

SELAM News

International

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*Sharon P. Turner, DDS, JD
President*

FROM THE PRESIDENT

It is such a privilege to be able to serve as President of SELAM International this year. Serving after Debbie German is a challenge that I only hope I can begin to meet. We are off to a terrific start, having completed our 3rd Annual SELAM Continuing Education Meeting. This was held in conjunction with our annual business meeting as stipulated by our Bylaws, now that we are an official 501 (c) (3) corporation under the Internal Revenue Service Code. Each year the program gets better and better. Next year's Program Committee, chaired by Chris Abrass, is already off and running. Mark your calendars now for next year's event, March 30-31, 2001. Wendy Brown, Program Chair of the 2000 CE Meeting "Two Sides of the Coin," is passing on her wonderful experience and input. This should place Chris and her Program Committee (Rosie Goldstein, Laura Schweitzer, Vivian Reznik, Alice Speer, Lisa Tedesco, Darlene Shaw and Liz Travis) in good stead. A very hearty and sincere thanks to Wendy.

Plans are also underway for the annual SELAM Reception at the AAMC Meeting in Chicago. Mark your calendars for October 28, 2000. Come see your old friends, meet some new ones, learn what SELAM members are accomplishing, and help recognize new SELAM members and officers. Join us from 6:00-8:00 p.m. at the 410 Club, 410 North Michigan Avenue. Lots of ELUMs reside in Chicago. This central location is within walking distance of all meeting hotels, and should produce a good turn out.

Welcome to the following new members and officers to the Board: Second Vice-President Alice Speer, Third Vice-President Vivian Reznik, Director Laura Schweitzer, and Program Committee Chair Chris Abrass. They join the following remaining Board members to make up a dynamic, hardworking and fun bunch to run your organization: First Vice-President Joanne Conroy, Treasurer Roberta Sonnino, Secretary Kris Lohr, Director Kathe Nelson, Director Roz Richman, and Director Nancy Gary.

While I'm discussing the successful CE meeting, I must report with glee that our now traditional Silent Auction raised over \$5500.00 for our new future ELAM Director Endowment Account. That Merrill Lynch account is nearing the \$15,000.00 level! Sarah Morgan and Lindsay Grossman coordinated efforts for this event. The women from the National Board really "got into" this activity and volunteered to help make next year's event even bigger and better. A big thank you to all who contributed items (tax deductible as charitable contributions because of our non-profit status). Also significant thanks are in order for Treasurer Roberta Sonnino, who applied her methodical surgical skills to the now excellent ordering of SELAM's financial affairs.

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Due date for inclusion in next newsletter: August 25, 2000

Photo credits:

Roberta E. Sonnino

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At our recent Board of Directors meeting in Philadelphia, we discussed at length the continuing location of Philadelphia as the site for the spring CE course and annual meeting. While some expressed a desire to rotate this to other locations in the country or to coincide with the AAMC Meeting, the Board wants you to know why the activity will remain in Philadelphia for the foreseeable future. One of the prime founding tenets for SELAM was to support ELAM and help assure that it continues in perpetuity. SELAM committed to underwrite one day of the spring ELAM session both financially and with the service of its members in the CE program. At the present time our operations budget, derived from dues and the CE meeting, contains about \$16,000.00. That is quite a bit for a fledgling organization such as ours, but not enough to write a check to ELAM to support a day of educational and programmatic support. So we must be where ELAM is for the present and aspire for bigger and better things as we continue to grow. The byproduct of having the meeting in Philadelphia is the spirit of "homecoming" for Class Reunions. These are becoming a regular part of the spring CE meeting.

Debbie German, Page Morahan, Roz Richman and I visited the Robert Wood Johnson Foundation last fall. I'm pleased to report that the visit seems to be bearing fruit. Stay tuned to hear the details of that Foundation's financial support as the proposal takes shape. Assistance from RWJ will help formalize the assessment of ELAM Program graduates.

Our membership continues to grow slowly. I ask each of you to personally recruit at least one additional member this year. As First Vice-President, Joanne Conroy is the new Chair of Membership. She is located at the Medical University of South Carolina in Charleston. Please contact Joanne or any member of the Board for new member brochures. I would love to see you recruit your Deans — let them stand up and be counted in the pursuit of equality and quality for all of us.

Lastly, I thank Nancy Hardt who served as SELAM's first President in 1998-99 and worked hard together with Suanne Daves on our membership database. These two, together with PJ Coney and Debbie German, have set up a challenge for the rest of us relative to financial support of SELAM. They have all given generously of personal financial resources to help SELAM get where it is today. How about it, members? Consider sending a tax-deductible check to SELAM to help it continue to thrive. If your career has advanced as much as mine because of your ELAM experience or SELAM support, consider giving back something in appreciation of that gift. Checks can be mailed to our Treasurer Roberta Sonnino, MD, Professor and Chief, Pediatric Surgery, Section of Pediatric Surgery, 3032 Delp, UK Medical Center, 3901 Rainbow Blvd., Kansas City KS 66160-7330.

See you in Chicago this October. The drinks will be on the house!

*Sharon Turner, DDS, JD
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EDITOR'S CORNER

"Multitasking makes brain goof-prone, say scientists," reads newspaper headline. It's on the same page as Boyce's Compu-toon depicting an air traffic control tower in a business office, "Due to the heavy usage of Palm Pilots we had no other choice." We can get away with juggling simple chores, but "if one of the tasks is new or complex, ... juggling becomes even more difficult... and can put many people into cerebral overload [by more energy-intensive use of the brain]." They cite that "people can juggle a fair number of tasks – and even get better at this by picking which balls they toss in the air. But often, dividing their attention makes them exhausted, stressed and more forgetful." Any culprits out there? Says Ziggy, "Multi-tasking means you can make FIVE mistakes in the time it used to take to make just one."

Which is in part why this issue of the newsletter is late. Your trusty staff and contributors were juggling our efforts at providing another information-packed issue. [Jobs, family issues, and in my case a *vacation* took precedence.] We also decided to develop a new, more polished layout, and copyright the material. So show off your newsletter as you recruit new SELAM members.

Our focus on Issues in the Workplace and on reentry continues. Take Page Morahan's quiz featured in "Staying Ahead of the Curve." Laura Schweitzer talks about returning to ELAM on the other side, i.e., as a Dean's representative. After reading about my reentry experience, SELAM International members could hold a contest to guess my score on Page's quiz as a way to raise money for ELAM! Chris Abrass summarizes the American College of Physician Executives course on managing change.

The first ELAM Class is planning its five-year reunion. Members of my class are planning a second informal reunion later this year. Now I accept lecture invitations in part so I can visit ELUMs and expand my network. In May Linda Lucas (ELAM 1999-2000), Laura Schweitzer (ELAM 1998-99), and I (ELAM 1997-98) met for dinner in Louisville. Read Roz Richman's article on alumnae and *Update on Members* to learn more about our ELUMs and SELAM members and celebrate our successes.

Continuing a tradition, some of our book reports are culled from recent ELAM graduates. For those who want to escape for a while, I recommend *Chocolat* by Joanne Harris. It's a delightful foray into the world of church vs. chocolate. And I hear a piece of chocolate calling...

Kris Lohr

UPDATE ON MEMBERS

SOM: School of Medicine

COM: College of Medicine

Promotions & New Positions

ELAM 1996-97

Donna L. Hammond, PhD, formerly Associate Professor of Anesthesia and Critical Care at University of Chicago, became Professor of Anesthesiology and Pharmacology, Chair of Anesthesia Research, 6505-2 JCP, University of Iowa, 200 Hawkins Dr., Iowa City IA 52245, 319/384-7127 (4/1/00).

ELAM 1997-98

Joanne M. Conroy, MD, Chair of Anesthesia and Perioperative Medicine and Associate Vice-President for Medical Affairs, was named Senior Associate Dean of the College of Medicine at the Medical University of South Carolina.

Lynn Matrisian, PhD, was named Chair of the newly formed Department of Cancer Biology at Vanderbilt University SOM. Her Department begins with a core group of about six faculty that is expected to grow to about 20 faculty. Says Dean John Chapman, "Dr. Matrisian brings a substantial personal program of effort and success in the field of cancer biology. She is a national leader in this area." She currently is serving a four-year elected term on the American Association for Cancer Research Board of Directors.

Karen Wendelberger Marcdante, MD, was promoted to Professor of Pediatrics at The Medical College of Wisconsin, effective 7/1/00. She writes, "It's especially exciting as it is based on my work as a clinician/educator/administrator. That's a success for those here at the Medical College who have worked hard to get scholarly activity other than 'research' recognized."

Sally A. Shumaker, PhD, was named Director of Office of Intercampus and Community Development, Wake Forest University SOM (7/1/00).

ELAM 1998-99

Colleen Brophy, MD, was named Chief of Vascular Surgery at the Medical College of Georgia, effective 4/1/00. She was promoted to Professor of Surgery at MCG, effective 7/1/00.

Lydia Howell, MD, UC-Davis, was promoted to Professor and chosen to be Medical Staff Secretary, in line to be President in 2 years.

Lynda Powell, PhD, Rush Medical School, was appointed Associate Chair of the Department of Preventive Medicine and Director of the new Division of Population Sciences (combining epidemiology, biostatistics, and social and community medicine).

ELAM 1999-2000

Kathleen Digre, MD, University of Utah SOM, was promoted to Professor of Neurology and Ophthalmology with tenure.

Sandra Willsie, DO, was named Vice Dean for Academic Affairs, Administration and Medical Affairs at University of Health Sciences, Kansas City MO, effective 7/1/00. *New address:* 1750 Independence Blvd, Kansas City MO 64106; 816/283-2000; email Swillsiepulmdr@aol.com.

