

SELAM News

International

Published by SELAM International with an unrestricted educational grant from Merck & Co., Inc.



Sharon P. Turner, DDS, JD
President

FROM THE PRESIDENT

I hope that this newsletter finds you recovered from your holiday festivities, settled back into your work day routines and well on your way to conquering those New Year's Resolutions. With regard to your SELAM membership, it's a good time to make sure that you've registered for the 3rd Annual Spring Continuing Education meeting in conjunction with our annual membership meeting in Philadelphia, March 30-31, 2001. We guarantee that the program won't disappoint you, and you'll enjoy getting reconnected with old friends and making new ones. The meeting's theme is Successful Leadership: Personal, Global, Digital. Chris Abrass and her Program Committee (Laura Schweitzer, Marla Gold, Rosie Goldstein, Vivian Reznik, Roz Richman, Darlene Shaw, Alice Speer, Lisa Tedesco, and Elizabeth Travis) have taken the programming yet another leap forward. We encourage every member to come to this wonderful session and BRING AT LEAST ONE FRIEND! What we have is too good not to share. A well attended meeting forms the spring board for an even greater meeting next year and an enhancement for our membership base. If you find that you are absolutely not able to attend, send your friends anyway and strongly consider sending a contribution to SELAM in the amount that would have bolstered the organization if you'd been there – say \$100.00 - \$150.00. Also consider sending articles for the now traditional Silent Auction that accompanies the CE activities and annual meeting. (Mail to Rosalyn C. Richman, MA, MCP Hahnemann University, The Gatehouse, 3300 Henry Ave, Philadelphia PA 19129-1191.) Be sure to include the article's value so you can get your statement for tax deduction purposes. If you haven't seen Lindsey Grossman and Sarah Morgan perform as auctioneers, you've truly missed something delightfully funny and refreshingly effective in the fundraising arena.

Other upcoming activities this spring include our continuing membership drive, further development of our website, and a SELAM reception at the spring American Dental Education Association Meeting in Chicago modeled after our very successful event at the Association of American Medical Colleges (AAMC) Meeting in October 2000. As President I've been busy writing letters to several special groups of individuals soliciting membership so we can grow and keep the strong, very positive momentum that we've started. If your Women's Liaison Officer (WLO) or dean hasn't received a letter from me in the past three months, let me know so I can see that he or she gets one soon.

Looking back over the autumn, we had a marvelous reception at the AAMC Meeting, thanks to the hard work of several members of your Board of Directors. All deans of US and Canadian medical schools received printed invitations to the reception as well as follow-up personal letters. At least 30 deans attended. After a short organized program, we presented a well deserved award to Dr. Layton McCurdy to recognize all that he's done at the Medical University of South Carolina to advance women into leadership positions. Members of the 2000-01 ELAM Class were introduced. Each Fellow had a few seconds at the microphone on her own! Over 200 people attended the reception and stayed a long time, truly enjoying the event. We're grateful to Rush University and The University of Chicago's Department of Medicine for sponsoring this event, and to Vivian Reznik who procured their support.

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I've had a very special year with this organization. I look forward to seeing Joanne Conroy continue to move the ball forward as I pass SELAM's leadership on to her in March. I'm confident that significant progress will continue under her leadership. I thank all of you for the opportunity you've given me to serve as your president. I will definitely still be seeing you around. Finally, I have to say that Kris Lohr continues to be the glue that holds the Board together and gets this continually improving newsletter to your desks. Without Kris, there are no records, no agendas, no meetings scheduled and no newsletter. Remember to tell her what a great job she is doing the next time you see her. *[Editor's note: And thanks to Chris Abrass, Mary Martin, Roz Richman, and Roberta Sonnino, your hardworking Publications Committee.]*

*Sharon Turner, DDS, JD
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OOPS CENTER

Correct title of Janet Bickel's article in the September 2000 issue: MENTORING AND BEING MENTORED ACROSS DIFFERENCES. Those who want a version with the references included in the text should contact Janet Bickel, jbickel@aamc.org.

In *Update on Members* in the last issue, the Editor gave Linda Adkison credit for writing Linda Austin's book *What's Holding You Back?* and being the Keynote Speaker at the WIM Luncheon at the recent AAMC Annual Meeting. However, she gave proper credit to Linda Austin in Janet Bickel and Valarie Clark's review of Linda's book.

Ellen Goodman wrote a column, "Oops center needed in imperfect world." She related a story by jazz musician Artie Shaw. At the Ritz he "ordered a bacon, lettuce and tomato sandwich -- hold the mayo, crisp the bacon. When the sandwich arrived at his room with limp bacon and gobs of mayo, he protested: 'This suite costs \$2,400 a day. Why can't I have what I want?' The waiter looked at him and answered: 'Sir, it is an imperfect world.'"

EDITOR'S CORNER

Wow, this is really the new millennium! And what a way to start it with this issue, chock full of practical advice and inspiration.

Our *Updates on Members* is shorter, but I bet it's not because SELAM members aren't doing and achieving. We're shy?!? Remember -- we need to promote our accomplishments.

ELAM Fellow Susan Shurin reports on the Fall Session. Reading it made me want to go back. Roz Richman updates us on the exciting progress in ELAM, using e-Learning. (Trying to assemble Learning Lab members for a conference call may be obsolete!) We'll be proud to have Susan and her classmates join us in SELAM. Joanne Conroy outlines the goals of our membership drive, and the benefits of joining. Accept her challenge -- renew your dues (if you haven't already) and recruit ELUMs and non-ELUMs as members. There are so many talented, capable women in academics who would be a joy to network with.

Chris Abrass snagged Janet Bickel as our SELAM mentor. Read her story about hard work and being in the right place at the right time. Her insights about being change agents in the areas of gender bias and outdated organizational norms are rallying calls to all professional women.

QUOTABLE

I'm kind of honored to be [called] a dragon lady. The dragon is a very powerful, mythical animal - well, probably they think I'm powerful, thank you very much.

Yoko Ono

Everything that's happened to me has made me the woman I am today. I like that person. I respect her. She's courageous and honest. Regrets? Life did to me what life does. It presents you with opportunities, and sometimes it pushes you down, but it makes you what you are.

Della Reese

The snowman is, of course, white, invariably male and generally adult. It's no coincidence that the snowman is generally male and erected in front of the home, while the woman of the house is inside toiling.

*Tricia Cusack, Art Historian
University of Birmingham, England*

The person who says it cannot be done should not interrupt the person doing it.

Chinese proverb

To fill a dream, to be allowed to sweat over lonely labor, to be given a chance to create, is the meat and potatoes of life. The money is the gravy.

