AN EXPLORATORY SURVEY OF MEMBERS OF THE ASSOCIATION OF UNIVERSITY ANESTHESIOLOGISTS

Commissioned by the taskforce on Diversity and Inclusivity

And the Leadership Advisory Board

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BACKGROUND

The taskforce for Diversity and Inclusivity was established in May 2019 and held its first meeting during the general meeting of the Association of University Anesthesiologists (AUA). Recommendations of the taskforce included an exploration of current membership demographic and solicitation of membership feedback on future direction. A survey was developed in collaboration with AUA leadership council, and was distributed to AUA members in October 2019. This report describes the survey results and discusses their implications to the efforts of increasing diversity and promoting inclusivity within the AUA.

The online anonymous survey was designed to answer the following questions:

1. What are the current demographic and professional characteristics of the AUA members?
2. How do AUA members perceive the impact of the annual meetings on their professional careers?
3. How do AUA members perceive issues related to diversity in the Association? What recommendations, if any, might they have to promote diversity and inclusivity?

METHODS

This report used a survey-based prospective mixed methods design, that included quantitative and qualitative methods. A web-based survey instrument was designed on Qualtrics. The survey items were reviewed by experts in academic anesthesiology and in leadership, and the survey instrument was modified accordingly. The final survey consists of a mix of multiple-choice answers, Likert scale ranking, and open-ended comments. The survey was designed to answer the taskforce questions as follows:

1. What are the current demographic and professional characteristics of the AUA members?

Survey recipients were asked 8 multiple choice questions related to their demographic (age, gender, ethnicity/race, geographic location) and professional characteristics (academic rank, years in practice, presence of leadership role, membership in other professional societies).

2. How do AUA members perceive the impact of the annual meetings on their professional careers?

The survey included 5 multiple choice questions related to AUA membership status, past and future meeting attendance. In addition, 8 items using a 5-point Likert scale were included to explore members perceptions of the impact of the AUA meetings on their professional careers.

3. How do AUA members perceive issues related to diversity in the Association? What recommendations, if any, might they have to promote diversity and inclusivity?

Survey recipients were asked 4 yes/no questions with open-ended commentary about the areas identified by the taskforce on diversity and inclusivity.

Recipients were also asked to provide their contact information if they were willing to be contacted further for this taskforce.

A link to the anonymous online survey instrument was sent through the administrative office of the AUA to all registered members of the society in October 2019, and additional reminders were sent. The survey responses were collected anonymously, no identifying information was collected. All survey results are presented in aggregate form. When the respondents provided their contact information, their identity was not linked to their responses. Qualitative data were analyzed using Dedoose (v.8.3.17; Los Angeles, CA), an online software for the analysis of mixed methods research. Statistical analysis was performed using SPSS (IBM SPSS statistics for Macintosh, version 26.0).

Statistical Analysis

Descriptive statistics were used for categorical items including demographic and professional data, frequencies and percentages are reported. Pearson's Chi-square was used to explore gender and racial differences in survey responses. Fisher's exact test was used when applicable. T-tests were used to compare the means for continuous variables. Missing cases related to gender or race were excluded from the individual analyses. Results are two-tailed, and statistical significance is considered at $p<0.05$.

Open ended comments were analyzed on Dedoose using in vivo coding methods. During a first pass, the excerpts were reviewed and additional emerging codes were applied for each category. Final codes are listed in Appendix B. The codes and the corresponding excerpts were then exported to a word document for review. During a second pass of the excerpts, themes were identified and patterns described in the results section.

RESULTS

The survey instrument was sent to 1111 registered members of the AUA. Data collection was performed in October through November 2019.

A total of 475 surveys were completed, with a 42.75 % response rate.

Demographic and Professional Data

The respondents to the survey mostly identified as men (343 or 72.2%), are White (352 or 74.3%), and are 51 years or older (326 or 68.3%). In addition, 42% of all respondents are older than 61 years.

Variables were compared in relation to two characteristics related to diversity: gender and race.

446 respondents provided answers about their gender and their racial background. 272 men (82.7%) identified as white, and 57 men (17.3%) indicated having a racial background other than white, with 6.1% Asian and 1.8% as Black or African American. By contrast, 80 women (68.4%) identified as white, and 37 women (31.6%) identified as other than White, including 15.6% as Asian and 6.6% as Black or African American.

Overall, 42% of respondents indicated they were 61 years or older. There were significant age differences between men and women respondents. 56 women or 45.9% were 50 years or younger, while 249 men or 72.6% of men were older than 50 years. In addition, 48% of men respondents are older than 60 years. Results are illustrated in Figure 1. Similarly, 45.9% of respondents who identified as other than White were younger than 50 years. By contrast, 48.1% of respondents who identified as White were older than 60 years.

There were significant differences in academic ranks between men and women respondents. 222 men (64.7%) are at the professor level, compared to 57 women (46.7%). There

were comparatively more women than men at either the assistant level (14.8% vs 5.8%) or the associate level (32% vs 16.9%). Likewise, there were no significant differences in academic ranks between respondents of different racial backgrounds.

Overall, 68.8% of survey respondents indicate holding a position of leadership. There were no differences between men and women with regards to holding positions of leadership. 70% of men and 65.6% of women respondents indicated that they were currently in a position of leadership (p=0.827). Likewise, there were no differences in holding positions of leadership related to racial or ethnic background.

AUA Members Characteristics

286 of all respondents or 60.2% hold the academic rank of Professor. 375 of respondents or 78.9% hold an active AUA membership. 80.3% of women and 79% of men hold an active AUA membership. Similarly, 79.9% of White respondents and 72.9% of Minority members hold active AUA memberships. However, 16.7% of members of underrepresented minorities hold associate memberships, compared to 4.8% of white respondents.

Overall, 39.8% of the respondents indicated they are planning to attend the AUA meeting in 2020. Of the respondents who replied they won't be attending the meeting, 59.3% are older than 61 years. Lack of departmental support accounted for 11% of the reasons for not attending the meeting. The reasons most often cited for not attending the meeting were its time (21.23%), its location (19.6%), and the presence of other competing professional engagements (25.5%).

Eight questions used a 5-point Likert scale. 3 items explored perceptions of diversity during the meeting, 5 items explored perceived utility of the meeting and its program.

Diversity items showed solid internal reliability with Cronbach's alpha 0.772, and a scale mean of 11.24, SD 2.764. There were no differences in overall perception of the diversity of the

AUA among members based on their age (ANOVA, p=0.236), gender (p=0.61), or race (p=0.32).

Usefulness items revealed a Cronbach's alpha of 0.886, and a scale mean of 18.50 SD 4.437. Perception of usefulness of the AUA meeting and its program did not differ based on age (p= 0.53) or race (p=0.55). Women respondents were more likely than men to view the meeting as useful (19.46, SD 3.88 vs 18.26 SD 4.57; 95% CI: 0.23 to 2.18; p= 0.016).

Comment Analysis

Comments received on the open-ended questions and on the invitation for suggestions were coded using the coding tree described in Appendix B. After second pass coding, four main themes emerged: (1) perceptions of diversity and inclusivity within the AUA membership, (2) beliefs about the AUA mission, its goals, and its added value, (3) support of junior faculty, and (4) the role of academic institutions in promoting diversity. Verbatim quotes are provided to illustrate each theme in Appendix C.

Perceptions of diversity and inclusivity within AUA

Perceptions about diversity within the AUA ranged from being described as "a boys' club" to being "unaware that diversity was such a problem." One respondent commented that the current "eligibility criteria do not exclude candidates based on diversity criteria." Others were keen to comment that "academic qualifications should be race/gender/ethnicity neutral!" and that "we are supposed to be color blind." Others note that the "current criteria simply echo the biases already in place at academic institutions and funding agencies... so if you want a more diverse membership start actively recruiting women's and minorities regardless of academic rank and funding status."

