The role of professional societies in gender and equity issues

Dr. Alison Fox-Robichaud
President CCCS
Conflicts

• I have no conflicts to declare
Objectives

• Delineate the role of National Specialty Societies to support equity in our practice

• Delineate the need to support equity in our science.
Equality vs Equity

Equality

Equity
Equity and diversity

We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color. - Maya Angelou
The driver for response in CCM

The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Mervyn Singer, MD, FRCPI, Clifford S. Deutschman, MD, MS; Christopher Warren Seymour, MD, MSc; Manu Shankar-Hart, MSc, MD, FFICM; Djillali Annane, MD, PhD; Michael Bauer, MD; Rinaldo Bellomo, MD; Gordon R. Bernard, MD; Jean-Daniel Chiche, MD, PhD; Craig M. Coopersmith, MD; Richard S. Hotchkiss, MD; Mitchell M. Levy, MD; John C. Marshall, MD; Greg S. Martin, MD, MSc; Steven M. Opal, MD; Gordon D. Rubenfeld, MD, MS; Tom van der Poll, MD, PhD; Jean-Louis Vincent, MD, PhD; Derek C. Angus, MD, MPH

CRITICAL CARE PERSPECTIVE

Gender Parity in Critical Care Medicine

Sangeeta Mehta1,2,3, Karen E. A. Burns4,5,6, Flavia R. Machado7, Alison E. Fox-Robichaud4,8,9, Deborah J. Cook10,11, Carolyn S. Calfee12,13, Lorraine B. Ware14, Ellen L. Burnham15, Niranjan Kissoon16, John C. Marshall16,17, Jordi Mancebo18,19, Simon Finfer20,21, Christiane Hartog22, Konrad Reinhart22,23, Kathryn Maitland24, Renee D. Stapleton25, Arthur Kwizera26, Pravin Amin27, Fekri Abouq28, Orla Smith29,30, Jon H. Laake30,31, Gentie S. Shrestha32, and Margaret S. Herridge1,2,3

The Speaker Gender Gap at Critical Care Conferences

Sangeeta Mehta, MD1; Louise Rose, PhD2; Deborah Cook, MD1, Margaret Herridge, MD4, Sawarya Owais, HBSc5, Victoria Metaxa, MD6
Setting Policy

- CCCS committees should be balanced by age, gender, ethnicity, language, geography, and discipline to reflect our society and our community.
- Speaker diversity and the composition of our organizing committees should reflect the diversity of our delegates and our critical care community.
- The CCCS will advocate and mandate that female representation occurs in an equitable manner in its membership and for events that it hosts/cohosts.
Setting Targets

ANZICS amongst the leaders with a goal of 50% by 2026. This requires deliberate sponsorship (rather than mentoring) at every level. This may be the only method to reduce unconscious bias.

Opponents of targets tend to appeal to merit—suggesting that we should rely solely on merit-based selection processes. However, even apparently rigorous and objective selection processes are affected by unconscious gender bias in a way that routinely advantages men. For example, major studies in JAMA and Nature reported major disparity in the treatment of men and women in academic promotions, remuneration in medicine and in research grants. ‘Merit’ itself is subjective—some say even mythical. Targets are a transparent, ‘conscious’ way of countering the effect of unconscious bias.

This may be the only method to reduce unconscious bias.

• Mentors have mentees
• Help craft a career vision
• Provide feedback to aid professional development
• Offer insight into how to increase visibility

• Sponsors have protégés
• Drive their protégé’s vision
• Are personally invested in upward movement
• Champion visibly, using own platforms to increase exposure
So why is this important?

• Several lines of evidence, from large data bases have shown female physicians are more likely to follow guidelines, provide more psychosocial support, are more patient-centred in their communication and have better outcomes.

• Recent ICES data shows female surgeons in Ontario have better short term outcomes.
  – BMJ 2017
CCM practice in Canada?

- Survey of practicing ICU physicians
- Supported by the RCPSC for distribution
- Used validated survey methodology including sensibility testing and question revision
- Response rate 37%

Burns et al under revision CJA
## Demographics

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<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td><strong>Number (n, %)</strong></td>
<td><strong>192 (72.5)</strong></td>
<td><strong>73 (27.5)</strong></td>
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<tr>
<td><strong>Respondents</strong></td>
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<tr>
<td>Age, years (mean, SD)</td>
<td>45.4 (9.3)</td>
<td>43.6 (8.0)</td>
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<tr>
<td>Married/Common Law (% Yes)</td>
<td>171 (89.1)</td>
<td>55 (76.4)</td>
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<td>Have Young Children (12 yrs or less)(%)</td>
<td>109 (57.1)</td>
<td>32 (43.8)</td>
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<td>Pediatric Critical Care</td>
<td>18 (9.5)</td>
<td>14 (20.0)</td>
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<tr>
<td>Yrs Independent Practice (mean, SD)</td>
<td>12.9 (9.7)</td>
<td>11.1 (7.5)</td>
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<td>Yrs since MD degree obtained (mean, SD)</td>
<td>21.2 (9.9)</td>
<td>19.0 (8.6)</td>
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<tr>
<td>Yrs since RCPSC fellowship obtained (mean, SD)</td>
<td>1.8 (11.3)</td>
<td>12.2 (7.6)</td>
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Our perception of workload

Perceived workload

Feature of Clinical Work Profile

- Daily ICU workload (n=270)
- Yearly ICU clinical workload (n=272)
- Yearly non-ICU clinical workload (n=248)
- Scholarly expectations (n=255)
- Administrative duties (n=264)
- In-house night coverage (n=198)

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<tr>
<th>Scale</th>
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<th>Somewhat Low</th>
<th>About Right</th>
<th>Somewhat High</th>
<th>Very High</th>
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<td>Very High</td>
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Legend:
- Very Low
- Somewhat Low
- About Right
- Somewhat High
- Very High
Burnout is different for Women

- **Responses (%):**
  - Never
  - Few times per yr or less
  - Once per month or less
  - Few times per month
  - Once per week
  - Few times per week
  - Everyday

- **Comparison:**
  - All
  - Men
  - Women

- **Significance:**
  - \( p=0.004 \) for comparison between men and women

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[Graph showing distribution of burnout responses by frequency and gender with statistical significance indicated.]
Gender and CCM access and use

• Men more likely to have a critical event during hospital stay
  – CJGIM 2016

• Men more likely to be admitted to ICU
  – CC 2018
Identifying Goals

• What gender related issues require our attention moving forward?
  – Specialty
  – Practice

• How do we sponsor medical students and residents to consider CCM as a career?
Conclusions

• Equity and Diversity within Critical Care is now an international priority and the CCCS is taking a leadership role

• This is important both for our sustainability and wellbeing

• Drs Geeta Mehta, Karen Burns, Claudio Martin have been important for driving the workforce agenda
15th World Congress on Intensive and Critical Care Medicine

SAVE THE DATE
Sept 12 - 15, 2021
Vancouver, Canada
Caring Intensively Together