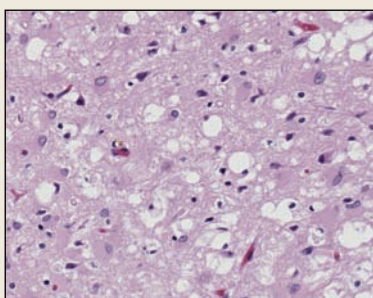




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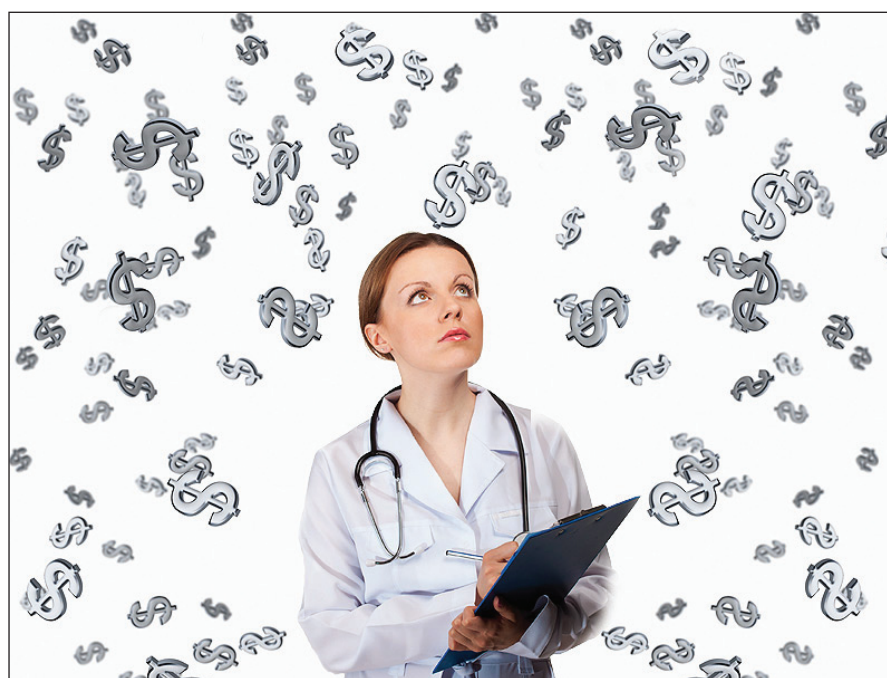


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## Salary Disparities Reported Between Men and Women Academic Physicians — The Widest Gap Is in Neurology

BY DAWN FALLIK



**A NEW REPORT** found that women neurologists in academic medicine earned an average of \$44,000 less than their male counterparts.

**W**hen Kathleen M. Shannon, MD, FAAN, started her new job as the chair of neurology at the University of Wisconsin School of Medicine and Public Health in July, she had a salary in mind. And that's what she got.

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## SHOULD TEE BE USED IN THE DIAGNOSIS AND TREATMENT OF EMBOLIC STROKES OF UNKNOWN ORIGIN?

BY DAWN FALLIK

**S**hould a transesophageal echocardiogram (TEE) be added to the toolbox for diagnosis and treatment of embolic strokes of undetermined source (ESUS)? Yes, according to a new study by a team of researchers in Greece published in the August 3 online edition of *Neurology*.

Stroke neurologists in the US who were not involved with the study, however, offered a different perspective, noting that they rarely use the test anymore.

Still, the lead study author, Georgios Tsivgoulis, MD, PhD, assistant professor of neurology at the University of Athens in Greece, said their findings suggest that TEE was a "useful addition."

The test involves sedating the patient and putting a tube down their esophagus to look at the back of the heart, which is challenging to do with a standard echocardiogram. The test is widely available and most primary stroke centers have access to the equipment, and all comprehensive stroke centers are required to have it.

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## Experimental Vaccines Fully Protect Mice against Zika Virus Research Is Ongoing

BY KURT SAMSON

**T**wo experimental Zika vaccines fully protected mice against the Zika virus (ZIKV) and have also worked as well in other mammals, including primates. And the findings have set the stage for small safety trials in human volunteers that could begin by the end of this year.

In a letter published online June 28 in *Nature*, researchers in the United States and Brazil reported that mice given a single inoculation with either of two experimental vaccines, one DNA-based and the other a purified inactivated (ZPIV) version of the virus, developed full immunity several weeks after being vaccinated.

