

SELAM News

International

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FROM THE PRESIDENT

Fall has arrived. Most of us are settling into new terms of work and study, scientific and educational discovery and meetings, and all the other activities that make an academic life both hectic and rewarding. As you gear up for your new academic year and schedule events on your busy calendar, I want to be certain that you remember SELAM and the activities that your Board and members are busy planning. By the time you read this, I hope that you will have all received your "save the date" card for the spring SELAM Annual Continuing Education Course entitled "Successful Leadership: Personal, Global, and Digital." This will occur March 30 - April 1, 2001, in Philadelphia. Chris Abrass and her committee are working hard already to make this a very successful session. They are adding a poster session to allow ELUMs and other SELAM members the opportunity to share action projects and other leadership endeavors. Of course, the now standard silent auction will recur. Class dinners are always on tap for Saturday night. Hopefully, many of you will have seen each other at the AAMC Meeting in Chicago in late October and will be ready for another chance to see old and new friends this spring in Philadelphia. At our CE meeting we all tend to recapture that spirit of positive leadership and institutional change management that exudes from members of our dynamic organization.

Speaking of dynamic, you should all be able very soon to surf the Internet and come upon the brand new SELAM International web page (<http://www.selaminternational.org/>). Thanks to Roz Richman's efforts in procuring a domain name and Kris Lohr's work to locate a web page designer and manager, we hope to demonstrate the beta version of our new web page at the October AAMC Meeting. Our webmaster is Donna Kopitsky who designs and manages many other web sites. The site will contain a membership directory that will allow members with passwords to access it. If you haven't got your personal address book up to date and want to find your favorite SELAM friends, you can do so in a flash.

At the SELAM reception Joanne Conroy will kick off our membership drive. Expanded membership is key to our expanding future as an organization. Recently I received notification that another organization founded to promote the advancement of women in higher education, the National Association of Women in Education, decided to dissolve. The reason given was that the association had served its purpose, and sufficient numbers of women had successfully entered higher education. While this may be the case in general with regard to higher education, all of us in academic health centers are only too acutely aware that the glass ceiling is alive and well with respect to administrative positions. [Editor's Note

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*Sharon P. Turner, DDS, JD
President*

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Note: See the AAMC survey “Career Experiences and Plans of Select Women Faculty” in this issue.] I believe that it will be some time before we’ve made so much progress in this regard that we want to disband SELAM. Furthermore, one way we continue to improve the workplace and learning environment for all of our peers and students is to continually reassess leadership. New members with a wider base who share our values of continually striving to improve leadership will broaden our horizons and stimulate us in our organizational mission. So spread the word! Let’s get our membership numbers increased so we have even more wonderful people with whom to network.

In closing, I give kudos to Kris Lohr for all that she does for this organization, not the least of which is editing and producing this newsletter. Without her methodical approach and gentle reminders, the group would be far inferior to where we proudly stand today.

See you in Chicago this October. Remember the SELAM cocktail reception Saturday, October 28, 2000, 6-8 pm, in the Acapulco Room of the Hyatt Regency Chicago. We’ll be recognizing outgoing Dean Layton McCurdy for his support of the ELAM Program and development of female leaders in academic medicine. Thanks to the sponsorship of Rush Medical College and the University of Chicago’s Department of Medicine, the drinks are on the house!

Sharon Turner, DDS, JD
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BUILDING THE KNOWLEDGE BASE

Robert Buckman, chairman of Bulab Holdings and now a Distinguished Delphi Fellow for his work in knowledge management, says that 90% of a company’s knowledge base lies inside the workers’ heads. Bulab Holdings is parent of Buckman Laboratories, named by Teleos Corp. as the 2000 Most Admired Knowledge Enterprise. Buckman cited economist Lester Thurow, “The value of an individual’s knowledge depends upon the smartness with which it is used across the entire system.” So Buckman’s goal is to share or increase the usability of the employees’ tacit knowledge. Here’s what Buckman did to foster maximal communication among employees and foster knowledge growth.

First, create a network on which any employee posts questions and responses. “The discussion continues until the person who raised the issue is satisfied,” says Buckman. Time to resolution of customer problems was accelerated.

Second, capture particularly good knowledge threads electronically and throw into a huge database with a strong search engine.

Third, build trust. Don’t penalize people if their proposals fail. Frequent participators in these discussions, the “proactive knowledge sharers,” are more likely to be promoted.

Fourth, foster a sense of community, e.g., provide free Internet service or an “electronic break room,” and allow play.

Fifth, educate. Provide training with courses for credit that lead to degrees.

EDITOR’S CORNER

Multitasking strikes again. Being late with the newsletter pains me – but I’ll get over it (and learn PageMaker). Besides, this issue is worth waiting for. Just look at all our promotions, new positions, and news of note! Reading Ardythe Morrow’s poem elicited memories of ELAM and strengthened my belief in the depth of SELAM’s network. Take a look at how we deal with stress. Read Rosie Goldstein’s interview of this issue’s SELAM Mentor and learn how Carol Aschenbrener deals with stress, too.

David Bachrach starts his new column with this issue. He applies Robert Fulghum’s teachings to academic health centers. (Hmmm, there *are* days I feel as if I’m dealing with kindergartners.) David is also writing exceptional career advice columns in *Academic Physician and Scientist*. Page Morahan continues her strategic career planning column with useful tips on mentoring. Janet Bickel continues that theme by providing tips on avoiding mentor hell. Mary Martin describes how the ELAM experience changed her and what her re-entry was like. And, as usual, there are some great books recommended.

Our local paper extracted three tips for “on-the-job mind control”

from (get this) *Mademoiselle*. Only one had a trace of usefulness. Offer a handshake called the Topper, with palm facing the ground when you extend it. “This ‘subtle power move,’” says leadership trainer Robert Brown, “will tend to subjugate its object.” First, at the supermarket I scanned the October issue. Yes, there was a career advice column, but it focused on getting ahead without doing the work. I’ll stick with *Working Woman*. Second, I planned to try out the Topper at work when, to my amazement, at a dinner meeting a visiting well-known rheumatologist used the Topper on me! I kept my hand vertical, forcing him to accommodate and shake as equals. Talk about timely lessons!

President Sharon Turner’s note mentions our web page currently under construction. That’s likely to be the first place you can view the dynamite program that Chris Abrass and her busy committee are creating for our 3rd Annual Spring CE Meeting. Joanne Conroy kicks off the SELAM membership campaign during our reception at AAMC. Take a handful of applications and recruit from your campus. E-mail me to send potential members sample newsletters. Membership is a great way to mentor and be mentored. Pass it on!

Kris Lohr

UPDATE ON MEMBERS

SOM: School of Medicine COM: College of Medicine

Promotions & New Positions

ELAM 1996-97

Anne Cather, MD, West Virginia University SOM, is now Vice Chair, Department of Family Medicine, and Associate Dean, Student Services and Professional Development (7/99). In the past four years, Anne tells us that she served as Interim Chair of Family Medicine, and was reelected to another term as Chair of the Board of [University Health Associates] Faculty Practice Plan. In addition, she's been on the Board of Directors of the Family Medicine Academy in West Virginia. She now serves as the Vice-President, in line to be President in two years.

ELAM 1997-98

Sandra J.F. Degen, PhD, University of Cincinnati COM, has been appointed Associate Senior Vice President for Health Affairs (6/00). She writes, "This is an exciting new opportunity to use whatever I have learned about strategic planning and organizational structure." Sandra credits the ELAM intersession interview assignment with introducing her to the person who identified her as the ideal candidate for this position. While she will be maintaining her research (50%, with two NIH grants as PI and two as Co-PI) and administrative responsibilities (20% as Associate Chair of Pediatrics), Sandra will commit 25% of her time to her new role. Her primary focus will be on planning for a major expansion of research programs at UC and Cincinnati Children's Hospital Medical Center. She will serve as a liaison with Hoxworth Blood Center, helping to implement distance learning programs and planning new information technology systems.

Patricia S. Simmons, MD, Mayo Medical School, is "now on the Board of Trustees and its executive committee for all of Mayo Foundation (the superstructure of governance above Mayo Clinic). I serve as Chair of the Board of Mayo Medical Ventures, the revenue-generating arm that is charged with converting our intellectual capital into capital, beyond patient care. I am also Chair of the Board of Health Oasis, Inc., a new company created by Mayo with outside financial partners which is now the home of our health information web activity." Of the last job, she says, "Some of my ELAM experience and peer support have helped me greatly." Patty was quoted in the April issue of *Fast Company*.

Karen Wendelberger Marcdante, MD, Medical College of Wisconsin, has been promoted to Professor of Pediatrics (7/00).

ELAM 1998-99

Sally S. Atherton, PhD, has been appointed Professor and Chair, Department of Cellular Biology and Anatomy, Medical College of Georgia.

Rose Goldstein, MD, CM, FACP, University of Ottawa, has been appointed Assistant Dean, Faculty Affairs (Faculty of Medicine) (7/1/00). The mandate of the Office of Faculty Affairs and Equity, a new structure in the dean's office, is "to be inclusive and support diversity in the Faculty. The areas of proposed responsibility can be divided into three main areas: faculty appointments and career paths; faculty development and support; and equity issues."

Earnestine Willis, MD, MPH, Medical College of Wisconsin, was named Associate Dean for Multicultural Student Affairs. "As Associate Dean, my efforts will be focused on the recruitment, admission, matriculation and graduation of talented applicants from underrepresented ethnic groups into the medical profession... In particular, we will concentrate on increasing the number of

local applicants in the pipeline from the greater Milwaukee area and Midwest, and strengthening our recruiting competitiveness with other medical schools."

ELAM 1999-2000

Halina Brukner, MD, University of Chicago Pritzker SOM, was promoted to Professor of Clinical Medicine (7/1/00).

