



# The State of Women in Medicine & Rheumatology



Supported By An Independent Grant From Janssen Biotech in collaboration with the Association of Women in Rheumatology



## **Sheetal Desai, MD, MEd**

Chief Of Rheumatology  
Director, Lupus Clinic  
Professor Of Medicine  
Division Of Rheumatology  
University Of California, Irvine

# Disclosures

Consultant/Speakers Bureau

Janssen

GSK

Aurinia

Astra Zeneca

Alexion

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First born to immigrant parents, native of Arizona

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2001 MD from USC Keck School of Medicine

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2002 Master's in Medical Education from USC Rossier School of Education

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2002-05 Internal Medicine residency at UCLA

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2005-07 Rheumatology fellowship at UCLA

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2007 Joined faculty at UC Irvine as an Assistant Professor

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2012 Program Director of the Fellowship

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2018 Stepped in as Interim Chief, Program Director

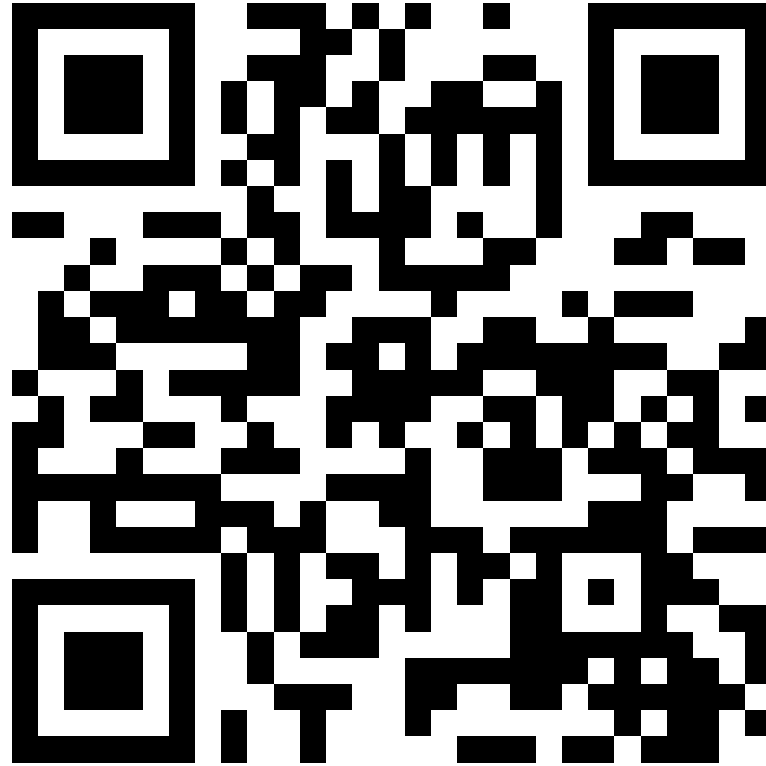
# My Journey



# Agenda



# GENDER EQUITY SURVEY



<https://survey.zohopublic.com/zs/5cbumd>



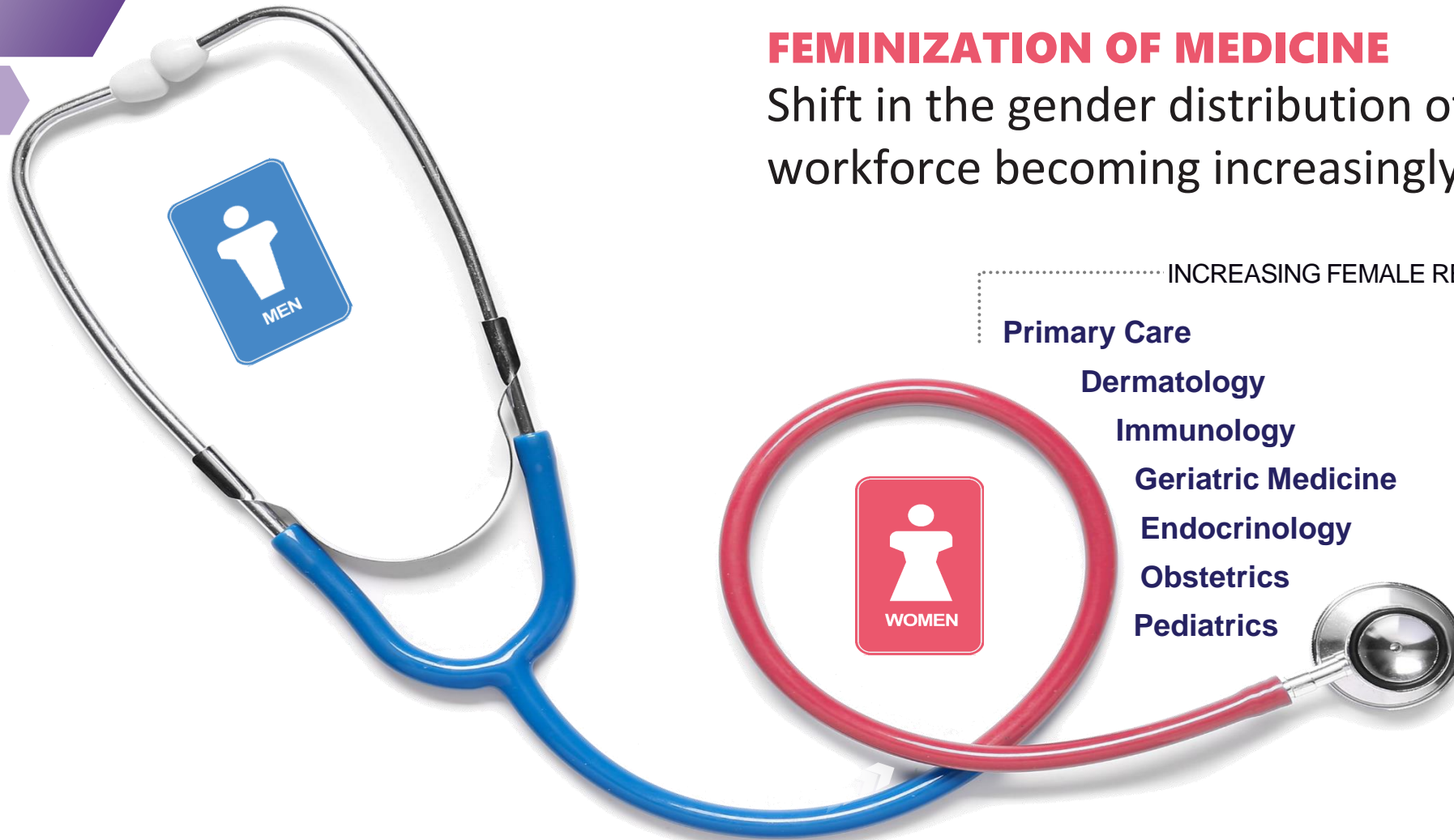
# Feminization



# Feminization of Medicine<sup>1</sup>

## FEMINIZATION OF MEDICINE

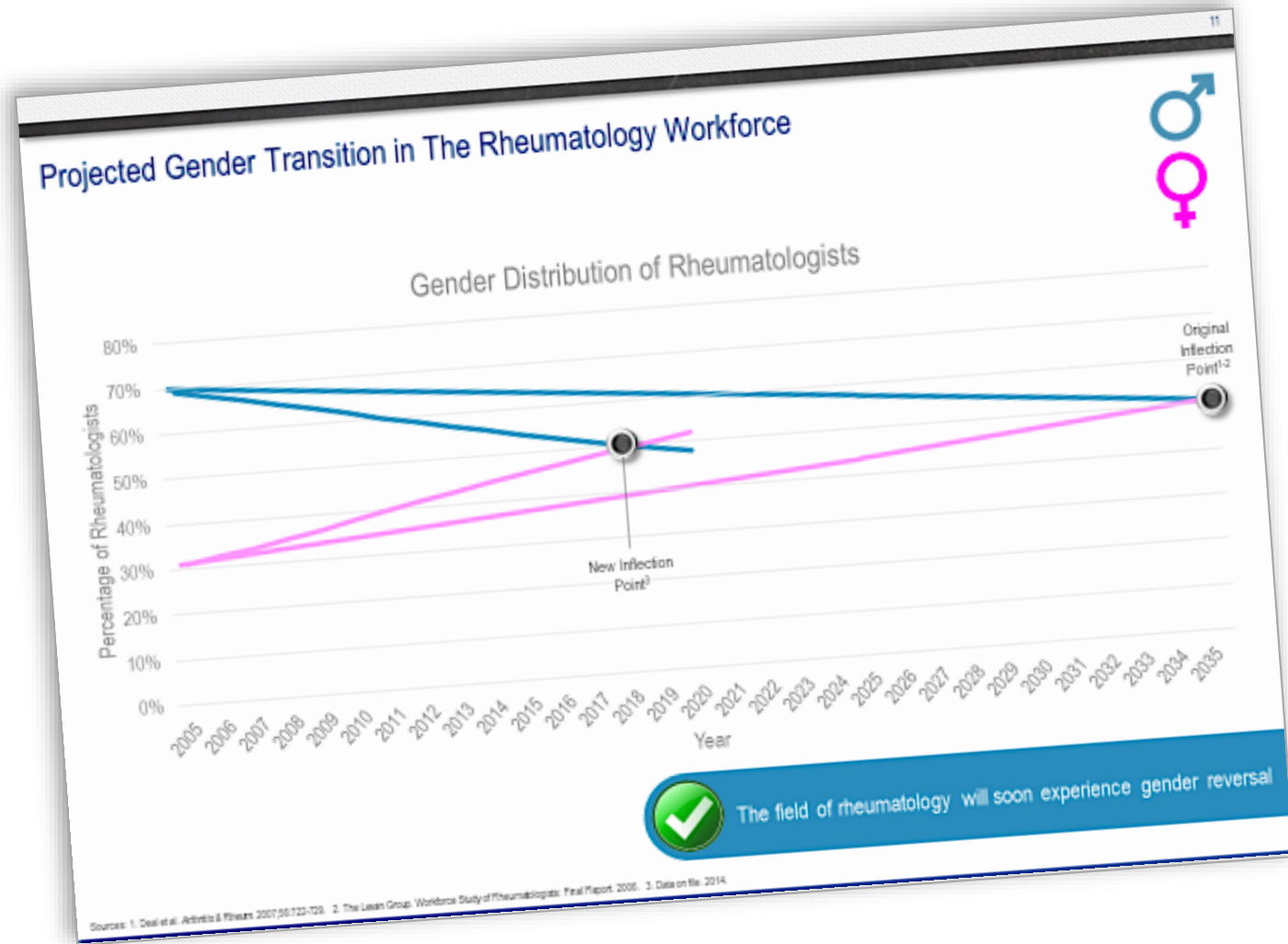
Shift in the gender distribution of a medical workforce becoming increasingly female



INCREASING FEMALE REPRESENTATION

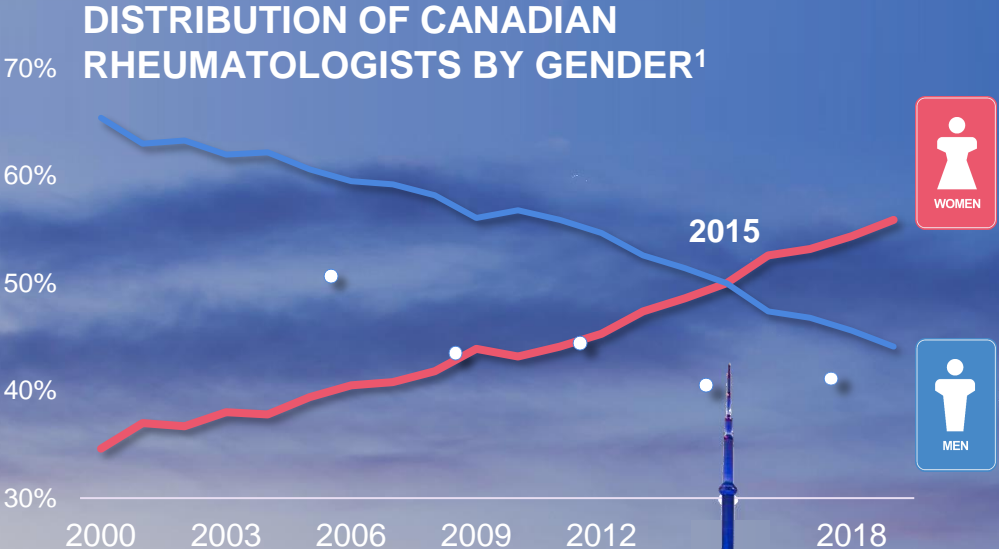
**RHEUMATOLOGY**

# Projected Feminization of the US Rheumatology Workforce





# Feminization of the Canadian Rheumatology Workforce



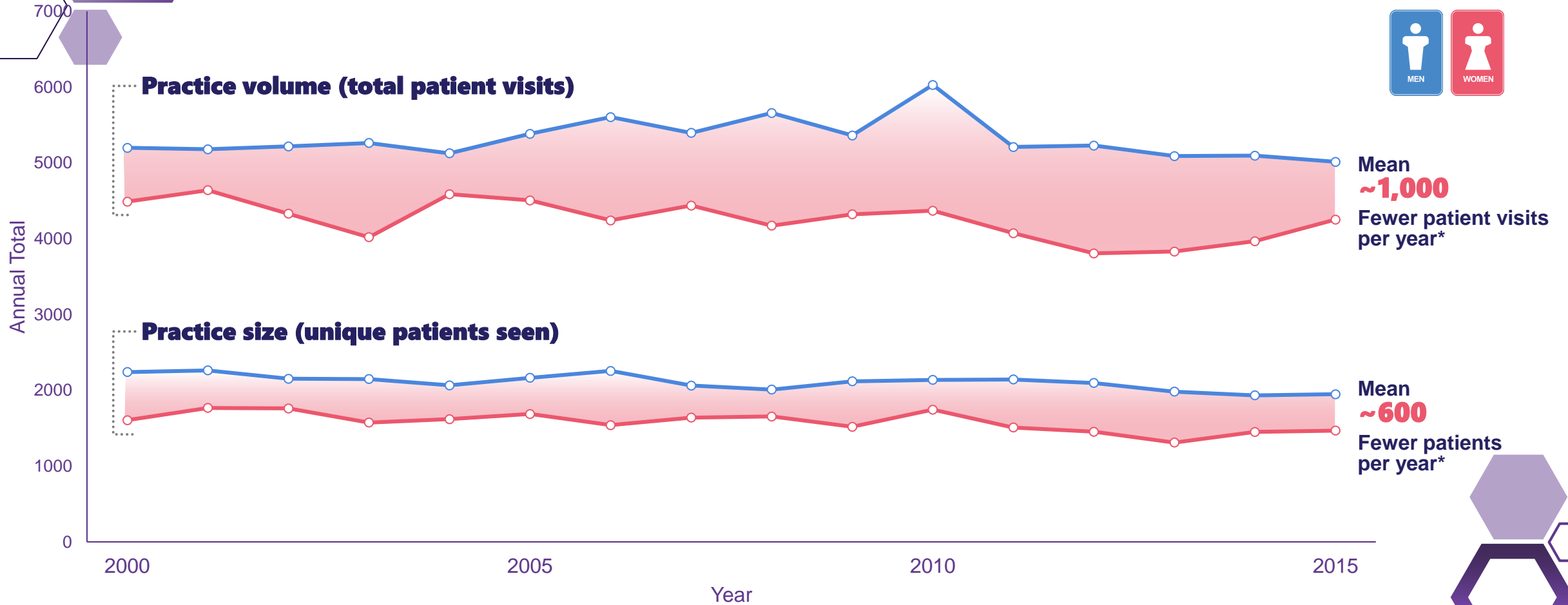
POPULATION-BASED, RETROSPECTIVE,  
OBSERVATIONAL STUDY CONDUCTED IN  
ONTARIO, CANADA

**40%** of the Canadian rheumatology workforce<sup>2</sup>



1. Canadian Medical Association. <https://www.cma.ca/physicians-specialty-province-age-and-sex-2000-present-0>. Accessed May 5, 2021. 2. Widdifield J, Et Al. *J Rheumatol*. 2021. Doi:10.3899/Jrheum.201166.

