



Beth Israel Deaconess
Medical Center



A teaching hospital of
Harvard Medical School

Self-Advocacy *for* Academic Specialists in General Obstetrics & Gynecology

Hope Ricciotti, MD
Chair

Department of Obstetrics & Gynecology
Beth Israel Deaconess Medical Center
Harvard Medical School
Boston, MA

Disclosures

- Editor-in-Chief of *Harvard Women's Health Watch* (Department of Obstetrics and Gynecology at Beth Israel Deaconess Medical Center receives compensation for my time for this)
- Editor *Scientific American On-line*
- Medical Advisor *Connexus health* app



At the end of this presentation the learner will be able to:

- Discuss factors that influence self-advocacy
- Recognize how to prepare for and engage in self-advocacy
- Analyze your self-advocacy skills
- Apply a strategy for self-advocacy



Self-advocacy is form of negotiation

■ Distributive

- Win/lose
- Max value for one party
- May strain relationship

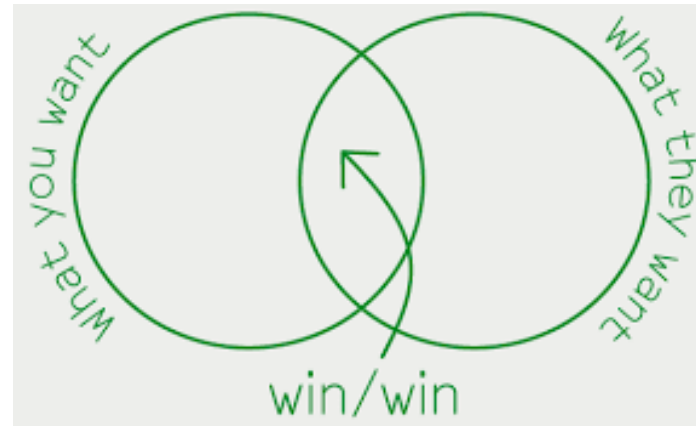
■ Integrative

- Win/win
- Creates value for both parties
- Likely to enhance relationship



Ideal self-advocacy

- Both parties
 - Look at it from other party's perspective
 - Brainstorm ideas
 - Feel positive once it's over



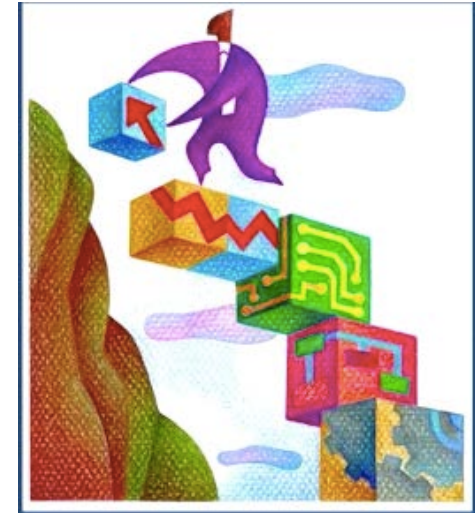
Self-advocacy is not venting

- “I’m miserable”
- “I’m burnt out”
- “Nobody recognizes what I do around here”
- May be valid, but save this for your support network



Building Blocks

- Positions What
- Interests Why
- Options How
- Standards Data
- Alternatives How else?
- Protocol Who? Where? When?



Positions

- What you want
- What you will do
- What you wont do
- Tip of the iceberg



“I want an educational leadership role in department/institution with protected time”



Interests

- Why you want it
- Needs and concerns
- Hopes and fears
- Submerged portion of iceberg

“To be an effective educational leader; promotion; job satisfaction; enhance patient care; have reasonable life”