News of Note

ELAM 1995-96

Joanna M. Cain, MD, Professor and Chair of Obstetrics & Gynecology at Pennsylvania State University COM, was selected as the 2000 Alpha Omega Alpha Distinguished Visiting Professor at University of Tennessee Health Science Center. She met informally with women faculty in a Q&A session on leadership strategies, before giving the Annual AOALecture. Her topic was "World-Wide Ethical Challenges to Women's Health: From the Genome Project to Survival."

Deborah German, MD, Professor of Medicine and Senior Associate Dean for Medical Education at Vanderbilt University SOM, was selected as The Louisiana State University School of Medicine Distinguished Woman in Medicine Visiting Professor. This professorship honors Carolyn Duncan, MD. Its selection is based on excellence in contributions to the field of medicine, and humanistic qualities of a superb role model for men and women alike. Debbie also received the 2000 Athena Award at the 10th Annual Meeting in Nashville TN. The Tennessee Women in Medicine nominated her "for her three decades of advocacy for the community." Nominees are chosen for displaying the qualities of the Greek Goddess Athena, including courage, strength, wisdom and harmony. Debbie is in the Leadership Nashville Class of 2000.

Susan E. Skochelak, MD, MPH, Associate Professor of Family Medicine and Senior Associate Dean for Academic Affairs at University of Wisconsin-Madison Medical School, received the Wisconsin State Medical Society Distinguished Service Award for 2000, and the University of Wisconsin Chancellor's Distinguished Teaching Award for 2000. The first award "recognizes outstanding contributions to the science and art of medicine through teaching or research. She was chosen in recognition of her role in developing the UW Medical School's primary care curriculum." The second was given to eight "educational leaders showing the way into the new century" for "teaching mastery." She writes, "I attribute a measure of my successes to the critical skills gained from participating in the ELAM program. Without the good advice and positive fellowship of the group, I'm not sure I would have had the confidence to keep reaching to achieve my full potential."

Patience H. White, MD, Professor of Medicine and Pediatrics at The George Washington University SOM and Health Sciences, will be a Robert Wood Johnson Health Policy Fellow starting September 2000.

ELAM 1996-97

Margaret Kripke, PhD, Vivian L. Smith Chair in Immunology, Professor and Chair of Immunology, and Senior Vice President and Chief Academic Officer at MD Anderson Cancer Center, received the Raymond Bourine Award during an international conference in Paris, France.

Pamela Zarkowski, MPH, JD, University of Detroit Mercy Dental School, was elected President-Elect of the American Dental Education Association (formerly American Association of Dental Schools), in April 2000.

ELAM 1997-98

Leslie Kahl, MD, Associate Professor of Medicine and Associate Dean of Student Affairs at Washington University SOM, and *Kristine M. Lohr, MD*, Professor of Medicine and Associate Chief of the Division of Rheumatology at University of Tennessee Health Science Center, each received a Clinician Scholar Educator Award from the American College of Rheumatology. This is the second year of the program that recognizes rheumatologists dedicated to providing an exemplary educational experience. They were two of six successful applicants from a pool of 34. Each receives three years of salary support to accomplish their proposal.

ELAM 1998-99

Linda S. Austin, MD, Associate Professor of Psychiatry and Associate Dean for Public Education at Medical University of South Carolina, is the author of *What's Holding You Back? 8 Critical Choices for Women's Success*, ©2000, Basic Books, \$25.00. She recently promoted her book on Oprah Winfrey's show.

Multiple ELAM Classes

Colleen Brophy, MD, (Medical College of Georgia; ELAM 1998-99), *Deborah German, MD*, (Vanderbilt University SOM; ELAM 1995-96), *Susan R. Johnson, MD*, (University of Iowa SOM; ELAM

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1995-96), and *Kristine M. Lohr, MD*, (University of Tennessee Health Science Center; ELAM 1997-98), were among the “20 Women Who Are Shaping Medicine for the Next Generation.” Amber Smith wrote the article entitled “Advice to Our Daughters” for the inaugural Spring 2000 issue of *Female Physician*.

Lisa Kaplowitz, MD, (Virginia Commonwealth University; ELAM 1999-2000), *Vivian Reznik, MD, MPH*, (University of California, San Diego; ELAM 1997-98), *Debra Schwinn, MD*, (Duke University Medical Center; ELAM 1998-99), *Lynn Wecker, PhD*, (University of South Florida SOM; ELAM 1997-98), and *Patience White, MD*, (George Washington University; ELAM 1995-96), were among eight faculty featured in the cover story “Sabbaticals are Tougher to Get But Worth Financial Risks, Say Clinical Faculty” by Fay Jarosh Ellis in the May/June 2000 issue of *Academic Physician & Scientist*.

New York magazine’s June 5 issue, “The Best Doctors in New York,” featured *Penny Asbell, MD*, (ELAM 1998-99), *Maria Padilla, MD*, (ELAM 1997-98), and *Stephanie Seremetis, MD*, (ELAM 1995-96), all at Mount Sinai SOM, and *Ellen Ginzler, MD*, (SUNY-Brooklyn SOM; ELAM 1996-97). Selected as one of 11 Hall of Fame Physicians was *Angela Diaz, MD*, (ELAM 2000-01), Director of Mount Sinai’s Adolescent Health Center, the “nation’s largest provider of comprehensive adolescent health care.”

ELAM Faculty

Judith Sturnick, PhD, was appointed as the fourth President of The Union Institute (TUI), a tutorial-based University “designed for adults who have the desire to assume a significant measure of personal responsibility for planning and executing their degree programs.” TUI began in 1964 as a consortium that included Hofstra University, Bard College, Antioch College, and Sarah Lawrence College, among others. Its undergraduate and graduate colleges and Center for Distance Learning are headquartered in Cincinnati OH.

Send your news to our Reporters:
Rosalyn C. Richman, MA
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Roberta E. Sonnino, MD (1997-98)
rsonnino@kumc.edu
Christine Abrass, MD (1998-99)
cabrass@u.washington.edu

Pearls from ELAM: Class of 1999-2000

Each fall for the past five years, groups of women have assembled at the Gregg Conference Center in Bryn Mawr PA to begin their Executive Leadership in Academic Medicine (ELAM) Program. Selected from medical centers, dental schools, basic science departments, and clinical departments in the United States and Canada, participants have reflected as much diversity in background as the goals they hoped to pursue. From the ranks of professors, associate professors, chairs, vice-chairs, division chiefs, and assistant and associate deans, the credentials of these women can be intimidating to casual observers. While the ELAM programs have evolved, they have also remained similar. The differences from year to year may be reflected less in the curriculum than in the complexion of the groups of women who find themselves working together at the Conference Center, as well as after they return to their home institutions.

Several ELAM assignments required working in a “learning group,” and group work became an important part of the ELAM experience. In fact, the importance of group interaction was not fully appreciated until the end of the spring session. We would like to share what seemed to make our group productive and successful.

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First, an early meeting at the Gregg Conference Center provided a forum for sharing individual “life stories.” Through open sharing, group members recognized the similarities in the route each had taken to achieve their current positions at their home institutions. Trust and communication patterns were established. Second, prior to leaving the Fall ELAM session, the group developed goals to achieve prior to the next group meeting at the Annual AAMC Meeting in Washington, DC. At the group meeting in Washington, the group members began to see how each contributed to completing the assigned projects.

Communication among group members was a key ingredient for a meaningful ELAM experience. This was most critical between the fall and spring sessions. Not only was communication, usually via e-mail, essential for completing collaborative group projects, but most groups found there were times when a few words from their ELAM group colleagues represented the only candle in the black hole of their day! Staying focused on the goals of ELAM and group assignments was difficult, while each group member juggled numerous ongoing responsibilities in their academic positions. Even with the best intentions, there were days when our group could not get fog into a bucket, nail Jell-O to the wall, get snow out of Georgia or into Utah, or get the lights on in Virginia, but there were other days when we were definitely on a productive e-mail roll. Supplementing the continual flow of e-mail messages was a conference call. Scheduling a conference helped finalize details for the spring session.

ELAM provided many insights into the way systems operate – what makes them work better and sometimes what

influences their failures. Success is ever changing and involves an evolution of skills as well as persona. Many, perhaps all, of us entered our graduate education very centered on getting things done ourselves. We relied on ourselves because we knew the work would get done “the right way” and on time. Later, we recognized the need for partnering to share the load; eventually and hesitantly, this grew into professional teamwork. Teams on hospital services or in the research arena were increasingly necessary to get the work done. The strength of the team was a measure of its success. Each of these forms of success – individual, partnering, teams – is limited by its immediate environment. ELAM explored each of these domains with its participants and in doing so created a new measure of success. The bigger success for all of us is understanding how the three forms of success evolve into a successful network without inherent limitations.

- Linda R. Adkison, PhD*
Associate Professor of Genetics, Mercer University SOM
- Valerie A. Arkoosh, MD*
Associate Professor of Anesthesiology & Obstetrics & Gynecology, MCP Hahnemann University SOM
- Virginia C. Broudy, MD*
Professor of Medicine, University of Washington SOM
- Jannette Collins, MD, MEd*
Associate Professor of Radiology, University of Wisconsin SOM
- Kathleen Digre, MD*
Associate Professor of Ophthalmology, University of Utah SOM
- Theola Douglas, D.D.S., MBA*
Associate Dean for Administration, Howard University COD
- Lisa Kaplowitz, MD,*
Associate Professor of Medicine, Virginia Commonwealth University SOM

THE ESSENTIAL NOURISHMENT FOR SCIENCE AND LEADERSHIP

- A Room of One’s Own: Protection to think, opportunity for trial and growth
- Being a full member of the intellectual community, not isolated from colleagues
- An Environment that Believes in Your Work and Recognizes It
- The opportunity to risk – and fail – is a luxury and a chance to find one’s way

These essential nutrients come from:

- Family and friends
- Kaiser Foundation Faculty Scholar Award
- Mentors and Advisors, Colleagues
- ELAM
- The Marion Spencer Fay National Board Award

Taken from Dr. Linda Fried’s address to the National Board upon acceptance of the 2000 Marion Spencer Fay National Board Award on April 2, 2000. Linda was a member of the ELAM 1996-97 Class. She is currently Professor of Medicine and Epidemiology, Director of the Center on Aging and Health, and Deputy Director of Clinical Epidemiology and Health Services Research at The Johns Hopkins University School of Medicine.

