

AAIM Perspectives

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#StoptheRobbery: How Residency Training Programs Can Help



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A senior resident in her last months of training interviews for a job that she likes and is in an ideal location for her. She is offered the position and she immediately accepts the offer and signs a contract. Later that week, the resident learns that a male colleague also interviewed for the job and signed a contract that was \$16,500 more than the salary she had accepted. She is very surprised and disappointed; she had no idea that she could have negotiated.

The United Nations has a new campaign to stop women from being “robbed” of equal pay: #stoptherobbery.¹ In this article, we make a case for residency program directors to step forward to contribute to #stoptherobbery in medicine. Women are increasingly a large percentage of the medical workforce every year. In 1966, only 6.9% of medical school graduates were women; this number increased to 50.7% by 2017.² In 2007, the Committee on Maximizing the Potential of Women in Academic Science and Engineering found that “female faculty members are paid less, promoted more

slowly, and hold fewer leadership positions than men,” despite the fact that women are an increasingly large percentage of the medical workforce.³ One reason previously thought to explain the pay gap was the relatively high number of women in lower-paying primary care fields.⁴ However, even with a decreasing percentage of women choosing to enter primary care, the pay gap has not closed.⁵ Another reason thought to explain the compensation and promotion discrepancy was a perceived lower productivity by female physicians.⁶ After adjustment for confounding influences on productivity, no sex-based difference in numbers of publications or grants can be found between women and men faculty.^{7,8}

There are isolated examples of institutional intervention to reduce the salary disparities.⁹ In the absence of such interventions, it is important to highlight this disparity and provide women with the tools to negotiate their fair share. A common misconception, that the inability to negotiate is a baby-boomer problem, has been negated with research showing that failure to negotiate is pervasive among younger generations as well.¹⁰ Women continue to underestimate their skills while men will generally overestimate their abilities.¹¹ Women will not attempt promotions or negotiate salary increases until they feel they are “perfect,” whereas men will attempt these advances with fewer qualifications.¹¹ This disparity can lead to lack of advancement; in *Women Don't Ask*, Babcock et al¹⁰ describe many situations in which hard-working women with great

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achievements were not rewarded by raises due to lack of self-promotion.

Negotiation skills are not commonly part of the medical school or residency curriculum. However, women physicians often find themselves negotiating for salary and other benefits prior to residency completion. If the starting salary is not negotiated, women physicians will likely never catch up to the salary of men who negotiated their salary initially.¹⁰ Women often start out with a lower salary expectation than their male counterparts.¹² Male sex is associated with a higher salary for physician researchers (about \$13,000 more) even after adjustment for specialty, academic rank, leadership positions, and research time.¹³ Overall, women faculty earn \$20,520 less than men and make 90 cents for every dollar earned by male faculty.¹⁴ When interviewed, women faculty view negotiation as less important to an academic career than their male colleagues.¹⁵ The authors of the paper note: “The naiveté of faculty in our survey regarding the use of negotiation in faculty careers suggests that academic medical institutions and their leadership have not fully understood the importance or the benefits that can result from skilled negotiation.” Teaching negotiation skills during residency could help eliminate the gaps in both salary and promotion that occur in academic medicine.

There is very little in medical education literature about negotiation training. Providing training in negotiation skills would help to equalize the playing field for women and lead to equitable compensation. Creating awareness about the pay gap is step one. While it is imperative for programs to ensure that women physicians are aware of the pay gap, creating awareness is equally important for male physicians, as some may gain leadership positions in the future and can help support equal pay. Training sessions are step 2: highlighting the best time window to negotiate, emphasizing the importance of completing due diligence about the job, careful self-reflection of competencies, and acknowledging financial and nonfinancial priorities would help women physicians negotiate their first jobs.¹⁶ Additionally, providing opportunities to rehearse negotiating strategy would help create awareness of their own limits while understanding the importance of searching for mutual benefit between themselves and the employer. Similar to the business world training sessions, this rehearsal should create

awareness of how things can go wrong while negotiating, or the “four traps of negotiation”—including leaving money on the table (not getting as much money as you should), settling for too little (the winner’s curse), walking away when you should not, and settling for terms that are worse than your current situation.¹⁷

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- Women and minority physicians are hesitant to negotiate elements of their contract, including wage, benefits, research, and personal time.
- The ‘Imposter Syndrome’ is one of the reasons for not negotiating.
- Negotiation skills are usually not taught during residency training, leaving residents in the lurch when they negotiate their first contract out of training.
- Developing a curricular blueprint of essential negotiation and business skills residents will require on graduation is essential.