# Gender Differences in Annual Patient Volume



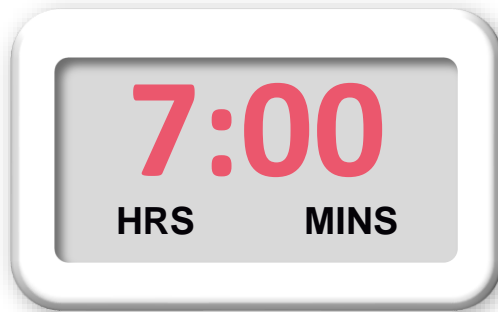


ARE WE  
**LESS EFFICIENT?**

DO WE NOT  
**WORK AS HARD?**



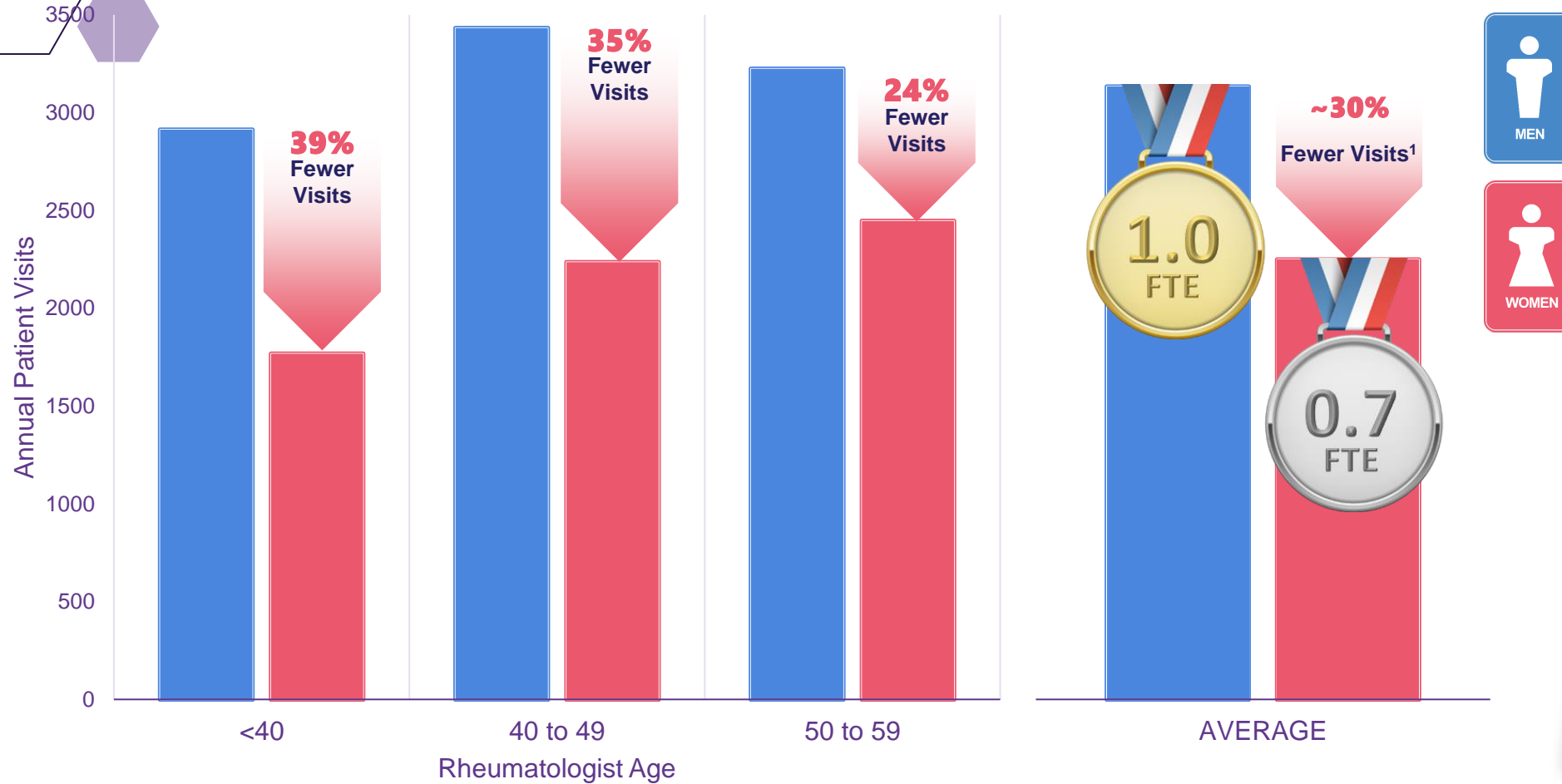
# Difference in Hours Worked Per Week by Gender



**10% FEWER HOURS  
WORKED PER WEEK\***

| GENDER DIFFERENCE<br>Scorecard |  |  |  |
|--------------------------------|--|---|---|
| HOURS WORKED                   |  | ✓   |   |
| PATIENTS/YEAR                  |  |   |   |
| RVUS/YEAR                      |  |   |   |
| COMPENSATION                   |  |   |   |
| TIME/PATIENT                   |  |   |   |
| FEMALE<br>PATIENTS/YEAR        |  |   |   |
| COMPLEX<br>PATIENTS/YEAR       |  |   |   |
| PATIENT OPENNESS               |  |   |   |
| PATIENT<br>COMMUNICATION       |  |   |   |
| QUALITY OF CARE                |  |   |   |

# Average Annual Rheumatology Patient Visits by Gender<sup>1</sup>



GENDER DIFFERENCE Scorecard

|                       | MEN | WOMEN |
|-----------------------|-----|-------|
| HOURS WORKED          | ✓   |       |
| PATIENTS/YEAR         | ✓   |       |
| RVUS/YEAR             |     |       |
| COMPENSATION          |     |       |
| TIME/PATIENT          |     |       |
| FEMALE PATIENTS/YEAR  |     |       |
| COMPLEX PATIENTS/YEAR |     |       |
| PATIENT OPENNESS      |     |       |
| PATIENT COMMUNICATION |     |       |
| QUALITY OF CARE       |     |       |



# Average Annual Rheumatologist RVUs by Gender<sup>1</sup>



4,944  
RVUS

~20%  
FEWER  
RVUS<sup>1</sup>



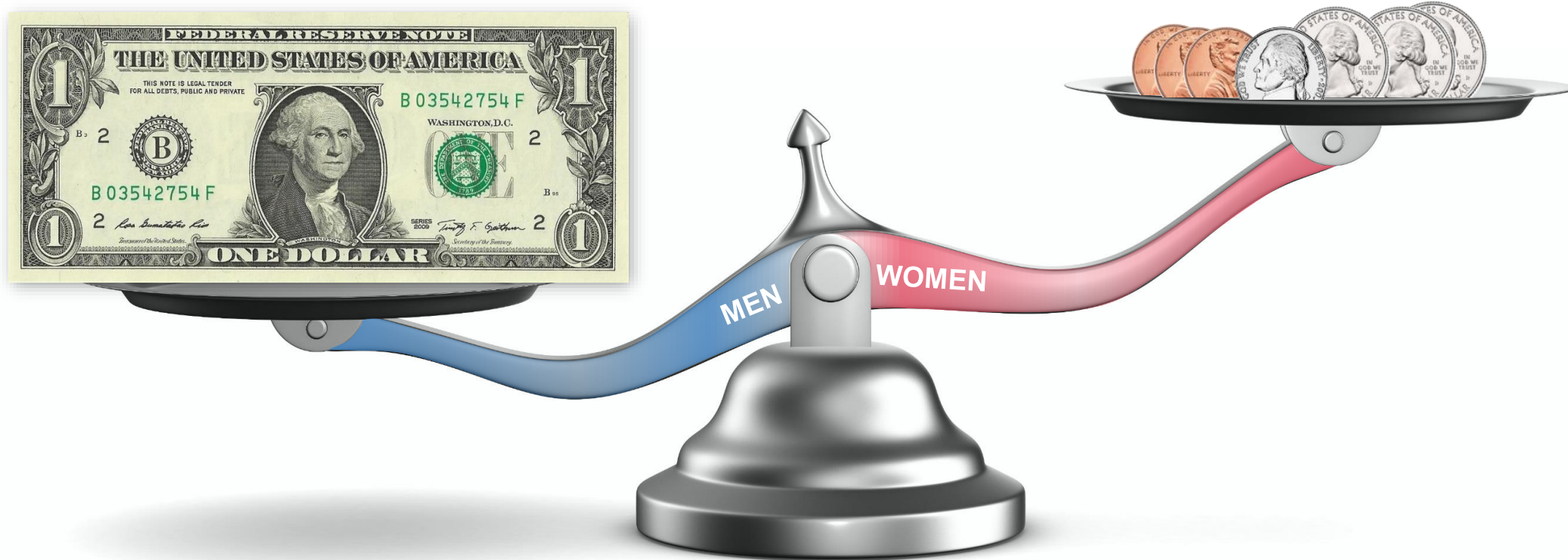
4,155  
RVUS

| GENDER DIFFERENCE<br>Scorecard |  |  |  |
|--------------------------------|--|---|---|
| HOURS WORKED                   |  | ✓   |   |
| PATIENTS/YEAR                  |  | ✓   |   |
| RVUS/YEAR                      |  | ✓   |   |
| COMPENSATION                   |  |   |   |
| TIME/PATIENT                   |  |   |   |
| FEMALE<br>PATIENTS/YEAR        |  |   |   |
| COMPLEX<br>PATIENTS/YEAR       |  |   |   |
| PATIENT OPENNESS               |  |   |   |
| PATIENT<br>COMMUNICATION       |  |   |   |
| QUALITY OF CARE                |  |   |   |

RVU = Relative Value Unit.