SELAM International 2000-2001 Board of Directors

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Immediate Past President	Deborah C. German, MD (<i>ex officio</i>)
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Second Vice-President	Alice J. Speer, MD (2000-2003)
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Program	Christine K. Abrass, MD (2000-2001)
Finance	Roberta E. Sonnino, MD (1999-2002)
Membership/Nomination	Joanne M. Conroy, MD (2000-2001)
Publications	Kristine M. Lohr, MD (1999-2001)

Members

- Nancy E. Gary, MD (1998-2001)
- Kathleen G. Nelson, MD (1999-2002)
- Rosalyn C. Richman, MA (*ex officio*)
- Laura F. Schweitzer, PhD (2000-2003)

Laura F. Schweitzer is also Vice-Chair, 2000 Program Committee, and Chair, 2001 Program Committee.

ANNOUNCING ELAM CLASS OF 2000-2001

The 6th class of the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women consists of women from 38 US and one Canadian medical and dental schools. The 12 new participating institutions are Albert Einstein COM, Baylor COM, East Tennessee State University James H. Quillen COM, Indiana University SOD, Meharry Medical College SOM, UCLA SOM, University of Maryland SOM, University of Minnesota-Minneapolis Medical School, University of Medicine & Dentistry of New Jersey-Newark Medical School and Dental School, and University of South Carolina SOM.

To date, women faculty from 65% of US medical schools and 22% of US dental schools have participated in the yearlong fellowship. Page Morahan, PhD, Co-Director of the ELAM Program and Director of the National Center of Leadership in Academic Medicine at MCP Hahnemann, states the program offers “explicit intervention to accelerate the rate at which women are promoted to top tier positions.” She points out that more than half of the first two classes already have achieved significant career advancement. The Fellows are

Miriam G. Blitzer, PhD, Associate Professor of Pediatrics, University of Maryland SOM, Baltimore MD
Soo Borson, MD, Professor of Psychiatry and Behavioral Sciences, University of Washington SOM, Seattle WA
Lisa H. Bryant, MD, Professor of Psychiatry and Pediatrics, University of South Carolina SOM, Columbia SC
Katherine L. Cauley, PhD, Associate Professor of Medicine and Psychology, Wright State University SOM, Dayton OH
Cheryl M. Coffin, MD, Professor of Pathology, University of Utah SOM, Salt Lake City UT
Angela Diaz, MD, Professor of Pediatrics, Mount Sinai SOM, Mount Sinai/NYU Medical Center, New York NY
Cherae M. Farmer-Dixon, DDS, MSPH, Associate Professor, Meharry Medical College SOD, Nashville TN
Jane C. K. Fitch, MD, Associate Professor of Anesthesiology, Baylor COM, Houston TX
Hope K. Haefner, MD, Associate Professor of Obstetrics and Gynecology, University of Michigan Medical School, Ann Arbor MI
Eve J. Higginbotham, MD, Professor of Ophthalmology, University of Maryland SOM, Baltimore MD
Maria K. Hordinsky, MD, Professor of Dermatology, University of Minnesota SOM, Minneapolis MN
Victoria E. Judd, MD, Professor of Pediatrics, University of Utah SOM, Salt Lake City UT
Barbara B. Kahn, MD, Associate Professor of Medicine, Harvard Medical School, Harvard SOM, Boston MA
Sharon Jean Kaminer, MD, MHS, FAAP, FAAC, Associate Professor of Pediatrics, Medical College of Georgia, Augusta GA
Bronya J. B. Keats, PhD, Professor of Biometry and Genetics, Louisiana State University Health Sciences Center, New Orleans LA

Lela A. Lee, MD, Professor of Dermatology and Medicine, University of Colorado SOM, Denver CO
Theresa F. Lura, MD, Clinical Assistant Professor of Pathology, James H. Quillen COM, East Tennessee State University, Johnson City TN
Marilyn Marx, MD, MMS, FACS, Associate Professor of Surgery, The University of Texas Medical Branch, Galveston TX
Barbara J. McLaughlin, PhD, Professor of Ophthalmology, University of Louisville SOM, Louisville KY
M. Kathryn Menard, MD, MPH, FACOG, Associate Professor of Obstetrics and Gynecology, Biometry and Epidemiology, Medical University of South Carolina, Charleston SC
Dawn S. Milliner, MD, Associate Professor of Internal Medicine and Pediatrics, Mayo Medical School, Rochester MN
Ardythe L. Morrow, PhD, Professor of Pediatrics, Eastern Virginia Medical School, Norfolk VA
Cynthia D. Mulrow, MD, MSc, FACP, Professor of Medicine, University of Texas Science Center, San Antonio, San Antonio TX
Donna M. Murasko, PhD, Professor of Microbiology and Immunology, MCP Hahnemann University SOM, Philadelphia PA
Mary Dekker Nettleman, MD, MS, FACP, Professor of Medicine, Virginia Commonwealth University, Richmond VA
Debra J. Romberger, MD, Associate Professor of Research, Department of Internal Medicine, University of Nebraska Medical Center, Omaha NE
Teresa A. Rummans, MD, Professor of Psychiatry, Mayo Medical School, Rochester MN
Maryjean Schenk, MD, MPH, MS, Associate Professor of Family Medicine, Wayne State University SOM, Detroit MI
Susan B. Shurin, MD, Professor of Pediatrics, Case Western Reserve University SOM, Cleveland OH
Maria L. Soto-Greene, MD, Associate Professor of Medicine, UMDNJ, New Jersey Medical School, Newark NJ
Lori J. Stark, PhD, Professor of Pediatrics, University of Cincinnati COM, Cincinnati OH
Patricia A. Thomas, MD, FCAP, Professor of Pathology, University of Kansas SOM, Kansas City KS
Ann E. Thompson, MD, FACCM, Professor of Anesthesiology, Critical Care Medicine & Pediatrics, Children’s Hospital of Pittsburgh, University of Pittsburgh SOM, Pittsburgh PA
Ann D. Thor, MD, Professor of Pathology and Surgery, Northwestern University Medical School, Evanston IL
Gretchen E. Tietjen, MD, Associate Professor of Neurology, Medical College of Ohio, Ruppert Health Center, Toledo OH
Nanci S. Tofsky, DDS, Associate Professor of Pediatric Dentistry, UMDNJ – New Jersey Dental School, Newark NJ
Janet M. Townsend, MD, Associate Professor of Clinical Family Medicine, Department of Family Medicine, Albert Einstein COM, Montefiore Medical Center, Bronx NY
Margot L. Van Dis, DDS MS, Professor of Oral Surgery/Medicine/Pathology, Indiana University SOD, Indianapolis IN
Amparo C. Villablanca, MD, Associate Professor, Division of Cardiovascular Medicine, University of California, Davis SOM, Davis CA
Elizabeth A. Wagar, MD, Associate Professor of Pathology and Laboratory Medicine, University of California, Los Angeles SOM, Los Angeles CA
Sharon Whiting, MMBBS, FRCPS, Associate Professor of Pediatrics/Neurology, University of Ottawa Faculty of Medicine, Ottawa, Canada
Pamela C. Williams, MD, Associate Professor of Medicine, Meharry Medical College, Nashville TN

ELAM UPDATE

It hardly seems possible that a fifth class has completed the ELAM Program. The past year has many highlights (see article by Linda Adkison et al.). One that stands out for Page and me is the coming together of the 1999-2000 fellows with SELAM at its CE program on March 31, 2000. The SELAM Program involved fellows from the first four ELAM classes. With the conclusion of the April 2000 session, 36 more ELAM fellows have joined the ranks of ELAM alumnae, or ELUMs as Walter Cohen dubbed the first graduates. So we're now up to 160 ELAM alumnae!

Here seems to be the appropriate place to thank and acknowledge the many contributions from ELAM fellows, both past and present, that enhance and strengthen the program. Among these contributions have been:

- Very generous gifts: Nancy S. Hardt, MD (1995-96), and Suanne M. Daves, MD (1996-97), both made end-of-year donations that we have used to upgrade three computers in our office (so that we're now equipped to manage and maintain the SELAM database).
- Application referrals: 39 alumnae from all five classes referred almost half (34) of the 2000-01 applicants.
- ELAM faculty: This past year, Ann S. Chinnis, MD, MHSA (1998-99), was one of ELAM's finance faculty. In years past, we've had other ELAM fellows return as faculty in finance or other areas.
- Sharing of post-ELAM learnings: University of Washington ELUMs Christine K. Abrass, MD (1998-99); Virginia C. Broudy, MD (1999-2000); Lorrie A. Langdale, MD (1997-98); and Catherine M. Otto, MD (1998-99) meet regularly. One product of their ongoing group efforts to leverage their ELAM experience is a template

that we offered the fellows and deans this year for their meeting during the Forum, in which they discuss the fellow's action project and post-ELAM goals. Chris also has a PowerPoint presentation available for any ELUM (cabrass@u.washington.edu). Other examples of sharing post-ELAM learnings have been the thoughtful articles by Chris Abrass and Alice Speer that have appeared in previous issues of *SELAM International News*.

- SELAM Auction 2000: This year's auction, headed by 1997-98 ELUMs Lindsey K. Grossman, MD, and Sarah L. Morgan, MD, was a resounding success. Its proceeds benefit SELAM, and in turn the ELAM Program. We applaud their hard work and thank all who participated by donating and/or purchasing items.
- SELAM CE 2000: SELAM International supported the 1999-2000 fellows for a full day of program on Saturday, April 1. The ELAM fellows had an opportunity to mix with ELAM alumnae and to experience the benefits of the SELAM organization during lunch and at the reception hosted by SELAM International.

