Gender Biases in Academic Medicine* –
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Every woman in academic medicine has either witnessed or experienced behaviors that reflect the biases and stereotypes prevalent in our profession. A recent article described overt sexism directed at women in the workplace. This type of behavior exemplifies overt gender biases, and is easy to discern, diagnose and address. The real challenge facing women's advancement in academic medicine is a more insidious, unspoken and often unconscious attitude that places women at a disadvantage. Those biases result from our expectations of women's roles, the design of promotion tracks, and the isolating effect of "gatekeeping".

Expectations
Our expectations of women's attitudes and behavior play a major role in our unconscious gender biases. We usually expect women to exhibit "communal" traits: we tend to define women in terms of their relations to others [1,2]. We expect women to be nurturing, assume a dependent role and demonstrate caring. However, when thinking about effective leaders, we are more likely to describe traits that are considered "agentic", such as independence, decisiveness, and assertiveness [2]. We are critical of women who exhibit those leadership traits [3] and we consider them distant, aloof, unfriendly, and competitive. In our evaluation of women, we are more likely to focus on likeability rather than on competence.

Promotions
Despite the progress made over the past two decades, wage inequality persists in academic medicine. And fewer women are at the professor level compared to men. Promotion in academic medicine depends largely on academic productivity and peer reviewed publications. Two main factors hinder women's productivity. First, women assume a larger share of the dependent care responsibilities and are more likely to take time off from their careers for childbirth and dependent care. Tenure and research tracks at most institutions make limited accommodations for extended leave from work, thereby placing women at an unintentional disadvantage, often early in their career. Second, implicit gender biases have been noted in decisions regarding NIH funding [4] and in overall peer evaluation of applicants' portfolio. In an experiment, faculty members in an academic setting were presented with the CV of an applicant for tenure, changing only the name of the applicant to imply a different gender. Both men and women reviewers were more likely to award tenure to the male rather than to the female applicant [5].

Gatekeeping
Women faculty have a more difficult time engaging in a meaningful mentoring relationship, have fewer role models to emulate and have more difficulty finding sponsors [6]. Unlike the guiding and advising role of mentors, sponsors have a promoting role when they choose to use their networks to connect their protégé with others in the field, to build recognition and to help open doors [6]. Sponsors tend to favor those who share similar characteristics and with whom they can

identify, often excluding women from socializing and networking. As a result of this "gatekeeping", women may need to demonstrate higher qualifications than men to be considered for the same leadership positions [7].

Overcoming gender biases in academic medicine requires a social and culture change, and it requires women to grow into the leadership role to which they aspire, staying true to themselves, even if they are less liked because of it. As Ruth Bader-Ginsburg advised, "it helps sometimes to be a little deaf".

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