1. The Rheumatologist. <https://www.the-rheumatologist.org/article/rheumatology-gender-pay-gap/>. Accessed June 15, 2021.

# Difference in Compensation\* by Gender in Rheumatology<sup>1-4</sup>



\*Mean Compensation Calculated From 2016, 2017, 2018, and 2020 Annual Compensation Reports (The Compensation Reported Is Based On Full-time Positions).

1. Medscape. <https://www.medscape.com/slideshow/2020-compensation-rheumatologist-6012748#4>. Accessed May 10, 2021.
2. Medscape. <https://www.medscape.com/slideshow/2018-compensation-rheumatologist-6009674>. Accessed May 10, 2021.
3. Medscape. <https://www.medscape.com/slideshow/compensation-2017-rheumatology-6008588>. Accessed May 10, 2021.
4. Medscape. <https://www.medscape.com/features/slideshow/compensation/2016/rheumatology>. Accessed May 10, 2021.
5. Wright G. *J Rheumatol*. 2021; Doi:10.3899/Jrheum.210082.

# Lifelong Earnings Impact of Gender Compensation Difference\*1-5

What a female rheumatologist makes for every **dollar** a male rheumatologist makes

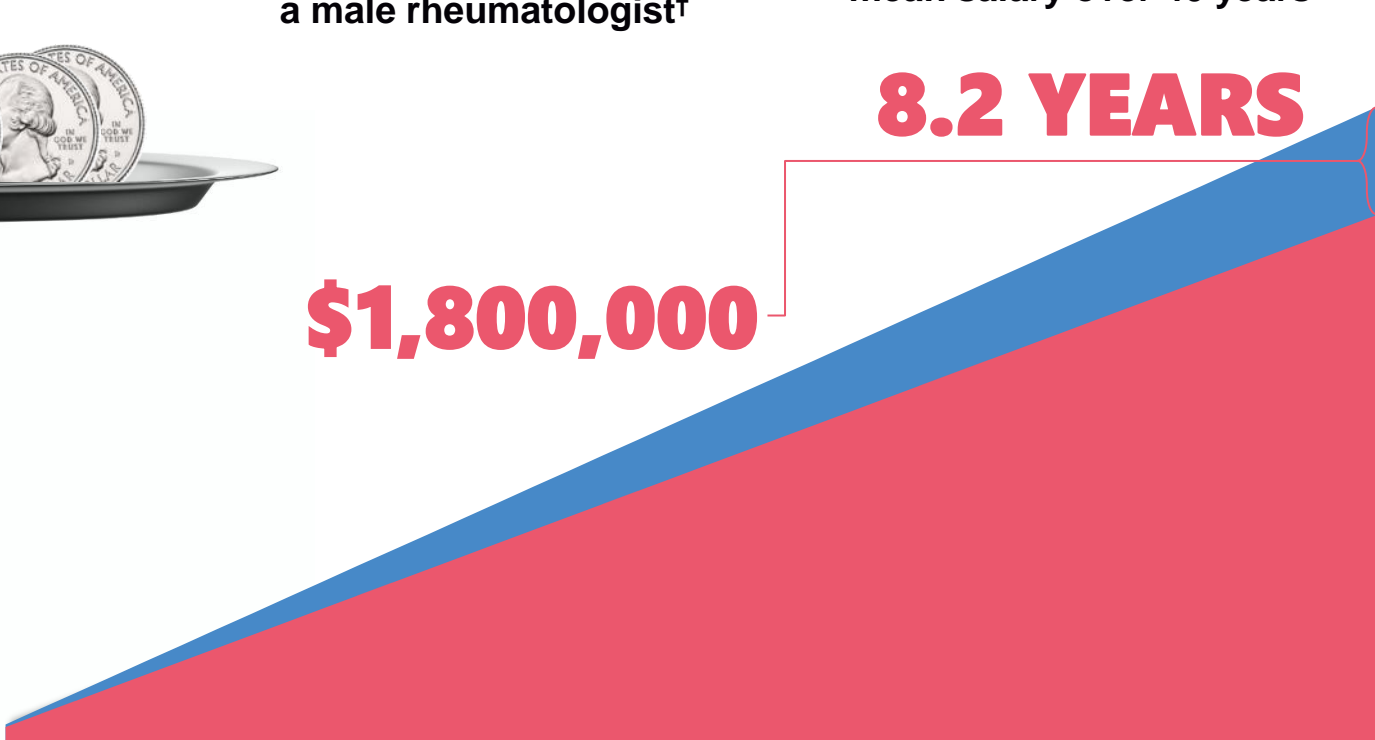




The difference in mean salary over 40 years (lifelong earnings) for a female rheumatologist vs a male rheumatologist†

\$1,800,000

Additional years a female rheumatologist has to work to make up the difference in mean salary over 40 years‡

8.2 YEARS



| GENDER DIFFERENCE Scorecard |   |  |  |
|-----------------------------|---|---|---|
| HOURS WORKED                |   |   |   |
| PATIENTS/YEAR               | ✓ |   |   |
| RVUS/YEAR                   | ✓ |   |   |
| COMPENSATION                | ✓ |   |   |
| TIME/PATIENT                | ✓ |   |   |
| FEMALE PATIENTS/YEAR        |   |   |   |
| COMPLEX PATIENTS/YEAR       |   |   |   |
| PATIENT OPENNESS            |   |   |   |
| PATIENT COMMUNICATION       |   |   |   |
| QUALITY OF CARE             |   |   |   |

\*Mean compensation calculated from 2016, 2017, 2018, and 2020 annual compensation reports. †Mean compensation x 40 years used to estimate lifelong earnings<sup>4</sup>. ‡Difference over 40 years / female rheumatologist mean salary.

1. Medscape. <https://www.Medscape.Com/slideshow/2020-compensation-rheumatologist-6012748#4>. Accessed may 10, 2021.  
2. Medscape. <https://www.Medscape.Com/slideshow/2018-compensation-rheumatologist-6009674>. Accessed may 10, 2021.  
3. Medscape. <https://www.Medscape.Com/slideshow/compensation-2017-rheumatology-6008588>. Accessed may 10, 2021.  
4. Medscape. <https://www.Medscape.Com/features/slideshow/compensation/2016/rheumatology>. Accessed may 10, 2021.  
5. Wright G. *J rheumatol.* 2021; doi:10.3899/jrheum.210082.

# Equal Pay Day



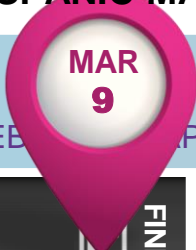
HOW MUCH LONGER DOES A WOMAN HAVE TO WORK TO EARN THE SAME AMOUNT AS A WHITE, NON-HISPANIC MALE?

2020

2021

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC



WHITE, NON-HISPANIC MEN

ASIAN AMERICAN AND PACIFIC ISLANDER WOMEN

MOTHERS

BLACK WOMEN

NATIVE AMERICAN WOMEN

LATINAS

1. US DEPARTMENT OF LABOR. ACCESSED MARCH 14, 2022. [HTTPS://BLOG.DOL.GOV/2021/03/19/5-FACTS-ABOUT-THE-STATE-OF-THE-GENDER-PAY-GAP#:~:TEXT=5%20FACTS%20ABOUT%20THE%20STATE%20OF%20THE%20GENDER,FORCE%20PARTICIPATION%20BACK%20MORE%20THAN %2030%20YEARS.%20](https://blog.dol.gov/2021/03/19/5-facts-about-the-state-of-the-gender-pay-gap#:~:text=5%20FACTS%20ABOUT%20THE%20STATE%20OF%20THE%20GENDER,FORCE%20PARTICIPATION%20BACK%20MORE%20THAN%2030%20YEARS.%20)





# The Fuzzy Math of Gender Compensation

**~10%  $\neq$  ~20%**  
 FEWER HOURS WORKED<sup>1</sup>      COMPENSATION DIFFERENTIAL<sup>2-5</sup>

**~10%  $\neq$  ~20%**  
 FEWER HOURS WORKED<sup>1</sup>      FEWER RVUS<sup>6</sup>

**~10% + ~10% = ~20%**  
 FEWER HOURS WORKED<sup>1</sup>      LONGER VISITS WITH PATIENTS<sup>7</sup>      COMPENSATION DIFFERENTIAL<sup>8</sup>