Now we are in the midst of preparing for the sixth class. Sessions are *September 15-22, 2000*, and *March 29-April 6, 2001*. If you know you'll be in the Philadelphia area during these times, do let us know...and think about visiting at ELAM. And of course, we will be gathering again October 28-31 during the AAMC Annual Meeting in Chicago. We look forward to seeing you there, particularly at the SELAM reception. Thank you all for your commitment to the ELAM Program and to SELAM. We are eager to hear what you'd like from us as ELAM enhancements for alumnae. Some possible ideas are to offer ELAM syllabi and Forum materials, a private interactive chat room, etc. Let us know what services or products you'd like!

Rosalyn C. Richman, MA



SELAM International President Debbie German presents the SELAM International pin to Dr. Barbara Atkinson.

SELAM MENTOR

Barbara Atkinson, MD

Dr. Barbara Atkinson is Chair of Pathology and Laboratory Medicine at the University of Kansas School of Medicine. She joined KU in January 2000, after many years at MCP Hahnemann where she held several positions, including Chair of Pathology and Dean of the School of Medicine. She has long been a supporter of ELAM and SELAM, and we thank her for agreeing to be our SELAM Mentor.

What are the qualities essential for leaders in medicine?

A lot of this was discussed in a talk I gave on the Yedidia study in 1998. Dr. Yedidia at NYU interviewed Deans and looked at what were critical success factors. He looked at

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why there was such a rapid turnover of Deans, but I think the findings apply to Chairs and others as well. They really are leadership issues. He asked about the perceptions of the role, the expertise, and the assessment, and he asked if the recruitment process was good and if it helped you understand the job. He found most people believed that among the most essential qualities were academic and clinical experience, including managerial experience. This surprised many, since search committees do not often look at this. This is one of the things that have changed in the last few years. Although formal managerial training was not that high, Chairs, even more than Deans, are starting to understand that they need that kind of expertise.

Good interpersonal skills are very important, with some specific personality traits that are not always there. Again it is interesting because these are the soft criteria that search committees don't evaluate. You have to be articulate. You probably can't get past the search committee if you are not, so that one is looked at indirectly. Taking pride in the accomplishments of others applies to both Chairs and Deans. Your job is to help others succeed, and if you don't think of it that way, you are not going to be successful. There is a personal sacrifice in your own research and your own clinical skills, so you must be gratified in the success of others.

Characteristics of successful Deans in the Yedidia study included some of the predictable ones: academic and clinical credibility and experience, and prior experience addressing complex crosscutting issues. The ability to attend to multiple tasks is an extremely important trait, as is the ability, for Deans, to make decisions on institution-wide needs. Obviously Chairs should push their own departments, but they still must recognize that they are in an institution-wide context, or they will be so far out of step with their colleagues that it won't work. The vision of the institutional needs is getting to be more important in things like practice groups, where it isn't only a departmental issue. We are running into it with our practice group now, e.g., how to allocate overhead money. Some practices may benefit high earning departments, but are not in the institutional good. A leader must be able to see this.

The ability to suspend judgment, be patient with the process and tolerate ambiguity is another key characteristic. That is absolutely true for Chairs as well — you have to at least listen. You will ultimately have to make the decision, but you have to be patient with the process, which allows other people in the department and other people in the school to help you make the decision. Then you can go ahead with it. Openness to diverse points of view and good listening skills are not universal traits, but they are things women do well. They are personality characteristics that women tend

to have, which therefore tend to make them good in some of these roles. They can remain flexible but act decisively. Interestingly, in the Yedidia study that polled Deans, the vast majority of respondents were of course men [Interviewer's note: 3 women and 19 male Deans were interviewed], yet these were what they thought were the personality traits of successful Deans.

Acceptance of delayed job gratification was another positive quality raised in the Yedidia study: is there ever any? External factors are less important than internal factors, except that the governance of the institution is the one external issue you have to pay attention to. There are some jobs where the governance makes the job undoable.

The bottom line is that Deans and leaders are usually selected for their credentials, but the people skills are more important. Whatever level you direct, be it a school, a department or a program within a department, you have to pull your people along, and you do that by force of personality, by listening, by teamwork and so on.

How do women lead differently?

They do some of these things better, but what struck me in the Allegheny experience is that we had come from a system that was very autocratic. Then when those individuals were removed, there was a giant void, and as the Dean, I was now the highest authority to look to. While people wanted to design their own medical school, they looked at me to step up there and be the dictator again. There was too much of a void. They wanted a leader to come in who would tell them what to do and "save us." I refused to do it. I told them it was *our* school, we had to do it together and talk about it. *We* needed to decide what *we* wanted, not having one person say this is how it's going to be. This was confusing to people, but after a couple of months, they started taking control and making decisions. Had there been a male Dean, he may have been more apt to step in as a new autocrat. I doubt if it would have worked any better, but that is hard to tell. There clearly was a male-female difference, and people were ambiguous about it.

Another major difference is that women tend to be more verbal about explaining things, and about passing on explanations. They tend to be more open and honest, and sometimes "open" and "honest" tend to shock people. Many have dealt with behind-the-scenes manipulation and women don't tolerate that, so at times they are seen as too direct, not playing the game in the same way.

For now this different style of leadership seems to shock people. Do you think that as more women become leaders, the culture will change and this style will be more accepted or will we have to change our style?

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I don't think we will have to change our style; at least I never had to do that. I think people can adjust to the change, work in it very easily and actually like it, but it also can revert very quickly. And when it does, people speak with their feet and leave if they don't like the new style. That is a problem that comes with leadership changes.

How can we attract more women to leadership positions in academic medicine?

This is something I am very interested in. I think programs like ELAM that allow women to think they have the potential to do it play a huge role. Part of it is that women tend to think that they do not have the potential to be leaders and rise in the role. Just opening that window is the first step. As for many women, for me it was by chance alone that I moved into a leadership position. I was not planning it. I was right out of residency and was made the head of cytology at Penn, because they did not have anyone. The program did well and grew. We got a fellowship. I enjoyed it, and eventually got promoted to Associate Professor. A friend came to my office, told me they were searching for a Chair of Pathology at MCP Hahnemann, and asked me to give her my CV. I wasn't really interested, but she insisted.

So I ended up giving my CV to her, went for the first interview, and got intrigued by the possibilities. I could build something in my own vision, instead of complaining about somebody else's vision or second-guessing others. So it happened. At that point I at least started thinking of "what next,"

what are the possibilities, how would I do things differently if I were in charge. Of course, in picking a spot, you have to pick a place where the vision matches yours. But the big step is getting over that first hurdle of recognizing that you really have a role you can play. You have to get people to recognize that they are leaders, even if what they are leading is a relatively small program. The size and what it is don't matter. Even if it has only one or two people in it, they have to recognize they are its leader, they have to think of what their vision for it is, and what the next step of leadership, next size program, next different issue will be. We have to encourage even the most junior people to do that. Even medical students who run committees or focus groups are running programs. They should think of themselves as leaders that way. It is all part of their leadership experience.

In general, the more women there are, the more women will be attracted to leadership positions.

How do you manage stress?

I don't. This is the toughest question of all. I will certainly listen to any advice anyone can give! The best I can say is try to keep optimistic and focus on the future. Do what you can do, because you can't do a lot about a lot of other things.

What do you enjoy doing for relaxation?

I enjoy looking at birds, walking in the woods with my dog, playing with my dog, cooking with my husband, reading mystery stories — I am not real fond of Dr. Scarpetta, though!

Roberta E. Sonnino, MD



Cheryl Cerminara speaks about the process of change.

***SELAM International
2nd Annual Spring CE Meeting
Two Sides of the Coin:
Raising Dollars and Cutting Costs
While Maintaining an Academic Mission***

Wendy Weinstock Brown, MD, MPH, and her Program Committee (Chris Abrass, Barbara Bayer, Rose Goldstein, Kris Lohr, Roz Richman, Laura Schweitzer, and Roberta Sonnino) organized a dynamite meeting. During her welcome, Wendy referred to a favorite quotation about change, "Only dead fish swim with the current." Meeting participants were the most colorful, alive fish!

Barbara F. Atkinson, MD, our SELAM Mentor this month, gave the Keynote Address, "Innovation and the Survival of Scholarship in the Current Academic Environment – Global View." She reviewed definitions of scholarship, academic, and pedantic before reviewing the issues and threats that academic health centers (AHC) face daily. Her final words: 1. Scholarship is the ability to document experience

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to pass on to others, and 2. The successful AHC will need to expand its traditional outlook and rethink the future.

Dennis J. Kain, MHA, FACHE, Principal in the Search Division of Longshore+Simmons, and Cheryl Cerminara, MEd, Assistant Director of Human Resources, Organizational Development, The Medical College of Georgia, presented "The Process of Change and the Art and Technique of Negotiation." They reminded us that all change is personal. Says Cheryl, "We're not in Kansas anymore," meaning that change is now at a high volume, rapid pace, and high complexity. [Some of us are but even KS isn't KS anymore! -RES] Knowing that resistance to change is natural, ask what the reasons for resistance are and where it's coming from. Then ask how the resistance can be managed, and what it's going to cost. Once a change agent gets into someone's frame of reference, that person can hear, translate, and communicate with all levels within the organization. Expressing, modeling, and reinforcing the values ("Say it, do it, reward it") leads to change.

Six attendees volunteered to participate in an exercise led by Cheryl (see picture). Each member of the fictional search committee was told to treat the person like the characteristic written on the headband – and the wearer didn't know what label she was wearing. The assignment: come up with eight characteristics of a leader. As the exercise progressed, each person began to act like their label, reacting to how they were treated. Each was asked to tell how she felt, and what she thought her label was. The exercise was an effective demonstration of an individual's unconscious adaptation to meet others' perceptions and labeling.