Lisa G. Kaplowitz, MD, was named Medical Director of Ambulatory Care for the Virginia Commonwealth University Health System. The new health system is a merger of the hospital and physician practice, with an expansion of the hospital authority board. As if this new job wasn't enough of a challenge, Lisa enrolled in the Executive Masters Program in Health Administration at VCU. She was inspired by Jan Clement who taught the accounting section in ELAM last year.

Carolyn E. Reed, MD, Medical University of South Carolina, was appointed Director of the Hollings Cancer Center (6/26/00). She writes, "I am getting a crash course in high level administration. My budget background from ELAM is coming into good use!"

Cynthia M. Tracy, MD, Georgetown University SOM, has been promoted to Professor of Medicine (7/1/00). She also writes that the merger between Medstar and Georgetown has been finalized. She states that her outlook on things have changed since ELAM. Mary Martin writes that Cynthia "actually practices listening and solving one problem at a time instead of so much multi-tasking!"

News of Note

ELAM 1998-99

Catherine deVries, MD, FACS, FAAP, formerly at the Medical College of Georgia, moved to Utah "to start a new adventure. We are taking International Volunteers in Urology (IVU) more national with offices in New York, Chicago, Sacramento, and Utah. I will go to half-time academics at the University of Utah and will spend more time traveling as President of IVU. We now have more training activities in Africa, South America and Asia, and I need to be free to do site visits."

Earnestine Willis, MD, MPH, Associate Professor of Pediatrics and Director of the Center for the Advancement of Urban Children, Medical College of Wisconsin, was named Associate Dean for Multicultural Student Affairs. She also received a five-year, \$2.5 million grant from the Dyson Foundation to expand the Multi-Dimensional Education Program (MDEP). The MDEP was established with five other higher education institutions and 11 community-based organizations to actively involve pediatric residents in community-based medicine, advocacy and collaboration.

ELAM 1999-2000

Linda R. Adkison, PhD, Associate Professor and Genetics Coordinator at Mercer University SOM, was appointed to the AAMC Women in Medicine Coordinating Committee. She is also the author of *What's Holding You Back?* and Keynote Speaker at the WIM Luncheon at the AAMC Annual Meeting, October 31, 2000.

Virginia C. Broudy, MD, Professor of Medicine at University of Washington SOM, has been appointed to the hospital Finance Committee. She has also been elected to the University of Washington Physicians Board of Trustees. Mary Martin notes, "I'm sure they heard how knowledgeable Ginny was in managing the Ann Preston Case at ELAM!" In addition, Dr. Broudy was awarded the 1999-2000 "Outstanding Attending of the Year."

Kathryn A. Cunningham, PhD, Professor of Pharmacology at

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University of Texas Medical Branch at Galveston SOM, just received a grant: NIDA R01 entitled "Neurobehavioral Pharmacology of Stimulants." She is the Principal Investigator, 8/10/2000-6/30/2005, with \$1,515,000 (total costs). Mary Martin writes, "I don't think research gets any better than that! Congratulations, Kathy!"

Mary E. Martin, DDS, MEd, Associate Professor and Assistant Dean for Clinical Affairs, the University of Oklahoma College of Dentistry, received an award from the Board of Regents of the University of Oklahoma for Superior Accomplishment in Professional and University Service. Only one such award is given on the Health Sciences Center Campus yearly. She reports that it is quite rare for a dentist to receive this award. The award came with a check for \$2000.00. Says Mary, "I like that kind of award!"

Elizabeth LaTorre Travis, PhD, Mattie Allen Fair Professor in Cancer Research and Director of Women Faculty Initiatives at The University of Texas MD Anderson Cancer Center, was the recipient of the 2000 Business Professional Women of Texas Award. This annual award recognizes significant contributions and achievements in cancer treatment and research, fosters professional development of women in oncology, and encourages further achievements in the field of cancer.

Leslie A. Will, DMD, MSD, Associate Professor and Chair, Department of Growth and Development, Harvard School of Dental Medicine, is writing two training grants and organizing the program for the American Cleft Palate Association meeting next year. She started a book group at the Harvard School of Dental Medicine. They are reading *Built to Last* by Collins and Porraas.

ELAM 2000-01

Angela Diaz, MD, Professor and Vice Chair, Department of Pediatrics at Mount Sinai School of Medicine, was named to the New York Magazine "Best Doctors" issue (6/5/00) Hall of Fame. She is one of eleven physicians "whose work exemplifies the medical profession's ideal." Although Angela began ELAM as part of the 1999-2000 class, she postponed completing the program. She returned in September 2000 as a member of the 2000-01 class.

Multiple ELAM Classes

The "Readers Respond" column in the August 2000 issue of *AAMC Reporter* published responses from three ELAM alumnae (*Linda R. Adkison, PhD*, Mercer University/ELAM 1999-2000; *Joanna M. Cain, MD*, The Pennsylvania State University/ELAM 1995-96; *Kristine M. Lohr, MD*, The University of Tennessee/ELAM 1997-98) and SELAM member *Leilani Doty, PhD*, University of Florida, to the question, "How can academic medical centers better address sexual harassment and gender-based discrimination?"

ELAM Faculty

Carol Aschenbrener, MD, and *Cathie T. Siders, PhD*, co-authored "Conflict Challenges: Women in Academe" in the Summer 2000 edition of *Female Physician*.

Deborah E. Powell, MD, Executive Dean of the Kansas University School of Medicine, has been named President the United States and Canadian Academy of Pathology.

Change of Address

ELAM 1995-96

Nancy S. Hardt, MD, now uses her nationwide pager, (888) 637-9721.

ELAM 1996-97

Anne Cather, MD, Associate Professor and Vice Chair, Department of Family Medicine, Associate Dean for Student Services and Professional Development, Robert C. Byrd Health Sciences Center, West Virginia University School of Medicine, P.O. Box 9111, Morgantown, WV 26506-9111; tel 304-293-2408; fax 304-293-7814; acather@hsc.wvu.edu will replace acutlip@hsc.wvu.edu.

ELAM 1998-99

Sally S. Atherton, PhD, Professor and Chair, Department of Cellular Biology and Anatomy, R and E Building, Room CB 2915, Medical College of Georgia, Augusta Georgia 39012; tel 706-721-3731; fax 706-721-6120; satherton@mail.mcg.edu

Katherine A. Loveland, PhD, The University of Texas M.D. Anderson Cancer Center, has a new e-mail address: Katherine.A.Loveland@uth.tmc.edu

Lynda H. Powell, PhD, Rush Medical College, address correction: Associate Professor, Department of Preventive Medicine, Rush Medical College, Director, Section of Epidemiology, Rush-Presbyterian-St. Luke's Medical Center, 1700 West Van Buren Street, Suite 470, Chicago, IL 60612

Other

Judith A. Sturnick, PhD, President, The Union Institute, 440 East McMillan Street, Cincinnati, OH 45206-1925; tel (800)486-3116 ext. 1102 (assistant, Ethel Bonner)

New Members

Valerie Arkoosh, MD, Associate Professor of Anesthesiology & Ob/Gyn, Interim Chair of Anesthesiology, MCP Hahnemann University, Mail Stop 310, 245 N. 15th Street, Philadelphia PA 19102; (215)762-7798; fax (215)762-8656; valerie.arkoosh@drexel.edu.

Virginia C. Broudy, MD, Professor of Medicine, University of Washington SOM, and Chief, Section of Hematology, Harborview Medical Center, Box 359756, Harborview Medical Center, 326 9th Avenue, Seattle WA 98104; (206)341-5313; FAX (206)341-5312; vcbroudy@u.washington.edu.

Brenda L. Lonsbury-Martin, PhD, Chandler Professor and Director of Research, Department of Otolaryngology, University of Miami Ear Institute (M805), PO Box 016960, Miami FL 33101-6960; (305)243-4641; fax (305)243-5552; gmart@aol.com

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To My ELAM-mates, With Love

I just wanted to say that –
 You're amazing.
 Powerful,
 Smart,
 Kind,
 Strong.
 Amazing.

I just wanted to say that,
 Although it's so obvious,
 It shouts.

I just wanted to say that
 If you hurt a little bit,
 So do I.

I just wanted to say that
 I wish I'd known you forever
 And now I have that chance.

I just wanted to say that
 I used to write and sing and dance
 And now I will again.

I just wanted to say that
 You deserve to be happy as yourself
 And so do I.

I just wanted to say that –
 Together we are powerful.
 Be smart.
 Be kind.
 Be strong.
 Be you –
 You're amazing.

*Ardythe L. Morrow, PhD
 Professor of Pediatrics
 Eastern Virginia Medical School
 Norfolk VA
 September 22, 2000
 ELAM Class 2000-01*

Editor's Note: Thanks to Ardythe for sharing this special poem with SELAM International members. A member of the 2000-01 class, she wrote this during the Autumn ELAM Program.

Building Interdisciplinary Research Careers in Women's Health Program

Mary Dekker Nettleman, MD, MS, wrote to her ELAM Class of 2000-01: "The Virginia Commonwealth University Institute (Richmond) for Women's Health has recently been notified that it has received an institutional mentored career development award from NIH to stimulate research on women's health. The award is part of the Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program. This program was designed to increase the number of researchers involved in women's health and gender differences issues. The award will fund at least 75% protected time for junior researchers to spend in research training with senior investigators in a mentored interdisciplinary research setting.

A total of 11 BIRCWH awards were made nationally: Baylor College of Medicine, University of Alabama at Birmingham, University of California at Los Angeles, University of California at San Francisco, University of Connecticut Health Center, University of Kentucky Research Foundation, University of Medicine and Dentistry of New Jersey, University of North Carolina at Chapel Hill, Virginia Commonwealth University, Washington University in St. Louis, and Yale University School of Medicine. Additional information about the program can be found at <http://www.nih.gov/news/pr/aug2000/nichd-02.htm>. If you are located at one of these institutions, you may want to inquire about the award because of the substantial protected research time for your junior faculty."

Roz Richman notes, "Amazingly, there are ELAM Fellows and/or alumnae at all 11 institutions receiving the BIRCWH awards." *Editor's Note:* Roz, we're not amazed! We're beginning to expect it!