Maintaining the status quo. Attempts to increase diversity within the AUA were described by some respondents as a "charade," "political [activism]," or viewed as a desire to be "politically correct." Furthermore, some participants warned that AUA won't "survive" or that it would "lose many of its current members" if the interest in promoting diversity and inclusivity led to diminished value. Similarly, increasing diversity was perceived as having a potentially negative impact on the enrollment "high quality, non-diverse members."

Several comments directly or indirectly implied that an increase in diversity would be accompanied by a decrease in "quality" of the members and a "dumbing down" of its constituents. A respondent described that "inclusivity" was being sought at "the cost of merit and accomplishments." Likewise, another respondent suggests helping diverse faculty achieve the membership's standards and "raising those who are diverse to the standard."

Impact of perceived lack of diversity. The effect of perceived lack of diversity led several members to comment about feeling not included in the society. One member notes that "leadership and engagement is essentially closed to a small group of 'leaders'" and that there is "little to no opportunity for diverse members to participate." This was reiterated by other members, noting the "limited opportunities for involvement," the uniformity of the board members, and lack of "leadership opportunity" within the society. This in turn has led them to lose "interest years ago due to the nonincluded [sic] nature of the society." In addition, one participant described a different type of lack of diversity, which they referred to as "academic snobbery bias." According to the comment provided, this bias led to their department chair being denied membership to the AUA. As another member points out, "to be truly diverse there are many more categories" beyond gender and race. This includes LGBTQ faculty, country of practice, and retirees.

Recommendations for increasing diversity and inclusivity. It was noted that "diversity and inclusion are intentional processes" that need proactive measures. Some of those measures include requiring "every leader […] to participate in unconscious bias training." One respondent points out that "there is a whole body of literature on how to improve diversity within organizations. There are some best practices that should be reviewed and incorporated if feasible."

Two areas for increasing diversity within the society were gleaned from the comments: (1) the nomination process, and (2) the meeting program.

It was mentioned that the "nominations method is not blind and can be discriminatory." Some eligible faculty members are "not aware of the society" if not prompted by their department leadership. This means that ability to become members in AUA relies on the willingness of a "chair to 'tap you'" to join. Some point out that "membership has traditionally been by invitation from within a department - a male dominated department limits inclusivity for women and minorities." A respondent referred to a similar situation as "natural sponsorship" which "may exaggerate representation of specific groups (already well represented in leadership) to the exclusion of other." In addition, faculty members "at institutions that have been less involved" or whose focus has turned away from academics are less likely to be aware of the society, their eligibility for membership, and the process. However, the "nomination process should not require 'knowing someone'." Furthermore, different academic systems may have different promotion criteria that could affect a member's eligibility for membership. Finally, "nomination and approval process seem dated," and the "criteria are vague and variable from year to year." "Nomination is mostly done within existing networks, which perpetuates the existing state." In addition, some emphasized the role AUA can play in "encouraging chairs to

nominate diverse faculty," to "come not from a chair but from other AUA members," to "allow self-nomination," or to help in "prompting potential members to ask for nomination instead of waiting for someone to think of them." Likewise, a respondent suggested to "encourage winners of research awards at other meetings (e.g., ASA & specialty meetings) to apply for the AUA by sending letters to both the faculty members who won and to their Chair person."

Another opportunity for promoting diversity was identified as the meeting program, its content, and its speakers. The focus of the program was described by some as "over-represented by the basic sciences." This focus was seen as at odds with the perceived "interest of the members" which "include clinical sciences, service/administration, and other attributes of academic anesthesiology." Another member noted that the program should continue to expand "to include […] novel, important and interesting work in administration and quality." This in turn reflects the "environment in medicine today" which has changed over the past few decades.

Further, members suggested enlisting "female speakers, co-chairs, and panelists," and to "make sure there is proportionate representation of URM and gender of the invited speakers." This would allow the AUA to hear about the challenges faced by "under-represented groups from their perspective" and "how to overcome disparities." Likewise, adding "diversity sessions in the educational program" helps establish the AUA as a leader on those topics.

The interest in administrative and leadership offerings was expressed by several members. One respondent suggested programs that explore "what does it take to be a department chair. A dean. Examples of well-run departments. Finding the right 'asks'." Others suggested establishing workshops, particularly for "mid-career physician scientists." Bias training for leaders was suggested as well.

However, one member noted that input from members, and specifically junior members is not sought out during program planning. Others likewise suggested to "invite members to offer content ideas," to establish a "call for proposals" and "to have transparent review process." In addition, one member notes that having "diverse planning groups will lead to inclusive content," and "diversity of panelists needs to be explicitly considered to avoid 'manels'."

AUA mission and goals

This theme is best illustrated by the following quote: "Ever since joining the AUA, I knew it was an honor, but am unsure what the AUA's role is."

Goals. A common theme related to the perception of AUA emerged as the importance of "merit" in the selection to and the membership in the AUA. Preservation of "merit-based membership criteria" was mentioned by several participants as the way to uphold the "goals and values" of the society or to adhere to its "original charter." AUA membership was described as an "honor," "feather in the cap," "a mark of success," with a "core mission" of "addressing needs of elite academics."

A few members questioned whether the goal of the AUA ought to be a celebration of academic success or a booster that is "awarded mid-career to help move a career forward." A member recommends to "focus on trajectory rather than achievements." This would allow the AUA to "be a place to inspire people earlier in their careers, rather than just a gathering of those who have achieved much in the past."

Some responses used the anchoring in the original charter to argue against diversity efforts and greater inclusivity. One participant said that the effort to increase diversity "runs counter to the objectives of this organization." Likewise, others commented that to in order to achieve diversity, the AUA will diverge from "the historic criteria" of membership.

Mission and added value. Several respondents questioned the added value of the AUA, and a few suggested reevaluating the mission of the AUA. One participant said: “it's never been entirely clear to me what this organization and its meeting add to the many robust offerings already out there in the anesthesiology world.” Participants commented on the need to differentiate the AUA’s goals and mission from other national meetings and societies, in particular the ASA. The “pairing” of the AUA meeting with the IARS was described as “problematic” to the AUA, and was described as becoming a “large side arm to the IARS.”

Participants perceived overall that academic anesthesiology is suffering from a loss of academic anesthesiologists as well as a decline in scientific and research productivity: “Scientific investigation in anesthesiology is withering, and scientists in anesthesiology are disappearing. Focus on that problem.” Some viewed this as an opportunity for AUA to define its goals and provide a “vision for academic anesthesiology as a whole.” Accordingly, the society would lose “relevance for younger/junior academic anesthesiologists as anesthesiology continues to decline in academic scholarship (papers, NIH funding, etc)

Others suggested that “academic faculty should be defined broadly”. The broadening of eligibility would encourage applications beyond the traditional research productivity. One survey respondent noted that:

> Academic productivity is measured in more than just research papers and grants; there are experts in QI and education (although the latter is, of late, better represented) who may not realize they can contribute to, and learn from, the community at AUA.

Others however expressed their understanding of the mission of the AUA to support primarily research productivity in academic anesthesiology, rather than educational, clinical, or leadership achievements. In addition, one member points out that the AUA should strive

> to be more inclusive of anesthesiologists who have dedicated their lives to academic practice - perhaps even when they are not well published or well-funded. These individuals are the people that make it possible for our Departments to function - and for us 'serious academics' to do what we do.

The ability of the AUA to spread its message and to reach a wider audience through "an active promotional campaign." To that end, some members advocated for the use of "social media promotion of events and member accomplishments." Likewise, the use of "videoconferencing" or other "online resources" was suggested to allow members to participate "in a way that does not require traveling." One member suggests that "meetings are getting out of date. Connect with me other ways." Others suggested a "proactive approach" in the outreach and they perceived that "relying on passive means" for reaching out to future members, "can propagate imbalanced representation." In addition, the role of the AUA as "leaders" in the efforts for diversity and inclusivity as well as "gender-pay gap in academia" can be actively demonstrated by adding "specific sessions in the meeting agenda that address these issues."