Bette Davis

Far away in the sunshine are my highest aspirations. I may not reach them, but I can look up and see the beauty, believe in them and try to follow where they lead.

Louisa May Alcott

ELAM Fellow Theresa Lura probably had second thoughts about my being her partner. I recruited her to share her notes as the AAMC Meeting reporter. David Bachrach and Page Morahan discuss passion and leadership in their respective columns. Sara Rusch summarizes how to deal with conflict, a reprise of her session at the 1st Annual Spring SELAM CE meeting. Winnie Lanoix presents the first in a series on diversity. Share a chuckle with SELAM members who describe their most stressful work-related moments.

In the Fall 2000 issue of *El Portal Passage* women shared their experiences at smashing glass ceilings and gender barriers. Carol Harter, PhD, President of University of Nevada, Las Vegas, said that women are more visible and under more scrutiny than their male counterparts. "You just have to prove that you can do the job. And prove it over and over." Elizabeth L. Mathiew, Esq., President and CEO of Neuberger Berman Trust Companies, advises, "Only take a job that really interests you. Because if it really interests you and you're able to do it, you'll do it well. And if you do something well, you will grow from that experience and be ready for the next experience....I'm not a person who thinks in terms of power. I think in terms of achievement."

Here's to achievement, you powerful SELAM members!

Kris Lohr

UPDATE ON MEMBERS

SOM: School of Medicine COM: College of Medicine
SOD: School of Dentistry COD: College of Dentistry

Promotions & New Positions

ELAM 1998-1999

Linda Austin, MD, Professor of Psychiatry and formerly Associate Dean for Public Education, was promoted to Associate Dean of Continuing Medical Education and Public Education at the Medical University of South Carolina.

Catherine Otto, MD, was named Acting Head, Division of Cardiology, University of Washington SOM, effective 3/1/01.

Laura Schweitzer, PhD, Associate Vice President for Health Affairs/Faculty Affairs and Associate Dean for Student Affairs at University of Louisville Health Science Center, becomes Dean of the School of Allied Health Sciences, effective January 1, 2001. She remains Associate Vice President for Health Affairs/Faculty Affairs but is relinquishing her student affairs title.

ELAM 1999-2000

Cynthia Tracy, MD, Georgetown University SOM, was appointed interim Chief of Cardiology.

ELAM 2000-01

Mimi Blitzer, PhD, University of Maryland SOM, was promoted to Professor of Pediatrics.

Barbara B. Kahn, MD, Harvard School of Medicine, was promoted to Professor of Medicine.

Bronya J. B. Keats, PhD, Louisiana State University SOM, was promoted to Professor and appointed Head, Department of Genetics.

Pamela C. Williams, MD, Meharry Medical College SOM, was promoted to Vice Dean for Student and Academic Affairs.

News of Note

ELAM 1997-98

Sandra Degen, PhD, Professor of Pediatrics, University of Cincinnati COM, has been named to the Editorial Board of the *Journal of Biological Chemistry* starting July 2001.

Immediately following her last day of work on June 30, 2000, *Kathleen M. Kim, MD*, Associate Professor & Deputy Head of Psychiatry, University of Illinois at Chicago COM, gave birth to healthy 8 lb. 8 oz. Michael Kim Rattner on July 1, 2000. Dr. Zachary Rattner, proud father, is simply overjoyed. Those who attended the SELAM reception at the AAMC meeting got to meet them.

ELAM 1998-99

Susan T. Reisine, PhD, Professor & Head, Department of Behavioral Sciences & Community Health, University of Connecticut School of Dental Medicine, received \$2.5 million total for an NIH K-12 training grant, the UCONN Center for Interdisciplinary Research in Women's Health. This will support four scholars/faculty members for a minimum of two years for career development in women's health research.

Carol M. Rumack, MD, Professor of Radiology & Pediatrics, University of Colorado Health Sciences Center, became a member of the Radiology Residency Review Committee (RRC) in 1999. She was appointed Vice Chair of the RRC in 2000.

ELAM 1999-2000

Marlene Rabinovitch, MD, Professor of Pediatrics, University of Toronto Faculty of Medicine, relayed news of her wedding engagement to Roz Richman and Page Morahan when they visited Toronto.

Sandra K. Willsie, D.O., Vice-Dean of Academic Affairs, Administration and Medical Affairs, University of Health Sciences, College

of Osteopathic Medicine, Kansas City, MO, was married May 13, 2000, at Church of the Resurrection in Leawood KS. The reception and dinner dance were held at Leawood Country Club. She and her husband spent their honeymoon in Athens, Greece, with a 7-day cruise to the Greek Islands, Effesus and Istanbul, Turkey.

ELAM 2000-01

Miriam (Mimi) Blitzer, PhD, Associate Professor of Pediatrics and Chief, Division of Human Genetics, University of Maryland SOM, was elected President of the American Board of Medical Genetics (a member board of ABMS), beginning January 2001.

Marilyn Marx, MD, Associate Professor, Department of Surgery and Chief Medical Director of Outpatient Services, University of Texas Medical Branch (Galveston), completed a Master of Business Administration degree.

ELAM Fellow and Faculty

Eve J. Higginbotham, MD, 2000-01 ELAM Fellow and Professor and Chair, Department of Ophthalmology, University of Maryland SOM, and *Deborah E. Powell, MD*, Executive Dean and Vice Chancellor for Clinical Affairs, University of Kansas SOM, and ELAM Advisory Committee Member were elected to membership in the Institute of Medicine in 2000. The press release and complete list of new members are available online at <http://www4.nationalacademies.org/news/nsf/isbn/101600?OpenDocument>.

SELAM

New Members

Bonnie J. Dattel, MD, ELAM 1999-2000, Professor and Assistant Dean for Women's Affairs, Associate Director, MFM, Eastern Virginia Medical School, 825 Fairfax Avenue, Suite 310, Hofheimer Hall, Norfolk VA 23507; (757)446-7902; fax (757)624-2254; dattelbj@evms.edu.

Angela Diaz, MD, ELAM 2000-01, Professor & Vice Chair, Department of Pediatrics, & Director, Adolescent Health Center, 320 E. 94th Street, 2nd Floor, New York NY 10128; (212)423-2900; fax (212)423-2920; angela.diaz@mountsinai.org

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Lois Margaret Nora, MD, JD, ELAM 1996-97, Professor of Neurology and Associate Dean, Academic Affairs & Administration, University of Kentucky COM, 800 Rose Street, MN 104, Lexington KY 40536-0298; (859)257-5286; fax (859) 323-2076; lmnora1@pop.uky.edu.

