

## Society for Women in Academic Psychiatry: A Peer Mentoring Approach

Andreea L. Seritan, M.D., Robinder Bhango, M.D.  
Sylvia Garma, Ph.D., Jane DuBé, L.C.S.W., Ju Hui Park, Ph.D.  
Robert Hales, M.D., M.B.A.

**Objective:** *Despite an increasing presence of women in medicine, the percentage of women in academic psychiatry remains low. At the University of California, Davis, women represent two-thirds of psychiatry residents; however, the percentage of female faculty is one-third. This article presents a novel approach to the academic gender gap problem.*

**Method:** *The Society for Women in Academic Psychiatry (S.W.A.P.) is a peer mentoring group founded by junior women faculty.*

**Results:** *S.W.A.P. results to date include educational products, departmental demographic changes, and climate improvement.*

**Conclusions:** *Although results are encouraging, more effort is needed to achieve a true culture change.*

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In the 2005–2006 academic year, women constituted 50% of medical school applicants, 49% of medical students, 49% of graduates, and 42% of residents and fellows (1). Fifty-four percent of psychiatry residents were women, while the percentage of female faculty in psychiatry was 32% for M.D.s and 48% for Ph.D.s (1). Despite an increasing presence of women in medicine, the number of women in academic psychiatry remains low (2). Reasons for poor advancement of women are chilly campus climates leading to isolation of women, an inadequate pipeline, gender-specific bias, and difficulties balancing family and work (3–5). The shortage of mentors is both a result and a perpetuating factor for the academic gender gap (6).

To address the problem of insufficient mentoring, junior women in the Department of Psychiatry and Behavioral Sciences at the University of California (UC) Davis, founded the Society for Women in Academic Psychiatry (S.W.A.P.). Although not a unique endeavor in science and education (7), several characteristics highlight this group's originality. Traditional mentoring and faculty development programs are usually top-to-bottom approaches. S.W.A.P. is a grassroots program formed by junior members, and at this time, is the only department-based women faculty advancement group in the School of Medicine. Reflecting the general distribution of women by specialty in the department, non-M.D. preponderance is notable. Central to S.W.A.P.'s functioning is the concept of peer mentoring, which involves fostering a collaborative atmosphere among junior faculty where senior mentors are unavailable, while simultaneously acquiring experience through faculty development activities (8). This approach was described in an internal medicine department (9) but S.W.A.P. is the first psychiatry peer mentoring group reported to date.

At the departmental educational retreat in April 2005, junior faculty identified lack of mentorship as a major per-

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Received October 2, 2006; revised January 31, 2007; accepted February 16, 2007. From the Department of Psychiatry, University of California, Davis. Address correspondence to Dr. Seritan, Department of Psychiatry, University of California, Davis, 2230 Stockton Boulevard, Sacramento, CA 95817; andreea.seritan@ucdmc.ucdavis.edu (e-mail).

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ceived obstacle to career advancement, a difficulty especially apparent for women. Few female faculty were available to interview new recruits in the department and this created anxiety in newly hired faculty. S.W.A.P. was formed after women in the department were polled regarding their interest. All women were then invited to an organizational meeting. The charter group met in May 2005. Based on the identified needs and goals, a three-pronged mission statement was developed:

1. To foster faculty development, peer support and mentoring, and to identify successful strategies for recruitment and retention of female faculty.
2. To enhance knowledge of women's mental health issues for trainees, faculty, and the community by making curriculum changes, creating new educational experiences, and inviting outside speakers.
3. To develop liaisons with other UC Davis School of Medicine departments and the Women in Medicine Office, similar local programs, and with national organizations.

### **Method**

S.W.A.P. used multiple approaches in working toward the stated goals.

**1. Communication.** S.W.A.P. includes psychiatrists, psychologists, and a licensed clinical social worker. Clinician educators and researchers belonging to several academic tracks participate, as do staff clinicians and voluntary faculty. This professional diversity is a great strength, contributing to an enriching peer mentoring group, although it could be counterproductive, since the work sites are geographically dispersed and the missions of each academic series are different. The meetings occurred monthly for the first 6 months, and thereafter every other month, coupled with various other events in the alternating months. The agenda is driven by a periodic survey of members' needs.