Support of junior faculty

When support of faculty was discussed, most respondents indicated being in favor of providing support to junior faculty. This support was noted by one member as "critical," given the limited resources available within institutions, which in turn may discourage junior faculty. Accordingly, "AUA should be taking the lead in this."

Strategies for support. Strategies for supporting junior faculty included: (1) increased funding support for eSAS, and membership discounts to junior faculty, (2) provide opportunities for "junior members to become more involved with senior members, give opportunities to meet and network," including expanding "the invitation to meetings" for "junior faculty members and perhaps even medical students." (3) provide alternate tracks by "splitting out the tracks a bit more," or providing a "junior membership," or "early career SAB," or "fellowship," and (4)

allow junior faculty to participate in program design and delivery, which can also provide "information on developing an academic career; workshops on grants and 'reaching that next level'." This can include seeking members for suggestions on "topics and sessions."

A note of caution was suggested that division of tracks needs to also have in place a process for progression along those tracks. For example, transition from associate to active status feels "unattainable for many people who would readily have been admitted a few years ago." This has led to a perception of "stranding promising people in Associate status where they are being 'mentored'." Several associate members described that "it wasn't obvious [..] how to 'upgrade' the membership to the full member."

Mentoring. While some endorsed the importance of mentoring, others dismissed the need for mentoring within the AUA as follows: "Members should be sufficiently far along in their career that they do not require mentoring; if they require mentoring, they should probably not be members." However, the important of membership is universally recognized regardless of career stage. One member noted "I would like to receive mentoring even at my level of Professor for next steps." In addition, providing mentorship was seen as "critical" and is needed to "foster the upcoming generation of scholars." The value of "distance mentoring" was put in question.

Role of academic institutions

The role of academic institutions was referred to both as the launching pad for increased diversity efforts, and the potential gatekeeper preventing eligible anesthesiologists from joining the AUA. Many recognized that diversity efforts should start at the department and institution level and that "it is the programs who need to make sure diverse people are developed to a level that they can qualify for the AUA." Others saw the role of the AUA in spearheading the effort

"on the part of the departmental leadership to include diversity when nominating faculty to the AUA."

Academic departments can ensure those who "meet criteria" are supported in applying to the AUA. However, "lack of departmental support" was often identified as a cause of career stalling and was frequently cited as the reason for not attending the upcoming annual meeting. Departmental support also includes mentoring, which "should be the responsibility of the applicant's institution." Lack of departmental support means one "should be able to have support from other outside your department." In addition, it was suggested for the AUA to "think strategically" on "how can the AUA advance the academic mission of every department, regardless of the depth of talent and institutional resources."

Respondents described the role of the AUA in promoting support of faculty and of increasing diversity at home institutions. Outreach was suggested as an "ideal" way to "find" members from diverse backgrounds, who meet the "high standard of eligibility" of the society. As one member noted, "tell us what you need from us."

One respondent summarized the role of institutions and the AUA as follows:

> many times departments are not submitting the names of their folks for membership because they either don't strongly support AUA or aren't aware of the great things it can provide to junior faculty (e.g., relationships and potential collaborations with colleagues from around the country). Departments need to have connections to AUA and these connecting individuals need to know how to 'sell' AUA within their departments and explain why junior faculty should join, why it is worth their money and time, etc.

DISCUSSION

"it appears that many forces are insisting on homogeneity when nature prefers diversity – and A.U.A can be nature's ally" – E.M. Papper, 1982

The present report provides a description and a discussion of the results of the online survey of AUA members, which was conducted between October and November 2019.

The survey was designed to answer the following questions:

1. What are the current demographic and professional characteristics of the AUA members?
2. How do AUA members perceive the impact of the annual meetings on their professional careers?
3. How do AUA members perceive issues related to diversity in the society? What recommendations, if any, might they have to promote diversity and inclusivity?

Demographics and Professional Characteristics

The majority of respondents to this survey are older, white, and are men. Younger members of the AUA are more diverse in their gender and in their racial background. One member, in response to questions about promoting diversity at the AUA, comments that "the AUA needs to reflect the diversity of academic medicine, not the general population." The current AUA membership does not reflect the gender and racial make-up of the US, of academic medicine, or academic anesthesiology. White men are over-represented in the AUA membership, compared to women, and compared to men from other racial backgrounds. In particular, black men are underrepresented at the AUA and in academic anesthesiology.

Further, the AUA is an aging Association. Nationwide, the proportion of the population that is 65 years and older was 16%, according to the US census. The proportion of members who are older than 71 is 14.3%, and 42.1% of current members are older than 61 years of age.

A majority of respondents are at the professor level, which is congruent with the years in practice of the members, their age, and the membership requirements of the AUA. While a majority of respondents indicated having a position of leadership, the type of leadership position held was not analyzed between the various groups.

Meeting and Program Impact

Overall, members perceived the meeting and its program as useful for their careers. This was particularly true for women participants. A majority of respondents indicated they were planning to attend the next annual meeting in 2020. Inability to attend was attributed most often to the meeting time, and to presence of conflicting professional engagements.

The lack of diversity in the program was described. First, there is a perception that basic sciences and research are better represented at the meeting than other research, clinical, education, and other academic topics. Second, the lack of inclusivity in the program planning was discussed. Suggestions for promoting diversity included seeking the input of junior and of diverse faculty in the program development and delivery. In addition, the program committee can avoid "manels" by ensuring women and underrepresented minorities are panel participants. Third, including practical, faculty and leadership development topics in the meeting program was suggested. Finally, alternate program delivery methods were suggested such as incorporation of workshop, use of teleconferencing, and an increased social media presence.

Lack of Diversity

There is a gap between members' perceptions of the diversity of the AUA and the actual make-up of its members. 45% of those surveyed indicated they somewhat or strongly agree with the statement: "members of the AUA represent a group of professionals with diverse background (including gender, race, ethnicity, etc.)." However, several members described the AUA as an

"old boys' club," with limited representation of women and URM in positions of leadership within the society, in program design and delivery.

A member describes the situation as such: "To promote diversity and inclusivity, the AUA needs to be more diverse and inclusive." The comments related to diversity are presented in three parts: (1) members recommendations, (2) clarification of the AUA mission in relation to its original charter and as a future outlook, and (3) striving for diversity in the AUA and in academic anesthesiology.

Members Recommendations

Recommendations were made for the AUA to be proactive about the process of increasing diversity through program design, and through improved messaging to attract junior and diverse membership. In addition, the nomination and election processes were discussed. Currently, the membership process starts by "knowing someone" or by being nominated by one's chair. This method places several academic anesthesiologists at a disadvantage, if they practice in a small department with few AUA members, or if they are not endorsed by their chair. This may disproportionately affect women and URM. Allowing self-nomination, or urging current members to present suggestions for future membership were ways to bypass any potential biases in academic institution. This is particularly relevant when the AUA is perceived by many as a "feather in the cap" of a career in academics. Accordingly, there is a risk that a nomination is bestowed by a chair as a reward, or withheld as punishment. The AUA could opt to provide alternate channels for nomination and to establish outreach to departments, especially for smaller institutions with fewer AUA members. The selection criteria were deemed vague, and there was a lack of transparency in the process. The process by which applications are reviewed and judged needs to be clarified and shared with the prospective and current members.

AUA Mission – Past and Future

Several respondents to the survey referred to the original charter of the AUA, to its mission, and its goals. Several questioned the added value of the society for academic anesthesiologists. The AUA faces trepidation from current members about its future and its added value. It is noteworthy that the mission of the AUA as described in the bylaws does not view the Association as merit-based, as honorific, or as exclusive. Instead, article II of the Association bylaws states:

> The object of this Association shall be the advancement of the Art and Science of anesthesiology by:
> 1. The encouragement of its members to pursue original investigations in the clinic and in the laboratory
> 2. The development of methods of teaching (anesthesia)
> 3. And free and informal interchange of ideas.