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Report from ELAM Program for Women, Class of 2000-2001

I spent the week of September 14-22, 2000, in Bryn Mawr, PA, just outside Philadelphia, at the Executive Leadership in Academic Medicine (ELAM) Program for women. There are 42 of us in the sixth ELAM class. All the participants are Associate or Full Professors at medical and dental schools across the country, with one person from Canada. Most are physicians or dentists, some are PhD basic scientists and several are psychologists. All are in leadership positions in their departments or universities, with five department chairs. The average age is 47, with 7 of us in our 50's.

The ELAM Fall Session was extremely well done, and unbelievably valuable. It was often painful, since it involves learning a lot about yourself, as well as the cognitive curriculum. Part of the idea is to establish networks, so there is a lot of working in groups. It is hands-on to engage adult learning styles. Getting to know and work with each other, which is hard to script but possible to encourage, is a big part of the program. The major components are the following:

- **Learning elementary financial skills** — basic accounting, how to interpret financial statements, how to assess an institution's financial position, how to figure out whether you can actually afford to do anything within an institution, how to assess and predict changes in the environment.
- **Learning about ourselves.** The Myers-Briggs Type Indicator (MBTI) is filled out ahead of time. A series of exercises helps you understand what it all means in a graphic way.
- **Learning about ourselves within the institution.** A series of questionnaires is filled out by some of your peers, people who report to you, and your boss, and the aggregate data are returned to you. This "360-degree feedback" gives you a picture about how you are viewed by people you work with - what they see as your strengths and weaknesses, and where you should focus work to improve your performance. This, as you can imagine, was not easy to take for most of us, but they helped us figure out where opinions were coming from. It is absolutely invaluable. We had individual career counseling sessions, and some group discussions about career planning.
- **Learning our own history.** We visited MCP-Hahnemann, a direct descendant of Woman's Medical College, and heard from alumna Nancy Gary, MD, who was Dean at the Uniformed Services University of Health Sciences and Albany Medical College, and now President of ECFMG. We skimmed some history of women in medicine. This was completely new to some of us, and parts of it were new to the rest. Some discussions of the history of women in leadership positions involved saying out loud some things I have not heard said explicitly before, and were very thought-provoking.
- **Learning about the systems in which we work.** We did some exercises on how one's power position affects our be-

havior towards each other. We did some reading and discussed the systems we work in. We met with three sitting deans. They were extremely forthcoming about the experience of being in charge from both personal and professional standpoints.

The major things I gained from this demanding and very valuable experience included:

- **In the systems in which we work, power is not given, but taken.** This is sort of obvious, I guess, but is in radical distinction to the situation in most of the executive management literature I read, which focuses on institutions which have a clear focus, instead of being "loosely coupled," as ours are termed. This puts a whole different spin on not being given the resources to do a job you have been instructed to do. It also helps explain some of the frustrating aspects of the major discrepancies between what leaders say they want and what they actually do.
- **Being able to do your own financial analyses is essential** if you are to make changes that are in accord with your values, so that you're not at the mercy of someone who interprets reports for you.
- **It is essential to know yourself, your strengths and limitations, and the people you are working with, as well as the structure of the institution.** This is not "new news," but is certainly reinforced by this week's events.
- A major reason women fail at leadership jobs is that **we tend to isolate ourselves**, not ask for or get enough help and feedback. We often do not know we are in trouble until it is too late.
- **We need to know a whole lot more of our own history than we do.**

The other participants are absolutely phenomenal. It is humbling to be with a group as accomplished and wonderful as these women. I had the feeling I sometimes get working with bright students, that all is not lost if the future is in the hands of people such as these. Ideally, every man and woman serious about leadership in any institution would do well to participate in a program such as this. I have not done any others and thus cannot compare, but the emphasis on collaboration and staying connected, as well as on knowing where you need to direct your own efforts at self-development, seemed greater here than in some of the programs I have seen described. It is extremely intensive in use of resources and scarce talent, so it can't be duplicated or done easily. We met at the AAMC meeting in Chicago, October 28-31, 2000. We return to spend eight days in the spring back at ELAM. I am working intensively on several projects at home in the meantime.

*Susan B. Shurin, MD, Professor of Pediatrics
Chief, Pediatric Hematology
Case Western Reserve University*

NOTABLE

Chris Abrass brought Dean Falk's letter (*Nature* 407:833, October 19,2000) to the Editor's attention. Chris writes, "It provides data showing that women in science have achieved immortality; at least none are documented to die. This has always interested me since women are conspicuously absent from obituaries of noteworthy people and obits in general." Based on Falk's analysis of death notices and obituaries in *Nature* (1949-99) and *Science* (1949-69), he writes that "women scientists rarely die. Once word of this acquired immortality gets out, women should flock to scientific careers."

Catalyst's Top Ten Tactics to Cracking the Glass Ceiling

- Measure women's advancement
- Move women into line positions
- Find mentors for women
- Create women's networks
- Make culture change happen
- Promote women
- Get women into nontraditional work
- Promote women in professional firms
- Support customized career planning
- Make flexibility work

The Glass Ceiling 2000: The History, Progress and Strategies for Advancing Women. A Guide to Catalyst's Research 1995-2000

Ellen Goodman wrote 12/6/00, "Election year 2000 will bring a record number of women, The Lucky Thirteen, to the Senate. It will also clock a record number of women -- 59 -- going to the House of Representatives...[but] there will actually be fewer women in state legislatures....It's not that women aren't winning; it's that enough aren't running....The biggest hurdle may not be the dream but the reality: The same epidemic difficulty of balancing family with overwork. Add to that campaigning and commuting."

CALL FOR NOMINATIONS

The positions of Third Vice-President and one Member-at-Large become vacant this year. Please send your nominations to Secretary Kris Lohr, MD (klohr@utm.edu, or UT Health Science Center, 956 Court, Room E320, Memphis TN 38163). The Nominations Committee will send out a ballot via e-mail.

On Passion and Diversity

Passion is a powerful word. Often we think of passion in terms of our sexuality, but it has a far greater application in our lives. Martha Graham has said that great dancers are not great because of their technique; they are great because of their passion.

This is true of any endeavor. To be passionate about something is to throw our whole selves into it. And it seems to me where there is passion, where there is willingness to throw our whole selves into something, there is joy.

So I ask you, what are you passionate about? What are you doing when you experience great joy? This is what you are meant to do.

Jim Rosemergy

Genius is eternal patience.

Michaelangelo

Mankind will endure when the world appreciates the logic of diversity.