Options

- How interests get satisfied
- Brainstorm possibilities
- Not commitments



**Recruit assistant
program director**

Nurse practitioner

Protected time

**Professional
development**



Standards

- Support for why and how
- Benchmark data
- Outcome measures



**Program
evaluation
data**

**Leadership
structure of
comparable
programs**

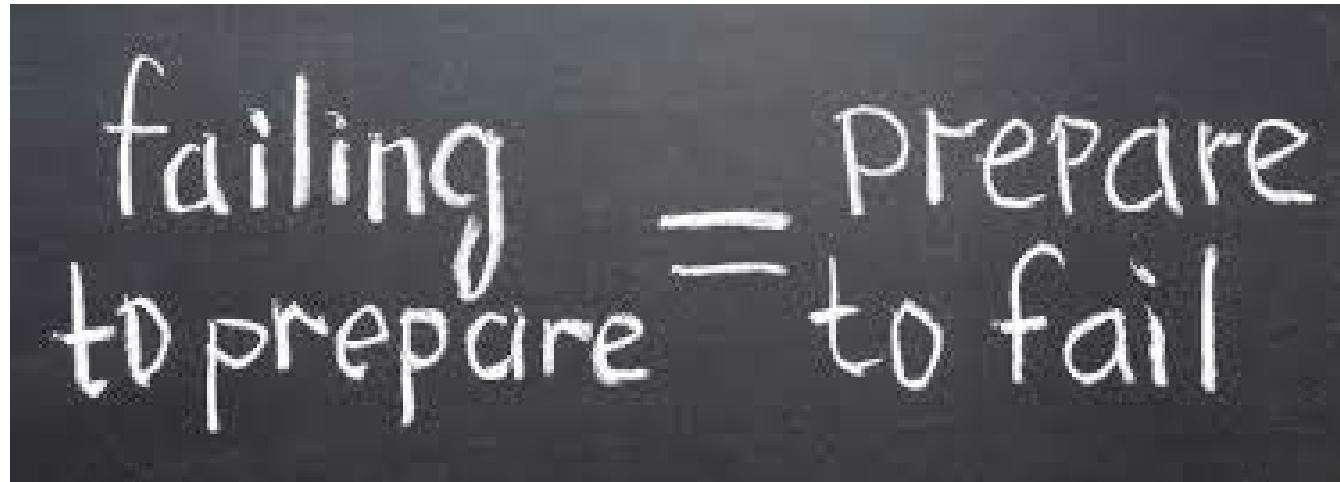
**What % protected
time others have?**

**Clinical productivity
metrics**



Prepare

- Collect data/information
- Set your priorities



failing to prepare = prepare to fail



AAMC/MGMA/Sullivan Cotter Salary Data (k)

	Instr	Assist	Assoc	Prof	Chief	Chair
No	104	551	129	82	11	14
25th	198	222	251	253	286	490
Median	237	260	315	360	309	583
75th	306	336	393	476	407	735
Mean	275	300	335	375	330	663