In addressing these comments, this document refers to the address given by E.M. Papper "A.U.A. after thirty years," which was presented in 1982 on the thirtieth anniversary of the founding meeting of the society, in Boston, Massachusetts (Papper, 1982). In his address, Papper explores "what role A.U.A might have for the present and the future."

The AUA originally emerged as a community of practice from the "strong desire on the part of like-minded people to get together to review each other's scientific activities and to form an association geared to informal discussions or research with that motivation in mind." (p.5). The major goal remained that of "housing a critical discussion of work-in-progress in the research area, whether it be clinical or laboratory" (p. 10). In addition, he called for increased attention to how we teach, because he noted "many of us still believe that teaching skills do not need to be learned" (p.11). The next aim was to "achieve a coordinated effort of good will" to promote a constructive approach to conflict resolution between the AUA and the ASA (and the

ABA). The original divide between AUA and ASA was economic and consisted of differing visions between salaried and fee-for-service.

Papper reflects on the early development of the society. Its founders elected to avoid being too exclusive, because "we would have been […] probably happy but isolated and our evolution would have been the most specialized and the least flexible." (p.6) The first meeting of the AUA held in 1952 in Boston consisted of "thirty-odd individuals" from across the US, with various positions of leadership in the specialty. Soon after its inception, the AUA became "accused by some outside the organization of being an elitist drinking club, a status symbol and other similar pejorative characteristics." (p. 7). Furthermore, the early decades of the AUA, according to Papper, witnessed doubts about its future and about its role, similar to those raised by the current members.

However, Papper viewed all academic anesthesiologists as "almost by definition, potentially A.U.A members." He also recognized the diversity in academic departments, which would allow applicants to "find their places." He continues to say "there need to be no stereotyping of people or departments. Good departments can and […] should look differently from each other." He views the ABA as becoming "a partner for diversity as opposed to homogeneity." He cautioned against allowing the AUA to become a "monolith," where members "meet with a collection of only one's friends, whose work we do not feel too comfortable in criticizing" (p.12).

He recognizes that the society has "not yet sufficiently taken advantage of this wealth of talent. We have not yet taken enough advantage of the classic pluralism of our American society." He also reminded his audience that the AUA "can be many things to many people." In particular, Papper recognizes that the younger generation of academic anesthesiologist may have

"differing and quite legitimate views of what things should be like in the future." He cautions that "Their voices must be heard in this forum, if we are to thrive" (p.3).

Increasing Diversity

Several members equated diversity with lower standards. The reasons for this apprehension may be related to the phrasing of the survey questions which may have led participants to link implicitly link efforts for increasing diversity with a need to change eligibility criteria. There is also hesitation to make changes directed at benefiting one group at the exclusion of another, regardless of the group's identity.

Increasing diversity in academics is a national and international challenge (Stewart & Valian, 2018). To approach this challenge, three steps are necessary: (1) acknowledge the presence of a problem with diversity, (2) recognize that change is possible within the current mission of the AUA, (3) identify measures for achieving change (Stewart & Valian, 2018).

Specific recommendations for the AUA program and nominations process were described earlier. The following section discusses the general underpinnings of the efforts geared toward increasing diversity and achieving inclusivity.

First, there is an imperative in acknowledging the problem of lack of diversity within the AUA and within academic anesthesiology. One member says: "focus on quality and accomplishments, not skin color. We are supposed to be color blind." To be blind to color is to be blind to the racism in our academic field and in our societies. In fact, "people of colour tend to view race as an important part of their identity, whereas White people tend to view it as incidental" (Dutt, 2020).

Second, approaches to increasing diversity and inclusivity are more likely to succeed when they are generalizable. Changes that are made should benefit all members and all

participants, regardless of their various identities. Similarly, a clear definition of what "diversity" means in this context is warranted. While this survey focused on gender and race, there is also benefit in promoting diversity of one's other identities, of thought, of origin, of location, and of academic interests.

Third, there are often structural factors that prevent eligible faculty in various department from becoming members. To secure a nomination, any member should either obtain the support of their chair, or be well connected to a member who is willing to submit their nomination. Gatekeeping may play a role in preventing the nomination of eligible members, and in perpetuating the current status quo (Silver, 2019). In addition, affinity bias implies people are more likely to surround themselves and to promote those are like them (Dutt, 2020). This limits the AUA's knowledge of the pool of eligible members. Furthermore, the work environment in some institutions may preclude faculty members from achieving necessary milestones for AUA eligibility. A more inclusive society can provide faculty with the resources they need.

Fourth, diversity is mostly achieved by having diverse perspectives at the decision table (Silver, 2019). Increasing diversity at the leadership level and within the council will be a necessary step toward achieving diversity in the AUA. In order to achieve an equitable Association, members need to be aware of the various inequities that others face. Dr. Dutt suggests that "people who don't experience a certain type of inequity tend to dismiss it more easily than those who do" (Dutt, 2020).

Fifth, more members would be open to diversity efforts if the mechanism and the process were transparent. In particular, there is a need to reassure current and future members that excellence and equity can co-exist within the AUA. For several members, those values may need to be anchored in a clear vision and definition of the mission of the AUA, whether as an

"honorific" society, or as a community of practice centered around excellence in academic endeavors. Furthermore, the benefits of diversity (innovation, improved performance…) should be emphasized. Theory of intersectionality suggests that "we are not simply the sum of our different identities" (Stewart & Valian, 2018). Instead, the interplay of those various identities shapes how we view the world around us, and how we, in turn, are viewed.

In conclusion, the AUA remains a valuable association for the free exchange of ideas, in support of a strong future for academic anesthesiology. Its future as an inclusive and prosperous association requires a clear vision and proactive approach to current diversity challenges. This report reviewed the current membership status, the perceptions toward diversity, and recommendations for change. As Dr. Papper wisely noted: "Change is so uncomfortable for many – and yet so necessary for growth." ((Papper, 1982)p.14)

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APPENDIX A

AUA members engagement
You are receiving this email because you are a current member of the AUA. We are conducting this brief, anonymous survey to gather your feedback, which in turn will help us improve our society and its offerings. In particular, the AUA is interested in exploring ways to increase membership diversity and inclusivity. We recognize that faculty members in academic programs face various challenges on their career paths. This survey is a first step initiated by the AUA Taskforce on Diversity and Inclusivity to increase representativeness among our members, to promote diversity and inclusivity, and to engage members across the academic community.

This survey will take 5-10 minutes to complete. Please complete all survey questions to help us better serve you as a member.

This survey is anonymous, and no identifying information will be collected. Results will be reported in aggregate form only.
Thank you.