"MANY STUDIES SHOW THAT FEMALE PHYSICIANS TEND TO SPEND MORE TIME WITH EACH PATIENT, AND THAT ... MEANS PROBABLY LESS RVUS AND THEIR COMPENSATION WILL PROBABLY BE LESS."<sup>6</sup>

| GENDER DIFFERENCE Scorecard |  |  |  |
|-----------------------------|--|---|---|
| HOURS WORKED                |  | ✓   |   |
| PATIENTS/YEAR               |  | ✓   |   |
| RVUS/YEAR                   |  | ✓   |   |
| COMPENSATION                |  | ✓   |   |
| TIME/PATIENT                |  |   | ✓   |
| FEMALE PATIENTS/YEAR        |  |   |   |
| COMPLEX PATIENTS/YEAR       |  |   |   |
| PATIENT OPENNESS            |  |   |   |
| PATIENT COMMUNICATION       |  |   |   |

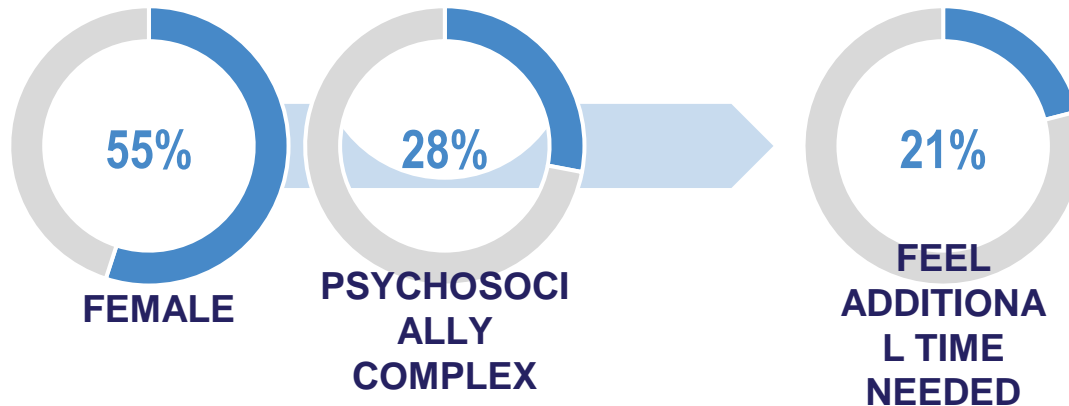
QUALITY OF CARE



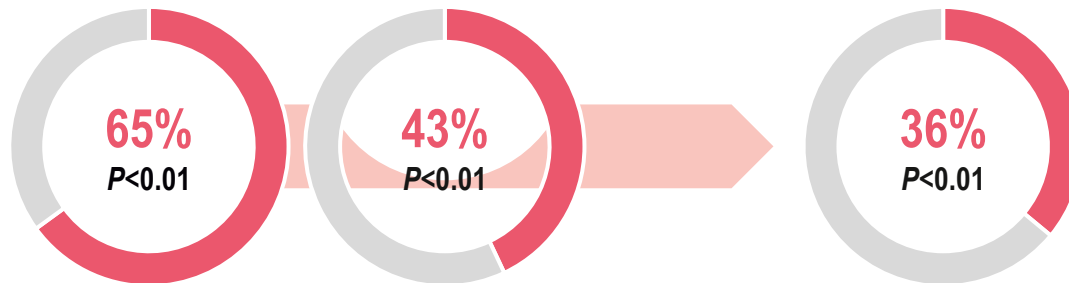
# Significant Differences Exist in the Patient Mix by Gender\*1



**MEN  
PATIENT  
MIX:**



**WOMEN**



| GENDER DIFFERENCE<br>Scorecard |  |  |  |
|--------------------------------|--|---|---|
| HOURS WORKED                   |  | ✓   |   |
| PATIENTS/YEAR                  |  | ✓   |   |
| RVUS/YEAR                      |  | ✓   |   |
| COMPENSATION                   |  | ✓   |   |
| TIME/PATIENT                   |  | ✓   |   |
| FEMALE PATIENTS/YEAR           |  |   | ✓   |
| COMPLEX PATIENTS/YEAR          |  |   | ✓   |
| PATIENT OPENNESS               |  |   |   |
| PATIENT COMMUNICATION          |  |   |   |
| QUALITY OF CARE                |  |   |   |

\*Based on a survey of primary care physicians.  
1. McMurray JE, et al. *J gen int med.* 2000;15:372-380.



# Gender Differences in the Patient Visit<sup>1</sup>

## Patients

-  Speak more
-  Disclose more medical information
-  Make more positive statements
-  Report more participatory visits

Are more open with female physicians

## Female physicians

-  Are more empathetic
-  Focus more on psychosocial question-asking and counseling

Are more patient-centered in their communications

| GENDER DIFFERENCE Scorecard |   |  |    |
|-----------------------------|---|---|---|
| HOURS WORKED                |  |   |   |
| PATIENTS/YEAR               |  |   |   |
| RVUS/YEAR                   |  |   |   |
| COMPENSATION                |  |   |   |
| TIME/PATIENT                |   |   |    |
| FEMALE PATIENTS/YEAR        |   |   |   |
| COMPLEX PATIENTS/YEAR       |   |   |  |
| PATIENT OPENNESS            |   |   |  |
| PATIENT COMMUNICATION       |   |   |  |
| QUALITY OF CARE             |   |   |   |

# Female Physicians Compared to Male Physicians

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Spend more time with patients

---

Have more patient centered communication

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More empathetic

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Higher rate of Preventative Medicine

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More guideline concordant

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Work fewer hours per week

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See fewer patients annually

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Compensation is approx. 83 cents/dollar

# Patients Treated by Female Physicians May Have Better Outcomes<sup>1</sup>

JAMA Internal Medicine | [Original Investigation](#)

## Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

**IMPORTANCE** Studies have found differences in practice patterns between male and female physicians, with female physicians more likely to adhere to clinical guidelines and evidence-based practice. However, whether patient outcomes differ between male and female physicians is largely unknown.

**OBJECTIVE** To determine whether mortality and readmission rates differ between patients treated by male or female physicians.

**DESIGN, SETTING, AND PARTICIPANTS** We analyzed a 20% random sample of Medicare fee-for-service beneficiaries 65 years or older hospitalized with a medical condition and treated by general internists from January 1, 2011, to December 31, 2014. We examined the association between physician sex and 30-day mortality and readmission rates, adjusted for patient and physician characteristics and hospital fixed effects (effectively comparing female and male physicians within the same hospital). As a sensitivity analysis, we examined only physicians focusing on hospital care (hospitalists), among whom patients are plausibly quasi-randomized to physicians based on the physician's specific work schedules. We also investigated whether differences in patient outcomes varied by specific condition or by underlying severity of illness.

- ← Editorial page 161
- + Author Audio Interview
- + Supplemental content
- + CME Quiz at [jamanetworkcme.com](http://jamanetworkcme.com) and CME Questions page 296

| GENDER DIFFERENCE Scorecard |  |  |
|-----------------------------|---|---|
| HOURS WORKED                | ✓   |   |
| PATIENTS/YEAR               | ✓   |   |
| RVUS/YEAR                   | ✓   |   |
| COMPENSATION                | ✓   |   |
| TIME/PATIENT                |   | ✓   |
| FEMALE PATIENTS/YEAR        |   | ✓   |
| COMPLEX PATIENTS/YEAR       |   | ✓   |
| PATIENT OPENNESS            |   | ✓   |
| PATIENT COMMUNICATION       |   | ✓   |

QUALITY OF CARE

1. Tsugawa Y, et al. *JAMA int med*. 2017;177:206-213. 2. STAT news. <https://www.Statnews.Com/2016/12/19/patients-female-physicians-live-longer/>. accessed may 6, 2021.



# Patients Treated by Female Physicians May Have Better Outcomes<sup>1</sup>

ELDERLY HOSPITALIZED PATIENTS TREATED BY FEMALE VS MALE INTERNISTS

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jha, MD, MBA; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH



**IMPORTANCE** Studies have found differences in patient outcomes between male and female physicians, with female physicians more likely to use evidence-based practice. However, whether patient outcomes differ between male and female physicians is largely unknown.

**OBJECTIVE** To determine whether mortality and 30-day readmissions among elderly hospitalized patients treated by male or female physicians.

**DESIGN, SETTING, AND PARTICIPANTS** We analyzed data from a fee-for-service beneficiaries 65 years or older treated by general internists from January 1, 2000, to December 31, 2010. We examined the association between physician sex and 30-day patient and physician characteristics and outcomes among male and female physicians within the same hospital. We compared outcomes of patients treated by female physicians focusing on hospital care (hospitalized patients) with outcomes of patients treated by male physicians focusing on hospital care (hospitalized patients) who were quasi-randomized to physicians based on physician sex. We investigated whether differences in patient outcomes varied by specific condition or by underlying severity of illness.