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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 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.

How Do You Spell Relief?

“A, E, I, O...U what?!”

The picture on the card looked like June Cleaver’s era. “I get rid of stress by mopping my floor and buffing it to a perfect shine. Then I bang my head on it for a couple of hours. How are things with you?”

I laughed, albeit somewhat hysterically. The card and my reaction inspired me to pose the question, “How do *you* get rid of stress?” to SELAM International members. The survey yielded a record number of responses. Our answers paint quite a different picture of today’s working woman.

The majority of answers were downright serious. Humor was laced through many responses. Some of us utilize one major method, often with one or more back-ups. Others routinely choose from a diverse menu. Whatever your method(s) of choice, read on to gain new insights, picture your SELAM colleagues in new ways, and reduce your own level of stress.

Activities, or “Distract me.”

“Working in the yard is very therapeutic. I can always find something to maim, mutilate or kill, with no concern for being arrested. Followed by a long shower, I usually feel considerably better...or at least more objective.”

Linda R. Adkison, PhD, Associate Professor & Genetics Coordinator, Mercer University SOM

“By playing computer games – mainly Shanghai.”

Rosemarie Fisher, MD, Professor of Medicine & Director, Graduate Medical Education, Yale University SOM

“That’s an easy one.... I sew. I take out my computerized Swedish sewing machine “Lars” or my antique feather-weight Singer “Sadie” and work on a quilt. The only way I kept my sanity during my 18 months as interim department chair was to spend at least 2 hours per week quilting. It was a promise I made myself when I agreed to take on the job and a promise that I actually kept.”

Lindsey K. Grossman, MD, Professor of Pediatrics, Medical College of Virginia Campus/VCU

“I get rid of stress by exercising while listening to books on tape – mysteries, thrillers or just great books. Either alone doesn’t work as well. I always have loved to read and this way I get in ‘fun’ reading while getting myself in shape. It also gets me to exercise, since I want to know what happened next in the book. Books on tape are available through libraries (free) or by one month rentals by mail.”

Lisa G. Kaplowitz, MD, Associate Professor of Medicine and Director, HIV/AIDS Center, Virginia Commonwealth University SOM

“I deal with stress several ways, mostly unsuccessfully. First of all, a couple of definitions:

1. Stress: a modern condition caused by intense daily activities, alleviated by HUGE AMOUNTS OF CHOCOLATE

2. Stress is the confusion created when one’s mind overrides the body’s basic desire to choke the living day-lights out of some jerk who desperately deserves it.
3. Stress is when your gut says, ‘No way’ and your mouth says, ‘Sure, no problem.’

So:

1. I often yield to the ‘cure’ suggested in #1.
2. Since I can’t do it for real, I yield to #2 only mentally... but I do it often, so there are lots of mentally choked people out there....
3. In response to #3, I try to say ‘no’, which however I usually fail at (I am undergoing intense tutoring/therapy by my Dean for this), therefore adding to the stress. I have therefore become a Prilosec junkie.
4. When all else fails, I resort to my secret arsenal of heavy weapons: I arm myself with plenty of chocolate, the opera du jour (depending on the mood Puccini, Verdi, Andrea Chenier... lots of heads roll in that one), my trusted camera and go out ‘shooting’. F-stops can do wonders for the soul.”

Roberta Sonnino, MD, Professor of Surgery & Pediatrics and Chief, Section of Pediatric Surgery, University of Kansas SOM

“I get rid of stress by cooking and doing cross-stitch. Also by reading about things other than science and medicine.”

Marilyn J. Telen, MD, Professor of Medicine and Chief, Division of Hematology, Duke University Medical Center

Exercise, or “Sweat it out!”

“Hiking in the mountains, paddling my kayak, working in my metalsmithing studio.”

Chris Abrass, MD, Professor of Medicine and Chief, Immunonephrology, University of Washington SOM

1. Exercising (walking, running, aerobics, dancing)
2. Reflection (spiritual and personal)
3. Communication (family, friends, colleagues)
4. Going out (immersing myself in the community)

“This was fun to think about. It was easy. I guess that means I have had lots of experience!”

Debbie German, MD, Professor of Medicine and Senior Associate Dean, Vanderbilt University SOM

“I lift weights. Right now I’m working on bench-pressing a 7th grader.”

Kate Loveland, PhD, Professor of Psychiatry & Behavioral Sciences and Director, Center for Human Development Research, University of Texas Mental Sciences Institute

“I give a major PRIMAL SCREAM (usually in private) and really try to not allow myself to get put into the stressful situation in the future, if possible (mostly wishful thinking). I also try to walk 3 miles every morning, so if nothing else goes well, I can at least have accomplished something successfully.”

Kathe Nelson, MD, Professor of Pediatrics, Associate Professor of Public Health, Associate Dean for Students, University of Alabama SOM

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“For years I have been a lap swimmer. When I get in the water, put on goggles and ear plugs, and for the next 30-45 minutes swim from one end of the pool to the other, any stress I’ve experienced disappears! It’s also a great place to think through issues and come up with solutions. My goal is to do the equivalent of 100 miles this year.”

Myrna Newland, MD, Associate Professor of Anesthesiology & Director, Equity Office, University of Nebraska Medical Center

“Hey, I need some ideas on this one.... I ride my bike up the mountain, 1 mile up and 10 miles horizontally. When I can’t do that, I hang upside down till all the stress drains out.”

Sue O’Dorisio, MD, PhD, Professor of Pediatrics & Director of Pediatric Hematology/Oncology, University of Iowa

“I go do something physical! Sometimes I read or watch a movie, but exercise seems to be the best stress reducer.”

Kathleen Sazama, MD, JD, MD Anderson Cancer Center

“I try to maintain my workout program for 3-5 days each week. This seems to really help me relax especially after a very stressful day. The biggest way I reduce my stress is to share it with my loving husband who is a physician at our medical center and has similar and many different stressors to mine. After all, misery loves company!”

Mary Lou Voytko, MD, Associate Professor of Pathology, Wake Forest University SOM

Indulgence, or “I deserve it.”

“My way of stress reduction is to take a hot bath and read a romance novel. When things are really grim, I’ll clean a couple of closets and it usually cheers me up!”

Phyllis Beemsterboer, RDH, EdD, Associate Dean for Academic Affairs, Oregon Health Sciences University SOD

“I turned 45 this year and for my midlife crisis I bought a convertible. Driving that home in the evening really does relieve the stress. I feel rather cool driving it, which is sort of weird for someone my age, but nonetheless I feel that way. Also going home to my daughter changes my perspective and makes me easily forget about work. Finally, I try to take a walk every evening (usually by myself, which is just fine). I have conversations with myself and try to work out all of the day’s problems and figure out what I plan to accomplish the next day. Therefore, cool car, kid to go home to, and walk are my solutions.”

Sandra Degen, PhD, Professor of Pediatrics and Associate Chair, Academic Affairs, University of Cincinnati COM

“Go outside without a beeper, preferably with animals, kids, and friends who are not doctors. Proceed to get sweaty and dirty. Enjoy nature.”

Nancy Hardt, MD, Associate Professor, Departments of Pathology and Ob/Gyn, University of Florida COM

“Hug my dogs. Listen to music. Read, especially fiction so my mind can escape. Ride my horse, though I’m learning dressage in which harmony, perfection, and patience are essential. Practice Tai Chi.”

Kris Lohr, MD, Professor of Medicine, University of Tennessee Health Science Center

“Controlling myself until I get home, then I proceed to hug and kiss my kids, and go outside and jump on the trampoline with them.”

Rebecca Twersky, MD, Associate Professor of Anesthesiology and Vice Chair for Research, Long Island Hospital, NY

“Horseback riding in the lush green woods. Taking a whirlpool bath with lavender scent with the door locked, bolted and barricaded. Treating myself to an hour-long deep massage. Gee, I could use one now! Bye!”

Katherine L. Wisner, MD, MS, Professor of Psychiatry and Director, Women’s Services Mood Disorders Program, Case Western Reserve University SOM

Organizing, or “Tidy up and at least something will look orderly.” A.k.a. “Take it out on the mess.”

“If I am so stressed or angry that fire flares from my nostrils and ears, then that is the perfect time to clean out my office and attack those piles of paper or bulging files. One or two hours later, the anger/stress level is down, the trash piles are overflowing into the hallway and there is a sense of space and peace in the office...then in me.”

Leilani Doty, PhD, University of Florida

“I clean and organize things like a maniac! Then, when I am exhausted, I collapse in a bubble bath, complete with fragrance and candles lit...just for me. I also LOCK the bathroom door!! This is the most important step! Being a wife and mother, I need to hide for alone time. A glass of wine or hot tea or coffee beverage adds to the ‘event’! I highly recommend this remedy; although you can skip the cleaning and organizing if you aren’t an ‘SJ’. I somehow can’t leave that step out!”

Mary Martin, DDS, MEd, Associate Professor and Assistant Dean for Clinical Affairs, University of Oklahoma COD

“I wash the dishes, clean my desk but best is to go for a long bike ride.”

Carol Rumack, MD, Professor of Radiology and Pediatrics, Associate Dean for Graduate Medical Education, University of Colorado Health Sciences Center

“I clean house, I change sheets, go through junk in drawers, garages or attics and throw out or give away. I think that common notion is that I can order those things and get a feeling that I have accomplished something instead of feeling powerless.”

Sharon Turner, DDS, JD, Dean, Oregon Health Sciences University SOD

Bottom Line

We certainly share common themes in how we deal with stress: activity, exercise, indulgence, and organization. Some of us still mop floors or its equivalent, but none mention banging our heads on the floor – a significant advance. None of us specifically mention humor, but our humorous replies attest to its role. [Maybe that’s the *u* with a silent *h*!] That we’ve found ways to reduce our stress is important. Which is pretty crucial, considering Hans Selye’s ominous comment, “The ultimate freedom from stress is death.”