1. What is your gender? Female, Male, Other, Prefer not to answer

2. Please select your age group:
- 30-40
- 41-50
- 51-60
- 61-70
- >71
- Prefer not to answer

3. What is your racial / ethnic background? (check all that apply)
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic or Latino/a
- Middle Eastern
- Other
- Prefer not to answer

4. How many years have you been in practice in your specialty? (sliding scale)

5. What is your current academic rank?
- Instructor
- Assistant Professor

- Associate Professor
- Professor
- Retired

6. Where is the location of your current practice?

- Northeast - New England
- Northeast - MidAtlantic
- Midwest
- South Atlantic
- South
- Southwest
- Pacific west

7. Do you currently hold any leadership positions within your institution? (check all that apply)

- Residency Program Director
- Fellowship Program Director
- Division Chief
- Director of service, program, or unit
- Chairperson
- Vice-chair
- Assistant Dean
- Associate Dean
- Dean
- Other
- I don't currently hold currently any leadership positions

8. How many years have you been a member of the AUA?

9. Which type of AUA membership do you currently hold?

- Active
- Associate
- Affiliate
- Emeritus
- Not sure

10. How many AUA meetings have you attended since becoming a member?

11. Are you a member of other medical associations or societies? Yes/ No

12. What other medical associations or societies are you a member of?

- ASA
- Subspecialty society (such as SCA, SOAP, SNACC, SPA, SCCM, etc)

- Regional society (NYSSA, CSA etc)
- SEA
- Other

13. Based on your experiences, please rank the following statements from 1=strongly disagree to 5=strongly agree

Overall, I enjoy attending the AUA annual meeting

The networking opportunities during the meeting are helpful for my career advancement

The content of the research sessions is relevant to my practice

The content of the educational sessions is relevant to my practice

My areas of professional interest are well represented at the meeting

I feel surrounded by like-minded individuals during the meeting

Members of the AUA represent a group of professionals with diverse academic interests

Members of the AUA represent a group of professionals with diverse backgrounds (including gender, race, ethnicity etc)

14. Will you be attending next year's AUA annual meeting in San Francisco (May 14-15, 2020)

- Yes
- Unsure
- No

15. What are some of the factors that will prevent you from attending next year's AUA annual meeting?

- Meeting location
- Meeting timing
- Meeting program
- Other professional engagements
- Other personal/family engagements
- Unable to get departmental support
- Other

16. The AUA is considering next steps to increase diversity and inclusivity of our members. For each of the following statement, please provide your suggestions and comments. Please enter as many details as possible.

- To attract a more diverse group of anesthesiologists, the AUA needs to revise its membership eligibility criteria. Please provide your comments.

- To promote inclusivity, the AUA should reconsider the program offerings of its annual meeting. Please provide us with your comments.

- To promote diversity and inclusivity, the AUA should provide more support for its members (for example, mentoring). Please provide your comments.

- To attract a more diverse group of members, the AUA should actively engage in reaching out to faculty in the academic community. Please provide your comments.

17. Do you have any additional suggestions or comments for the AUA leadership and the AUA Taskforce on diversity and inclusivity?

18. Thank you for taking the time to complete this survey. Please provide your information if you'd like to be contacted further or if you're interested in participating in this taskforce.

APPENDIX B
Coding Scheme

Maintaining status quo
Merit based
Goals of the Association
Quality
Original Charter
Program Change
Inclusivity in design
Diversity in delivery
Added Value
Revise membership
Eligibility conditions
Academic institutions
Members recommendations
Members support
Residents
Junior Faculty
Mentoring
Grants
Parental support

APPENDIX C
Excerpts of Comments

Themes	Comments
Perceptions of Diversity in AUA	
Lack of Diversity	Diversity and inclusion are intentional processes. They will not just happen.
	AUA should encourage diversity and at minimum reflect the diversity of academic anesthesiology.
	A key questions is what would satisfactory diversity and inclusion look like to AUA members.
	This issue of diversity has little to do with AUA
	Academic snobbery bias is high and excluded the Chair of my dept for the last 8 years. Forget about diversity as an issue and include those eligible.
	the primary obstacle to membership in the AUA is the strong research focus of the membership criteria, Other than instituting an overt affirmative action recruiting program, the best way to obtain a more diverse membership is to relax the membership criteria for all potential members.
	would maintain high standard of eligibility, but reaching out to find diverse people who meet htose standards, would be ideal
	Please consider different or more inclusive criteria for membership, especially if certain groups historically have lower rates of achieving associate or full professor (blacks, women, etc), and instead substitute it for other markers of achievement or interest.
	it can't be pitched as "become like us" it has to be pitched as "diversity has value and we see the value you bring even if you aren't just like us and you don't have to become us to be successful."
	Make a greater investment in international anesthesia.
	Retirees who wish to be active MUST be included in the diversity discussion otherwise it is a subtle but obvious form of discrimination
	Senior member should be allowed to induce promising diverse faculty even if they do not (yet) have grants and leadership positions
	Feature members on the AUA website who are not white men.
	Allow members who are interested in serving on the Taskforce for D&I to be able to join, without a lengthly vetting process. If they want to do the work, let them!
	It needs to be more inclusive of anesthesiologists who have dedicated their lives to academic practice - perhaps even when they are not well published or well funded. These individuals are the people that make it possible for our Departments to function - and for us "serious academics" to do what we do.
	Seems very old school, old boys' club.
	Make sure there is a broad representation on committees from different areas of the country and promote leadership opportunities to a diverse group also
	Current criteria simply echo the biases already in place at academic institutions and funding agencies... so if you want a more diverse membership start actively recruiting women's and minorities regardless of academic rank and funding status
	Leadership and engagement is essentially closed to a small group of "leaders", little to no opportunity for diverse members to participate. I lost interest years ago due to the noninclude nature of the society.

	The AUA itself does not appear to be inclusive or welcoming, so it's hard to convince people to join. I hear it's all the same people, what is the value?
	Diversity and inclusion are intentional processes. They will not just happen.
	There are lots of white men in this leadership
	AUA has an old boys and old girls club reputation
	Every leader must be required to participate in unconscious bias training
	There is a whole body of literature on how to improve diversity within organizations. There are some best practices that should be reviewed and incorporated if feasible.
	At this time, that group remains predominantly white, middle aged or older, and male. This is a generational problem.
	Feels like a closed shop like the ASA with small group of people dictating who will be in leadership positions
	For one recognizing other associations like the National Medical Association or La Raba would engender a better feeling about the AUA. These organizations of mainly under-represented physicians are not even list in the question to which associations does one belong.
	Limited opportunities for involvement
Redefining Diversity	Not broken-do not fix
	I was unaware that diversity was such a problem.
	I don't see a problem really. You are just trying to be politically correct
	What type of diversity are we seeking? I find the individuals at the meeting quite diverse
	the small size of the meeting has been one of the things I most valued about meetings in the past.
	Let's keep AUA as is. Being elected to AUA is matter of merit and recognition of achievements. there is no need to actively search for new members
	AUA is supposed to be a MERIT society, and not a political activist group
	It should be as diverse as possible in the composition of its membership but not diverse in the quality of its members
	AUA will lose many of its current members if this charade about "inclusivity" at the cost of merit and accomplishments continues
	The proposed membership roster for the past few years included embarrassingly "diverse" members who had ZERO academic accomplishments.
	We are plenty diverse and we should not be lowering standards.
	I think the effort to attract diversity will have to expand membership beyond the historic criteria of the organization.
	Don’t lower the standard to increase diversity - raise those who are diverse to the standard The AUA should NOT have compromised its standards to increase its membership. It should be as diverse as possible in the composition of its membership but not diverse in the quality of its members
	Eligibility criteria do not exclude candidates based on diversity criteria.
	Effectively, the primary criterion for membership in the AUA is research productivity. Consequently, highly qualified academic educators and leaders cannot be elected to membership, regardless of diversity. If the AUA relaxed its membership in order to attain a more diverse membership while continuing to exclude high-quality, nondiverse members, the survival of the organization could be threatened.