“The findings not only launch a grenade at the gender pay gap in medicine, they also suggest the methods of female physicians — if replicated broadly — could significantly improve the quality of medical care in the united states.”<sup>2</sup>

| GENDER DIFFERENCE<br>Scorecard |   |    |  |
|--------------------------------|---|---|---|
| HOURS WORKED                   |  |   |   |
| PATIENTS/YEAR                  |  |   |   |
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| PATIENT OPENNESS               |   |   |   |
| PATIENT<br>COMMUNICATION       |   |  |   |
| QUALITY OF CARE                |   |  |   |

1. Tsugawa Y, et al. JAMA int med. 2017;177:206-213. 2. STAT news. <https://www.Statnews.Com/2016/12/19/patients-female-physicians-live-longer/>. accessed may 6, 2021.



# Cinderella Effect: Are Your Contributions Undervalued?



Recognize physician performance BEYOND RVU production<sup>1</sup>



“Female physicians may be **less productive**, as traditionally measured, and at **greater risk for burnout**, because they are performing activities that are time-consuming yet not captured with traditional rvu-based measurement.”<sup>2</sup>

# Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians

Renee Butkus, BA; Joshua Serchen, BA; Darilyn V. Moyer, MD; Sue S. Bornstein, MD; and Susan Thompson Hingle, MD; for the Health and Public Policy Committee of the American College of Physicians\*

Women comprise more than one third of the active physician workforce, an estimated 46% of all physicians-in-training, and more than half of all medical students in the United States. Although progress has been made toward gender diversity in the physician workforce, disparities in compensation exist and inequities have contributed to a disproportionately low number of female physicians achieving academic advancement and serving in leadership positions. Women in medicine face other challenges, including a lack of mentors, discrimination, gender bias, cultural environment of the workplace, imposter syndrome, and

the need for better work-life integration. In this position paper, the American College of Physicians summarizes the unique challenges female physicians face over the course of their careers and provides recommendations to improve gender equity and ensure that the full potential of female physicians is realized.

*Ann Intern Med.* doi:10.7326/M17-3438  
For author affiliations, see end of text.  
This article was published at Annals.org on 17 April 2018.

Annals.org

In 2015, more than one third (34%) of the active physician workforce in the United States was female (1); an estimated 46% of all physicians-in-training and more than half of all medical students are women (2). Although women have made substantial progress in these areas, much remains to be done to improve eq-

uities, 15% of department chairs, and 16% of deans (6). This lack of female physicians in leadership positions has traditionally been believed to be a pipeline problem; however, because women have made up roughly half of medical student graduates for years, the systematic origins of this problem are becoming more





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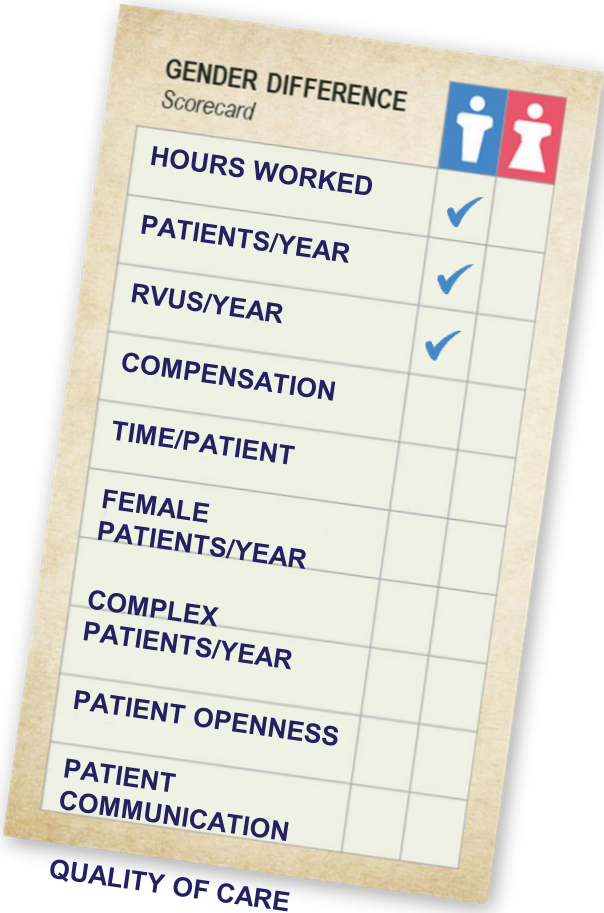
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– American college of physicians  
2018 position paper

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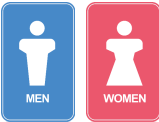


# Gender Equity

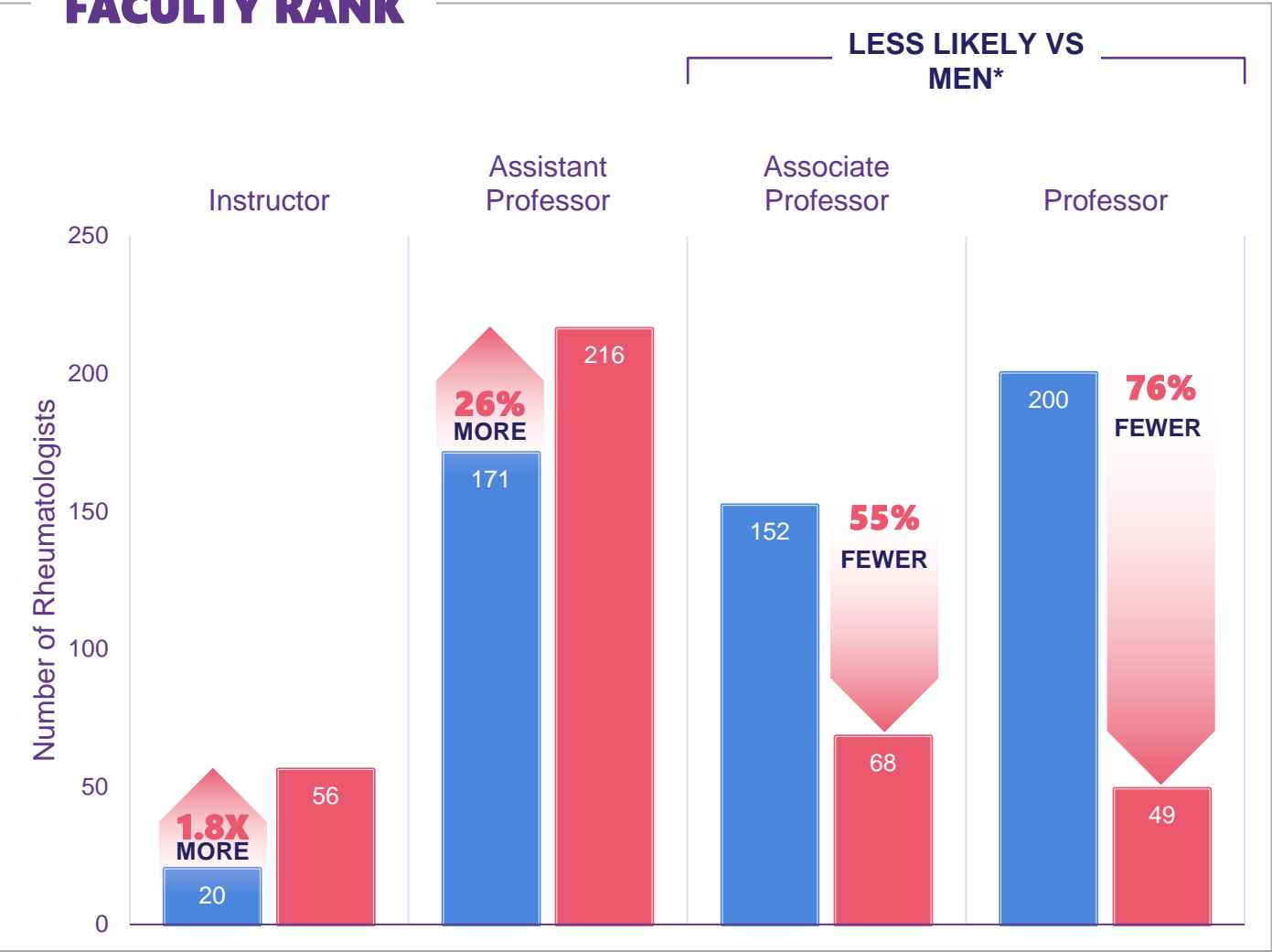




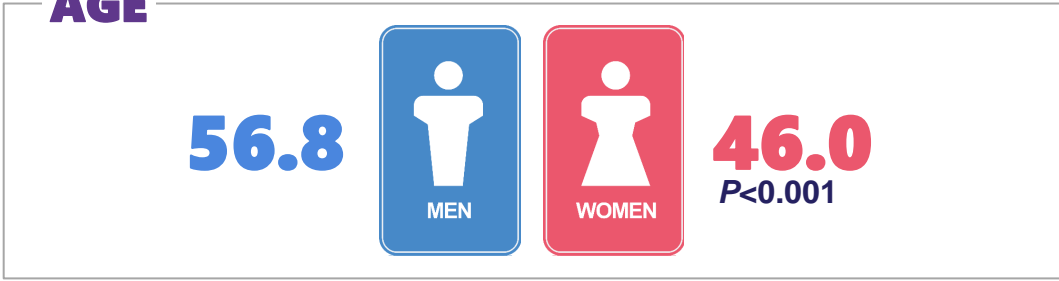
# Gender Disparities in Academic Rheumatology