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**THE WALTER REED ARMY INSTITUTE** of Research investigators, shown here in one of its labs, have already have recruited volunteers for the pre-clinical phase I pilot safety trial of a Zika vaccine.

Salary Disparities

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ARTICLE IN BRIEF

Female neurologists say a new report finding disparities in salaries between women and men in academic medicine and neurology, in particular, underscores the need to address barriers to equal pay and compensation.

“What they offered was exactly what I wanted, and I took it,” she said. She didn’t negotiate at all. It wasn’t how she wanted to start a relationship with the school, and it wasn’t like anything larger would make a significant difference in her life. It was about the job, not the money, she told *Neurology Today*, adding, “Maybe that’s part of the problem.”

That problem is a national pay gap that has been reported between male and female academic physicians, and it’s particularly apparent in neurology. A study published in the July 11 online edition of the *Journal of the American Medical Association Internal Medicine* found that female physicians in academic medicine earned nearly \$20,000 less, on average, than their male colleagues. Female neurologists had the widest chasm — earning an average of \$44,000 less than their male counterparts in academic medicine.

**PUBLIC UNIVERSITY DATA**

Led by Anupam B. Jena, MD, PhD, the Ruth L. Newhouse associate professor of health care policy at Harvard Medical School, the research team looked at public university salary data, which are openly available from 12 states,



**DR. KATHLEEN M. SHANNON** said she didn’t have to negotiate when she received a salary offer when she was recruited for a new job. She got what she wanted, she said. It was about the job, not the money.

including 24 public medical schools. The data were linked to a physician database that included information on sex, age, years of experience, faculty rank, specialty, scientific authorship, National Institutes of Health (NIH) funding, clinical trial participation, and Medicare reimbursements.

The study authors found the pay gap existed across the board. They also found that women had fewer total publications and listings as the first or senior authors on those studies. Women in academic medicine were also less likely to have NIH funding or to have conducted a clinical trial.

“Among physicians with faculty appointments at 24 US public medical schools, significant sex differences in salary exist even after accounting for age, experience, specialty, faculty rank, and measures of research productivity and clinical revenue,” the researchers concluded.

The researchers said the difference in salary might be explained by factors such as child care issues, trouble finding effective mentors, and lack of recognition for work done. In addition, women physicians may place less emphasis on salary negotiations compared with male counterparts in both initial and subsequent salary negotiations.

**RESULTS FROM AAN SURVEYS**

The disparities have emerged in data available from the AAN, as well. In 2014, female academic physicians earned, on average, \$180,000 compared with \$200,000 for their male counterparts, according to the AAN’s 2015 Compensation and Productivity Survey. In 2015, salaries for female academic neurologists were \$185,000 compared with \$230,000 for men. The AAN data for all women neurologists were not that different: Women earned an average of \$189,365 compared with \$250,000 for men in 2014, according to the 2015 survey; one year later, women reported an annual salary of \$200,000, and the income for men stayed the same. The numbers are based on 1,232 surveys of women and 1,225 surveys from men, all voluntarily reported.

**A ‘WAKE-UP CALL’ FOR LEADERS**

Many women neurologists approached for comments on the salary gap for this article did not respond to requests for interviews or turned requests down. But those who agreed to discuss the issue said that pay was an important issue, but a touchy one. It is unclear why neurologists in particular had the widest pay gap, they agreed, but almost everyone interviewed said that even though it was a delicate subject, it needed to be



**DR. ALLISON BRASHEAR** said the report on salary disparities was a “wake-up call for leaders to look at their departments and see if there is any difference between men and women,” adding that the study should be on the radar of all deans and health system leaders.



**DR. ELAINE C. JONES:** “I definitely think women and men negotiate differently. Women can be horrible at negotiations because often they are grateful just to be recognized and excited for the job, and they don’t try to negotiate. Men seem to have a higher sense of self-worth.”

addressed, particularly in light of high physician burnout.

“The findings of the survey surprised me,” said Jessica Robinson-Papp, MD, MS, associate professor of neurology at the Mount Sinai Hospital in New York City. “I don’t know why there’s such a difference in neurology, but maybe it’s because it’s a ‘care’ field where we talk to patients in the office, and it’s not procedure-based, like surgery.”