Indira Ghandi

If the shoe doesn't fit, must we change the foot?

Gloria Steinem

**SELAM International
2000-2001 Board of Directors**

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- Nancy E. Gary, MD (1998-2001)
- Kathleen G. Nelson, MD (1999-2002)
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- Laura F. Schweitzer, PhD (2000-2003)

Laura F. Schweitzer is also Vice-Chair, 2001 Program Committee, and Chair, 2002 Program Committee.

SELAM's Fall 2000 Membership Drive

SELAM International membership has grown steadily over the past two years among both ELAM graduates and affiliate members. Currently we retain approximately 40-45% of all ELAM graduates as SELAM members (see below). Much of this is due to the enthusiastic support of Roz Richman and Page Morahan, and personal visits of SELAM leadership to the spring ELAM sessions. The following data are as of September 2000:

Class of 1995-1996	18
Class of 1996-1997	17
Class of 1997-1998	22
Class of 1998-1999	7
Class of 1999-2000	7
Active SELAM Members	71

Our goal for the year 2000-2001 is to increase SELAM membership of ELAM graduates by over 20%. We will rely on class leadership to enlist new members and retain current members. Obviously, our focus will be to sustain membership in the first three classes and attract new members from the last two classes and the current class.

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Membership attrition is a challenge for every professional society. With limited Continuing Education (CE) support and greater daily work demands, professional societies need to continually reassess the value they offer to their members. For a minimal \$50 renewal fee (\$40 for affiliate members), SELAM membership includes participation in the SELAM listserv, *SELAM International News*, and discounted registration at the annual spring SELAM CE meeting. SELAM members are involved in the AAMC Women in Medicine Committee and its sessions at the annual AAMC meeting, and are often asked to contribute as panel members at these same meetings.

SELAM supports ELAM core curriculum functions, and sponsors an outstanding yearly spring CE meeting in Philadelphia. We also host a cocktail reception at the AAMC annual fall meeting. This year we invited the medical and dental school Deans and their assistants to the reception to introduce them to both SELAM and ELAM, and to kick off our membership drive. We also honored an outgoing Dean who supported ELAM both internally and externally. These are the *tangible* benefits of SELAM membership. The true value of SELAM membership, however, is in the *intangible* benefits, including access to and support of the SELAM network. Maintaining your SELAM membership is like putting money in the bank. You have to make some deposits before you can withdraw. However, the rate of return is outstanding...proving to be one of the best investments you can make in your future.

The Membership Drive kicked off at the end of September 2000. It continues as e-mail and snail mail reminders to ELAM graduates and current SELAM members. Class leadership will be used to contact colleagues who have let their memberships lapse. For current members, the renewal date is December 31 of each year. New members contacted during our membership drive will receive a membership good until December 31, 2001. Members joining out of cycle will have their dues prorated.

In addition to our formal fall membership drive and our pitch at the AAMC annual meeting reception, we encourage attendees to increase the network by bringing a colleague to the spring SELAM CE meeting. This is a great mentorship opportunity, especially for female colleagues.

SELAM initiation/membership fee for new members is \$250. Yearly renewal is \$50. Affiliate membership/initiation fee is \$100 and renewal is \$40.

So, if you haven't renewed your dues, please do it now. If you're receiving this newsletter and aren't an active member, please join. And please recruit a colleague -- male or female -- to join. The common goal is a commitment 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.

Joanne M. Conroy, MD
First Vice-President

ELAM UPDATE

It's hard to believe that Y2K has come to a close! The ELAM Program's Fall 2000 session (September 15-22) brought new and returning faculty for a stimulating week. Faculty members included three ELAM alumnae: Ann Chinnis, MD ('98-99), and Nancy Hardt, MD ('95-96), ably taught the finance unit (with Jan Clement, PhD, of Virginia Commonwealth University, ELAM's partner for the MSHA option; and Denise Marbach, of PricewaterhouseCoopers); and Sharon Turner, DDS, JD ('97-98), who participated in the Meet the Leaders/A Conversation with Deans panel and on the "Ann Preston School of Medicine executive group." Nancy and Sharon also conducted individual career consultations with Fellows. Fellows enjoyed a field trip on the session's final evening to the Medical College of Pennsylvania Hospital campus, where they heard Nancy Gary, MD, MACP, reminisce about her own experiences as an MCP alumna and talk about her view of the future for women leaders in academic medicine. Fellows also had an opportunity to browse MCP's Portrait Gallery of 150 years of women leaders and to visit the historic Gatehouse that is home to MCP Hahnemann's Institute for Women's Health and its ELAM Program.

The AAMC annual meeting in Chicago (October 28-31) brought together the 2000-01 ELAM class with alumnae from ELAM's first five classes. SELAM's reception was a highlight... watching some 100 current and former Fellows talking animatedly, greeting more than 30 medical school Deans and AAMC leaders, and celebrating the honor bestowed on Dean Layton McCurdy of MUSC. Rush Medical College and the University of Chicago's Department of Medicine hosted the evening. We are grateful to Lynda Powell ('98-99) and Halina Brukner ('99-00) for their efforts and to Rush's Dean Larry Goodman and Executive Dean Janis Orlowski for their generosity.

The Millennium now has arrived for *everyone* (including those diehard-sticklers who insisted on waiting until January 2001)! Accordingly, the ELAM Program has taken another step toward embracing cutting-edge technology by incorporating Blackboard (**Bb**) as the Fellows' vehicle for working on their intersession assignments. Blackboard, viewed as the leading e-Learning company, is a web-based software/learning platform/infrastructure (and reasonably user-friendly!). Fellows can submit their action project summaries, book reviews, and other reports; complete surveys (e.g., AAMC annual meeting experiences); and, using **Bb**'s discussion board and virtual classroom features, connect with their Learning Lab group to work on their academic health center project...all online! We're investigating how to use **Bb** for a pre-Forum assignment for Fellows and their Deans. [Page and I are grateful to Gloria Donnelly, PhD, RN, Dean of MCP Hahnemann's College of Nursing and Health Professions, for her invitation to use the College's **Bb** site and to Kit White for ongoing technical support.]

Among the 2000-01 Fellows' intersession assignments is a new, updated version of the Finance/Planning Simulation (a.k.a. Fitzgerald Health Science Center, first used at the 1999 Forum on Emerging Issues and then adapted as an intersession assignment for the 1999-2000 class). Bruce Gresh, who created the original simulation, has revised the model to reflect the latest environmen-

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tal changes for healthcare education and delivery. To purchase your own copy of the revised simulation (CD and guide), contact Jean Kilian (jean.kilian@drexel.edu or 215-842-6041).