Kris Lohr

CAREER EXPERIENCES AND PLANS OF SELECT WOMEN FACULTY

For many years, the Association of American Medical Colleges (AAMC) has organized professional development seminars for junior (instructors and assistant professors) and senior (associate and full professors) women faculty. During 1999, 80 of 123 senior women faculty and 84 of 119 junior women faculty who attended the seminars completed a brief survey. Responses to most items are summarized below (Junior Women's in parentheses). Janet Bickel, MA, Associate Vice President, AAMC, provided the data.

Institutional Issues

- 77% (vs. 71%) strongly agreed or agreed that "faculty morale has worsened in the last three years."
- 77% (vs. 75%) of physician-respondents strongly agreed or agreed that "clinical workload is increasing."
- 56% (vs. 69%) strongly agreed or agreed that their "institution's values and mission seem to be changing significantly."

Career Plans and Gender Equity

- 90% (vs. 89%) strongly agreed or agreed with "I would like to assume more leadership roles in academic medicine."
- 38% (vs. 44%) strongly agreed or agreed with "I am satisfied with my current opportunities to achieve my professional goals."
- 48% (vs. 41%) strongly agreed or agreed with "I receive equitable consideration for raises/bonuses/incentives."
- 32% (vs. 21%) strongly agreed or agreed with "women are making substantial advancements at my institution."
- 43% (vs. 37%) strongly agreed or agreed with "the Dean's office is committed to improving gender equity."

Mentoring

- 78% (vs. 77%) said they had received help from mentor(s) in their professional development.
- For associate and full professors, the most frequent kind of help received was "introductions to others in the field" (40% said "substantially"), followed by "served as an advisor on personal development issues," 37%; and "assisted me with career planning," 30%.
- For assistant professors, the most frequent kind of help received was "assisted me with career planning" (36%).

Performance Assessment

- 69% (vs. 80%) reported that they meet at least annually with their supervisor to review performance and career development.
- 25% of assistant professors said this meeting was "not useful"; senior faculty was not asked.
- 30% (vs. 38%) said their current supervisor/unit head served as their mentor.

Retention in Academic Medicine

- 70% (vs. 59%) predict that they will still be in academic medicine 10 years hence.
- The most likely reason to leave academic medicine would be to "seek greater life/work balance."
- 54% (vs. 14% of assistant professors) said "certain" or "very likely" when asked how likely they are to stay at their current institution.

Editor's Note: Women at senior and junior ranks responded in remarkably similar percentages to the majority of items. Regarding career plans and gender equity, it is heartening to see that 89-90% of attendees want to assume more leadership roles. However, these are women self-selected by seeking professional development. What is disheartening is their level of satisfaction with opportunities, equitable compensation, and institutional commitment to gender equity. Equally disheartening is the utility (futility?) of performance assessments by supervisors. However, the number of women receiving help from mentors suggests that women faculty look elsewhere for assistance in career development. (See Janet's article on mentoring in this issue.) The majority of respondents predict they'll stay in academic medicine, with junior faculty more likely to move.

NOTABLE

London tourists watching the changing of the guard at Buckingham Palace on Saturday saw history being made: Capt. Cynthia Anderson became the first woman to stand guard. She was part of a company of Australian soldiers who have temporarily taken over sentry duty from the usual all-male British guard.

Commercial Appeal 7/2/00

Women's Museum: An Institute for the Future opened in Dallas this autumn. Women in science, politics, literature, entertainment and sports from the 1500s to present are included.

QUOTABLE

As I get older and I have more experience, it is a little more difficult to have someone assume you received an appointment because of your gender than your experience and education. I'm probably not as patient or understanding or tolerant of it as I was when I was younger. Twenty-one years [in law enforcement] ought to count for something.

-Maria Alexander, on her appointment as first female Police Chief in Germantown TN

We've all grown up with fairy tales, and you pretty much know how they pan out if you stick to the rules. So it's about deciding which ones you're going to change.

-Minnie Driver

The future belongs to those who believe in the beauty of their dreams.

-Eleanor Roosevelt

Everything that happens to you is a reflection of what you believe about yourself. We cannot outperform our level of self-esteem. We cannot draw to ourselves more than we think we are worth. We must inspire ourselves by believing we have the power to accomplish everything we set out to do.

-Iylanla Vanzant

ELAM UPDATE

The ELAM office was in high gear as the start of the 2000-01 class approached. The fall (September 15-22, 2000) and spring (March 29-April 6, 2001) sessions are held at the Gregg Conference Center in Bryn Mawr, PA. The Fellows will also attend the AAMC annual meeting in Chicago, October 28-31, including, of course, the SELAM reception on Saturday evening. This sixth ELAM class has 42 Fellows from 38 institutions (12 new). With this class, we have another "first": two institutions (Meharry Medical College and UMDNJ) are represented by two fellows, one from their dental school and one from their medical school. This unique situation provides an opportunity for the dental and medical fellows to work together, especially during intersession assignments, to enhance their learning about each other's area.

Jean C. Kilian, ELAM Project Coordinator, looked forward to greeting the new class. A Native American (of the Micmac tribe) recommends her reading choice: *The Scalpel and the Silver Bear: The First Navajo Woman Surgeon Combines Western Medicine and Traditional Healing* by Lori A. Alvord and Elizabeth C. Van Pelt, 1999. Kim Weaver, Executive Secretary, whom some of you met when she worked at SELAM's spring 2000 continuing education meeting, has been working hard on the SELAM database.

Page Morahan provided her expertise to a number of organizations over the summer. Having been a member of AAMC's Project Committee on Increasing Women's Leadership in Academic Medicine, she consulted with the national AAMC Implementation Committee for the Advancement of Women, including the role of mentoring. Page has also been appointed to facilitate the next steps and action plans developed at the AXXS'99 workshop (Achieving Xcellence in Science: Advancing Women's Contributions to Science through Professional Societies) sponsored by the Office of Research on Women's Health, NIH. [Contact the ELAM office for the 119-page report on the December 1999 workshop.]

Page and I worked on a number of major projects this summer. One, completed with significant help from ELAM's external evaluator, was the submission of a grant proposal to The Robert Wood Johnson Foundation for extension and enhancement of program evaluation. [SELAM President Sharon Turner, Past President Debbie German, and Board Member Nancy Gary lent considerable assistance in this effort as well.] Another has been rigorously researching the various web-based platforms for ELAM. Our goal is to move course and program evaluations to the web; to encourage Fellows' use of the web for "virtual meetings, especially as they collaborate on intersession assignments; to convert and/or enhance some of the curriculum with distance learning modules; and to enable the ELAM and (eventually) SELAM web sites to be more interactive, with document sharing, program sharing, whiteboard, bulletin board and chat room capabilities. That said, we know that these improvements will take resources! Thanks to those who have shared their own experience in this new domain!

I thoroughly enjoyed an outstanding week-long workshop, "Women in Leadership," superbly led by Carole Leland and Helen Astin (with 14 women and one man from academic, corporate and consulting backgrounds). Sponsored by the Cape Cod Institute, the workshop was held in Eastham (noteworthy for having the Cape's oldest continuously operating windmill) and featured optional afternoon or evening recreational activities. It was both pleasurable (and somewhat curious) being on the "other side" of the experience!

Page and I look forward to greeting ELAM and SELAM friends and colleagues at the AAMC annual meeting in Chicago. Please stay in touch...and do let us know if your contact information changes so that we can keep our listserv and directory records up to date.

Rosalyn C. Richman, MA



Carol A. Aschenbrener, MD

SELAM MENTOR

Carol A. Aschenbrener, MD

Dr. Aschenbrener is an organizational consultant and executive coach. She spent nine years in various Dean's Office positions at the University of Iowa College of Medicine and four years as Chancellor of the University of Nebraska Medical Center. Carol is a board-certified neuropathologist. She currently chairs the Executive Board of the National Board of Medical Examiners and holds an appointment as Clinical Professor of Pathology at George Washington University Medical School. She has been a member of the faculty for both the AAMC Professional Development Seminars for Women in Medicine and the ELAM program since their inception. She remains a strong supporter of ELAM and SELAM. Thank you, Carol, for agreeing to be our SELAM mentor.

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What do you think the core qualities of being a leader are?

I would like to refer to the work of Kouzes and Posner, in reference to the three qualities of leaders, from the “followers” point of view. These are:

- 1) Credibility, or trust-worthiness: This is largely a question of a person’s character and can’t be corrected or learned very well;
- 2) Competence: a leader must have basic expertise, knowledge, and skills and competence in the field he/she is leading, or the “professional ticket”;
- 3) Learning and growth: a leader must be engaged in continuing development, so people they are leading can have confidence that the leader is aware of where the field is going and can lead them in a good direction.

From my own leadership experience, I found the following qualities important in order to lead:

- 1) Positive outlook and optimism: the ability to see the opportunities in a situation, rather than the negatives;
- 2) Persistence: the perception of challenges, rather than obstacles in one’s path;
- 3) Ability to learn from experience, especially from your own mistakes;
- 4) Ability to forgive, to not hold grudges, but instead to learn from whatever has happened and move on. Failure to do so leads you to a negative stance and takes up valuable energy;
- 5) A strong sense of self-potency: accurate self-knowledge of talents and limitations. Leaders must have a belief that with their talents, they can accomplish a great deal and shape the future. Belief in the ability of others is also important;
- 6) Possessing large amounts of energy, of the physical, mental and spiritual type. This translates into the ability to keep oneself going for long periods of time, a kind of “hardiness”. Having this kind of energy is related to, but not the same as, physical and spiritual wellness;
- 7) Ability to focus, focus, focus: a leader must define priorities and pursue them, staying on track until the goals are reached and not getting distracted by lesser priorities;
- 8) Have an internal locus of control: in my opinion, this separates the average leader from the very good leader. It means the leader sets his/her own direction, and can therefore not be a victim or blame others;
- 9) Courage: a good leader moves forward in face of his/her fear;
- 10) Finally, I have noticed that many good leaders also seem to have a deep sense of spiritual connection, to something larger than themselves or the human agenda.

How do you think individuals become excellent leaders?