Allison Brashear, MD, MBA, FAAN, professor and chair of neurology at Wake Forest Baptist Medical Center in Winston-Salem, NC. Dr. Brashear said she was not surprised by the study and was impressed that it controlled for so many issues such as rank and NIH funding.

She said it was a “wake-up call for leaders to look at their departments and see if there is any difference between

‘If I were a dean, I might be thinking that being aware of pay differentials, regardless of your leader’s gender, is part of being a leader. So is making sure your employees are appropriately compensated.’

Dr. Shannon agreed, adding that at least in her department, men are more likely to be doing more procedures. Physicians who perform procedures use more “relative value units [RVUs]” for their time, she explained, noting the RVU system sets units for various tests, office visits, and procedures, and doctors are paid based on productivity and assignments based on a benchmark of RVU units. So a surgery that might take an hour would be considered more “productive” in units than an office visit, she said.

One way to encourage medicine to become more transparent and more proactive about getting women promoted and fairly compensated is to keep paying attention to the issue, said

men and women,” adding that the study should be on the radar of all deans and health system leaders.

“If I were a dean, I might be thinking that being aware of pay differentials, regardless of your leader’s gender, is part of being a leader,” she said. “So is making sure your employees are appropriately compensated.”

**NEGOTIATING TACTICS**

Elaine C. Jones, MD, FAAN, an AAN trustee and chair of the AAN Payment Policy Subcommittee, has seen things from multiple vantage points. Once a chief of neurology at Rogers William Medical Center, a community academic

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Salary Disparities  
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hospital in Providence, RI, she left to open her own private solo practice in 2005. She said she was surprised by the study and the breadth of the pay gap. When she was at the medical center, she said she saw negotiations from the other side of the table. “I definitely think

women and men negotiate differently. Women can be horrible at negotiations because often they are grateful just to be recognized and excited for the job, and they don’t try to negotiate. Men seem to have a higher sense of self-worth.” Deborah Briggs, MD, assistant professor of neurology at the University of Texas and a neurologist at the Seton Brain and Spine Institute in Austin, said

she came into medicine from the business world and thought medicine would treat women and men more equally. She stressed that women not only needed to be more aggressive when negotiating for salary, they also should be less hesitant about pointing out unfair situations. “Now that I’m older and I work with younger faculty, I encourage them to

speak up when things are not fair, such as, for example, when they have three times the amount of on-call time as someone else,” said Dr. Briggs. “Instead they say, ‘It’s OK. I can do it.’ No. It’s not OK. Women are worried about making waves.” Dr. Briggs works in a private hospital system and is unsure how her salary

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**DR. DEBORAH BRIGGS:** “Now that I’m older and I work with younger faculty, I encourage them to speak up when things are not fair, such as, for example, when they have three times the amount of on-call time as someone else. Instead they say, ‘It’s OK. I can do it.’ No. It’s not OK. Women are worried about making waves.”



**DR. CYNTHIA L. COMELLA** said women may not appreciate their own value, something she’s learned while negotiating her own salary. “For my first job coming out of a fellowship, I was hired by that same institution as an assistant professor. They offered me the job, and I was delighted to get a job. I didn’t try to negotiate or look up the institution. It turned out I was getting paid far below what others made — half of what the male assistant professor received, which I found out by accident. So I learned that lesson.”

## THE NINDS BIOMARKERS PROGRAM FOR PARKINSON'S DISEASE INITIATIVE

# The Targeted Enrollment Is Almost Achieved and Work Is Underway to Establish Standards to Work With and Assess the Data

BY GINA SHAW

## ARTICLE IN BRIEF

**The principal investigator of the NINDS Parkinson's disease biomarkers program discusses the program's goals: making samples and data widely available, using stringent operating procedures based on existing standards, hypothesis testing for biomarker discovery, and providing a resource that complements existing programs.**

In January 2013, the National Institute on Neurological Disorders and Stroke (NINDS) announced the creation of the NINDS Parkinson's Disease Biomarker Program (PDBP), a national initiative to support new and existing research and resource development promoting biomarker discovery for the motor disease. To date, PDBP's seven clinical sites have enrolled more than 1,400 participants, comprising 98 percent of its targeted enrollment.

The PDBP supports clinical and laboratory-based discovery projects to accelerate the discovery and validation

of PD candidate markers for diagnosis and monitoring of disease progression, which will ultimately be essential for phase 2 and 3 clinical trials of new therapies.