(Left to right) Nancy Day Adams, "Follower"; Debbie German, "Leader"; Kristine Lohr, "Genius"; Rosie Goldstein, "Whiner"; Joanne Conroy, "Invisible"; and Darlene Shaw, "Stupid", role play in an exercise on labeling.

Dennis described the elements of an encounter according to the win-win style of negotiation. First, relate (have a dialogue, focus on the present and future, and build a relationship). Second, explore and listen (understand each side's interest, mission and expectations). Use patience and silence as your weapons. Ask questions if their demands are unreasonable. Third, propose (lay out the draft). Be comfortable with the concept

of concessions. Learn the art of timing, which can increase your bargaining power. Finally, agree (if you understand what you and the other side need, say it – the golden bridge). Generally speaking, don't accept the first offer. Mistakes women make in negotiating: wearing their heart on their sleeve; being too emotional; using words poorly (e.g., "I'm not sure but...I feel...I may be wrong but..."); and explaining rather than speaking to the bottom line.

The ELAM Class of 1999-2000 attended the second day sessions. Claudia Campbell, PhD, Associate Professor and Chair of Health Administration at St. Louis University School of Public Health, spoke about "Savvy Fiscal Management in the Current Environment." She reminded us that we need to know the cost of each unit, and each unit has to cover its cost. To survive, know where your losses are. Then the options are to subsidize, eliminate, or manage to increase the profitability of the unit — but within the context of your mission. She offered six strategies for savvy managers. First, understand your "opportunity costs," e.g., If you choose to teach, then giving up research is an "opportunity cost." Second, find revenues to support unprofitable activity that is part of your mission. Third, educate your faculty about fiscal realities and challenges. Doing that with data gets buy-in. Fourth, develop incentives consistent with your mission, values, and goals. Fifth, share performance statistics – it makes people competitive. Sixth, define expectations, and reward superior performance.

Dan Stickler, MPH, FACHE, and MarieAnn North, MBA, CMPE, both Senior Vice-Presidents with The Hunter Group, provided the viewpoint of outside management consultants. Bottom line: each activity should stand on its own or find the money to support it. Define and reward the desired performance. The consultants' goal is to provide a roadmap to lead the organization out of difficulty. They make suggestions and assess, i.e., identify opportunities for improvement; recommend specific action steps and tools to monitor; and suggest an implementation schedule, defining who (identified by title only) should do what by when. Clients decide whether or not to act on them.

MarieAnn outlined lessons learned. First, deal with big issues when it comes to operational cutbacks. Dealing with small issues, e.g., cutting the coffee service, demoralizes employees, so let the staff assess and decide. Second, the strategy should be beyond the mission and vision, i.e., what needs to happen to be competitive in the future. Third, define success, align incentives to support the strategy ("You get what you want"), and have a written plan that applies to everyone. Communicate the goals to every level. Fourth, limit committees, but give them the authority to implement. When all else is standardized, customer service sets you apart. So hire staff from the hospitality industry, spend money to update the facilities, and provide timely appointments and feedback to patients.

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Kathleen Ann McCarroll, MD, Associate Professor and Chief of Radiology at Detroit Receiving Hospital, Marla J. Gold, MD, Associate Professor of Medicine and Section



(L to R) Marla Gold, Kathleen McCarroll, MarieAnn North, and Dan Stickler listen to Barbara Atkinson give her insights.

Chief, HIV/AIDS Medicine at MCP Hahnemann University Hospital, and Barbara Atkinson, MD, gave their experiential views of what it was like to live through the process of The Hunter Group's visit. Barbara's insights were to keep people focused on what they can control, and keep on with the mission. Kathleen said that after the Hunter Group came, pain was no longer a concept. Information flowed. They stopped saying, "We can't..." Performance was rewarded. Things began to get fixed. Certain people disappeared. But then the consultants left, and the old behavior patterns returned. Marla advised, "Follow your heart. Know where your salary comes from. Know your self-esteem will take a beating, but what you are is really the same before, during, and after."

The meeting ended with four breakout sessions. The recorders summarize two of these below.

Kristine M. Lohr, MD

The New Form of the 3 R's: Redefining, Recognizing, and Rewarding Alternative Scholarship

Breakout session: Page Morahan, PhD, Director, National Center of Leadership in Academic Medicine, MCP Hahnemann, and Laura F. Schweitzer, PhD, Associate Vice President for Health Affairs/Faculty Affairs, University of Louisville

Members of the audience were asked to introduce themselves and solicit questions they wanted answered by the panel:

- Women's Family Needs (Stop the Clock) — how do they fit?
- Recognizing educational initiatives
- Incentive plans

- Tenured faculty as role models
- How to credit collaborative efforts
- How to credit administrative/service effort
- How to credit clinical effort
- How to evaluate faculty that are on clinician/educator or part-time appointments
- Tenure — what does it mean?
- Multi-year contracting as an alternative to tenure

Page began by providing a definition of scholarship up to Ernest Boyer's book, *Scholarship Rediscovered*. The Scholarship of Discovery (research) is the only one that tends to be recognized. Page defined "scholarship" as work having the attributes of "expertise," "new," "public," "peer-reviewed," and "has impact on others." She provided www.the-national-academy.org as a resource. The panel then discussed creating scholarship from everyday activities and asked the group to think of examples from their own lives. The participants came up with the following: a study analyzing admissions outcomes data with respect to retaining physicians for the state; writing papers or creating websites on commonly asked clinical questions; electrophysiology fellowships: a how-to guide for program directors; and how to run a non-profit board. Page urged the participants to think beyond the daily activities they are involved in and make them scholarship opportunities.

Page and Laura then discussed the ways in which their two schools have moved toward a broadening of scholarship. They agreed that one should "create a need to change," and faculty buy-in is essential. They also concurred that it is essential to educate the faculty and the promotion and tenure committee on the broadened definition of scholarship, the virtues of recognizing it and the criteria for evaluation.

Recorder: Laura F. Schweitzer, PhD

Professional Satisfaction and the Academic Milieu

Breakout session: Kristine M. Lohr, MD, Professor of Medicine, University of Tennessee Health Science Center, and Roberta E. Sonnino, MD, Professor and Chief, Pediatric Surgery, University of Kansas SOM

"What gives you personal satisfaction?" asked Kris. The responses from participants included:

- Having BOTH a challenge and a response
- Being challenged and growing at a reasonable pace
- Getting up in the morning and wanting to go to work with a balance of personal and professional lives
- Feeling like I am making a difference
- Being thanked by a patient or anyone

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- Watching a student grow
- Completing a collaborative project
- Having an identifiable project
- Having an R0-1, i.e., independent funding

Most participants agreed that they have personal satisfaction. Many are satisfied but wonder, "Is there something better?"

A discussion of faculty retention followed. As Discussion Leader, Kris offered some valuable insight into retention issues. Some participants felt that there is a "revolving door philosophy." Others stated that faculty are not valued in academic medicine, and we need more and better faculty development programs. Each should be geared toward a person's needs, goals, objectives, and a personal (not institutional) strategic plan. Good mentoring must have the 3 characteristic A's: Available, Adequate, and Appropriate.

The notable quote from this session is, "Satisfaction is an inside job." The group drew a pie chart to reflect a "normal" workday in a 65-hr. workweek:

- 30% sleep
- 39% work
- 31% cooking, eating, doing activities of daily living, taking call at home, etc.

Finally, the group drew a balance scale. On one side were the factors: Make more money. See more patients. Never do anything that is uncompensated. On the other side: Do good work. Be interdisciplinary and collaborative.

The group concluded that balance between the two sides is needed in order to achieve personal satisfaction.

Recorder: Roberta E. Sonnino, MD

Editor's note: Read Page Morahan's column below, and take the quiz to measure *your* job satisfaction.

Strategic Career Planning: Are You Thriving in Your Current Job?

You used to feel excitement about the challenges of your job. But now, do you find that you're not having much fun with the long hours, tremendous pressure, and many tedious details of your clinical, teaching or research position? Do you find yourself rationalizing, "My job is fairly lucrative. I work hard, I'm well paid, so what if I'm not entirely satisfied?"

So What If I'm Not Completely Satisfied?

Our professional life can consume 80% of our waking hours. People who don't enjoy their work drain vital energy from their lives. Trading your aliveness for a paycheck can also hurt your long-term earnings. If you don't like your work, you are very likely to develop a poor attitude or give off negative vibrations. You spend part of your energy working, while part is fighting negative feelings. Though you may think you're hiding it, ***your distress inevitably leaks out.***

You won't be a star performer. You might not even be seen as a positive contributor! You probably won't get a good raise or a promotion. Then, a vicious cycle begins. You get discouraged, your attitude gets worse, and your performance suffers. Getting stuck in this cycle spirals your career downward.

Getting better money on the job begins with job satisfaction. People with high job satisfaction always earn more, often considerably more!

Solution

There are two ways to increase your satisfaction (do both if you like). First, work on the communications and relationships in your current work to make the environment satisfying. Be responsible for creating the satisfaction you want.

For example, take care of those longstanding personnel problems that are eating you up! Second, make sure that you spend your day on tasks you perform well. Get rid of the ones you don't. At this time of change in academic health centers (AHC), there is unparalleled opportunity to mold jobs. If that's impossible, then face reality (the world is not always fair) and get a transfer, or get a new job.