**2. Mentoring.** Since only one senior woman had joined the group, mentors were sought from outside of the department, local voluntary faculty, and nationally. The U.C. Davis Assistant Dean for Faculty Development and Diversity met with the group, followed by quarterly meetings with the S.W.A.P. chair. Long-distance mentors played an important role. The members acted as peer mentors to each other, sharing experiences based on their varied backgrounds. The department's Director of Faculty Development has been a great resource in referring S.W.A.P. to similar programs and to female leaders from around the country. For example, the Women's Faculty Development

Caucus at the University of Arkansas for Medical Sciences has been in existence since 1989 ([http://www.uams.edu/facultyaffairs/wfdc\\_files/wfdc.asp](http://www.uams.edu/facultyaffairs/wfdc_files/wfdc.asp)).

**3. Visibility and transparency.** The S.W.A.P. Web page is on the department's Web site and frequently updated: [www.ucdmc.ucdavis.edu/psychiatry/aboutus/swap.html](http://www.ucdmc.ucdavis.edu/psychiatry/aboutus/swap.html). Many residency applicants consult this page. Faculty colleagues' support is important (10), and collaborations on scholarly projects are underway. Advice from other department groups of special interest, such as the Diversity Advisory Committee and the Creativity in Education Group, was helpful. The department provided a start-up budget. The chair is updated on S.W.A.P. progress through periodic communications. Minutes are kept and annual activity reports are presented at the faculty meetings. S.W.A.P. does not wish to appear narrow-focused and separate from the men in the department, who often are respected mentors. S.W.A.P. meetings and group membership are open. Events are planned to benefit both men and women.

**4. Events.** The best attended events were the meetings with special guests, whether the female leadership of the School of Medicine (in a unique configuration, the dean, the executive associate dean for research and education, the associate dean for academic affairs and the assistant dean for faculty development and diversity were all women) or renowned outside speakers. One of these activities was cosponsored by the dean's office, while others included Women in Medicine presentations, so faculty from other departments could participate. Trainees are invited to social events, and an annual dinner is held to enable members to interact with each other in an informal milieu. Breakfasts with grand rounds speakers are also very productive consultations.

**5. Liaison.** Some members work in interdisciplinary teams or sit on medical school and departmental committees. Women have been active in the residency recruitment process and search committees for faculty positions. Through periodic meetings with the Women in Medicine officers, collaborative activities are planned.

**6. Faculty Development.** Besides activities organized by the School of Medicine Faculty Development Office, some of which were planned in collaboration with S.W.A.P., grand rounds speakers and guests to group meetings have helped educate participants on diverse topics, such as research resources, collaborative writing, leadership and negotiation skills.

**7. Data collection.** The demographic data were obtained from the department's payroll, excluding voluntary clinical

faculty. At 6 months, S.W.A.P. members' feedback was collected on a multiple choice form, on which activities were rated from 1 (most relevant or desired) to 5 (least relevant or desired). Open-ended feedback was gathered at 1 year.

### Results

**1. Qualitative climate change.** One year after its creation, the group has grown through the addition of several recent graduates. Fourteen women out of 26 in the department were present at the July 2006 meeting. At 6 months, the group meetings were appreciated for creating work connections, mentorship and interpersonal relationships. The 1-year feedback centered on these themes:

1. The sense of **community** despite the geographical spread throughout the Medical Center
2. The feeling of **belonging** to a group, especially when the degree is not an M.D. or Ph.D.
3. Feeling **empowered** by meeting School of Medicine leaders and attending faculty development activities
4. Forming **relationships** with other female faculty and trainees

In essence, participants felt that S.W.A.P. helped them become more connected with each other and within the department. Furthermore, the trainees' positive response to the group, the high number of informal mentoring contacts, and the discussions initiated by senior female residents interested in remaining in the department were impressive.