Speaking of ELAM Forums, the 1999 Forum Report has been added to ELAM's website. The 2000 Report is about to be printed and added to the site as well. In the midst of awaiting the piles of applications for the 2001-02 class, we anticipate the arrival of spring...that is, ELAM's Spring 2001 session. The 2001 Forum on Emerging Issues, "Innovative Thinking and Creativity Tools to Improve Academic Health Centers," promises to be another provocative event. Forum facilitator will be Paul E. Plsek, consultant in Quality Management; developer of the concept of DirectedCreativity™ and author of *Creativity, Innovation, and Quality* and numerous articles including "Innovative Thinking for the Improvement of Medical Systems" (*Ann Intern Med*, 131:6, 438-44). ELAM's inaugural class may remember that Paul led "Creativity in Problem Solving" during the Fall 1995 session. Those who attended Donald Berwick's Focus Session, "Making Sense: Requirements for an Improved Health Care System," at the AAMC meeting in October heard Don, President of the Institute for Healthcare Improvement, refer to Paul as a valued colleague and collaborator. Curious about the topic and want to know more before the 2001 Forum (or its follow-up Report)? Visit Paul's resource-rich website: www.DirectedCreativity.com.

Immediately after the AAMC meeting, Page and I attended the 2nd Annual International Leadership Association meeting in Toronto, where we explored leadership practices and theories. We heard and met keynote presenters The Right Honorable Kim Campbell (Canada's 19th and first female Prime Minister); Kisuk Cho (Professor of Political Science at Ewha Womans University, South Korea, perhaps the only extant women's medical school); Frances Hesselbein (Chair of the Board of Governors of the Peter F. Drucker Foundation for Nonprofit Management); and James O'Toole (Research Professor at the University of Southern California's Center for Effective Organizations). [Note, there were three superb women

keynotes!] Page moderated a panel on Leadership Evaluation; Sharon McDade, ELAM's external evaluator, was a panel participant.

In addition, Page and I had a number of successes in the publishing arena. It feels so good to be getting the word out about our efforts!

- "Future search conference: An approach to strategic planning for AHCs," on the 1996 Forum and a subsequent event (with '95-96 ELAM alumnae Margaret Dunn and Cynthia Olsen of Wright State University, and several others at WSU) in *FutureSearching* (No. 19, Summer/Fall 2000)
- "Changing the face of leadership at AHCs," for Women in Cell Biology column of *ASCB Newsletter* (23:9; 16-18; Aug 2000, www.ascb.org/news/vol23no9/ns/September00.html)
- "How to find and be your own best mentor," in *Academic Physician & Scientist* (Nov/Dec 2000)
- "Career obstacles for women in medicine," a commentary in *Medical Education* (accepted for February 2001)
- "Advancing women and closing the leadership gap," in *Journal of Women's Health & Gender-based Medicine* (accepted for April 2001)
- "Ensuring the success of women faculty at academic medical centers—Lessons learned from the National Centers of Excellence in Women's Health," in *Academic Medicine* (in press)
- "Innovative mentoring programs to promote gender equity in academic medicine," *Academic Medicine* (in press).

Jean looks forward to the Spring 2001 ELAM session and Kim to assisting again at the SELAM 2001 CE meeting. Refreshed after a stay at Canyon Ranch Health Resort in Tucson, AZ, I highly recommend its therapeutic wonders for everyone...perhaps even a future SELAM meeting! And let me close by taking this opportunity to wish all a healthy, fulfilling New Year.

Rosalyn C. Richman, MA



Janet Bickel, MA

SELAM MENTOR

Janet Bickel, MA

Janet Bickel, MA, is Associate Vice President for Institutional Planning and Development and Director, Women in Medicine (WIM) at the Association of American Medical Colleges (AAMC). Janet publishes numerous articles related to academic medicine. She created the popular leadership development seminars for women faculty. Janet recently published *Women in Medicine: Getting In, Growing, and Advancing*. She and Delese Wear edited her newest book, *Educating for Professionalism: Creating a Culture of Humanism in Medical Education*.

How did you become an AAMC associate vice president and director of its WIM program?

Much of the story is that I've been in the right place at the right time with a high achievement orientation and lots of energy. None of my college professors encouraged me to consider graduate school (even though I was Phi Beta Kappa), so I sought a high school English teaching position, but

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those jobs were scarce in 1971. I ended up as a secretary in the office of the president of Brown University, until the new seven-year medical program hired me as an administrative assistant. I simultaneously staffed three admissions committees and the curriculum committee; made all the financial aid decisions; put together student orientation, divisional publications and social events; plus counseled premed and medical students. So I learned about medical education at a very grassroots level which turned out to be ideal preparation for growing at AAMC. In 1997 AAMC hired me as a research assistant. Within months I was staffing the Organization of Student Representatives and Group on Student Affairs.

When he became president in 1987, Robert G. Petersdorf increased the budget of AAMC's WIM program and moved it from the Office of the President into Joseph Keyes' Division of Institutional Planning and Development. Joe recruited me to direct it. Joe has been committed to the WIM program's visibility. The program's being in the same division with faculty affairs has also been an advantage. We expanded the WIM Coordinating Committee from five to nine members, began publishing the quarterly *WIM Update*, and created a series of Professional Development Seminars for women faculty that have been quite influential. Every US and Canadian medical school has at least one AAMC Women's Liaison Officer (WLO).

How have attitudes changed regarding the importance of women's issues?

Instead of the term "women's issues," I recommend "gender equity" or "women's professional development" because these issues are "ours" as a society. With regard to medical school WIM programs, we've moved well beyond the potluck (where most women's groups started in the 1970s) to well-established women faculty organizations and dean-supported WIM events and initiatives at about 70% of US medical schools. Women in 27 clinical specialties have also formed subgroups or separate organizations to assist women in developing their full professional potential. Time constraints are such that many women wish they could support and participate in WIM programs more than they do. Some women don't participate because they believe that such activities are for weak women who like to gripe. But overall there's now substantial recognition that WIM-sponsored programs beget institutional improvements that strengthen medical schools. Moreover, AAMC's Increasing Women's Leadership Project Committee's collecting and publishing benchmarking data (<http://www.aamc.org/about/progemph/wommed/stats00/start.htm>) has stimulated the competitive instinct in some deans to improve their rankings on the representation of women. Unfortunately, some schools with the lowest numbers of women have only a minuscule WIM focus (the WLO at one such school said her work is like trying to push an elephant uphill with a stickpin!). Valerie Clark (Associate Director, WIM/Faculty Affairs) and I are available to WLOs to support their work in any possible way, e.g., e-mailing Power Point slides with national averages to facilitate presentations comparing their school's data.