A Quiz to Measure Your Work Satisfaction

1. Have you considered a job or career change for over six months?
2. Have responsibilities and tasks been taken away from you?
3. Have you not had a positive performance appraisal or a promotion in the last two years?
4. Are you concerned about job security?
5. Do you have evidence that you are not valued? Do you feel underpaid or unappreciated?
6. Do you feel you don't have time to do what's important to you on the job?
7. Is your job affecting your health?
8. In your present position, are you repeating yourself (not growing in responsibility)?
9. Has a colleague, a member of your family, or a friend suggested you search for another job?
10. Are your duties increasing without a pay increase?
11. Does work interfere with your personal life?
12. Do you suspect a layoff, takeover, or merger?
13. Do you no longer like and are not energized by what you are doing?
14. Are you concerned about the quality of your AHC's services?

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15. Is your AHC falling behind competitively in today's tough market?
16. Are you excluded from the information network and/or decision making process?
17. Is your present position keeping you from meeting your goals?
18. Are you in need of more income than your job is providing?
19. Be honest now! Have you already mentally shut yourself out from your job?
20. Do you not like the people you work with, or feel you don't fit well within the organization or environment?
21. Is the person you report to on shaky footing?
22. Are you identified with other faculty or administrators who are viewed negatively, or exude negativism?
23. Are you invisible in your AHC, e.g., others don't know how you are contributing to financial success or scholarly recognition?
24. Are you invisible outside your AHC, e.g., others don't know of your accomplishments and capabilities?
25. Are you not being given as much opportunity for training, attending conferences and memberships in professional organizations as others in your department?

Add Up All Your "Yes" Answers

1-6 "Yes" answers:

You're in the right place! Use your "Yes" answers as indicators of where to apply yourself to make your present job even better.

7-11 "Yes" answers:

You may have peaked, begun a transitional period, or begun facing up to the realities of your situation. It may be time to investigate ways to expand. Look within your AHC first. You may discover a new project or opportunity that may use your abilities as well as incorporate your goals.

12 or more "Yes" answers:

Serious work is needed for your security and financial future. If these things go unchecked, you'll find yourself one of the first victims of a downsizing, or stuck in a no growth situation. Again, always work on the present situation along with any job search.

Page S. Morahan, PhD, works with scientists and faculty to provide strategic planning for rewarding careers. She is Co-Director of ELAM, an independent consultant, and member of the ELAM Alliance. To be on an e-mail list to receive periodic mailings on career planning, contact: psmorahan@worldnet.att.net. This article was adapted from Options, Inc and material from Jack Chapman, Lucrative Careers, Inc. and the author of *How to Make \$1000 a Minute*.

ISSUES IN THE WORKPLACE

ELAM FROM THE OTHER SIDE!

I was thrilled — my Dean asked me to be his representative at ELAM this year. I had worked with him to design a plan for our fellow to broaden her ELAM experience once she returned home. I was delighted that I would be the one to present it to her. I also looked forward to seeing what ELAM was like from the "other side." I convinced my friend and ELAM classmate Rosemarie Fisher [Director, Graduate Medical Education, and Professor of Internal Medicine, Yale University SOM], who was also attending the Forum, to stay at the Radnor, rather than at the Gregg, so that we could really see what it was like.

With anticipation on the first day we awaited the little Dean's Bus that would take us to the Gregg. The group was quite sociable and welcoming. Many of the Deans and Dean's reps knew each other. Others had mutual friends. The chit chat on the bus centered around all of the normal medical school woes...decreasing reimbursements, competitive NIH dollars, and faculty retention.

It was strange to arrive at the Gregg and be greeted by the Fellows that I had met earlier in the week at the SELAM CE Meeting. They were now anxious about the arrival of the Deans. Their mood was noticeably more somber. The Forum Session was very interesting this year, as it was last year for my class.

The next morning Page Morahan and Janet Bickel [Associate Vice President, Division of Institutional Planning and Development,, AAMC] held a session for the Deans to sensitize them to Women Faculty Issues. They talked about reentry of ELAM Fellows into their home environment. Janet, Debbie Powell (Dean, University of Kansas SOM), and I presented ways to optimize the resources that they'd invested in their ELAM Fellow. It was an honor to be chosen for the panel, which was received well by the Deans. This gave me the chance to thank my Dean (in absentia) for the opportunities he had presented me with on my reentry.

One favorite part of the experience was walking with and presenting our Fellow with her post-ELAM project. It has been wonderful working with her this year. She is now actively engaged in the project and enjoying it!

Perhaps my favorite part, though, was getting to know this year's ELAM Class of 1999-2000. What a wonderful group of fun, bright, motivated, learned (etc. etc. -- I could go on and on) women!!

Maybe it was a mistake to stay at the Radnor? What do you think, Rosemarie?

Laura F. Schweitzer, PhD, ELAM 1998-99

*Associate Vice-President for Health Affairs/Faculty Affairs
Associate Dean for Faculty Affairs, Associate Dean for Student Affairs, University of Louisville Health Sciences Center*

REENTRY STRATEGY: HOW TO MAKE THE MOST OUT OF YOUR ELAM EXPERIENCE, NO MATTER THE INSTITUTIONAL CONTEXT

Reading "Reentry After ELAM" by Chris Abrass (ELAM 1998-99) and Dean John Coombs in the previous issue brought home the differences in my reentry. Shortly before the ELAM Program started, my nominating mentor announced that he would step down as Dean. After a long illness, he died less than a year after my fellowship. My cheerleader was gone.

Lessons learned...and relearned

First, I grieved. The ELAM Program is meant to initiate change within the fellow, so the "old me" was gone anyway. During the spring ELAM session we learned of classmates' promotions. Many were excited and eager to return. Silently I acknowledged that my transition back to the home institution was decidedly uncertain. On the last day, a classmate told me my unease wasn't unique. Realization #1: I had company within my new ELUM network. As an old English proverb goes, "A smooth sea never made a skilled mariner." I may be seasick, but I'm in great company. During the joint Women in Medicine/SELAM International plenary session at the 1999 AAMC annual meeting "Lessons Learned: Landing On Your Feet During Career Transitions," Dr. Jeffrey Houpt explained that what happens doesn't matter nearly as much to your future career opportunities as how you respond.

Facing reality and exploring new opportunities

Second, upon returning to the home institution, I realized I was much better prepared than many colleagues to understand the paradigm shifts taking place. For one post-ELAM assignment, I discussed the ELAM Program with the soon-to-be Dean. I firmly believed the institution and he could benefit from our investment of time and money in my fellowship. We had a cordial meeting, but I left still uncertain of what my role could be. He did agree to let me develop a pilot project for faculty, albeit with no funds and support staff.

I observed positions change under the new administration. Passing in the hallway, the Dean remarked, "You know, you really have a lot to give to the institution." So I scheduled another meeting to report on the progress of the pilot project, and unsuccessfully negotiated for funds and a small percentage of support personnel effort. The body language was clear, the verbal language noncommittal. I walked out knowing that advancement into administration was not possible, at least for the present.

So my strategic plan was dead. I was angry, yet recognized that focussing on people and things standing in my way temporarily blinded me. First, I nurtured myself with fresh

flowers, chocolate and hugging my dogs to get over it. As Henry Ford said, "A setback is the opportunity to begin again more intelligently." I reassessed my mission statement, and decided to make life-enhancing choices and determine how I needed to change.

Networking

This is hardly the first time that best laid plans didn't work out. This *is* the first time that I had a kaleidoscopic network of ELUMs and ELAM faculty whose strengths and resources I could tap. Change is either growth or deterioration, and I prefer growth. As Roz Richman said, "Keep up your networking so that you're visible and learn the newest trends and opportunities." I let the network know that I was open to the idea of moving.

But there's a potential downside to networks with high achievers. There were times I wanted to withdraw, times I was envious. Sam Keen took up trapeze flying two months prior to his sixty-second birthday. In *Learning to Fly*, he writes about being "sidetracked by comparing [himself] to others." He describes feeling admiration for "the great trapeze artists and [his] more accomplished fellow flyers. But occasionally, some vile alchemy takes place in my ego and I begin to compare their consummate skill with my own awkward efforts and a dark mood overtakes me. I begin to envy rather than celebrate their achievement and to despair of my own." He speaks of "the folly of comparison and judgment." His Eleventh Commandment is, "Thou shalt not compare thyself to others." I'm the one responsible for becoming the best I can be. So a network is just a tool on my path to find the job that engages my passion for creativity and meaning. And I can celebrate my colleagues' achievements.

Strategic planning

Hindsight, of course, adds clarity...for the *next* time. Seeing the former Dean as my sole mentor was akin to putting all my eggs in one basket. Visualizing a position within the Dean's Office as my sole objective was like wearing blinders. Involving more leaders at my institution as mentors would have softened my landing. Lesson learned: better late than never. Plus I can use networking to find multiple mentors nationwide.

After returning from ELAM, I reassessed my skills, responsibilities, goals and objectives in the context of my vision, priorities, and mission statement. I identified areas to work on. When our Division needed a representative on a committee, I volunteered – with conditions. Not only were the conditions met, but also the Department administrators and Division members provided unanimous support. Wow! Cheerleaders! New responsibilities, new titles, new opportunities to learn and enhance my ELAM skills and knowledge.

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The downside? More work! The first time my Division Chief delegated a sticky problem to me in my new role, I thought, "Great. I'm too busy to deal with egos." But then I bit my tongue and said, "Sure, be glad to." To quote Roz, "Gain 'transferable' skills in whatever projects and courses you can." Being the contact that colleagues turn to with problems is one of those mixed blessing compliments. I'm getting practice at approaching problems in a variety of ways.

Relocating

Self-assessment included the uncomfortable thought of moving to enhance my life and fulfill my mission. During the discussion of a vignette at the 1st Annual SELAM International CE Meeting, I had an *aha* moment. Likely the new Dean saw me as a member of the former Dean's team. He had little personal knowledge of me. Accepting this reality took time. I recognized that I very much liked my life away from the institution, enough to put up with a lot at work. I loathed the thought of leaving a great network of friends and extracurricular activities. Staying *or* moving is indeed a choice – each with its own benefits and drawbacks.

