

Addressing Gender Equity in Cardiology



Dr. Joseph Alpert has a thought-provoking and challenging commentary in *The American Journal of Medicine*, March 2020 edition.¹ He asks, “Why Are Women Underrepresented in Cardiology?” Dr. Alpert suggests that we need “to initiate more aggressive recruitment programs aimed toward women.” The American College of Cardiology (ACC) Women in Cardiology (WIC) Section Leadership Council shares Dr. Alpert’s concerns and would like to address several of the issues facing women and the initiatives that have been implemented. ACC WIC strongly believes increasing opportunities, visibility, and mentoring programs are the best ways to recruit young women into cardiology.

The ACC WIC Leadership Council has been very frustrated and concerned about the lack of growth in the numbers of women pursuing a career in cardiology, as evident in the 2 surveys published in the *Journal of the American College of Cardiology* characterizing the professional lives of women cardiologists, which spanned over 2 decades.^{2,3} To better address the lack of diversity in cardiology, which includes lack of women, ACC leadership established the ACC Diversity and Inclusion Task Force in 2017. This group analyzed a 2009 survey administered to internal medicine residents in an effort to identify residents’ perceptions of a career in cardiology. The survey was published in *JAMA Cardiology* in 2018 as “Career Preferences and Perceptions of Cardiology Among US Internal Medicine Trainees: Factors Influencing Cardiology Career Choice.”⁴ To obtain contemporary data and assess any changes in perceptions of cardiology, this questionnaire has been revised and will be distributed to current internal medicine residents later in 2020. ACC’s goal is to develop granular solutions to strategically develop a cardiovascular physician workforce that more accurately reflects the patient population cared for by cardiologists. The ACC WIC Leadership Council is working with the Diversity and Inclusion Task Force, the Fellows in Training Section, and the Program

Directors Section to increase opportunities for residents and to change this unfavorable perception of cardiology.

The ACC WIC Communication work group was established to develop web-based communication platforms for all ACC WIC members in December 2014. Initially sharing challenges thought to be uniquely experienced by female cardiologists throughout all phases of training and career, the work group quickly recognized that these events were not isolated. An instructional toolkit was developed for establishing an ACC WIC state chapter, which provided opportunities for female cardiologists and trainees to connect locally. During formal and informal gatherings, female cardiologists encourage medical students and residents to consider cardiology, and cardiology fellows to consider interventional cardiology and electrophysiology. Since 2015, WIC has published over 30 articles on state and regional meetings, 50 articles on leadership development, and over 15 articles with luminary WIC leaders and educators. #ChooseCardiology is a new series of articles on the ACC.org website, Twitter, and social media. We highlight women who did choose cardiology in response to the *JAMA Cardiology* article on why residents do not choose cardiology.⁴ The series was launched in July 2018 and there have been 20 #ChooseCardiology articles from enthusiastic and passionate Fellows in Training and Early Career female cardiologists.

ACC WIC organizes an annual National WIC Leadership conference in Washington, DC. To allow better geographic opportunities for women cardiologists, ACC WIC started regional WIC meetings 3 years ago. Now WIC members, internal medicine residents, and medical students from a particular region meet and network. The first of these regional meetings was held in St. Louis on September 15, 2017 and was attended by 75 cardiologists and residents from the Midwest. The WIC regional meetings have spotlighted the clinical expertise and research of women cardiologists, providing occasions to speak at key regional meetings. Unfortunately, data show that female physicians are less often requested for public speaking at meetings compared with male physicians.⁵ In the past 2 years, ACC WIC has had a regional conference in the Midwest, Southeast, and Northeast. These conferences serve as a source of creating meaningful connections among women cardiologists while allowing medical students and medicine

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residents to engage sponsors and mentors, which has historically been challenging for women trainees.⁶

Twenty-nine ACC state chapters have developed individual state WIC chapters. Many have hosted successful events to support WIC members and expose high school girls to careers in cardiology. Engagement and recruitment must start early, and programs reaching out to high school girls have been extremely promising. The ACC Iowa Chapter's Women in Cardiology Section conducted a hugely successful event. The Arizona ACC Chapter has had a very successful annual meeting to connect young women from high school to premed with female cardiologists and get tips on navigating a career in medicine and, eventually, cardiology. ACC WIC has tapped these states to create a toolkit to disseminate to other state chapters for planning of similar future events across the country.

Women residents may be more likely to choose a subspecialty if exposed to a positive role model in that field. Additionally, women are less likely to report encouragement by faculty of either gender to consider cardiology.⁴ To address this problem, a coaching program was created at Beth Israel Deaconess Medical Center pairing women residents interested in cardiology with a faculty member "coach." The program was open to all women residents, even if leaning toward other subspecialties. The coaching pairs met repeatedly for discussions about personal cardiology career insights and life outside the workspace. Panel events provided a quick snapshot of a diverse group of women cardiologists answering questions ranging from workplace culture to navigating fellowship applications. At

the culmination of the first year of the coaching project, more women residents from Beth Israel Deaconess Medical Center applied to a cardiology fellowship than in the history of the residency program. The coaching program has been promoted by ACC WIC and state chapters for broader dissemination, with a national ACC grant awarded to disseminate the program.