	Focus on quality and accomplishments, not skin color. We are supposed to be color blind.
	If people do not already know/care about AUA, the organization likely does not want them.
Beliefs about AUA mission	
Goals & Mission	AUA is supposed to be a MERIT society, and not a political activist group
	Merit is [what] should guide membership
	STOP lowering standards for membership, or you will end up with the Board and a whole bunch of diverse but unaccomplished members
	The most important purpose of AUA is as a forum and group for academic anesthesiologists.
	NO! This is supposed to be a scientific academic organization where ACADEMIC productivity is celebrated, not "gender balanced" mediocracy […] use your influence to re-establish a meritocracy, or the [dumbing] down will continue.
	Before adjusting criteria to meet some arbitrary membership goal I suggest a discussion regarding exactly the aims of the Society.
	if 'too easy' to become eligible, it looses the 'honor' aspect of being nominated
	Ever since joining the AUA, I knew it was an honor, but am unsure what the AUA's role is.
	It's mission should be to encourage and support ALL academic anesthesiologists, rather than simply recognizing only the top achievers.
	Money spent will not achieve diversity, merely make current AUA members feel good about themselves
	Let's instead focus on how we can help eachother to maintain the survival of academic anesthesia faculty of all races and sexes
	The relationship with IARS and the exclusivity is somewhat problematic.
	Could I gently suggest you construct a vision for academic anesthesiology as a whole -- and then build the AUA from there? What should academic anesthesiologists be leading in? How do we fit into the whole of anesthesiology? The whole of Medicine and the whole of Science?
	The AUA is the "Ivory tower" of academic medicine-- it seems so far away and unattainable at times.
	Create the American College of University Anesthesiologists and then offer an FAUA?
	if you would like to […] to allow clinical and administrative accomplishments to be valued more highly that's fine, but level of accomplishment should remain high
	a merit based membership criteria is still essential to preserve the goals and values of the AUA.
	Merit only, let Med School Deans do diversity
	The AUA is a mark of success in academic anesthesia. Please do not even consider watering down the membership selection process, as this will diminish the value of being selected a member
	AUA should remain exclusive. You are elected to it because you have achieved appropriate status in of achievement in academic medicine. Please do not lower the standards for election by one bit.
	The AUA was not intended to be all inclusive and should not be
	AUA was founded to provide a meeting for salaried academic physicians when they could not join ASA. Make the purpose of AUA abundantly clear.
	Is membership an honor that recognizes a care [career] of success or is it something to be awarded mid-career to help move a career forward.

	Nomination and approval process seems dated but if you don't have academic achievement as a prerequisite, you no longer have the AUA
	focus on trajectory rather than achievements so it celebrates up and coming young faculty in some fashion
	I feel the AUA should be a place to inspire people earlier in their careers, rather than just a gathering of those who have achieved much in the past.
Added Value	It will be harder to justify AUA's existence if its mission morphs into that, e.g., of ASA
	We have already coupled our meeting with the IARS meeting, we don't need to try to be the IARS also.
	Scientific investigation in anesthesiology is withering, and scientists in anesthesiology are disappearing. Focus on that problem
	Stop weakening the 'AUA. the association with IARS has been bad enough.
	I consider exclusivity the one treat at the AUA, that you can sit in one room with knowledgeable colleagues for one day and listen to research presentations and nobody would rather go shopping.
	When I joined - and since - it's never been entirely clear to me what this organization and its meeting add to the many robust offerings already out there in the anesthesiology world.
	I am not convinced that the AUA will survive --- the association needs to better embrace the ASA, FAER, ABA, APSF as well as many of the subspecialty societies. The relationship with IARS and the exclusivity is somewhat problematic.
	Reevaluate the mission statement. perhaps the mission of the AUA is no longer appropriate in this day and age.
	This organization is self-serving and has little relevance
	It is more important to set goals and objectives of the society to emphasize why it is different from other societies and which gaps and needs it fills
	at the present time, it needs to focus more on representing the American ACADEMIC community - a group now largely ignored by the ASA.
	There are many important care delivery and payment changes that academic anesthesiologists need to be leading. This is an area you could distinguish yourself from the ASA and actually make a difference.
	If anything changes it would be to acknowledge that all research is not basic science and includes education/administrative/clinical, etc
	if 'too easy' to become eligible, it looses (sic) the 'honor' aspect of being nominated
	Ever since joining the AUA, I knew it was an honor, but am unsure what the AUA's role is.
	AUA membership is a 'small feather in the cap' that comes with a yearly lifelong $300ish fee and no other tangible benefit.
	It also lacks relevance for younger/junior academic anesthesiologists as anesthesiology continues to decline in academic scholarship (papers, NIh funding, etc)
	most academic faculty have no idea why they should bother joining yet another society
	The AUA needs to modernize
	Meetings are getting out of date. Connect with me other ways.
	I believe the AUA's value is related partly to its high standards.
	Consider how the AUA adds something different from and in addition to the IARS and ASA. Focus on leadership development, networking, career development.

	The AUA has become a large side arm to the IARS, not really an academic for medical school faculty
	I am not sure how the AUA differs from the Academy, which is also an invited society. The Academy similarly provides academic content, but is much better about networking and having social events for its members.
	I have been a member of the AUA however my experience of the value of membership is limited.
	AUA needs to provide value. right now it doesnt
	Could I gently suggest you construct a vision for academic anesthesiology as a whole -- and then build the AUA from there? What should academic anesthesiologists be leading in? How do we fit into the whole of anesthesiology? The whole of Medicine and the whole of Science?
	Please bring the NIH staff and the study section member
Support of Faculty	
Program Design	Program offerings are already diverse
	Junior faculty can't contribute to an updated program if they don't know about it.
	More information on developing an academic career; workshops on grants and "reaching that next level"
	It would be great also if the members could suggest topics or sessions, like they are doing at the SAAAPM/AASPD.
	In addition to mentoring, programs on how to recruit a diverse workforce to geographic areas that remain white and middle-aged.
	women in anesthesia meeting, underrepresented minorities networking opportunity
	Consider how the AUA adds something different from and in addition to the IARS and ASA. Focus on leadership development, networking, career development.
	I know several former members who just stopped attending the meeting when they did not find it useful.
	There are so many meetings (ASA, IARS, subspecialty meetings), I don't know that I need to go to the AUA for scientific content that doesn't overlap with one of the other major meetings.
	I am not interested in hearing educational talks with people's experience, opinions, unstudied programs, etc. I want science FACTS. Regarding science, I am interested in FACTS/RESULTS on topics that will grow the amount of anesthesia. Not count of papers, definitely not count of grants, but the amount of anesthesiology.
	a more attractive program with workshops, e.g., for mid-career physician scientists would help. Topics: administration 101, how to run a lab and an OR at the same time.
	the program doesnt add much value
	My principle reason for attending a meeting is maximum ROI. Making the AUA annual meeting the "#1, must not miss" meeting for researchers is an attainable goal. In contrast, ROI for ASA makes it not worth my time/$ investment.
	There should be specific sessions in the meeting agenda that address these issues. Presentations from leaders in the field such as David Acosta and Hannah Valentine. Also we should openly talk about things such as the gender-pay gap in academia. The AUA should be leaders in this movement.
	Cannot underscore enough the negative aura the AUA has of a stuffy, rigid club filled with mostly white men and some equally stuffy women. The AUA needs to seriously consider what it has to offer that cannot be found elsewhere. And networking is not it.
	female speakers, co-chairs, and panelists

	the focus of the meeting is over-represented by the basic sciences while the interest of the members include clinical sciences, service/administration, and other attributes of academic anesthesiology
	The focus of the program could continue to expand to include, in addition to basic, translational and education-based research, novel, important and interesting work in administration and quality.
	Make offerings that more accurately address the environment in medicine today, it is no longer the academic focused area it was 10-20-30 years ago.
	Make sure there is proportionate representation of URM and gender of the invited speakers
	What does it take to be a department chair. A dean. Examples of well-run departments. Finding the right "asks".
	Invite members to offer content ideas
	Offerings need to address barriers to under-represented groups from their perspective
	more diversity in speakers, topics addressing how to overcome disparities
	Diverse planning groups will lead to inclusive content.
	Less Basic Science and more Clinical Science
	it is very possible to communicate fundamental science in a way that nonetheless resonates with people who don't have a basic science background, and that standard is not always upheld, but I do think fundamental science should remain part of the program. It's just usually not my favorite part, or most accessible to people of varied backgrounds.
	I do think that diversity of panelists needs to be explicitly considered to avoid "manels"
	more on outcomes research, patient-centered care, innovation
	Call for proposals and have a transparent review process
	Sponsor programs that deliberately nurture the academic and leadership talent of women, veterans, LGBQT people, and underrepresented minorities.
	It would be nice to offer more career development/mentoring within the core program, rather than the Saturday.
	It would be nice if the Taskforce could provide a program session for the next few meetings (or indefinitely).
	More leadership skill building, building networking skills
	Even in this highly accomplished community, there is probably room for education on implicit bias, so could include this in a future meeting.
	add some diversity sessions in the educational program
	When I presented my poster, the session chairs did not have pain expertise and their comments were hostile.
Mentoring	Mentoring for this group is likely to not be necessary
	Members should be sufficiently far along in their career that they do not require mentoring; if they require mentoring, they should probably not be members.
	Fail to see how mentoring someone who is already a member would work, unless you think UNQUALIFIED newly-selected members would need mentoring. This begs the question as to why those members were selected in the first place...
	AUA needs to attract more young and innovative investigators and anesthesiosiologists
	Promoting mentorship, through funding support of eSAS (Early Stage Anesthesiology Scholars) co-sponsored activities, could be very useful.