Another *aha* gleaned at the SELAM meeting: the average tenure of a Dean today is short. I may "outlive" the current administration, so I needn't feel rushed to move on. A third option is crafting a new position. Continuing to develop new skills, in either a new or old position, is a decent return on the investment of time. For example, my successful proposal for a national teaching award will provide almost half of my salary from an external source. This enables me to develop a teaching center within a newly created interdisciplinary clinic, with my handpicked team of enthusiastic health professionals at the health sciences center.

Optimizing skills may enhance attractiveness as a candidate. Timing is just as important as attitude. The potential downside? Relocating from an unpleasant situation may take me from the frying pan into the fire. The "honeymoon" is often too short. But that's a strategic risk I'm now open to. I don't want to move out of desperation, or to a place where advancement opportunities are limited. Search committees would rather recruit happy, satisfied candidates than disgruntled ones. Satisfaction with life and self is just as important as job satisfaction. I recognize my support within the institution, and I am confident enough to decline when asked to undertake a task that doesn't fit my mission statement.

Flexibility

Roz advises, "Be ready to be flexible. If one door closes, look for other doors and opportunities. You can't plan to the nth degree in this world of change!" Well, sure, tell that to a Type A who's recognized as left-brained from a mile away. You *told* me to compose a mission statement and personal strategic plan! Now you want me to give it up?

Well, not give it up, but modify. John Lennon said, "Life is what happens to you while you're busy making plans." My mission statement, purposely broad, was tough to compose, because I'm so good at mapping specifics. An anonymous sage said, "There are many ways to cross the river." Sometimes the detour turns out to be more fun and rewarding than the planned route. Modify your strategic plan according to what happens along the way, yet maintain the spirit of your mission statement.

Continuing Education

Clifton Fadiman described preparation as a magnet. Today there's a vast array of choices: programs for masters' degrees, books, seminars, workshops, conferences, and fellowships. I sure could rack up degrees and certificates, but never take time to gain experience. I could even develop the reputation of being a *woman* who can't commit! Again, your mission statement, goals and objectives should guide choosing where and how you apply new skills.

Balance

Important to many of the above strategies is balance. Three favorite books are *The Paradox of Success: When Winning at Work Means Losing at Life* by John R. O'Neil, *Balanced Life and Leadership Excellence: A Nurturing Relationship* by Madan Birla, and *Coming Up for Air: How to Build a Balanced Life in a Workaholic World* by Beth Sawi. I work more hours than I play. Making time and space for renewal remains a struggle, and guilt is an unwelcome companion. I'd rather be paid to do something I enjoy rather than experience burnout. Humor and believing in a Higher Power help me keep things in perspective. I can't even begin to think of a downside to balance.

Closing

Wendy Wolf (ELAM 1995-96) says, "If your feet are firmly planted on the ground, you haven't leapt high enough to take risks. If you haven't had a career failure, you're not trying hard enough." The leaps are easier than the failures, but when I look back at my path, I recognize how many first choices I got, and how often I landed on my feet when I changed course. In the thick of disappointment it's easy to forget that.

Hindsight tells me that I'm far more resilient than I give myself credit for. I've done my share of downward spiral thinking, seeing stumbling blocks rather than stepping stones. The ultimate success of the ELAM Program rests with the reentry process and a conscious commitment. As Bill Vaughan said, "In the game of life it's a good idea to have a few early losses, which relieves you of the pressure of trying to maintain an undefeated season." *Play ball with the possibilities!*

Kristine M. Lohr, MD, ELAM 1997-98

Professor of Medicine

Associate Division Chief, Division of Rheumatology

University of Tennessee Health Science Center

Managing Change and Innovation in Medical Organizations

A Course by Andre Delbecq, DBA, and Robert B. Klint, MD, MHA, FACPE

- Assessing your organization's readiness for change
- Contemporary and creative approaches to managing innovation
- Creating heavy weight change implementation teams
- New organizational structures that support a culture of innovation
- Leadership requirements and personal career impacts of rapid change in organizational settings

The American College of Physician Executives (ACPE) hosts a variety of courses several times a year in different locations. These include a series "Physician in Management" I, II and III (an ELAM-like curriculum), Informatics, Ethics, Financial Decision Making, and others. They are very well run, and the curriculum and speakers are well-honed. It's definitely a professional organization.

Shortly before I was to leave for Amelia Island, Nancy Hardt, ELAM Class 1995-1996, called to ask if I wanted to share a room. Her secretary had noticed my name on the "Winter Institute" participant list that was published on the Web. Nancy was taking "Techniques of Financial Decision Making." We had a great time getting to know each other, walking the beach for exercise at lunch, sampling the hotel's five star restaurant at night, and hunting for bargains at a famous "previously-owned" clothing shop during our afternoon off.

There were about 90 participants in the course on Change Management, only three of whom were from academic health centers. The remainder were already physician managers of large group practices, specialty services, or hospitals. I found it a great opportunity to meet and learn from physicians who work in the "real world." The course was taught by Andre Delbecq, a professor in the school of business at Santa Clara University. Material was presented at a moderate pace, in an engaging style, and easy to understand. I rarely found my mind wandering.

The course started with an introduction about the pace of change in our current society, and used a number of examples from Silicon Valley. The initial discussions focused on hierarchical organizations, power silos, and hidden finances as barriers to change – concepts that rang true. We each rated our own institution on its readiness for change. Those that were from military settings rated in the middle; the private sector was the most ready to change, with academia falling into the "unlikely to change in the 21st century" category. From the onset, we learned that change managers need to change. Change is best managed by teams that are assembled for a particular project and disassembled when their task is complete. This is why top managers in today's corporate world often change jobs (companies) every three years. After the stage was set, very concrete examples were provided as to the critical steps, ways to create successful teams, and the establishment of test sites for creating innovation and implementing change. There was a great discussion about overcoming resistance and dealing with the saboteurs. The course ended with the results of studies about the personal characteristics of great leaders (always successful managers of change). My ELAM Class of 1998-1999 chose six qualities of a great leader: integrity, emotional resilience, vision, consensus building, risk taking and enabling others. These were all on the list generated at the ACPE course, but it also included a rich personal life. There were lots of good tips for how to manage personal and professional life, so that you could be an effective manager of change.

I attended the course at a critical transition in my ELAM project. I had done a study to evaluate employment of non-physician clinicians on the acute care wards of our medical center. I had set up several models and analyzed their financial impact. One of the models had some appeal, found a champion, and was considered for implementation. To bring it to reality required change management. At this point, I was able to step back and let the champion push the idea, while I used my newly acquired skills to coach the champion and facilitate the implementation.

It was a great course. The schedule of courses and other information can be obtained by calling the ACPE at 1-800-562-808. If you have additional questions, I can be reached at cabrass@u.washington.edu.

*Christine K. Abrass, MD
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ELAM Class 1998-1999*

BOOK REVIEWS

Chris Abrass, MD, reviews two books on cultural competence and effective communication, particularly important to health care and the status of women.

The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures, Anne Fadiman, Farrar, Strauss and Giroux, LLC, ©1998, paperback, \$14.00

This is a wonderful book about a husband-wife team of primary care physicians in Merced CA and the youngest child of an immigrant Hmong family. The child has seizures. The clash of cultures, differences in beliefs and acceptance of medical treatments, and the lack of translators contributes to frustration for the medical care providers and suspicions, fears and failure to follow the doctor's recommendations on the part of the family. The parents show incredible love for their child, but they are perceived by the medical profession to be incapable of caring for her. Ultimately, this leads to court-ordered foster care. Although both the parents and physicians are extremely dedicated to the child's welfare, neither finds a way to successfully communicate and collaborate to the benefit of the child. This book provides a poignant example of the need for cultural competence in medicine and the potential benefits of a diverse workforce. The story has important lessons that can be generalized to failures of communication between men and women, or others of different viewpoints.

Editor's Note: Dean Deborah Powell, MD, gives this book to all entering medical students and their advisors as mandatory reading before orientation starts. They discuss it during the year at their Academic Societies. (RES)

One Thousand White Women. From the Journals of May Dodd, 3rd Ed., Jim Fergus, St. Martin's Press, LLC, ©1999, paperback, \$13.95

Written in the first person, this is a personal and poignant tale about the participation of one woman in a negotiated trade between President Grant and Chief Little Wolf of the Cheyenne people. A thousand horses were traded for a thousand white women. While the Cheyenne hoped to expand their population through childbearing women and save their people from destruction by the white man, the government hoped to manipulate the Cheyenne to move to reservations and give up their land.

May Dodd, an educated, upper class woman from Chicago, defied her family by marrying a commoner. As punishment for disgracing her family, they had her committed to an insane asylum. May volunteered to be an Indian bride as her only means of escaping imprisonment. In 1875 she headed to Nebraska. This is a beautiful tale of the meeting of two cultures, the contrasts between the good and bad elements of each, and the bravery of a young woman. The status and

value of women in each culture are sharply contrasted. The white and Cheyenne women find many common bonds, and "tend and befriend" during crisis to prevent extinction of the Cheyenne. As May Dodd's grandchildren reflect on the status of the tribe and the changes that have occurred, the reader is reminded of the importance of cultural diversity.

Living in Balance: A Dynamic Approach for Creating Harmony and Wholeness in a Chaotic World, Joel & Michelle Levey, Conari Press, ©1998, paperback, \$17.95

The title of this book gave me great expectations for obtaining all of the answers to successfully balancing the roles that all of us in ELAM have to play from day to day. In short, I was probably looking for pragmatic solutions to everyday problems. This book definitely does not represent a "how to" guide for managing the issues of grant deadlines, patient care issues, finances, family needs, lack of time, etc. Instead it presents a very global approach grounded in Buddhist thinking primarily, but drawing from multiple spiritual sources as well. As such, there is definite value in its transcendental approach, but I cannot, in my wildest dreams, imagine any academic health center CEO deciding to spend the time to read the entire tome. Nor could I imagine the typical NIH researcher approaching the writing of a new grant application using the following thought from the book, "When we hold our thoughts lightly, like wispy cloud formations dancing in a deep clear sky of mind, we are able to see through them to the creative intelligence that underlies and sustains them."