The key is a deep commitment to service. An excellent leader’s agenda is serving others, and goes beyond ego and

self-interests. Leadership is an art, and made up of matters of both the “head” and the “heart”. Depree writes that it is the leader who leads “from the heart” who is an excellent rather than average leader.

What challenges and opportunities do you see for women in academic medicine?

I see almost limitless opportunities for women in academic medicine. Particularly in times of change, there is opportunity for new people to step forward and make a difference. These opportunities include leading from positions of power, as well as situational leadership from any level of the organization. Academic medicine needs qualities that women are encouraged to develop, such as interpersonal skills, ability to form and grow relationships, and ability to consider implications of actions and decisions. Women may be more likely to recognize and understand complex systems. These qualities may give women some advantage in areas now gaining importance in leadership, such as creating supportive work environments and in application of electronic connectivity, for example. Girls are more likely than boys to be encouraged to develop their social networking, relationship and collaboration skills so that women’s talents in these areas tend to be better developed.

However, even though the opportunities are definitely there for women to advance in academic medicine, women need to step up to the plate, and not wait until they are invited!

The major challenge for women in academic medicine, and in advancement in other professions, remains the cultural expectations, which are significant. This leads to conflict between being a good wife, good mother, and a good professional. The latter is predicated on a male model of what being a good physician is, and this model includes a full-time homemaker-wife and limited involvement on the part of the physician in family life. This male-oriented model is changing, both for women and for men, but will likely take another generation to complete. Meanwhile, both men and women pay a price when either move away from the gender stereotype, as the leadership roles in academic medicine are also based on typically male values.

Although the numbers of women in academic medicine are increasing, many women feel like “outsiders” or “newcomers”, and feel like they do not quite belong. Part of the challenge is for women to rise above these feelings, focus, and move forward.

Finally, there are the challenges of very senior women – and men – in organizations. The major challenge is that of isolation. Leaders have fewer people they can confide in or talk to about very important issues and decisions. The way people relate to and behave towards leaders can change, even with people the leader has previously known well. This is largely based on how they view people in authority rather than on how they view you personally, and this can be very difficult to adjust to.

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How can we attract more women to academic medicine?

Women, and men, in academic medicine need to provide role models of a whole life which women might be attracted to. We need to show women in medical training that it is possible to be a whole, happy person and have a successful career in academic medicine. Our image should not indicate that a commitment to academic medicine means everything else in life must take a lower priority in our lives.

Women entering medical careers need to be encouraged to evaluate their opportunities in the context of what they want to do with their lives. We need to help women understand that one can be involved in many aspects of academic medicine, but that these involvements do not have to be served simultaneously. When our call to service and goals has to all be accomplished at the same time, women become overwhelmed. Realistic career paths for academic involvement and advancement, and the ability of women to make these choices, are critical for attracting more women into academic medicine.

How can women move into leadership positions in academic medicine?

In order for women to move into leadership positions in academic medicine, those with leadership promise need to be identified early, encouraged and assisted in developing expertise necessary to advance into these positions. Women need to network with others who can open doors for them later on in their career. Women have to be comfortable moving up to the plate and not standing back and waiting to be invited.

In order to move into leadership positions, women have to understand the sources and uses of power operating in the world of academic medicine. Often, women are uncomfortable "making the power moves" or showing the trappings of power, for example. However, women need to understand the male value system we are working in, and somehow have to "walk in their world" if we are to be able to bring our values to the system. This takes us back to the challenges of the cultural/societal expectations of women and all the challenges I mentioned earlier with regards to women in academic medicine.

Networking with other women is an important part of women becoming leaders in academic medicine. These relationships serve as a reality check and help us recharge our batteries as we try to navigate an institution whose values are predominantly defined by the dominant white male system.

How do women lead differently?

There are not much data to indicate that women actually do lead differently. There are, however, feminine traits that can be brought to leadership. For example, as I mentioned previously, women put more emphasis on relationships, and are more likely to consider the implications of their decisions on others. We tend to be more comfortable with a

participatory style of management. Women may be more likely to recognize and understand complex systems. This could lead to an increased ability to "see the whole" and bring this to their leadership styles. What academic medicine really needs are holistic leaders who bring a balance of masculine and feminine traits to their work.

Who are the people who have most influenced you in your professional career?

My grandfather, who was an eighth grade graduate and natural leader, influenced me a great deal. He taught me three important lessons:

- 1) The best judge of whether you are on track is how you feel when you look at yourself in the mirror. You have to know your own values and whether you are following them honestly.
- 2) Don't take anything that doesn't belong to you. This is about integrity.
- 3) Nobody is better than you are, and you are not better than anybody else is. This is about equality.

Another influential person in my life was a Franciscan nun who taught me in high school. She pushed me to think about my own talents and develop an internal standard for my work, rather than comparing to others.

My former Dean, Jack Epstein, taught me by the Socratic method to develop my own thinking. He is a man of deep integrity who talked and modeled how to work according to one's values.

Margaret Wheatley has more recently influenced my thinking. She emphasizes pursuing clarity of one's own thought and not concentrating on the reactions of others.

What was the biggest challenge for you when you were Chancellor?

As Chancellor, the challenge for me was attending the multiple social obligations, which took a lot of energy and time. This made it difficult for me to have the solitude and regular time for reflection that I need and want. As well, small talk is not a natural skill for me. I have to work on it.

What do you consider one of your recent major accomplishments?

My most satisfying accomplishment has been the nearly 15 years of working with several thousand women in academic medicine in leadership programs. I think this may have had more impact than anything else I have done. I have tried to help women see their own power and talents more clearly, and to give them opportunities to experiment to develop their leadership skills.

What is your priority in your career?

My priority is to help develop and encourage rising leaders, particularly women and people of color, who are committed to social good, and to creating healthy, life-affirming organizations.

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Are there any favorite and influential books you would like to recommend to our readers?

Yes, *Man's Search for Meaning* by Victor Frankl; *Awareness* by Anthony deMello that I have read three times so far; *Finite and Infinite Games* by James Carse; and *Leadership and the New Science: A Simpler Way* by Margaret Wheatley.

What do you enjoy doing for relaxation?

I enjoy reading, outdoor activities, fix-it projects around the house, and spending time with family, especially my granddaughters.

How do you manage stress and burnout?

A good friend helped me establish good stress management habits 20 years ago and now warns me when I begin to lose perspective. I maintain a daily routine of meditation, spiritual reading and exercise which keeps me balanced most of the time. I also play soothing music while working.

When I am feeling stressed, I try to spend time getting back in touch with sensory experience, such as nature hiking or biking, a trip to a museum for one exhibit, or a walk on the beach. I relax going to movies in the theatre. My best refresher is to spend an entire day in silence, out in a beautiful setting.

Rosie Goldstein, MD

Editor's Note: See Carol's book review in this issue.

Too Much College, Not Enough Kindergarten

I once overheard a salesperson in a sophisticated clothing store make this comment under her breath after a less than pleasant exchange with a seemingly un-satisfiable customer. I was struck by its poignancy and reminded of Robert Fulghum's 1986 book, *All I Really Need to Know I Learned in Kindergarten*.

I am truly fortunate to work with bright and driven people. Physicians selected for leadership roles are drawn from a pool of individuals who have proven that they are of well above average intelligence, energy and drive. With this as a given, it has been interesting to explore why some individuals excel, some survive and some fail. They've already proven themselves as effective clinicians, scientists and scholars of medicine. As they assume leadership responsibilities they have to acquire a body of knowledge in the basic disciplines of leadership and management, and an advanced set of skills in how to apply this knowledge.

I have observed, however, that those who excel as leaders also have acquired and refined something else, something very basic and not learned in college or in medical school, in residency or when moving through the ranks of faculty. It's what they learned, in all probability, in kindergarten. These are the essential rules of etiquette (say, "Thank you"),

the primary principles of respect for the other person (say, "I am sorry" when you've wronged them), and the uncompromising elements of integrity (always, always tell the truth).

Now don't misunderstand. I am not talking about avoiding conflict altogether, and I certainly do not endorse an atmosphere of honey-sweet harmony. In fact, I think that healthy competition and responsible criticism is good and has an important place in advancing an organization and its members to optimal levels of performance.

What are the rules? Who writes them? Who enforces them? Do men and women play by the same rules when interacting within their same gender cohort and with one another? What is *your* responsibility to define/re-define the rules and enforce adherence to fair play? Where do *you* start and what do *you* do when others choose not to play the game by the rules...what are the consequences and who is empowered to convey them? Well, what did you learn in kindergarten? Maybe more important, since we likely grew up in an era of gender typecasting/bias, what were your children taught in their formative school experiences?

Let's look further:

- Find out what the written/unwritten rules of behavior are in your organization.
- Identify a vehicle that will allow you to renew these. For example:
 - We are developing a 'Code of Ethics' for the organization.
 - We are revisiting our strategic plan and tuning the institution's Vision/Mission/Values statements.
 - We've had some faculty grievances filed that indicate that this place is in jeopardy of being sued for its 'hostile environment'.
 - I've recently been appointed Associate Dean for Academic Affairs and it seems appropriate that I create a forum through which we can take stock of the current environment.

Take a 'fresh look' and observe common behaviors and assess their effectiveness.

- Here are some undesirable behaviors:
 - We seem to have 1000 points of veto; almost anyone can defer a decision and call for another round of discussion.
 - People spend an inordinate amount of non-productive time engaged in 'gossip' or 'grapevine chatter'.
 - People don't say what they mean to one another...only behind their backs and to others.
 - People seem to look for opportunities to 'get even' or find 'gotcha's', and present these in settings that undermine the other individual.
 - We seem to tolerate mediocre and even sub-par performance. This seems to demoralize the average employee and lower the level of work effort as well as create a sour attitude throughout the organization.