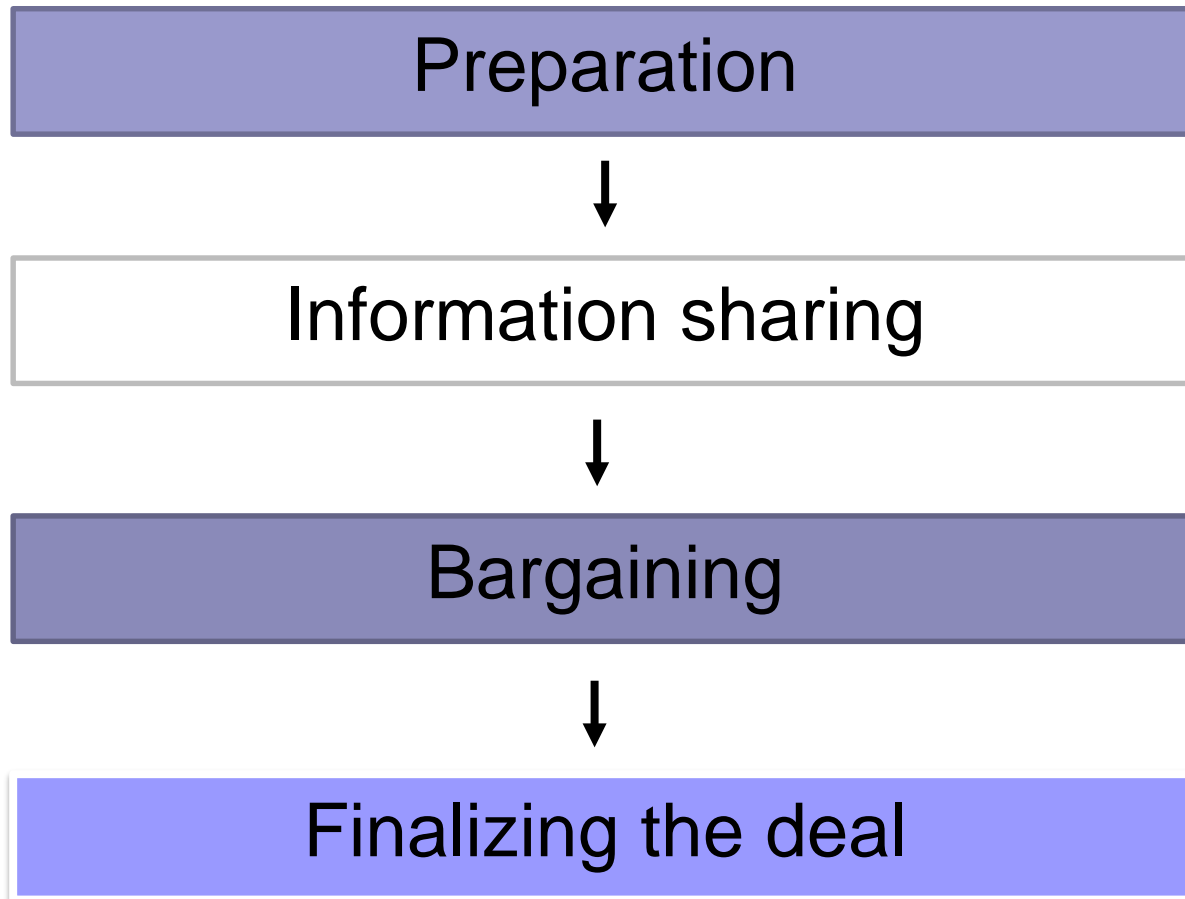


Alternatives

- BATNA – best alternative to negotiated agreement
- Plan B
- Trump card



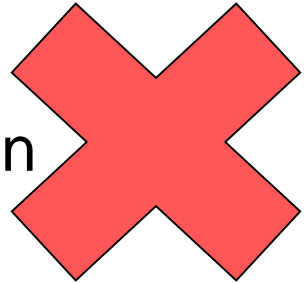
Self-advocacy process



Protocol

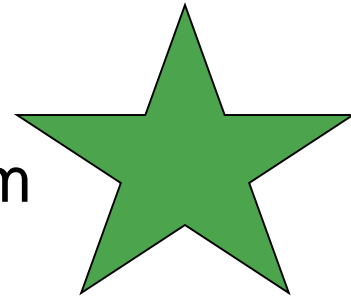
Email:

Hey Karen – I'm excited to meet and negotiate on Wednesday



Email:

Hey Karen – I'm excited to meet and brainstorm ideas on Wednesday.



Conducting Negotiation

- Consider other side's interests
- Be curious
- Ask open questions
- Ask for critique of your proposal
- Yes and....
- Brainstorm
- Manage emotions



Successful self-advocates:

- Ask twice as many questions
- Identify what partner wants
- Have high expectations
- Have reputation for reliability and integrity
- Are active listeners
- Have knowledge of subject matter
- Have excellent verbal skills
- Have self-confidence



Qualities that improve negotiation outcomes

- Likeability (don't underestimate)
- Reasonableness
- Flexibility
- Building and maintaining key relationships



High Power Poses



Wonder Woman Pose



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Non-verbal behavior

- Shapes how others see us
- Shapes how we see **OURSELVES**



How do you see yourself

- Your body language shapes how you see yourself
- “Power posing” two minutes a day can make you feel more confident and calm
- Affects testosterone and cortisol
- It might even have an impact your chances of success



Successful Self-Advocacy

- Be a collaborator
- Think win:win
- Prepare and collect data/information
- Consider common interests
- Manage emotions
- Yes AND!!