What are the components of an effective WIM program?

Looking across schools, neither the amount of dean's support or longevity of a WIM program correlates with any metric related to the representation of women faculty. Since the number of variables here is so great, we shouldn't be surprised at the absence of a relationship. We do have evidence of the value of individual programs. For instance, the Department of Medicine at Johns Hopkins evaluated its efforts to increase the number of women remaining and succeeding in the department. After the interventions, a higher proportion of both women and men expected to remain in academic medicine. Moreover, the number of women associate professors increased from 4 to 26 (1). From Hopkins work I learned that three components are essential to an effective intervention: a strong women faculty organization with multiple sources of energy; a farsighted institutional leader who recognizes that, since half the talent in academic medicine is female, no academic medical center can be strong without recruiting and retaining women; and a "change agent" with organizational development expertise to provide continuing support in the change process.

Another key study, led by Page Morahan, examined the Public Health Service Centers of Excellence in Women's Health Initiatives to develop women faculty and found that such initiatives are best designed within a broad-based faculty development (2). Corporations working to retain and advance women are similarly finding that successful initiatives go beyond gender; transformations of culture and work environment must and do occur (e.g., Douglas McCracken, *Winning the talent war for women: sometimes it takes a revolution. Harv Bus Rev* 78:159-66, 2000).

With regard to continuing improvements, what do you see as barriers among the academic medical center's leadership?

It would take a book to cover this subject! The short answer is that developing women faculty must compete with squeakier wheels for the CEO's attention. Simultaneously, most men are so impressed by all the talented women entering medicine, they conclude that any problems with gender equity and equal opportunity have been solved; thus, WIM programs must be unnecessary. Most of these well-meaning men really believe that they are fair and that our systems are fair and that women are not reaching leadership positions because they've put their family first—despite many studies refuting these assumptions. As Peter Senge has helped us understand, challenges to "mental models" encounter deep resistance. It is easier to blame women for not being "committed" enough to their careers or for presenting the "two body" problem in terms of recruitment, than to evaluate what characteristics of our systems are preventing women from maximizing their potential. For instance, academic medicine rewards hyper-productivity, "individual" achievement, and "discovery" scholarship (though the September issue of *Academic Medicine* concentrates on the scholarship of teaching, application and integration and is a great resource). Many women's values and skills (e.g., facilitating connections and collaborating) put them at odds with the competitive behaviors and sacrifice of family that appear necessary to succeed in academic medicine; since they lack the clout to challenge the norms, they give up and leave. A great new help in understanding these phenomena is *Disappearing Acts: Gender, Power & Relational Practice at Work* by Joyce Fletcher (MIT Press, 2000). Building on the

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work of Jean Baker Miller, Fletcher notes how women are the “carriers” of relational strengths in society, responsible for meeting relationship needs without calling attention to the needs themselves, allowing society to perpetuate the myth of self-reliance and independence, even though most people have a largely female network of people supporting their “individual” achievement. Thus the contradiction: *relational activity is not needed and women must provide it*. This paradox is coming to the fore not only because women continue to drop off the “success track” as traditionally defined, but also because all types of organizations are now emphasizing the need for collaborative teams, empowering others, and operating in an interdependent world. But because relational behaviors remain associated with the feminine side of work, they “get disappeared” when they collide with traditional definitions of success and achievement.

How can we all be better change agents? What might we try at home to wake up the guys about subtle discrimination?

First, because women are just as different from each other as men are, we all have to be very careful about gender-based generalizations. While differences between men and women professionals are diminishing, we need a way to talk about continuing gender-related inequities. I’ve stopped using the term “sexism” because men aren’t conscious that they evaluate women differently. To engage men in these issues, to help them care, we need to offer them concrete examples of gender bias. A light touch and a sense of humor help. Also remember that, especially nowadays, individual men do not feel powerful; power is so deeply woven into their lives that it is invisible to those who are most empowered (for more along these lines see *The Gendered Society* by Michael Kimmel, Oxford U Press, 2000). Begin with the “men of good

conscience” in your circle, who perhaps just need a bit of a push to become more vocal and active in confronting bias and questioning outdated organizational norms and practices.

We live in a “half-changed” world. While women have entered the professions in force, gender roles remain entrenched at home, and organizations still reward employees who work as if they had no family responsibilities. Articulate these disconnects, which are almost as glaring for young men as young women. Certainly patient care is 24/7, but academic medical centers can institute more temporal flexibility and back-up systems such that physician faculty don’t so often have to choose between their family and career. Referring back to “disappearing acts,” if your boss conflates your relational competencies with your gender or personality, use language that captures skill dimensions and the benefits to your institution (e.g., your management of complex patients, your mentoring the next generation of academic physicians). Finally, make a “business case” for women’s leadership development programs. Successful organizations reflect the diversity of their constituencies; they don’t leave to chance the retention and development of their best talent.

References

1. Fried LP, Francomano CA, MacDonald SM, et al. Career development for women in academic medicine: multiple interventions in a department of medicine, *JAMA* 1996;276:898-905.
2. Morahan P, Voytko ML, Abbuhl S, et al. Ensuring successful women faculty to meet the needs of academic medical centers. *Acad Med*, 2001;76:19-31.

Christine K. Abrass, MD
ELAM 1998-99

Report on the AAMC Meeting, October 2000

Linda Austin, MD, was the keynote speaker at the WIM luncheon. In her introduction, Roberta Sonnino, MD, described Linda’s new book, *What’s Holding You Back?* (the title of Linda’s talk), and her counseling show on National Public Radio. Linda first became interested in “greatness” after reading an over 500-page book on great people in history. Only seven pages were on women. The author stated that only 3% of great people were women. Subtracting those famous because of a famous husband, such as Eleanor Roosevelt, left only 1% as “great” women because of their own achievements. This influenced Linda to do a radio program on “greatness.”

First, Linda asked a group of residents, “Tell me how you want to be great.” All the men said, “I want to be a great doctor.” All the women said, “I want to be a great mother.” Why couldn’t the women also want to be great doctors? Linda looked for a book on the psychology of how women achieve and greatness in women. Since she found no such book, she decided to write one.