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- Here are some desirable behaviors:
 - People speak their mind in a constructive fashion.
 - We focus on outcomes, rather than on process.
 - We've learned mechanisms for healthy confrontation that focuses on the issues and not on the individual (we don't personalize issues).
 - We look for workable solutions rather than finding fault with proposals.
 - We establish at the outset how, when and by whom decisions will be made, and we stick to those timeframes so as to avoid interminable and non-productive discussion.
 - We are willing to quickly implement 'good' solutions rather than engage in the endless pursuit of perfect answers.
 - We choose the 'correct' setting in which to communicate ... and we do so in a timely fashion.
 - We look out for one another, giving 'heads-up' warnings when appropriate.
 - We have an effective/timely/consistent faculty evaluation process. We know who the non-performers are and it appears that they are getting the message and addressing the concerns or they are leaving, often of their own accord.

Please be assured these behaviors (good and bad) are not gender-specific. Creating an atmosphere that encourages positive behaviors should be a goal, if not an expectation, of all faculty leaders. It may sound crazy, but maybe we need to remind them of what they learned in kindergarten.

As Fulghum said:

- Play fair.
- Don't hit people.
- Put things back where you found them.
- Clean up your own mess.
- Don't take things that aren't yours.
- Say you're sorry when you hurt somebody.
- Wash your hands before you eat.
- Flush.
- Warm cookies and cold milk are good for you.
- Live a balanced life - learn some and think some and draw and paint and sing and dance and play and work every day some.
- Take a nap every afternoon.
- When you go into the world, watch out for traffic, hold hands, and stick together.
- Be aware of wonder.

Some will say that men and women play by a different set of rules ... and that men will never play by 'kindergarten rules'; that their bible is not *All I Really Need to Know I Learned in Kindergarten*, but rather books from the past three decades like Robert Ringer's 1977 classic, *Looking Out For #1*, Harvey Mackay's 1988 best seller, *Swim With The Sharks Without Being Eaten Alive*, or Wess Roberts' 1991 book, *The Leadership Secrets of Attila the Hun*. No

doubt, these books have a place in your reading armamentarium as well, but don't assume that they represent the standard by which all, or even most, men conduct themselves. We live and work as professionals in academic medical centers. As such, we can achieve great things with behaviors that include a healthy respect for one another...and for ourselves. In the end our success requires a degree of balance.

All I Really Need to Know I Learned in Kindergarten: Uncommon Thoughts on Common Things, Robert Fulghum, Ballantine Books, 1986 ISBN #0-8041-0526-X

OK, here are some good, if not 'trendy' business books on leadership written with women in mind: *Hardball for Women: Winning at the Game of Business*, Pat Heim, PhD, and Susan Golant, ISBN #0-4522-7080-4 and *Games Mother Never Taught You* by Betty Lehan Harrigan, ISBN #0-4463-5703-0.

David J. Bachrach helps physicians excel in their leadership roles as executives in academic medical centers. He can be reached at the Physician Executive's Coach, Inc. at www.PhysXCoach.com.

Strategic Career Planning: How to Be Your Own Best Mentor -- Tips for Throughout All Your Career

"The assumption behind mentoring – 'I'll tether myself to one person who will take care of me' – is bankrupt. A better way is to build what I call a 'personal mosaic' of influences, experts and guides." Carol Betz, CEO, Autodesk, Inc., in *Fast Company*, 1999.

The challenge in mentoring is: *how do I connect with mentors?* This often appears a formidable task, especially for junior faculty members, and one they put off. Thus, they remain isolated and lack essential knowledge about the formal and informal rules of career advancement within their school.

There is a persistent myth that mentoring – beyond the graduate student, postdoctoral or fellowship period – shows weakness. The fact is, mentoring is needed now more than at any time in academic history – faculty no longer have the luxury of time to experiment and fail in this rapidly changing, productivity-oriented, very competitive environment. Whether you are junior faculty or senior faculty assuming new and unfamiliar responsibilities, you need to get up to speed as quickly as possible. This means finding others to help you learn the written and unwritten rules of the road and new skills. Mentoring relationships thus help *both* individuals and organizations reach their goals.

"You don't need a single mentor whom you keep throughout your career...What you need is a mindset that allows you to learn from those around you, no matter who they are." Jean Otte, CEO WOMEN Unlimited, in *Fast Company*, September 1998.

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To identify and develop successful, mutually beneficial mentoring relationships:

- Clarify your needs as a mentee as crisply as possible. If you're vague about what you want, chances are you won't get it! Ask yourself questions like: Do I need a review of my curriculum vita and strategic career planning? Do I need to learn skills of writing grants or papers, presentations, time management, setting priorities, etc.? Do I need help in getting introduced and connected to people to enhance my visibility within my discipline or school? Do I need advice on how to handle a difficult work relationship?
- Identify possible people – they can be people above you, peers, or below you – who can help you with each of the particular needs you identified above. The functions of advisors, experts, mentors, sponsors, role models, preceptors, counselors, coaches, confidantes, etc. should not be equated. As Swazey and Anderson have said, "Although they have commonalities, they are not synonymous or interchangeable."
- Recognize what mentors can and cannot do. They can: offer valuable advice, be a sounding board, provide a boost to your confidence, smooth your path, help you survive crises. They cannot: identify hot new trends, make your experiments or teaching or clinics go well, guarantee publication or grants, ensure you will be advanced rapidly, be available always on your schedule for your needs.
- Respect the time limits available for mentoring in today's world. Some mentoring will be a one or two-time meeting to learn a specific skill. Other mentoring may persist until geographic changes make the time problematic. And a few mentoring relationships may last years, becoming truly equal partnerships.
- And most importantly, recognize that mentoring is a mutually rewarding – not a child-parent – reciprocal relationship. Mentees have skills and an obligation to bring activities such as the following to the relationship: give mentors appreciation (how rare that is in our workplaces today!); build their reputation as a skilled and desired mentor; support each other in dealing with issues in both careers; provide trusted and confidential feedback to each other on agreed upon areas; develop mutually useful collaborations; and help each partner clarify goals.

"When you take the time to develop mutually beneficial relationships ... you can comfortably turn to people..when you need help with a career or business decision or transaction, and the people..know that they can turn to you when they need assistance."
Taylor, Networking for Everyone, Indianapolis, IN: JIST Works, 1998.

With this in mind, how do you approach a possible mentor? The way NOT to do it is to ask: "Please be my mentor (for the rest of my career, implied)." Few will take on such

expectations that can never be realistically met in today's world. The better way is to ask explicitly for what you have determined you need, and the time you estimate might be required. For example:

- "I like the way you handle conflicts among the clinical team. Can you show me how you do it? I think it will take several meetings, with me asking you for pointers, and having you observe me with a particular situation and giving me feedback."
- "I need to learn what the promotion requirements really are here. The guidelines are pretty vague. Since you've just been promoted (or since you have just sat on the promotion committee, etc.), I'd appreciate your reviewing my curriculum vita and telling me what you think I need to attend to. And having a follow up meeting with you every six months or so to make sure I'm still on track."
- "I need help in setting priorities. I seem to be fighting fires all the time, and not getting what I know is important for my career done, like writing papers. Somehow you seem to be successful and serene with this. Can you coach me for the next three months or so in how to do this more successfully?"

It is also important to state (implicitly or explicitly) that as the reciprocal relationship develops, you will be available to provide whatever expertise you can. As Kreeger states, "Networking [or mentoring] is first about building relationships. If approached with respect and honesty, there doesn't have to be anything exploitative, apologetic, or schmoozy about it." Remember, both parties bring value to networking and mentoring relationships!

Page S. Morahan, Ph.D., 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 email list to receive periodic mailings on career planning and leadership development, contact: 215-947-6542 or psmorahan@worldnet.att.net. This article includes information from Swazey and Anderson, *Mentors, Advisors, and Role Models in Graduate and Professional Education*, Association of Academic Health Centers, 1996; Lakoski, *Current Biology* 9:153, 1999; Kreeger, *The Scientist*, March 6, 2000; and *Fast Company*.

*Be sure and check out
the new
SELAM PIN!*

ISSUES IN THE WORKPLACE

Life After ELAM

Editor Kris Lohr asked me, as a member of ELAM 1999-2000, to continue writing about the re-entry process. Both Chris Abrass and Kris Lohr have given us their quite different experiences. Being a dentist hasn't made my re-entry so different. I have simply come to believe we are all such unique individuals in similar circumstances that the ELAM experience affects us all in a unique manner. One thing we do share, however, is the fact that participation in ELAM led to a "change" in us. Whether that change is apparent at work or in our personal life, or both, is irrelevant! We are not the same women who went to the American College in September, wondering, "What have I gotten myself into?"

In trying to find a coherent way to put my thoughts on paper, I wrote a list of the Top Ten Ways I have changed since ELAM. I'm sure you all know how therapeutic writing is. Even if you don't journal regularly, I highly recommend putting your thoughts on paper as to how your life has changed. You will be amazed at the growth you see has occurred. This might otherwise go unnoticed by you.

The first change I listed is ...My Attitude. When I came to ELAM I was very unhappy with my work situation. I felt overworked, overwhelmed and underappreciated by everyone! I can assure you I am still overworked and underappreciated; however, I deal with the daily stresses in a much more productive manner. I made some difficult but necessary staff changes. The staff changes, however, would not have been enough to effect this change in me. I feel as if I have a source of strength from which to draw, along with the knowledge that I am very prepared to meet the daily challenges that face me. That is called confidence!

The second change since ELAM is my amount and type of outside reading. I now read from a much broader field of literature relating to higher education, psychology of change, leadership and self-care. I feel much more connected to other educators, not only in the health sciences, but on other campuses as well.

Third is my feeling of being supported both by ELUMs and our ELAM faculty. I framed our class photo and placed it on my computer credenza. I look at the faces of my class members frequently, especially when searching for solutions to a particular problem. It's funny how I can almost hear what some of them would be saying!

Fourth is the way I view my daily "challenges." Before ELAM I plowed ahead in an argument and attempted to be heard by all present. Now I slow down and try to view the problem from everyone else's point of view before I open my mouth. I always try to be fair to all parties, but this is

going a step further. I attempt to "see" the problem from all sides and find a solution that feels like everyone wins. I wish I could say that it always turns out well. It doesn't, but at least I am much more aware of how each of our decisions affects so many people every day.