	THIS IS CRITICAL! We need to foster the upcoming generation of scholars, especially when time, funding and support are in short supply at some of our institutions. The AUA should be taking the lead in this.
	Creation of a 'junior league' was well intentioned but a terrible idea, as it has had the effect of making Active status unattainable for many people who would readily have been admitted a few years ago, and stranding promising people in Associate status where they are being 'mentored'
	However are you a should look to expand the invitation to meetings and facilitate and encourage departments to bring junior faculty members and perhaps even medical students to join the meeting and see the benefits of pursuing a true academic career.
	Consider more scholarship invites to promising young faculty and residents on an academic path with an eye toward diversity and inclusion
	Include more categories for those in training or in research or education roles
	I offered mentoring to a resident of an AUA member and followed through with the mentoring.I would like to receive mentoring even at my level of Professor for next steps.More personal one on one mentoring from even more senior experienced members.Perhaps assign mentors for those who are interested.
	It wouldbe valuable do develop a mechanism for mentoring of junior faculty who have not yet reached the level of sophistication that warrents membership but helps them reach that goal. Perhaps a "fellowship" level membership for a limited period (5 years) that would be less rigorous than full membership.
	I wish I could advance past being an Associate Member of the AUA in a more timely manner.
	Having been an Associate Member for 4 years, it wasn't obvious to me how to "upgrade" my membership to the full member. Even asking the head of the EAB didn't give me the info I needed.
	should focus on improving academic anesthesia by highlighting the best teaching practices and research.
	Mentoring is the responsibility of each institution's academic dept and not of the Association
	Mentoring would be great. There are many academic institutions that do not have great mentors. This would provide a great outlet
	there is a relative dearth of good mentoring for all anesthesia academicians
Role of Academic Institutions	
Support	If people do not already know/care about AUA, the organization likely does not want them.
	Provide clear messaging about the value of participating in the AUA to potential recruits and Chairs.
	Academic productivity is measured in more than just research papers and grants; there are experts in QI and education (although the latter is, of late, better represented) who may not realize they can contribute to, and learn from, the community at AUA.
	Rather than focus on shifting entry criteria, I think the AUA membership can play an active, outward-facing role in promoting diversity in the specialty at the development stage.
	Academic programs need to do more to attract and develop individuals who meet the criteria for membership
	Provide clear messaging about the value of participating in the AUA to potential recruits and Chairs

	We need to reach out to the academic chairs and the members of the AUA. These are the people who do the nominating of members and who prepare young anesthesiologists to be ready for admission
	Start a network for visiting professorships
	tell us what you need from us
	We can improve our advertising for open positions, and clarify the qualifications expected.
	It is the programs who need to make sure diverse people are developed to a level that they can qualify for the AUA. We should should not change standards but rather elevate support.
	Encourage winners of research awards at other meetings (e.g., ASA & specialty meetings) to apply for the AUA by sending letters to both the faculty members who won and to their Chair person.
	There should be a concerted effort on the part of departmental leadership to include diversity when nominating faculty to the AUA. The AUA should spearhead this effort
Gatekeepers	would push to ensure that - while academic merits/successes are recognized - "gate keeping" by current members and leading Institutions is minimized.
	I was not aware of the society until 5-6 years in practice
	This would increase recognition of AUA at institutions that have been less involved, prompting potential members to ask for nomination instead of waiting for someone to think of them.
	I fear that even many academic anesthesiologists are not familiar with the AUA.
	Take proactive approach, rather than relying on passive means that can propagate imbalanced representation.
	Overall there needs to be more engagement within academic institutions.
	At some point our Chair may "tap you" to become an associate member but few junior faculty I know are full members and as far as I understand, AUA does not directly reach out to associate members (or others) to become full members. So there is clearly room for change here.
	Nomination process should not require "knowing someone"
	Some anesthesiologists are not aware of AUA
	many times departments are not submitting the names of their folks for membership because they either don't strongly support AUA or aren't aware of the great things it can provide to junior faculty (e.g., relationships and potential collaborations with colleagues from around the country). Departments need to have connections to AUA and these connecting individuals need to know how to "sell" AUA within their departments and explain why junior faculty should join, why it is worth their money and time, et.c
	We can't expect that individuals in departments that don't have very active AUA members know about us.
	My department leadership in California has fallen away from academic interests and is only concerned about making money.
	This would increase recognition of AUA at institutions that have been less involved, prompting potential members to ask for nomination instead of waiting for someone to think of them.
	membership has traditionally been by invitation from within a department - a male dominated department limits inclusivity for women and minorities

FIGURES AND TABLES

Figure 1. Distribution of respondents according to age and gender.