Linda described a documentary on the destruction caused by Hurricane Hugo. The old, fine structures and the new, well-built structures were still standing, i.e., what should be standing was indeed left standing. She sees this as a metaphor for a

professional hurricane in academic medicine today. Linda described six of the eight critical choices for women who would achieve greatness, given both the danger and the opportunities in such a professional hurricane:

1. First, maintain one’s motivation despite barriers, frustrations, and multiple responsibilities. This requires “emotional resilience.” The traits that make women and men resilient are different. Resilient women are characterized as colorful, spontaneous, and non-conformist, traits often branded as “abrasive” but associated with emotional resilience. Traits that characterize resilience in men are conformity, conservatism, conscientiousness, and devotion to duty.
2. Women are often characterized as nest-building rather than risk-taking. Good, solid work is important, but in order to achieve, we must take those “big, hairy, audacious risks.” Elements of risk takers: men are more optimistic and self-confident than women. A problem for men is a tendency to be overconfident. Women must have a built-in correction factor to overcome their hesitance to take risks.
3. Much of what you are able to achieve depends upon how you conceptualize a problem. How you formulate your approach to the problem may be more important than the actual solution. Your process of conceptualizing the problem may

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raise new questions that can lead to real change. Step back to look for the problems and issues that no one else has seen. Don't just fix the problems that others see.

4. Choose between intellectual focus vs. diffusion. Men and women show differences in their people vs. "things" interest. Men tend to have a science and technology focus, while women have multifaceted, humanistically-oriented interests. A study shows that women are more likely to choose a college major in humanities, based on a desire to be well-rounded. Women achieve expertise later in their careers because of the time it takes to develop this broad base. Men are more likely to choose a scientific field and state that they want to be successful. They are more likely to achieve expertise in their field early in their careers.

5. Competition: Kids say, "Me first, I won, gimme." Older children learn to compete by the rules. Later in life, adults become involved in altruistic pursuits. Women generally say, "I'm going to take care of my institution," while men say, "I'm going to take care of my career." Women need to think of competing for themselves and find a mentor to help them develop the capacity to be competitive, rather than jumping over this stage and going straight to an altruistic perspective.

6. Dealing with difficult people: You cannot be an important person if you cannot learn to deal with difficult people. Linda's dean said, "You are being paid to do this." As you proceed through your career, personality pitfalls all along the way can slow or derail your career.

Finally, Linda encouraged us to use these principles to move from where we currently are to this concept of achieving greatness.

Barbara Atkinson, MD, moderated the WIM/SELAM Plenary, *So You Want to be a Leader?*. Panelists Joanne Conroy, MD, and Wendy Levinson, MD, discussed two cases of women faculty members facing leadership challenges. Their advice? When facing a leadership challenge, put together an executive team of seven people. Presumably the people from whom you are looking for advice should be those who would benefit from your success.

In the first case, a faculty member with little administrative experience was asked to direct a new women's health center. She is expected to win a DHHS Centers of Excellence award for which the RFP is due in two months, and figure out how to compete with a new discount HMO that's actively recruiting women away from the medical center.

The panelists recommended that, in a situation of conflicting priorities, this woman must get her priorities clearly from her dean or vice-president prior to problem-solving, then identify the problems in the situation. If the problem is not carefully identified, you may develop a solution for the wrong problem. Negotiate *before* you take a job. Have a careful dialogue about the expectations for the position. Is the expectation to win an RFP in two months reasonable? Develop and articulate the short- and long-term objectives and a timeline. Stay on track with both. If you cannot get support for a longer time frame, list your first year objectives and the resources needed to meet

them. Set realistic, achievable priorities. If you cannot negotiate away objectives you believe are unachievable, negotiate support to achieve them. Find a key advisor and a group of stakeholders as resources, to coach you with the expected goals and the process by which you will achieve those goals.

Ask yourself, "Can I do the job? What support do/will I have?" You may have to work with senior people over whom you have no authority. Be clear on the mission of the office. Find out what is happening at other institutions. Is there something needed at your own place? Analyze your own strengths and weaknesses, and supplement the latter before taking on a new position. Perhaps this woman should postpone working on the RFP for a year until she can get institutional support lined up.

If you are the mentor for someone with a leadership challenge, don't jump in and try to fix her situation. Step back and listen to her thoughts. Help her identify who within the organization will help her with problem solving. If as a mentor you solve the problem for your mentee or simply provide her with answers, she may keep coming back to you for solutions and affirmation. If you help her problem-solve for herself, you develop a strong colleague on whom you may be able to rely in the future.

In the second case a faculty member is asked to shut down a large clinical service. One panelist suggested she should first listen to her feelings about being asked to do this. She must handle the associated personnel, educational, and patient care problems. She should spend time with the CEO in order to understand the necessity for closure. Otherwise, in redistributing these services she may create the same problems that led to closure. She also needs an executive team of institutional and community partners to help her deal with the staff's anger, dismay, and resistance to change. She must develop a "relocation scheme." The team should discuss how they got into this situation, then strategize and develop a timeline for transition. She must keep the lines of communication open, then communicate with the staff clearly and in a timely fashion. Because the closing could be a marketing disaster, the medical center or its network should provide marketing people to help.

Another panelist advised establishing clear boundaries by getting clear direction from the CEO as to which parts of the plan offer some flexibility. The third discussant noted that she will be caught between the CEO and the faculty — a very difficult position. She must articulate reasons for the change, what worked and what didn't, and goals for restructuring. She must focus on the faculty and patients, but not ignore students and residents. She should recognize that people respond first to their own concerns and anger, and realize this drives the situation. The "good" people will probably leave first, even if offered a new job. She must figure out how to keep the enterprise going during the transition.

An audience member asked, "How do you make the transition from being 'one of the guys' to one of the bosses?" Start with understanding your own feelings about the transition and how others feel about it. Once you assess these feelings, they may or may not need to be articulated. You cannot take it personally or hold it against people if they demonstrate fear of change. You can't go back. Relationships will not remain the same as they were before.

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Qualities of leadership were discussed. The primary leadership value is caring about the people who work with and for you. Discover their strengths and utilize them. Know your limitations. Have a team who knows more than you do, and ask how you can help them. Listen a lot. When making decisions, consider all options and get input. Take time to make the best decisions. Self-awareness is important. Be able to laugh at yourself and the situation. Balance must exist at every stage. Indeed, in some situations, bringing balance may be the only thing you can do. Your behavior will change. At the lower levels of a hierarchy, you must say "yes" more often than "no," but as you ascend within the hierarchy, you may say "no" more often. In a leadership position, when you say "yes," you must know exactly what the objectives are. Become comfortable with delegating tasks. When you are young, you know yourself, but as you get older, you must know others. Make contacts within the community. Surround yourself with a good team. Then you will be able to step aside and let them shine. Remember that this "rubs off" on you, too.