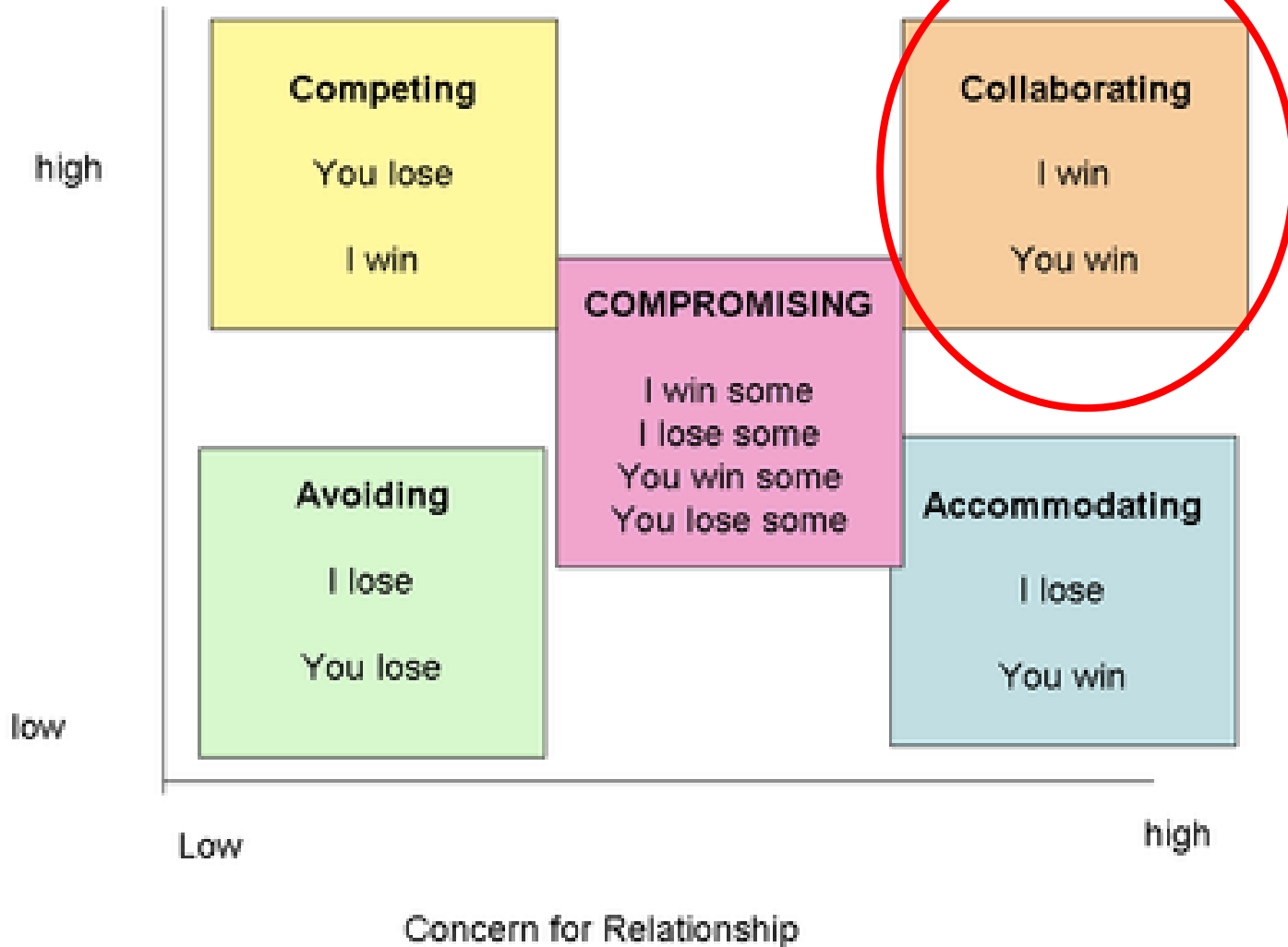


Five Negotiating Styles

- A = Avoidance delay
- B = Aggressive win
- C = Accommodation yield
- D = Compromise middle ground
- E = Collaboration win:win