It is imperative for residency program directors to consider adding interactive sessions, workshops, or seminars on negotiating skills for trainees who are about to graduate. Because residency curriculum is usually structured, these sessions should be added to the current conference schedule (can be an educational lecture) or be offered as an optional activity (evening presentation or retreat hosted by experts in the field). There have been a few programs that have delivered this curriculum in different manners, and overall, residents have found the information to be very helpful.¹⁸

Residency program directors often have little (or no) room to add curriculum, and program directors may struggle to find time to add new activities; however, Salib et al¹⁸ demonstrate the benefit of single training sessions for internal medicine residents. It is important to note that these activities should not be considered separate from residency training curricula. In fact, Gunderman and Tawadros¹⁹ link such training sessions to the Accreditation Council for Graduate Medical Education competencies. The [Table¹⁸⁻²¹](#) describes programs that have implemented training sessions and how they were incorporated into residency curriculum. We recommend that residency program directors consider the following points to help them design curricula to address specifically negotiation skills and, more broadly, other business skills residents will require on graduation:

1. Develop a blueprint (linked to Accreditation Council for Graduate Medical Education competencies) of essential negotiation and business skills residents will require on graduation. The blueprint should describe the “what, why, how, when, and where” questions related to designing curricular activities.
2. Collaborate with faculty from business/finance schools to design interactive sessions on the identified topics.
3. Design program evaluation of the curriculum, gathering data on the effectiveness of the program as well as areas for further improvement.

Table Examples of Negotiation Skills Training During Residency

Program	Description of Previous Curricula
University of Texas at Austin Internal Medicine Residency ¹⁸	“Life After Residency Curriculum”: ¹⁸ one mandatory afternoon conference consisting of lecture format, expert faculty discussion, small group sessions, and ending with question and answer panel. Highlighted topics such as the job search (preparing curriculum vitae and interviews), contract management (malpractice, clauses, and compensation), and negotiation skills basics.
Baylor University Psychiatry Residency Program ²⁰	“Independent Practice Clinic Experience”: ²⁰ psychiatry residents spent one half-day clinic per week with a faculty member learning the business aspect of clinic. During this clinic session, they were able to address issues such as employment contracts and negotiation skills.
The Medical College of Wisconsin Department of Anesthesiology ²¹	“Mandatory Weekend Retreat”—discussing business-of-medicine education. ²¹ Retreat hosted by experts in the field that discussed interview skills, contract law, negotiation skills, physician reimbursement, malpractice, and financial planning. Presentations were mostly discussion format to facilitate conversation.
Department of Radiology, Indiana University School of Medicine ¹⁹	“Business Course Elective”: ¹⁹ elective incorporated into residency program. Consisted of educational course during the afternoon (twice per week) during which time residents were excused from clinical duties. Courses taught by expert faculty members from the university and discussed leadership, finances, and contract negotiation/management.

We conclude by noting the gap in literature regarding description of negotiation skills sessions in medical education, particularly in residency programs. Training material with interactive scenarios would be a contribution to the literature along with description of the impact of such sessions. It is indeed sobering to note that residents in general are not trained to negotiate salary and women residents in particular are consequently less likely to negotiate research time and personal time, all factors contributing to the leaky pipeline. We provide an example of what our initial scenario should ideally look like—Residency program directors: There is a need to step in and contribute to #Stoptherobbery!

A senior resident in her last months of training interviews for a job that she likes and is in an ideal location for her. During her residency training, she has attended a series of interactive sessions on “life after residency.” She recalls the emphasis placed during the sessions on researching work environment and salaries prior to signing a contract. She proactively contacts a friend who is also working with the group for information and searches online for salaries offered in the region. The following week she is offered the position but at a lower salary than expected. She uses her negotiation training skills to effectively obtain an offer for a salary at par to other physicians working in the group.

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