# A Novel Approach for Engaging Women from Individual Departments in Women in Medicine and Health Sciences at UC Davis 

## HEALTH

## Introduction

Here we describe a novel "Departmental Liaison" (DL) outreach program initiated by our long-standing Women in Mediciene and Heath Sciecness
(wiMHS) Program at UC Davis Health.
Our goal is to expand our (WiMH) Program at UC Davis heath our goal is to expand our
centraized wiMHS program in order to better support women's careers


- Identify department-specific needs to o guide WiMHS initiatives Inform the department of upcoming WiMHS activities Represent WIMHS a the deppartment tevel for facaulty recruitment

Background
The Women in Medicine and Heath Sciences (WIMHS) Program at the UC Davis Health System was created in 2000 to support the careers of women in academia (1). The percentage of female faculty at UC Davis Health has steadili increased over the past 2 years and is comparable to
the 2017 AAMC national average ( $41.6 \%$ female). However, gender the 2017 AMC national average (41.6\% Yemale). However, gender
diversity is concentrated in the non-senate series and women continue to be undererepesented at the rank of tuill professor (35\%) female) and
department chairs (15\% female. To address these ongoing challenges
 WiMHS has developed a new "Departmental Liaison" (DL) program to
expand outreach and beter support women's careers in academic health across the 19 clinical and 7 academic departments at the UC Davis School of Medicine and the Betty rene Moore School of Nursing.


## Aims

Our hypothesis is that by engaging women at the departmental level, we
will (i) be more successful in develooping relevant tlans and dissemian vill (i) be more successstul in developing relevant plans and disseminating intormation about WiMMH events, (i) promote the academic development
of the $D L$ individuals and increase career success, satistaction, and or the D individuals and increase careen success, satiasiaction, and
retention for those individuals as well as (iii) increase accessibility to other
 the first 6 monhts was to fill DL positions in 10 of the 26
departmentschonous. We developed a strategic plan that included (i)
deger dergeted recruitment, (ii) incentives, such as careeer development training and (ii) a program award to support department-level program activities.


## Methods

Recruitment: i) Department Chairs were notified of the upcoming program at a Council of Chairs meeting, ii) a description of the DL program was sent to all emale faculty members using our WIIMHS Listserv, iii) women were encouraged to self-nominate, iv) the WIMHS director individually reached out to female faculty from under-represented groups to encourage a diverse applicant pool, and v ) applications were reviewed by the director.
Activities: DL applicants were awarded a small program award ( $\$ 1,000$ ) to support women's careers in academic medicine at the department level. The proposed projects included department-level social networking opportunities, conference attendance, invited speakers etc. Progress was tracked through individual meetings with the WIMHS Director.
Career development: WIMHS DL members were provided with an initial full-day career development training followed three months later by a half-day raining session.

Results/Outcomes
The recruitment strategies were successful in identifying DLs in 17 of 26 departments/schools within the first six months of the program. The initial career
development training sessions were well-attended and viewed positively by the DLs. All DLs have initiated department-level projects and have met individually development training sessions were well-att
with the WIMHS Director to review progress.

In order to identify areas to be targeted for improvement through the DL program, we invited the DLs to participate in a validated survey measure, Culture Conducive to Women's Academic Success (CCWAS) (2). Briefty, CCWAS is a higher-order culture factor indicated by four dimensions of culture for women's


Our
Our objective was to assess for trends within our institution of department/division culture with the goal of identifying which of the four dimensions could benefit most from a group programming standpoint to improve the experiences of women faculty at UC Davis. $19 / 20 \mathrm{DLs}$ completed the survey ( $95 \%$ dimension that showed lowest median response rate across all DLs reflecting lower culture was freedom trom gender bias, and the dimension showing the dimension that showed lowest median response rate across ail
highest median response rate reflecting higher culture was chairchief support. In spite of the small sample size, these results provide targeted focus areas for our emerging DL program.




Sample question: Dimension of CCWAS "Freedom from gender bias The extent to which women are able to work in an environment in which they are able to voice concerns regarding subtle and overt gender biases In general, in my department.

- Women faculty members are comfortable raising issues about the supportiveness of the work environment for women.
Women are encouraged to raise concerns about biases against women
even if those biases are subtle.
When women faculty raise concerns about gender issues, they are seen
as "whiners." (reverse score) as "whiners." (reverse score)

Conclusions/Implications
The successful launch of our WIMHS DL program may serve as a template expand departmental outreach Whe wh
WIMHS will continue to evaluate success of the DL program throug -






Future Directions
We are actively recruiting DLs for the remaining 9 departments/schools. We will continue to host quarterly DL meetings and offer professiona
development trainings. Levelopment will prearare an an an DLs will prepare an annual report on the department leve
will share this information to guide future projects. second year or to identify a replacement DL. This strategy will allow a to continue to grow our WIMHS network.
The survey results will be used by the DL program to guide programming efforts, including targeted training on freedom from gender bias. Re-administering the CCWAS to the same cohort of individual can provide feedback on the effects of our program.

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