Number Five? I pay even more attention to my appearance than ever before! I guess Judith had an effect on me after all, or maybe it was just hanging out with Valerie Murrah!

Sixth, I acquired a greater confidence in working at my computer. As I had spent most of my previous years in patient care, I was only a computer rookie when we started ELAM. Although I still call myself a novice, I have no fear of learning a new computer skill and incorporating it in my daily activity. I'm not sure how I survived without the skills I now use so often! Before ELAM I didn't even know how to send an attachment! Roz made sure we learned that quickly.

As I mentioned earlier, when I first came to ELAM I was discouraged with my position. I was unable to see a way out. My biggest problem was looking at the world through a very small viewfinder. As a dentist, I do wear microscopic loops to make those little teeth look bigger. I had a tendency to keep those loops on when looking for opportunities for myself. ELAM taught me to take off the glasses! Number seven: I now see opportunities for myself everywhere I look! Many of these opportunities are outside the dental field. I realize my experiences in dealing with patients, students, faculty and staff have prepared me for just about anything.

In addition to my professional growth, I now make time each week to "feed" my spiritual and creative soul (Number Eight). I enrolled in both Bible study and piano lessons. I had wanted to do both for many years, but felt it would take too much time away from my family and my career. No wonder I was overwhelmed! I never took time for myself. I still need to increase my physical activity, but at least I'm on the right track.

Number Nine: After our workshop, I have much better negotiation skills and some positive results to show for it. My title changed from Assistant Dean to Associate Dean. This came as a result of negotiations with my Dean, when I followed Page's advice to accept more things than just money as a means of appreciation and contract settlement.

And Number Ten! The biggest change in me is how I deal with CHANGE itself. I can't really give credit to any one ELAM experience for this, although the role playing with Tops, Bottoms and Middles was definitely eye opening. I have also continued to read several books including *Who Moved My Cheese?* by Spencer Johnson; *Breaking Free: A Prescription for Personal and Organizational Change* by

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David Noer; and Joan Lunden's *A Bend in the Road is Not the End of the Road*. Even if you're not a Joan Lunden fan (I wasn't), you can gain some pearls of wisdom from her easy to read book. You will also appreciate the fact that, even though you are dealing with daily crises and management problems, at least you're not doing it in front of a million viewers each morning!

Leo Buscaglia said, "To each of us, at certain points of our lives, there come opportunities to rearrange our formulas and assumptions – not necessarily to be rid of the old, but more to profit from adding something new." ELAM was such an opportunity for me. I encourage each of you to schedule a few moments of quiet time to evaluate your life after ELAM and write it down. You'll be surprised at how far you've come!

Mary E. Martin, DDS, MEd, ELAM 1999-2000
Associate Dean of Clinics
University of Oklahoma College of Dentistry

Mentored & Being Mentored Across Differences

In the homogeneous days of yore, the "godfather" model worked to apprentice and guide young men in their professional development. Now that protégés are much more heterogeneous and work is more complex and fast-paced, women are helping professions and businesses to reconceptualize mentoring. What has been referred to as "wo-mentoring" is more about commitment than chemistry, learning than power, and the development of talent than the distribution of plums.

But women still may not fully benefit from these crucial relationships. Women are more likely than men to get stuck in some circle of mentor hell (tor-mentored or de-mented), such as undercrediting, underestimate of potential, or expectations that mentees will provide their mentor with emotional support (e.g., a professional "wife"). Women's careers are frequently derailed or slowed because men with power over them have so little experience with goal-oriented women in the workplace. In addition, women themselves haven't paid enough attention to warning bells or haven't been sufficiently strategic in seeking career advice.

If you detect any pathology in your relationship with your mentor or boss, the earlier you can diagnose and treat it, the better. Does your mentor or boss consider you ungrateful if you challenge his advice? Is he more comfortable with you if you're smiling and deferring than if you're asking questions? Is it a pattern? First, does he have problems with other strong women? Second, with male protégés, are chal-

lenges more likely to be worked through rather than viewed as a threat to the relationship? If there doesn't seem to be a pattern in his relationships with others, your style or the messages you're sending may need work. If his trouble with you *is* repeated in other relationships, the cause may be sexual insecurity (unconscious = unreachable). If so, start strategizing on how to detach and distance yourself; the less dependent you are on any sexually insecure person, the better. If he appears educable (conscious = reachable, e.g., behaviors stemming from a well-meant paternalism), can you or an ally motivate him to examine the negative consequences of his "gender schemas"? If yes, might he become an ally? (N.B.: look for every opportunity to mentor and support male colleagues who are closet feminists).

As background to the above, consider also that relationships occur most naturally between "like" individuals (why men and women are often most relaxed in single-sex groups). In addition, majority individuals (in this case, men) seldom fully empathize with the developmental dilemmas of women, except perhaps fathers who are very tuned in to a daughter's journey. However, some male-female mentoring dyads don't reach fruition because some men relate to women more in terms of their social roles (e.g., father-daughter, husband-wife) than as professionals.

If the problem mentor is a woman, an entirely different set of dynamics is likely at work. To begin with, women tend to put a woman who has "made it" on a kind of pedestal, imagining that she has special superwoman powers. They may feel "personally betrayed" if she is not as helpful as hoped for, holding the senior woman to higher standards than they hold senior men to. Women greater than men anticipate greater risks to becoming a mentor, because of increased visibility and hence possibly negative exposure, and women tend to have less time to mentor. Then there is the Queen Bee phenomenon, i.e., a senior woman who is (consciously or not) threatened by the success of other women, whom she may denigrate or try to control. While this behavior is indefensible, there are clearly many reasons why women in leadership positions feel insecure. That's a subject for another column, but it may be helpful to consider that indeed women leaders frequently find themselves being second-guessed and may overcompensate by becoming too controlling.

It takes two to create problems in a relationship. As suggested above, it's important to examine assumptions. Most women are accustomed to thinking of relationships in terms of support and affiliation. Men tend to be more accustomed to competition and hierarchy, which are more accurate descriptors for relationships in professional education and the workplace. Specifically, female moreso than male medical students seek kindness and approachability in a mentor, so no wonder they are frequently disappointed.

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At any rate, if for any of the above reasons you find yourself short of mentoring while facing a career transition or major job-related decision, consider paying for it, i.e., hiring an executive coach.

In a preventive vein, if you are concerned about a gender or large cultural difference between you and a new or potential mentor, introduce the subject early on in a positive vein. For instance, you might say, "Can we take a few minutes to share information about our backgrounds or important influences growing-up? I'd like to try to prevent erroneous assumptions that might arise because of our differences."

Unrelated to gender or ethnic factors, some people have dysfunctional "mentor receptors" and haven't been successful at either identifying trustworthy advisors or forming networks. Such individuals may be so isolated that their receptors have shriveled for lack of stimulation. Perhaps they've been damaged by some really bad advice, or they've developed an allergic reaction to convention center halls or medical center lounges where networking is most likely to occur. On the other side, perhaps the department chair or lab head from whom they're seeking mentoring has dysfunctional "mentee receptors."

We all need to develop our "mentee receptors" and get better and braver at opening ourselves to those unlike us (knowledge flows in both directions). Some women say that, because they've not had a mentor, they don't feel qualified to mentor. But nearly anyone can be an effective mentor, unless the mentee represents a threat (e.g., unwelcome competition). Perhaps the most important mentoring skills are the most basic: being available, listening, giving feedback, and exploring options without prescribing solutions. But many physicians and scientists tend to vault over these basics, leaving their protégés in the dust. Good advice is to balance *support* (i.e., positive expectations) with *challenge* (e.g., set tasks and articulate incongruence between goals and actions) and *vision* (looking ahead).

Finally, there is no perfect mentor. Actually, as Townsend writes: "The more common experience is a series of people who enter, leave, and reenter our lives, offering small or large gifts of time or support." So think in terms of a constellation or continuum of individuals. It also helps to think of mentoring as a negotiated relationship adapted to the needs of both mentor and protégé. This "empowered" view of mentoring places more responsibilities on the protégé than in the "godfather" model because it depends on a proactive and continuous self-evaluation and articulation of needs and goals.

While the formal, external rewards for mentoring may be few, those devoted to academic medicine understand that

the future health of our enterprise depends on the mentoring of the next generation of leaders. The more uncertain the future, the more vital mentorship is to the profession. The rapidity with which medical organizations are changing is such that today's young physicians are less likely to demonstrate loyalty to institutions and more likely to rely on and be loyal to their mentors.

Notes

1. Dahle, C., Women's Ways of Mentoring, *Fast Company*, pp. 186-196, Sept. 1998
2. Virginia Valian [author of *Why So Slow? The Advancement of Women*, MIT Press, 1998] uses the term "gender schemas" to refer to both men and women's social judgments pertaining to gender which frequently result in women being evaluated as less competent than men. Such judgments are largely nonconscious. Terms such as "sexism" or "gender stereotypes" imply intent. Being a more neutral term, "gender schema" may more effectively open dialogues on this subject.
3. Ragins, B., et al. Gender and Willingness to Mentor in Organizations, *J Management* 19:97-111, 1993.
4. Haapanen, K., et al. Gender differences in the perceptions of mentorship among first- and second-year medical students. *Acad Med* 71:794, 1996.
5. Grady-Weliky, T., et al. New light on needs in the mentor-mentee relationship. In *Educating for Professionalism: Creating a Culture of Humanism in Medical Education*. D. Wear and J. Bickel (Eds.). U. of Iowa. (in press)
6. Bower, D., et al., Support-Challenge-Vision: A Model for Faculty Mentoring, *Medical Teacher* 20:595-7, 1998.
7. Townsend, J., Mentoring at Every Moment, *Family Med*, Sept. 1994.
8. Bickel, J. *Women in Medicine: Getting In, Growing, and Advancing*, Thousand Oaks, CA: Sage Pub. Inc., 2000.
9. Osborn, T.M., et al. Mentorship: Through the Looking Glass into our Future. *Ann. Emerg. Med.*, 34:285-9, 1999.