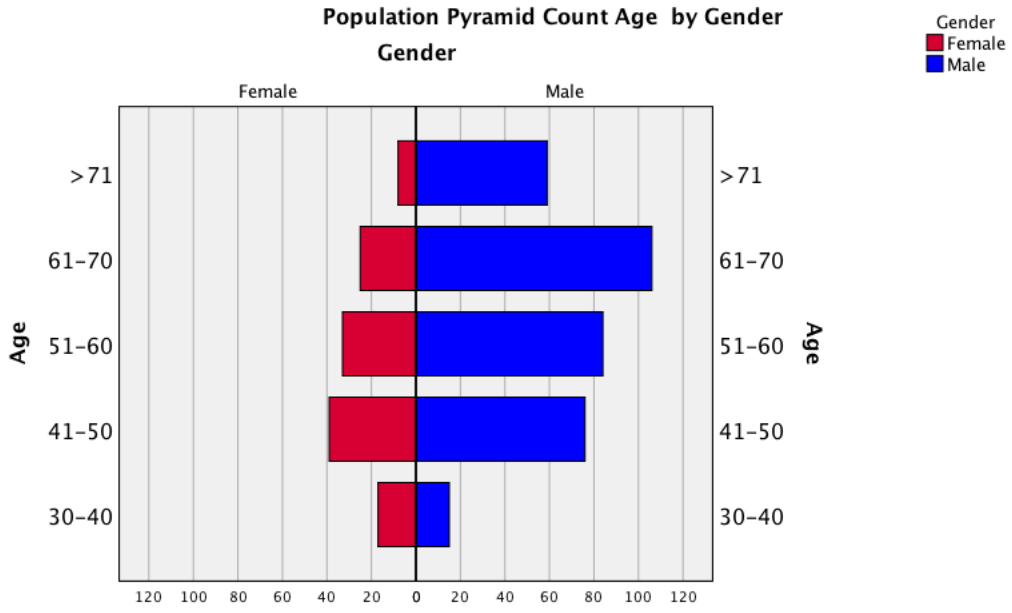

Table 1. Demographic And Professional Characteristics By Gender Of Respondents

	Total	Women	Men	p
Age				0.000
30-40	32 (6.9%)	17 (13.9%)	15 (4.4%)	
41-50	115 (24.9%)	39 (32%)	76 (22.4%)	
51-60	117 (25.3%)	33 (27%)	84 (24.7%)	
61-70	131 (28.4%)	25 (20.5%)	106 (31.2%)	
>71	67 (14.5%)	8 (6.6%)	59 (17.4%)	
Race / Ethnicity				0.001
Non-Hispanic				
White	353 (78.6%)	80 (68.4%)	272 (82%)	
Black or African American	12 (2.7%)	8 (6.8%)	4 (1.2%)	
American Indian / Alaskan Native	2 (0.4%)	1 (0.9%)	1 (0.3%)	
Asian	41 (9.1%)	19 (16.2%)	21 (6.4%)	
Native Hawaiian or Pacific Islander	1 (0.2%)	-	1 (0.3%)	
2 or more races	27 (6%)	4 (3.4%)	22 (6.7%)	
Hispanic	13 (2.9%)	5 (4.3%)	8 (2.4%)	
Academic Rank				0.000
Instructor	3 (0.6%)	2 (1.6%)	1 (0.3%)	
Assistant Professor	38 (8.2%)	18 (14.8%)	20 (5.8%)	
Associate Professor	97 (20.9%)	39 (32%)	58 (16.9%)	
Professor	279 (60.0%)	57 (46.7%)	222 (64.7%)	
Retired	47 (10.1%)	6 (4.9%)	41 (12%)	
Having position of leadership				0.827
Yes	327 (68.8%)	80 (65.6%)	240 (70%)	
No	148 (31.2%)	42 (34.4%)	103 (30%)	
Years in Practice				0.000
Early (0-5)	26 (5.5%)	11 (9%)	14 (4.1%)	
Mid (6-15)	85 (17.9%)	34 (27.9%)	49 (14.3%)	
Mid-Advanced (15-21)	63 (13.3%)	17 (13.9%)	43 (12.5%)	
Advanced (>22)	289 (60.8%)	55 (45.1%)	231 (67.3%)	
No answer	12 (2.5%)	5 (4.1%)	6 (1.7%)	
Geographic location				0.652
Northeast (New England)	77 (16.2%)	22 (18%)	54 (15.7%)	
Northeast (MidAtlantic)	89 (18.7%)	23 (18.9%)	65 (19%)	
Midwest	122 (25.7%)	32 (26.2%)	88 (25.7%)	
South	51 (10.7%)	9 (7.4%)	40 (11.7%)	
South Atlantic	29 (6.1%)	8 (6.6%)	20 (5.8%)	
South West	31 (6.5%)	5(4.1%)	26 (7.6%)	
Pacific West	64 (13.5%)	19 (15.6%)	44 (12.8%)	
No answer	12 (2.5%)	4 (1.7%)	6(1.7%)	

Table 2. Demographic and Professional characteristics according to Race

	Not Hispanic							
	White	Black or African American	American Indian / Alaska Native	Asian	Native Hawaiian or Other Pacific islander	2 or more races	Hispanic	p
Age								0.033
30-40	17 (4.8%)	4 (33.3%)	-	6 (14.6%)	-	3 (11.1%)	1 (7.7%)	
41-50	76 (21.5%)	2 (16.7%)	1 (50%)	13 (31.7%)	-	7 (25.9%)	7 (53.8%)	
51-60	88 (24.9%)	4 (33.3%)	-	14 (34.1%)	1 (100%)	5 (18.5%)	3 (23.1%)	
61-70	112 (31.7%)	2 (16.7%)	1 (50%)	5 (12.2%)	-	7 (25.9%)	2 (15.4%)	
>71	58 (16.4%)	-	-	3 (7.3%)	-	5 (18.5%)	-	
Academic Rank								0.44
Instructor	2 (0.6%)	1 (8.3%)	-	-	-	-	-	
Assistant Professor	24 (6.8%)	3 (25%)	-	7 (17.1%)	-	2 (7.4%)	2 (15.4%)	
Associate Professor	66 (18.7%)	2 (16.7%)	1 (50%)	9 (22%)	-	9 (33.3%)	3 (23.1%)	
Professor	219 (62%)	6 (50%)	1 (50%)	22 (53.7%)	1 (100%)	13 (48.1%)	8 (61.5%)	
Retired	41 (11.6%)	-	-	3 (7.3%)	-	3 (11.1%)	-	
Having position of leadership								0.65
Yes	241 (68.3%)	6 (50%)	1 (50%)	28 (68.3%)	1 (100%)	21 (77.8%)	10 (76.9%)	
No	112 (31.7%)	6 (50%)	1 (50%)	13 (31.7%)	-	6 (22.2%)	3 (23.1%)	
Years in Practice								0.026
Early (0-5)	18 (5.1%)	3 (25%)	-	2 (4.9%)	-	2 (7.4%)	-	
Mid (6-15)	57 (16.1%)	1 (8.3%)	1 (50%)	13 (31.7%)	-	5 (18.5%)	3 (23.1%)	
Mid-Advanced (15-21)	33 (9.3%)	2 (16.7%)	-	8 (19.5%)	-	5 (18.5%)	5 (38.5%)	
Advanced (>22)	237 (67.1%)	6 (50%)	1 (50%)	16 (39%)	1 (100%)	15 (55.6%)	5 (38.5%)	
No answer	8 (2.3%)	-	-	2 (4.9%)	-	-	-	
Geographic location								0.14
Northeast (New England)	54 (15.3%)	4 (33.3%)	-	8 (19.5%)	1 (100%)	4 (14.8%)	3 (23.1%)	
Northeast (MidAtlantic)	69 (19.5%)	2 (16.7%)	-	6 (14.6%)	-	5 (18.5%)	1 (7.7%)	
Midwest	82 (23.2%)	3 (25%)	-	11 (26.8%)	-	9 (33.3%)	7 (53.8%)	
South	43 (12.2%)	-	-	3 (7.3%)	-	4 (14.8%)	-	
South Atlantic	23 (6.5%)	1 (8.3%)	-	1 (2.4%)	-	1 (3.7%)	1 (7.7%)	
South West	30 (8.5%)	-	-	1 (2.4%)	-	-	-	
Pacific West	46 (13%)	2 (16.7%)	2 (100%)	7 (17.1%)	-	4 (14.8%)	1 (7.7%)	
No answer	6 (1.7%)	-	-	4 (9.8%)	-	-	-	

Table 3. Racial and Ethnic Demographic Groups Across US, Academic Medicine, and Academic Anesthesiology

	Men							Women						
	Not Hispanic							Not Hispanic						
	White	Black or African American	American Indian / Alaska Native	Asian	Native Hawaiian or Other Pacific islander	2 or more races	Hispanic	White	Black or African American	American Indian / Alaska Native	Asian	Native Hawaiian or Other Pacific islander	2 or more races	Hispanic
Nationwide (US)[a]	60.46	12.14	0.74	5.54	0.18	2.18	18.76	60.30	12.85	0.74	5.91	0.18	2.17	17.85
Academic Medicine[b]	66.28	2.59	0.15	19.31	0.11	2.79	5.27	60.71	5.01	0.16	19.83	0.11	2.89	5.82
Academic Anesthesiology[c]	66.64	2.89	0.21	19.14	0.07	3.38	5.22	60.02	6.41	0.22	20.41	0.06	3.22	5.48
AUA[d]	82.7	1.2	0.3	6.4	0.3	6.7	2.4	68.4	6.8	0.9	16.2	0	3.4	4.3

All numbers as percentages. Sources as follows: [a] US Census 2018; [b]AAMC 2018 report https://www.aamc.org/data-reports/faculty-institutions/interactive-data/data-reports/faculty-institutions/interactive-data/2018-us-medical-school-faculty; [c]AAMC 2018 report, missing categories of "unknown": men 2.45%, and women 4.18%; [d] present AUA members survey.