ACC WIC cast a wider net still, and partnered with the American Medical Women's Association 2 years ago to launch a network connecting seasoned mentors and sponsors with medical students at local institutions. At the Oregon Health & Science University inaugural event, one medical student commented that she "did not realize that female cardiologists existed because during the first 2 years of instruction, only men delivered the cardiology-focused lectures." The Oregon Health & Science University internal medicine residency program has paired female applicants with an interest in cardiology with female cardiologist interviewers. Many other academic centers, including Emory University and Massachusetts General Hospital, are also pairing established women in cardiology with premedical students, medical students, and residents to provide mentoring, coaching, and sponsorship of potential recruits. The initial vision of developing a network of women cardiologists within the ACC has now expanded to include connections with female trainees across the United States at the grassroots level.

In addition to the ACC and ACC WIC, there are a variety of programs being instituted by the American Heart Association (AHA), the Heart Rhythm Society, and other

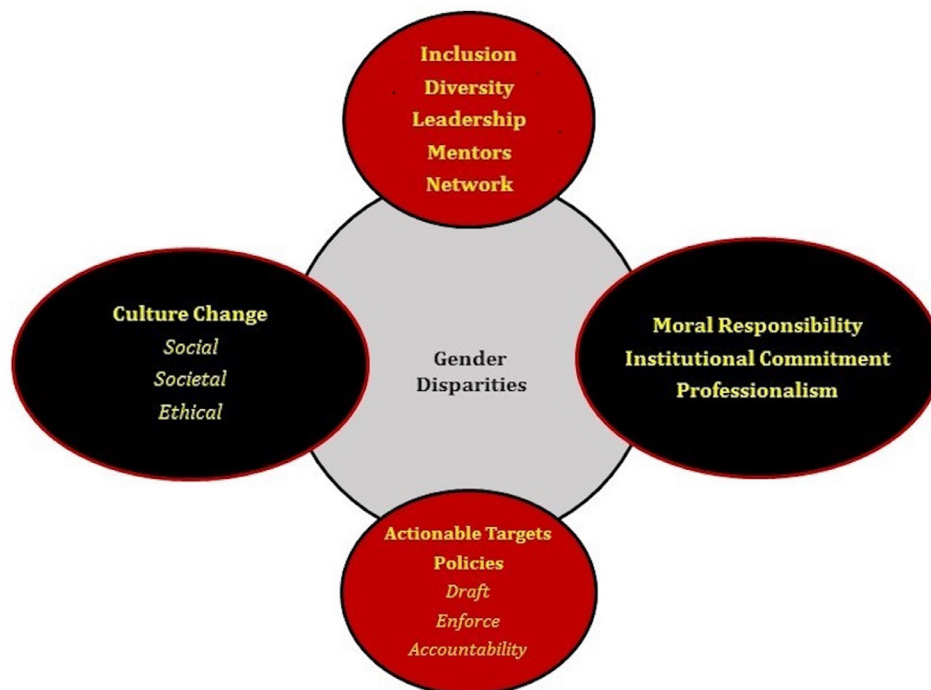


Figure American College of Cardiology Women in Cardiology Section proposed targets to address and reduce gender disparities in cardiology.

medical organizations to address gender disparities in cardiology by promoting initiatives, setting benchmarks, and providing resources to women. AHA president Dr. Robert Harrington sent out a Twitter declaration stating “No MANELS! There are no all-male panels at #AHA2019.” He personally refused to serve on a panel that contained only men. Some of AHA’s initiatives to support women scientists and physicians include “Research Goes Red” to empower women in research, and “Women’s Research Working Group”, which reviews grants in a gender-equitable way to include more women investigators. The Women in Cardiac Electrophysiology (EP) section under the Heart Rhythm Society also has initiatives to support women. The “Women in EP” group was started by Dr. Kristen Patton, University of Washington, with numerous networking opportunities. Industry-sponsored Women in EP symposia are excellent platforms for mentorship and collaboration.

ACC WIC-proposed targets to address and reduce gender disparities in cardiology are illustrated in the Figure. We endorse a fresh alignment of cardiology culture with trainees’ preferences and perceptions to ensure the continued attractiveness of cardiology careers and to increase the diversity of the cardiology workforce. Increased opportunities for women in academics, leadership, research, promotion, and seniority are vital to attract women into cardiology. Higher visibility of women in cardiology on panels, lectures, and conferences, as well as on clinical rounds with medical students and residents, is key to developing female role models. ACC WIC proposes that academic training centers, national medical societies, and scientific organizations collect data to identify gender discrimination and sexual harassment in cardiology. Current data show 80% of the health care workforce are women, but only 20% hold leadership positions, and 50% of female medical students will experience harassment before they graduate.⁷ Mentoring locally, regionally, and nationally is a major initiative to recruit women in cardiology. Finally, young women need coaching and sponsorship to collaborate on research and publications, to enhance the quality of their letters of support, and to secure interviews for fellowship positions.

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