Janet Bickel, MA
Associate Vice President, AAMC

Editor's Note: Janet covers mentoring in greater detail in Chapter 5 "Mentors: Overcoming the Shortage" of her new book, *Women In Medicine: Getting in, Growing, and Advancing*, Sage Publications, Inc. This book kept me fascinated during a lengthy layover in Detroit. The audience is women who aspire to medical school right up through faculty. I marched a copy right over to our main library!

Women must do twice as much as men do to be thought half as good. Luckily this is not difficult.

Charlotte Whitton

A woman is like a teabag – you never know how strong she is until you put her in hot water.

Eleanor Roosevelt

BOOK REVIEWS

Folger JP, Poole MS, Stutman RK: Working through Conflict: Strategies for Relationships, Groups, and Organizations. New York: Addison-Wesley, 1997

Not a how-to book, this is an extensively annotated, thoughtful review of theoretical approaches to the dynamics of interpersonal conflict. The authors begin by looking at conflict from 11 theoretical frames, highlighting the insights and limitations associated with each of these partial views. They then examine five dimensions that influence the evolution and dynamics of conflict: communication, power, face-saving, climate, and styles of dealing with conflict. The last two chapters address ideas for changing the dynamics of conflict situations.

Throughout the book, the authors emphasize the interactional cycles of conflict. They assert that the "incredibly complex" patterns of conflict can be understood by analysis of their dynamics, the ebb and flow of interaction, and the moves and countermoves. This is in distinct contrast to the many popular "how-to" books that seem to promise lifetime harmony through five (or at most ten) easy steps. Drawing from several major theoretical perspectives, they identify five properties that can be used to "map" an understanding of complex conflict:

1. Conflict interaction is sustained by the moves and countermoves of the participants, which are based on the power that parties exert
2. Patterns of behavior in conflicts tend to perpetuate themselves
3. Conflict moves are embedded in larger interaction sequences
4. As senseless and chaotic as conflict interaction may appear, it has a general direction that can be understood
5. Conflict interaction affects the relationships among participants

Much attention is given to power. The authors stress its relational nature. Power is not a property; it is not "owned" by any individual or group. Rather, power is conferred by others through their endorsement of the resources on which the power is based (money, land or space, goods, influence, personal connections, ability to carry out threats, and ability to generate revenue). The parties' perceptions of their relative power shape their moves and countermoves. Potential moves and challenges of different power relationships are explored, including the dilemmas faced by both the stronger and weaker party when the power is imbalanced.

The chapter on "face-saving" may be of particular interest to women in medicine because of the political dimensions. The authors distinguish positive and negative face. Positive face is "a person's desire to acquire the approval of others." Negative face refers to "the desire for autonomy or to not be imposed on by others." Both are concerns about relationship. Tactics for saving face and giving face in conflict are illustrated with case studies. This chapter would

be stronger if it included examples to illustrate gender and ethnic differences in the operational definition of "face."

Case studies and accompanying questions for the reader are used throughout, both to illustrate and stimulate reflection. While neither a quick nor easy read, this book is a valuable resource to return to again and again to increase understanding of what's really happening in conflict. Conflict is not really about the money, space, control or position; conflict is always about values, relationships and power. The authors draw from diverse perspectives, often looking at conflict in the context of cultural and social norms. While this approach adds complexity to a thorny issue that many would like to have simplified, it is realistic. The reward for sticking with this academic treatment of conflict is an enhanced ability to observe conflict as a pattern of behaviors that are shaped by factors that go well beyond the personal.

Carol A. Aschenbrenner, MD

Walking Out On The Boys by Frances K. Conley; Farrar, Straus and Giroux, New York, 1998, paperback \$13.00.

This enthralling book is Conley's telling of her eye opening and firsthand experience with overwhelming gender discrimination as a tenured full professor of neurosurgery at Stanford University School of Medicine. Written in a straightforward manner, she begins her story with her first day of medical school. This provides the necessary background with which to more fully understand the later events that unfold for her. The recount of her pilgrimage through medical school and neurosurgery residency is filled with stories of how everything was geared to the male paradigm in teaching and how women were largely ignored and treated as second class. She survived because she worked hard and did her job well. Once on faculty at Stanford, Conley recounts her promotions and tenure acquisitions that were accomplished without benefit of mentorship from the chair of neurosurgery. Her knowledge about the requirements for promotion and tenure were derived from her appointment as chair of the Medical Faculty Senate that allowed her to sit in on the Dean's Executive Committee (along with all department chairs). Acquiring a master's degree in management science during her sabbatical provided her with a repertoire of knowledge about strategic planning, analysis of power, and organizational behavior that proved to be very valuable. In addition, she built a highly successful and productive research laboratory that had garnered continuous funding for 16 years.

As the first and only female faculty in the surgical specialties, Conley soon finds that unwillingly she is a role model for other women physicians at Stanford. They come to her with their encounters with sexual harassment and gender discrimination, only to find that changing the culture of the surgeon's world is not on Conley's life agenda. As time progresses, however, Conley is repeatedly exposed to sexual harassment and gender discrimination that is directed towards others around her and towards herself, particularly

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once her protective environment changes as her chair steps down. She describes how her approach and attitudes toward these behaviors evolve with time, from initially accepting them to taking an outspoken stance against them, even to the point of resigning as a tenured full professor. As part of this awakening and crusade by Conley, you become privy to the clandestine agreements being made in the Dean's Office to subvert her position and appoint a chair of neurosurgery that exerts an overt contempt for women. In the end, Conley gets her day but at a price that she acknowledges she would gladly pay again for challenging a culture and system about its attitudes towards women.

Mary Lou Voytko, MD

Editor's Note: This review prompted me to visit my friendly neighborhood bookstore and finally read the book I'd heard so much about. I read it in airplanes and airport lounges on a recent "multi-stop" trip. I've experienced nowhere near the intensity of harassment Dr. Conley faced. However, I identify with the microinequities that pile up. Her book made me feel unhappy but validated. This book is a keeper that should be on the "must read" of medical students and faculty.

RECOMMENDED READING

Books

- *Visionary Leadership* by Burt Nanus
- *How to Become CEO – The Rules for Rising to the Top of Any Organization* by Jeffrey J. Fox (An equally good title would be *How to be a Leader in Your Own Niche!*)

Harvard Business Review Articles

- Abrahamson E. Change Without Pain. HBR July-August, 2000, 75-79
- Bennis W. and J O'Toole. Don't Hire the Wrong CEO. HBR May-June 2000, 71-176.
- Bohn R. Stop Fighting Fires. HBR July-August 2000, 83-91
- Christensen CM and M Overdorf. Meeting the Challenge of Disruptive Change. HBR March-April 2000, 66-76
- Goleman D. Leadership that Gets Results. HBR March-April, 2000, 78-90
- Maccoby M. Narcissistic Leaders – The Incredible Pros. The Inevitable Cons. HBR January-February 2000, 69-77
- Meyerson DE and JK Fletcher. A Modest Manifesto for Shattering the Glass Ceiling, HBR January-February, 2000, 127-136

Linda R. Adkison, PhD

What's Holding You Back? 8 Critical Choices for Women's Success, Linda Austin, MD, Basic Books, 2000.

Linda Austin, MD, associate dean and professor of psychiatry at Medical University of South Carolina (and 1998-99 ELAM alum) has written a book of value to any who "have some awareness that you might be using your talent and energy more productively." Austin maintains that it is not that women fear success but that women have "failed to develop a value sys-

tem that includes high achievement." A major theme of the book is how cultural hostility toward women's ambition has shaped their psychology such that women "cooperate but not initiate, produce but not invent, reflect but not create." And despite progress, "now discrimination takes the forms of 'deeds undone' – collaborations not offered, acknowledgements unvoiced, introductions not made." Other important themes include competition, losing like a woman, and brokering power. Here are a few representative quotes:

- "Women who are mothers have less time for work, so achievement requires extra cleverness in defining problems that are worthy and that will advance their goals; curiously, however, women often respond [by] scaling down their expectations and seeking problems that are less interesting and important."
- "To avoid a sense of victimization about her different career trajectory, the multidimensional woman must accept...that her achievement at work will be delayed...Further, it is often women who reinforce men's undimensionality...freeing their spouses of an equal sense of obligation [for household responsibilities]."
- "Because female leaders have been rare in history, women have only a vague idea of how alpha women behave, and often this idea has been shaped by unflattering media treatment... Many qualities of the alpha female are identical to those of an alpha male...[however] for men being a leader is often...a hyper-masculinity [but] for the female, hyper-femininity is enfeebling...[so] the alpha woman's psychological task is to separate her self-image from society's gender stereotype."
- "Do not take male clustering personally...begin with the assumption that you are welcome in the group."
- "We realize our efforts have been the foundation of civilization, and yet we have been left out of the pages of written history... We must be alert to situations where our capacity for nurturance makes it difficult to set limits with subordinates; our preference for collaboration weakens our capacity to compete; our loyalty limits our ability to safeguard our self-interest."

Janet Bickel and Valarie Clark

Reprinted with permission from *Women in Medicine Update*, Vol. 14, No. 2, Spring 2000.

Editor's Note: Hear Linda talk about her work at the AAMC WIM luncheon, October 31, 2000.

ELEANOR ROOSEVELT'S RULES FOR WOMEN IN PUBLIC LIFE 1936

- You cannot take anything personally.
- You cannot bear grudges.
- You cannot get discouraged too easily.
- You have to take defeat over and over again and pick up and go on.
- Be sure of your facts.
- Argue the other side with a friend until you have found the answer to every point which might be brought up against you.
- Women who are willing to be leaders must stand out and be shot at.
- Every woman in public life needs to develop skin as tough as rhinoceros hide.

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 *December 4, 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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SAVE THE DATES!

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