Concern For substance



Case Study: Recruiting Dr. R

■ Her goals

- Academic Obstetrician Gynecologist
- Health care disparity focus, clinical and research
- 50% clinical: 50% research
- Mentorship
- Ambitious – independent grant funding, leadership role



Competing offer

- Another Boston hospital
- Higher salary
- Hospital-based (not community-based)
- Different academic culture



Case Study: Recruiting Dr. Rose

■ My goals

- Opening at one of our community health centers – needs clinical leadership
- Building a cadre of academic OBGYN with diverse interests
- Research in health care disparities in community to complement our global health focus



My preparation

- Checked salary/benefits data, vacation against competing offer
- Asked clinical director at community site pitched in additional funding toward pension and offered loan reimbursement
- Contacted two potential mentors – they reached out independently
- Contacted Vice Chair for Research – she reached out independently



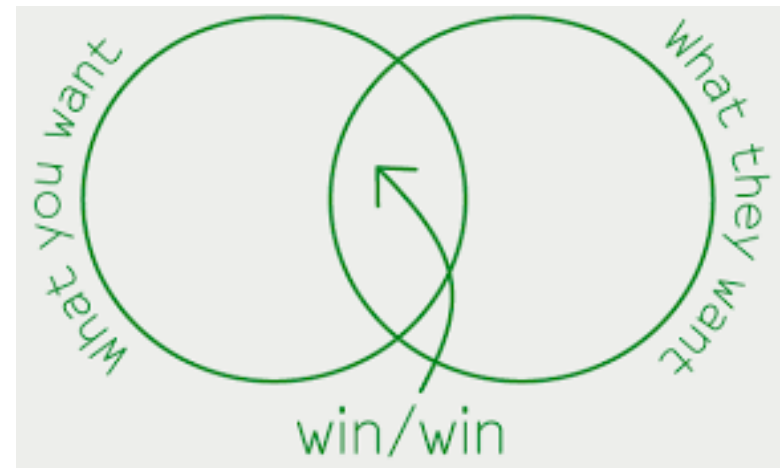
My thought process

- Flexible - type of community research
- Flexible - timing of independent funding procurement
- NOT flexible – salary
- My BATNA – to recruit another person
- Her BATNA – to take the other position



Her thought process:

- Wants community site
- Ambitious – wants to grow as a leader and procure independent research funding
- Wants research mentorship and support for her career growth
- Big loans



The Offer:

- Same starting salary as all of our generalists at instructor level/first contract out of residency
- 75% - Sullivan Cotter Northeast
- 3 year contract – She will write grants, department contribution will decrease, independent funding increases
- Clinical site Dimock Center – loan repayment site
- Mentorship team – myself, Vice Chair for Quality, and another academic generalist
- Research support from epidemiologist and research assistants
- Loan repayment – 3 year commitment





**KEEP
CALM
AND
FINGERS
CROSSED**



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Practice Case

- Clerkship Director wants more protected time
- Meets with Department Chair to advocate for this



OBGYN Specialist's perspective

- Currently ½ day protected time for clerkship (10% effort)
- 4 community sites to oversee
- Runs PA program
- Recently took over clerkship
- Poor clerkship ratings – lowest in medical school, LCME site visit coming up



Chair perspective

- Poor clerkship ratings – lowest in medical school
- LCME site visit in year – Dean wants to see improvement
- Other clerkship directors have ½ day per week protected
- Need to make 2% margin on clinical operations
- Last year was 1.5% margin



Conducting Negotiation

- Consider their interests
- Be curious
- Ask open questions
- Ask for critique of your proposal
- Yes and....
- Brainstorm
- Manage emotions



Outcome

- PA program off-loaded
- Additional ½ day per week protected time for 1 year until LCME site visit
- Midwife saw patients ½ day under her supervision
- Dramatic improvement in clerkship scores 1 year later



Successful Self-Advocacy

- Be a collaborator
- Be likable
- Think win:win
- Prepare and collect data/information
- Brainstorm possibilities
- Consider common interests
- Manage emotions
- Yes AND!!