Using a shared data management resource and web portal, the PDBP aims to integrate biomarker research, standardize data collection and management across existing biomarker efforts, and expand opportunities for collaboration on biomarker advancement.

The PDBP was featured in the June issue of the journal *Movement Disorders*. *Neurology Today* spoke with one

of PDBP's lead investigators, Liana Rosenthal, MD, director of the clinical core of the Morris K. Udall Centers of Excellence for Parkinson's Disease Research at Johns Hopkins University School of Medicine, about the program's importance and its progress to date.

## WHAT IS THE PRIMARY GOAL OF THIS INITIATIVE?

Our goal was to create a heterogeneous, longitudinal group of Parkinson's disease patients and controls in order to

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## Salary Disparities

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compares with her male counterparts, but said that she has to defend her salary every six months in the hospital system. She said it's frustrating that women have to be careful about how they couch what they say because they don't want to put others on the defensive, whereas men are seen as assertive and can speak more freely.

This is particularly important when talking about money. Pointing out that the men get paid more than the women may be challenging.

"If there's a problem, women will say 'What is my role? How can I improve myself?' while men will get defensive," said Dr. Briggs. "I don't know how to change that. A lot of it is getting men to be more introspective and look at themselves and address if they are part of the problem."

Dr. Brashear, whose department is more than half (62 percent) women, said the issue isn't that women should be more aggressive in negotiating, it's that salary should be based on value and accomplishment.

"Do we really want people compensated for how aggressive they are in pushing for compensation?" she asked. "We presume that women are trained the same as men; in neurology we take the same boards. So when it comes to employment, we should reward compensation based on productivity, not on how they negotiate."



**DR. ANN TILTON: "When you can't drop off the children until 8 AM and everyone else decides to hold all the meetings at 7:30 in the morning, suddenly you're the only one who can't come. If you're not seen at the table, you're not seen as being committed, and decisions are made without you."**

Cynthia L. Comella, MD, FAAN, professor of neurology at Rush University Medical Center in Chicago and chair of the AAN Women's Leadership Group, said women may not appreciate their own value, something she's learned while negotiating her own salary.

"For my first job coming out of a fellowship, I was hired by that same institution as an assistant professor. They offered me the job, and I was delighted to get a

job," she said. "I didn't try to negotiate or look up the institution. It turned out I was getting paid far below what others made — half of what the male assistant professor received, which I found out by accident. So I learned that lesson."

Dr. Comella said it's important for women to look at the median pay for academic professors on the Association of Academic Medical Colleges website, and start from there and be prepared. She said the women's leadership courses are often oversubscribed, because women want to come and learn, so when it's time to discuss money, they are coming from a feeling of expertise.

## THE IMPACT OF FAMILY RESPONSIBILITIES

Ann Tilton, MD, FAAN, professor of neurology and pediatrics at Louisiana State University Health Science Center in New Orleans, has been practicing for more than 20 years. She said that the study will help support women who have long said there were pay issues, but were dismissed.

Dr. Tilton, who has four children, said there's no question that obligations at home impact the workplace, but not always in an obvious way.

"When you can't drop off the children until 8 AM and everyone else decides to hold all the meetings at 7:30 in the morning, suddenly you're the only one who can't come," said Dr.

Tilton. "If you're not seen at the table, you're not seen as being committed, and decisions are made without you."

Part of the reason that it's important to address the pay gap immediately is because the burnout rate for doctors is very high, she said. Adding another match to that fire could encourage more neurologists to leave the field.

"It's a male-dominated field anyway," she said. "It's worrisome because if you're a woman looking at your job and weighing the benefits and looking at your time and the money you're being paid and the respect you're given — it's a mess."

The question is now — how to fix the problem? Dr. Jones said it's more of an educational than a legislative issue.

"We need to understand what the barriers are for women and shine a light on the issue, so it will continue to improve," she said. •

## LINK UP FOR MORE INFORMATION:

- Jena AB, Olenski AR, Blumenthal DM. Sex differences in physician salary in US public medical schools. *JAMA Intern Med* 2016; Epub 2016 Jul 11.
- Arora VM. It is time for equal pay for equal work for physicians—Paging Dr. Ledbetter. *JAMA Intern Med* 2016; Epub 2016 Jul 11.
- AAN Neurology Compensation and Productivity Survey for 2016: <http://bit.ly/AAN-compensation>