**2. Educational projects.** One member developed an elective clinical rotation in women's mental health at the Women's Midlife Assessment Center, an interdisciplinary and comprehensive assessment program for women in the 40 to 64 age range. Curriculum changes are in progress. Collaborative research projects have been shaped.

**3. Demographic data.** Women represented 69% of the residents, fellows and psychology postdoctoral fellows in 2005, and 62% in 2006. Sixty-seven percent of residents were women in 2005, increasing to 69% in 2006. Female faculty represented 29% (22 out of 74) of the entire department in July 2005. Thirteen of these were Ph.D.s (56% of all Ph.D.s). However, among the M.D.s, only 18% were women. Most women were at the assistant professor rank, similar to the nation-wide trend (1).

By July 2006, the department grew in size from 74 to 78 members. The total number of women grew to 26 (three more Ph.D.s and one new M.D.), representing 33% of faculty. Over the course of 1 year, the distribution of women

among the Ph.D.s continued to grow (64%), as did the M.D.s (20%). No changes were noted in the ranks representation.

### The Department Chair's Perspective

From the chair's perspective (R.E.H.), goals for S.W.A.P. are threefold. First, the department desires to increase the percentage of female faculty so it approximates the percentage of female residents and medical students. There should be a representative group of female faculty who could assume mentorship responsibilities for their younger colleagues. The second goal is to increase the percentage of female faculty who are promoted to professor and spend their entire careers in academic settings. Finally, the department wants to encourage women to assume leadership roles, in the dean's office, as chairs of School of Medicine or Medical Center committees, or as officers of national psychiatric organizations.

The department has increased visibility of women in other ways. The vice chair for research is a noted female clinical researcher. Three of 10 members of the department's executive committee are women, and the department's chief administrative officer is a woman. Finally, in the department's outpatient clinic, two of three full time faculty members are women, with an additional half-time female clinical psychologist.

### Discussion

Bringing together a group of women from different faculty tracks, specialties, work sites, and professional interests was a concrete challenge that the group worked through. The first meetings were sparsely attended, despite a general feeling that S.W.A.P. was a welcome initiative. The geographical separation of work sites affected the group's cohesion, likely contributing to ambivalence about getting involved. Taking the time to establish personal connections with others at meetings and through social functions helped crystallize the group. Maintaining an academic focus despite the tension between the desire for social interaction and the need to enhance academic productivity allowed the group to develop educational projects.

In the first year of activity, S.W.A.P. members learned that the challenges they met were not specific to women, but were also encountered by male faculty: career development, academic promotion, and life-work balance. A typical academic trajectory for men and women may involve similar goals but different paths.

Our observations refer to a small sample, as not all women in the department participate in S.W.A.P. and there have been faculty changes during this year. The fluctuating number of participants is also due to the fact that S.W.A.P. does not have a fixed membership, rather inviting all women to get involved when available. Different members responded to feedback requests at 6 months and 1 year, with seven responses collected on follow up. The attitude change was explored in women involved with the group, but not in men or nonparticipating women. The wider perception of S.W.A.P.'s effectiveness should be studied.

Newer initiatives include the creation of a Women's Health and Careers Committee at the APA district branch level, thus extending S.W.A.P.'s activity into the larger community. Future directions involve outlining strategies to address disparities in recruitment and retention of women in the department and developing a curriculum on gender differences. Communication with other psychiatry departments in the region may lead to a more extensive collaboration.

In conclusion, S.W.A.P. is the first department-based women's faculty development group at U.C. Davis. Education on women's mental health issues, fostering faculty development, and identification of successful strategies for recruitment and retention of women in academic psychiatry are among the program's goals. Peer mentoring coupled with individualized faculty development activities is a central concept. This is the first peer mentoring group in psychiatry reported to date. In one year of activity, S.W.A.P. has produced results in several areas: educational

products, departmental demographic changes, and subjective climate improvement. Although these results are encouraging, more effort is needed to achieve a true culture change concerning the role of women in academic psychiatry at the local and national level.

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