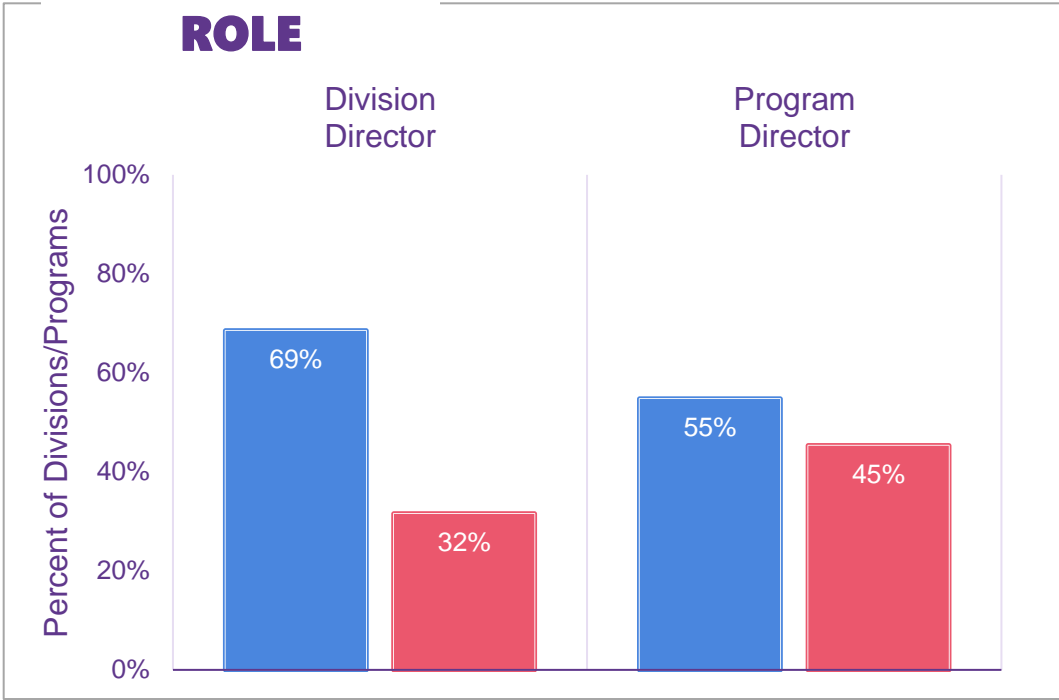
## FACULTY RANK



## AGE



## LEADERSHIP ROLE

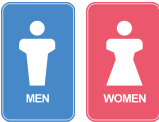


Nationwide, Cross-sectional Study Of All Rheumatologists Practicing In The US In 2014 (N=6,125), Of Which 941 Held Academic Faculty Appointments.

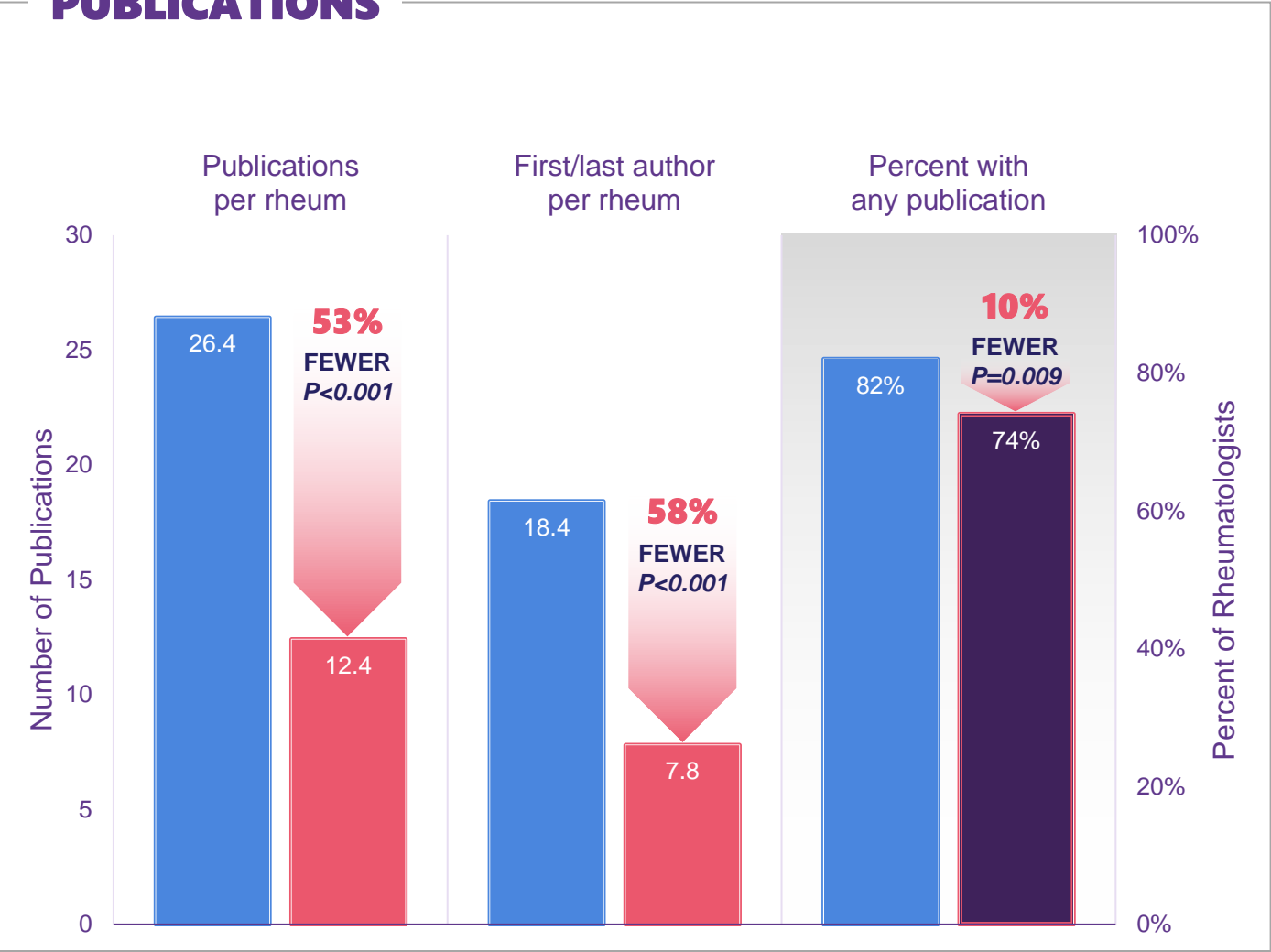
\*Unadjusted OR 0.52 [95% Ci 0.45–0.60]; Adjusted OR 0.78 [95% Ci 0.62–0.99]).

