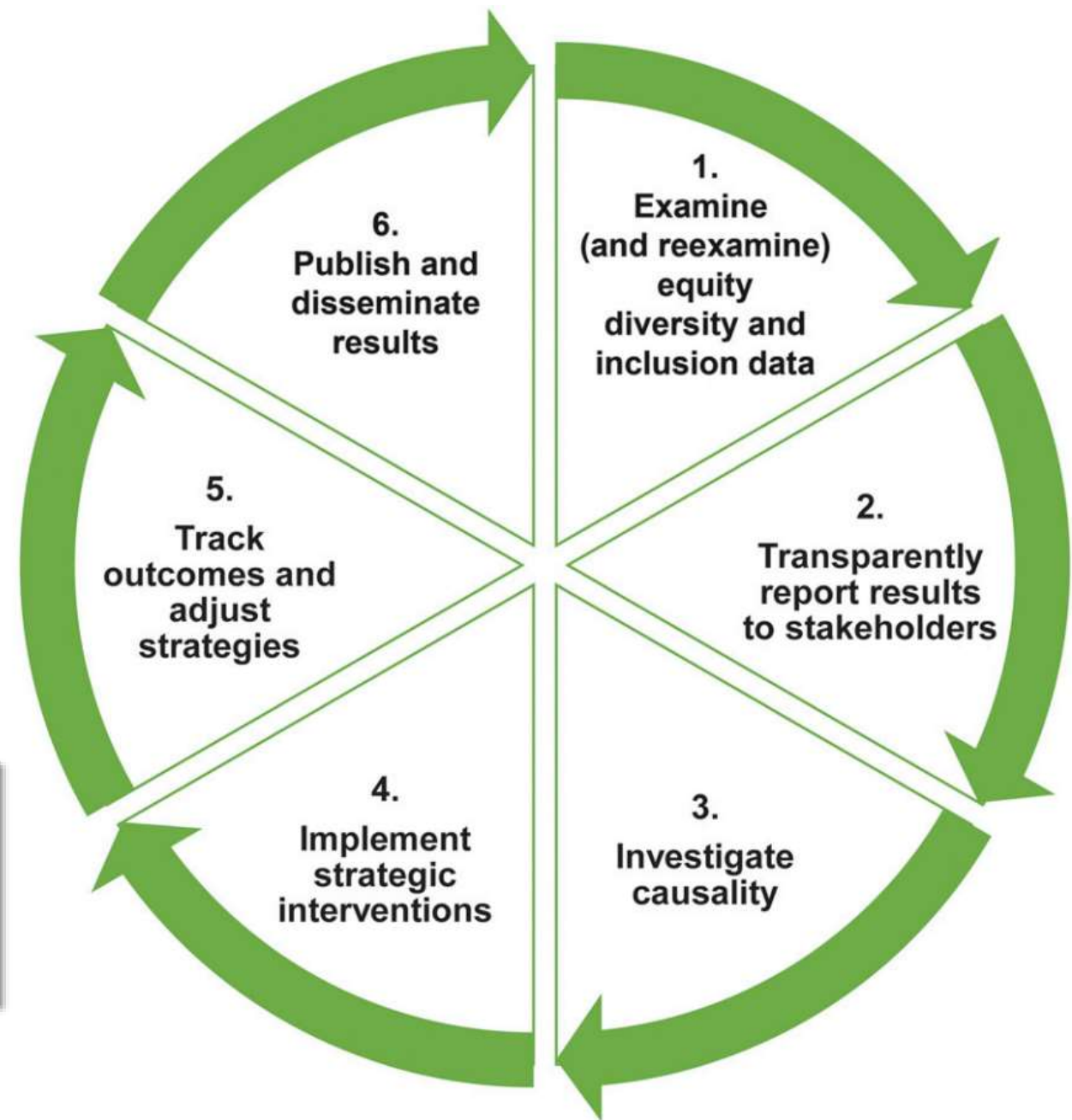
REPRESENTATION BY WOMEN AMONG AUTHORS AND EDITORIAL BOARD MEMBERS



ACTIONS AND ALLYSHIP



WHAT TO DO IF THINGS ARE NOT EQUITABLE?



WHAT CAN ALLIES DO TO HELP?



Categories of allyship	Examples
Sponsor her	<ul style="list-style-type: none"> • Recommend her for a talk you were asked to give • Offer her name to include in a research project or paper • Encourage her to pursue leadership training/ experiences • Introduce her to key leaders
Promote her	<ul style="list-style-type: none"> • Support academic promotion • Offer activities that are of value towards promotion • Offer to write promotion letters for women • Ensure leadership rotation to allow women to lead • Disseminate and cite her work
Listen to her	<ul style="list-style-type: none"> • Take her concerns seriously • Do not minimize the experiences women share • Value the opinions she brings to the table
Include her	<ul style="list-style-type: none"> • Ensure women are stakeholders • Have women at the leadership table • Consider social events that men and women can participate in and avoid the "meeting before the meeting" if women are not present
Stand up for her	<ul style="list-style-type: none"> • Be an upstander to call out bias • Correct misperceptions that arise • Speak to her credentials • Decline participations in all-male panels
Nominate her	<ul style="list-style-type: none"> • For a society award • For a committee role • For a leadership position • For a talk or moderator role • For an editorial board • For a named professorship

Bilal M, Balzora S, Pochapin MB, Oxentencko AS. AJG 2021.
 Oxentencko AS. AJG 2023.

Why Male Allies?

Because Women and Non-Whites Pay an Advocacy Tax

First Study:

- Engaging in diversity-valuing behavior did NOT benefit executives in terms of competency or performance ratings
- **Women and non-white executives rated LOWER if they engaged in these behaviors compared to women and non-white counterparts who do not.**

Second Study:

- No difference in effectiveness rating for white men when hiring men or women, white or non-white
- **Non-white and women managers rated as LESS effective when they hired non-white or women candidates**

AIM TO BREAK THE GLASS CEILING, BUT AVOID THE GLASS CLIFF...



SUMMARY

- We need to reach and sustain a critical mass of women in GI to see the true impact of diversification.
- Critical mass is not enough to create change if there are systemic barriers in place and issues of inclusion are not addressed.
- We need allies to help with this work given the consequences of women and other underrepresented groups doing this work.



DIVERSITY IS BEING INVITED TO THE PARTY, INCLUSION IS BEING ASKED TO DANCE

Verna Myers

THANK YOU!



@AmyOxentenkoMD

Email: Oxentenko.amy@mayo.edu