One of the problems concerning the applicability of the book for those of us at ELAM is that the environment at academic health centers today is a competitive and economically driven environment, one that is almost the complete antithesis of the ideal reflective world envisioned in the book. It reminded me of a comment made two decades ago by the dean of the dental school I was attending. The topic of transcendental meditation was brought up. He indicated that he had focused on this for awhile and that, indeed, it had cut down on his stress levels. He gave it up because he "became so mellow that he didn't want to do anything." In other words, he had no desire to maintain the competitive edge. Similarly, this book may be able to reduce one's stress and help with emotional balance to some extent. However, it does not address dealing with significant issues that we cannot avoid in our professions.

The discussion on the concept of expanding one's comfort zone and the continuum of one danger zone ("burnout") to another danger zone ("rustout"), with "learning zones" on either side and the "optimal performance zone" (The Zone) in the middle, was helpful. The discussion on mindfulness was also helpful. So often we move through life not really being conscious of what we do or why we do it. Their com-

continued on page 18

continued from page 17

ment that “you can change only what you are aware of” certainly hit the mark with me.

Imbalance associated with addictive norms of consumerism was an important theme that was amplified throughout the latter portion of the book. I see this also as a problem in health care in that we focus to a great extent on technologies and pharmaceuticals, with little of the health care dollar going to prevention.

In summary, reading the book left me with more questions than answers, questions about how to balance our approaches to total health in this country, questions about how to find the time, both at work and at home, to stay personally balanced, and questions about how, as a leader, to help others achieve balance. Therefore, I would recommend the book as a thought-provoking instrument to lead one to look deep inside for the reasons motivating one’s behavior, both at work and in the personal realm.

*Valerie A. Murrah, DMD, MS
ELAM 1999-2000*

Reframing Organizations: Artistry, Choice, and Leadership, 2nd Ed., Lee G. Bolman and Terrence E. Deal, Jossey-Bass, Inc., Publishers, ©1997, paperback, \$28.95

This book is applicable to anyone belonging to any organization, whether it be a family, community group, academic department or professional agency. Those in leadership and management positions (both men and women) would benefit most.

This book discusses the power of reframing, especially during organizational change, in order to assess if what you see is what is really there. People tend to interpret reality to protect their existing belief system. Reframing is a powerful way to think about an organization’s opportunities and pitfalls, and to view the same situation through four different lenses (structural, human resource, political, and symbolic), each with its own image of reality.

The structural frame sees the organization as a factory. This frame addresses how best to structure the organization to fit the its goals, tasks and context. It emphasizes goals, specialized roles, formal relationships, policies and procedures.

SELAM INTERNATIONAL RECEPTION AT AAMC MEETING

Join us at the SELAM reception if you’re in Chicago IL, October 28, 2000. This is held in conjunction with the Annual AAMC meeting. The reception will be from 6:00-8:00 p.m. at the 410 Club, 410 North Michigan Avenue. *Be there!*

The human resource frame sees the organization as a family and focuses on the relationship between organization and human nature. Building a motivated and committed workforce (participative management, job enrichment, self-managing work groups, organizational democracy, organization development, and quality incentives) is vital. This frame views an organization like an extended family inhabited by people with needs, feelings, prejudices, skills, and limitations. The key challenge is to tailor organizations to people, in order to find a way for individuals to get the job done while feeling good about what they are doing.

The political frame sees the organization as a jungle, political ecosystem, arena, and contest. Scarcity and diversity lead to conflict, bargaining, and games of power. Bargaining, negotiation, coercion, and compromise are part of everyday life. Coalitions form around specific interest groups.

The symbolic frame sees the organization as a temple, tribe, theater, or carnival with symbolic elements of myths, metaphors, stories, humor, play, rituals, and ceremonies. Organizational culture shapes performance. Activities serve as secular theater, expressing fears and joys and kindling spirit. Planning, evaluation, and decision making are more important for what they express than for what they do. Assumptions of rationality are abandoned.

All four frames must be integrated for effective practice and are central issues for leadership, change and ethics. Frames generate distinctive images of effective leaders as architects, servants, advocates, and prophets. Organizations can align frames with different situations or issues that arise in any change effort. Key strategies are training, realignment, creating arenas, and using symbol and ceremony. Four ethics emerge from frames: excellence, caring, justice, and faith. Leaders can build a more ethical organization through gifts of authorship, love, power, and significance.

The importance of artistry is emphasized in order to interpret experience in forms that can be felt, understood, and appreciated. Overemphasis of the rational/technical side contributes to organizational decline. Leaders need an artistic combination of conceptual flexibility and commitment to core values. Leaders need to focus as much on spiritual as well as intellectual development.

*Janet M. Williams, MD
ELAM 1999-2000*

SAVE THE DATES!

3rd Annual SELAM International CE Meeting
March 30 – April 1, 2001
Philadelphia PA

NOTABLE

“Despite substantial increases in the number of female faculty, reports of gender-based discrimination and sexual harassment remain common.” Thus reads the conclusion of “Faculty Perceptions of Gender Discrimination and Sexual Harassment in Academic Medicine” by Carr et al. in the June 6 issue (*Ann Intern Med* 2000;132:889-896). The authors sampled full-time faculty at U.S. medical schools to determine “the prevalence of gender-based discrimination and sexual harassment among both male and female faculty in the full spectrum of medical school departments.” Women scored highest for experiencing the perception of gender-based discrimination and some form of sexual harassment. Only the former was associated with lower career satisfaction. The authors believe these issues to be “of serious concern for leaders of academic medicine.”

Recently featured in the news were research findings of six UCLA psychologists. Remember the “fight or flight” response to stress? No surprise – the studies were done in mostly *male* rats and, in human experiments, only about 17% were women. The psychologists’ research indicates that females of human and other species show a “tend and befriend” response to stress. *The Washington Post* article stated, “When stress mounts, women are more prone to protect and nurture their children (‘tend’) and turn to social networks of supportive females (‘befriend’).” The physiologic basis is attributed to oxytocin, produced in both sexes by stress. This hormone is associated with a calming influence amplified by estrogen and diminished by androgens. Stay tuned — the results will be published in a future issue of *Psychological Review of the American Psychological Association*.

WEBSITES TO VISIT

David Bachrach, MBA, member of the ELAM Consultation Alliance and founder of The Physician Executive’s Coach, Inc.

<http://www.PhysXCoach.com>

Interdisciplinary Women’s Health Care Education Special Interest Group

<http://womenshealth.uc.edu>

The Journal of Gender Specific Medicine
<http://www.mmhc.com/jgsm/about.html>

Gender-specific Links

<http://www.mdnetguide.com/>

[directory.cfm?catlevel=sub&category=42](http://www.mdnetguide.com/directory.cfm?catlevel=sub&category=42)

Partnership for Women’s Health

<http://www.sshrc.ca/english/programinfo/hidgpapers.html>

QUOTABLE

To try to be better is to be better.

-Charlotte Cushman

Failure is just another way to learn how to do something right.

-Marian Wright Edelman

A mediocre idea that generates enthusiasm will go further than a great idea that inspires no one.

-Mary Kay Ash

Yesterday I dared to struggle. Today I dare to win.

-Bernadette Devlin

When my enemies stop hissing, I shall know I’m slipping.

-Maria Callas

To give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity.

-Donald A. Adams

Class is an aura of confidence that is being sure without being cocky. Class has nothing to do with money. Class never runs scared. It is self-discipline and self-knowledge. It’s the surefootedness that comes with having proved you can meet life.

-Ann Landers

I tried to open the door. My knock isn’t that big a sound. But it is like the knock in *The Wizard of Oz*. It set up this echo through the halls until it was heard by everyone.

-Shannon Faulkner

...I have a duty to speak the truth as I see it and to share not just my triumphs, not just the things that felt good, but the pain, the intense, often unmitigating pain. It is important to share how I know survival is survival and not just a walk through the rain.

-Audre Lorde

**2ND ANNUAL SPRING SELAM
INTERNATIONAL CE MEETING SYLLABUS**

Copies of the 180+ page syllabus from the March 31 – April 1, 2000, meeting are available for \$25.00 (includes postage & handling). The syllabus includes outlines and speaker slides from the presentations, plus additional readings and bibliography. Send your check made out to SELAM International to Kimberly A. Weaver, Executive Secretary, ELAM Program and National COL, MCP Hahnemann University, The Gatehouse, 3300 Henry Avenue, Philadelphia PA 19129.

REMEMBER!

- To let us hear about anything you want to share with all.
- To send in your nomination & questions for the next SELAM Mentor.
- To send in book reviews for SELAM News. (You are reading in your spare time, aren't you?)
- To write or send in a topic for Issues in the Workplace.
- To recruit a colleague (or more – unofficial contest to get the most members!) to join SELAM Intl. Prospective members do not have to be ELAMs or ELUMs.
- To nominate a woman for the ELAM program. Send names to Rosalyn Richman.
- Due date for next newsletter is *August 25, 2000*.

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SELAM MEMBERSHIP INFORMATION

SELAM International is committed to the advancement and promotion of women to executive positions in academic health professions through programs that enhance professional development and provide networking and mentoring opportunities.

Active Member: \$200 initiation fee & \$50 annual dues

Associate Member: \$60 initiation fee & \$40 annual dues

For membership information, contact Joanne M. Conroy, MD, Senior Associate Dean, Medical University of South Carolina, P.O. Box 250912, Charleston SC 29425, conroyj@musc.edu.



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