1. Jorge A, Et Al. *Arthritis Rheumatol.* 2021;73(1):168-172.

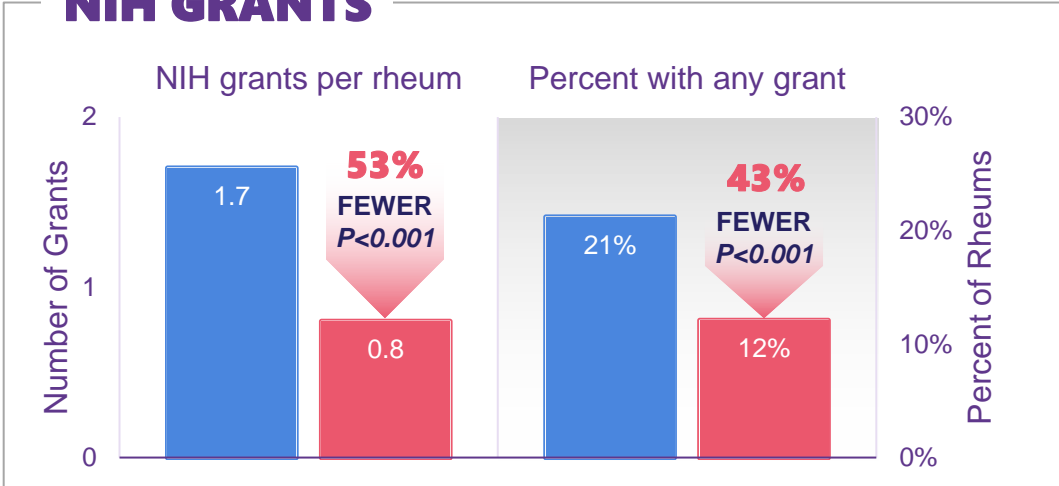
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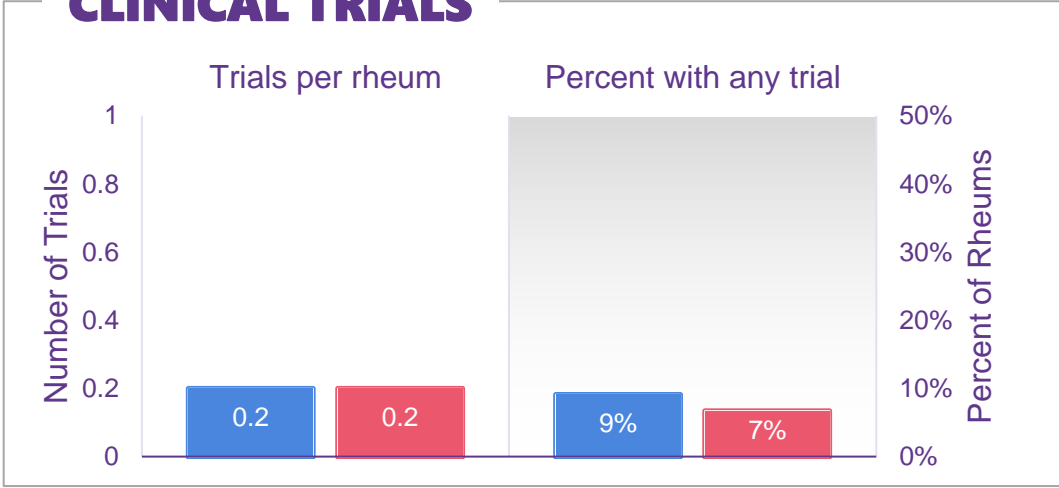
## PUBLICATIONS



## NIH GRANTS



## CLINICAL TRIALS



# STATS

Medical School  
over 50%  
Female

Physicians in  
Training 46%  
Female

Workforce  
greater than  
33% Female

Medical School  
Faculty 38%  
Female

25.6% of full  
Professorships

18% of clinical  
sciences  
Department  
Chairs

17% Dean  
positions

Have fewer  
publications,  
NIH grants

“ACADEMIC MEDICINE BOASTS A WEALTH OF ACCOMPLISHED FEMALE PHYSICIANS, SCIENTISTS, AND EDUCATORS, BUT THEY ARE **HITTING THE GLASS CEILING** WHEN THEY TRY TO ADVANCE TO FULL PROFESSORS, DEPARTMENT CHAIRS, DEANS, AND HOSPITAL CHIEFS.”<sup>1</sup>

– DARRELL G KIRCH, MD

PRESIDENT EMERITUS  
AMERICAN ASSOCIATION OF MEDICAL COLLEGES





# Shifting Sands Brought by the Pandemic

## COVID-19 PANDEMIC

### Challenges Faced By Women In Academia<sup>1</sup>



## ACADEMIC/PROFESSIONAL DEVELOPMENT SUFFERS



LOSS OF FUNDING FOR  
GENDER EQUITY  
INITIATIVES



FEWER COLLABORATION  
INVITATIONS



DECREASED NETWORKING  
OPPORTUNITIES



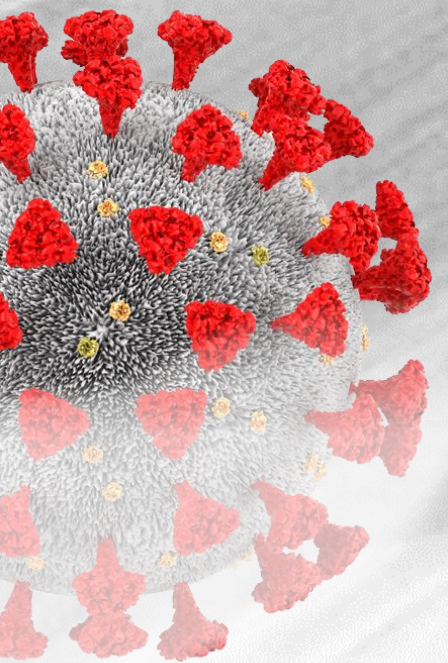
LESS ABLE TO PARTICIPATE IN VIRTUAL  
CONFERENCES



INCREASED HOUSEHOLD/ FAMILY  
DEMANDS



UNEQUAL DIVISION OF FAMILY CARE AND HOUSEHOLD  
CHORES



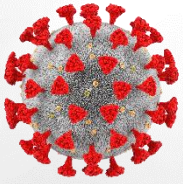
# Watchout for Burnout



## BURNOUT

“A state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work”<sup>1</sup>





“...ANY PROGRESS THAT HAS BEEN MADE  
TOWARD CLOSING THE GENDER GAP IN  
ACADEMIC MEDICINE WILL **NOT ONLY STALL**  
**BUT ULTIMATELY REGRESS** AT A TIME WHEN IT  
IS PERHAPS NEEDED THE MOST.”<sup>1</sup>



ACTION IS NEEDED  
**NOW MORE THAN EVER**

***ACP Position Statement: Academic institutions should take steps to increase the number of women in practice, faculty, and leadership positions and structure equal access to opportunities, including:***

- a. Encouraging mentorship and sponsorship and providing training for faculty on how to be effective mentors and sponsors.*
- b. Coaching and development programs.*
- c. Flexibility in structuring career paths in academic medicine, health systems, and private practice and adopting flexible promotion and advancement criteria, including promotion tracks that reflect the wide range of responsibilities and unique contributions of female physicians.*
- d. Requiring the inclusion of female physicians as job candidates and members of search committees.*
- e. Ensuring diversity, including gender diversity, on all committees, councils, and boards through leadership development to ensure inclusion, comprehensiveness, and mechanisms for accountability.*



PROVIDE SUPPORT FOR A POSITIVE

# WORK-LIFE BALANCE

## CHALLENGE

WOMEN ARE MORE APT TO COMPROMISE  
CAREER ADVANCEMENT FOR WORK-LIFE  
BALANCE

## STRATEGIES



FAMILY LEAVE AND  
FLEXIBLE WORK OPTIONS



AVAILABILITY OF CHILDCARE,  
ESP FOR SICK CHILDREN



LACTATION FACILITIES,  
LACTATION TIME





# Implicit Bias

“The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Activated involuntarily, without awareness or intentional control. Can be either positive or negative. Everyone is susceptible.”<sup>1</sup>



# OVERCOME IMPLICIT BIAS

## CHALLENGE

Implicit bias and discrimination can affect both hiring and promotion

## STRATEGIES



Train on implicit bias



Expand search pool to include more women



Ensure search committees are diverse

ESTABLISH A POSITIVE ENVIRONMENT AND SUPPORTIVE

# NETWORK

## CHALLENGE

Women may lack an inclusive environment as well as a supportive network

## STRATEGIES



Host networking events



Establish a welcoming environment





SUPPORT

# SCHOLARLY ACTIVITIES

## CHALLENGE

There are fewer opportunities for women to participate in scholarly activities

## STRATEGIES



Support authorship



Support grant writing



Petition editors for balance in reviewers and authorship

MAKE AN APPROPRIATE CASE FOR

# PROMOTION

## CHALLENGE

Women are less likely to get their first promotion as well as receive a requested raise

## STRATEGIES



Train on negotiation skills

Identifying mentors and sponsors



Set goals towards promotions



# CREATE A LEADERSHIP PIPELINE



## CHALLENGE

Women face ineffective paths to leadership commonly blocked by bias

## STRATEGIES



SUPPORT PARTICIPATION IN  
ASSOCIATION MEETINGS



PROVIDE INSTITUTIONAL LEADERSHIP  
OPPORTUNITIES



CONDUCT SUCCESSION PLANNING TO  
PREPARE WOMEN FOR LEADERSHIP

MEN CAN BE OUR  
**MENTORS, SPONSORS, CHAMPIONS**







# Intersectionality

Race & Ethnicity  
Gender LGBTQIA+



AMIR

# Women in Medicine-Rheumatology

## Building in Shifting Sand

Leading the Way in Inclusion and Diversity

Thank you for participating!

**AMIR**  
Association of Women in Rheumatology



# GENDER EQUITY SURVEY



<https://survey.zohopublic.com/zs/5cbumd>





Thank you!