Another panelist lists passion first as a quality of leadership. Leading people is hard if you aren't passionate. Understand the place and its organization first before deciding how to change it. Look at the organization from different perspectives and get input: "If I were department chair..." "If I were program head..." or "This would be better if..." A leader must be a change agent. How do you move a bunch of people who don't want to change? Develop a shared vision, "I see a better residency program in the future." Then put together a team to make it happen. Getting along well with people is essential. Identify the best person for a task; learn her strengths and weaknesses.

To prepare for a leadership position, develop good communication skills. Learn to write and speak well and succinctly. Don't duck tough questions. Share the glory but remember, the higher up you go, the less glory and more grief. Be careful about taking on time-consuming tasks that take you too far off your career path. Get on finance committees to gain inside information about your organization's operation. If you learn that you're "stepping on sacred ground," find out why it's considered "sacred ground."

How do you set up effective teams? One panelist set up 12 task forces to deal with specific issues, e.g., employee incentive plan, resident education and mission. She chose the most capable and interested people to lead task forces, and gave each 4-5 specific tasks and a timeline. She met weekly with task force chairs. Another panelist discussed strategic ideas with a core group of 3-4 people. This group is less task-driven and more process-driven than most committees. The third panelist suggested that your first goal should be to educate the faculty about organizational behaviors, so that faculty members can address any colleague's resistance to change. Develop a group that is held accountable and responsible for making things happen.

The panelists reflected on what they wish they'd known at the beginning of their careers. Being right is not enough. Integrity is key in a successful leader. Evaluate the challenges when you have a potentially contentious initiative. Establish relationships even with those who aren't friends. Give stakeholders a "heads-up" about upcoming change. If you feel uncomfortable doing this, ask some-

one who has a relationship with them. "Timing is all," said another. You may see a problem, but it may not yet be the right time to fix it. Know which problems to fix and which to delay. Be patient. Wait until the right time to do things. Make friends, not enemies. Be careful which battles you choose to fight. Getting things done is most important. Plan your career. An audience member volunteered that chaos is good, and produces great opportunities.

Asked about the most challenging issues they've handled, the first responded that early in her life, combining career and family was the most difficult. Often what's good for your career is tough on family and personally exhausting. Later on, she found that some leadership roles are isolating, because you can't always talk about challenges. Those around you need to see you leading, not hear about your vulnerabilities. Instead, talk with colleagues outside your own institution. Frame things positively. Try always to look like you're on the same side as those above you. If you're seen as a rebel or look at them like they're crazy, you won't be promoted. A panelist noted that making time for other things in life, including people important to you, is a challenge.

How do you handle change that is good for the institution but is difficult for members of the medical school community, such as curricular change? Ask yourself first, "Can I lead this with integrity? Do I really believe in the change? What are the barriers to implementation? How will people feel about the change? Who will help make the necessary changes?" Getting people to develop an institutional rather than a personal focus is hard. Try to keep everyone on track with common institutional values. If you can make a strong case for change in your own mind, you can articulate the case for change. Deal with practicalities. Get the negative people on the team up front.

LuAnn Wilkerson, PhD, moderated the WIM, Group on Educational Affairs, and Group on Faculty Affairs Joint Plenary Session, Research Outcomes and Strategies for Faculty Mentoring. Speakers were Page Morahan, PhD, Deborah Simpson, PhD, and Jeffrey A. Morzinski, PhD. The premise: complex careers like medicine encompass multiple roles and environments, and are characterized by high uncertainty. The key element to success in a complex career is mentoring, and a single mentor is insufficient.

As career challenge increases, support must increase. Such increased support can lead to confirmation and growth; if not, stasis or even professional retreat can occur. With sufficient challenge and support, the individual can reach a point at which she can achieve her professional vision.

Studies show that colleagues play an important role in mentoring. A mentoring network diverse in ideas and backgrounds is essential to succeed. The more colleagues in this network, the more benefits you derive, but benefits plateau at an average of 9.1 colleagues. Colleagues are of four types: mentors, peers, academic consultants, and "perceived" colleagues (who will support you if you need them). Seventy-five percent of the subjects were well-connected to an external scholarly network. Mentoring can help link you to your organization's goals, such as promotion, career planning, increased teaching expertise, increased research, and increased diversity in promotion.

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When developing a mentoring program, link it to department chairs. Some mentors should be within the department, but others should be drawn from across the medical school and central administrative offices, even outside the medical school. Set the expected duration of the mentoring relationship at the outset, and establish a “no fault” divorce clause should the relationship not work out to the satisfaction of both the mentor and mentee.

Establish methods of quality control to avoid negative mentoring or “tormenting.” Decide whom to include as mentees, e.g., all interested faculty, junior faculty only, full-time faculty only, part-time faculty, or only women and minorities. Know who’s responsible for matching the mentor/mentee pairs. Will the mentoring relationship be advisory or evaluative? Can the mentor write letters of recommendation?

The speakers identified two different roles of a mentor: career development, generally provided by someone at a higher rank in a position you’re interested in achieving; and psychosocial mentoring in which the mentor is usually of the same gender and/or ethnicity as the mentee. Page described types of mentors (see the September 2000 *SELAM Newsletter*). The classic mentor or “godfather” creates a setting in which you’re formed in your mentor’s image. Multiple mentors provide a “mosaic” model in which you develop your own “advisory board” who can offer their skills, perspectives, counseling, and political acumen as needed. Some members of this “mosaic” may be above you in the hierarchy, while others may be below you. Your secretary may be the best coach for computer or office organizational skills. Peer group mentoring consists of a network of peers who provide advice, counseling, strategy, and promotion for each other. Group mentoring, consisting of a senior faculty member plus several junior faculty members, conserves senior faculty time.

The bottom line: There is no one “best” way to develop a mentoring program. Tailor your program to meet institutional needs. Success may be evaluated by comparing retention rates and recruitment costs before and after program implementation.

Jayne Thorson, PhD, introduced the WIM Plenary Session, Negotiation in Academic Medicine: Gender Differences in the Process. Presenters were Phyllis Carr, MD, Thomas Inui, MD, and Deborah Kolb, PhD. Why negotiate? Because that’s how the system works! Create the conditions for your success. When preparing to negotiate, consider the potential for accumulation of disadvantage (or advantage) based upon the success of your negotiations, and the equity issues involved. Challenge assumptions and push for change to make the organization work better.

Dr. Kolb discussed substantive negotiations, the issues and elements of the package, and “shadow” negotiations, the unspoken attitudes and hidden assumptions that parallel the formal negotiation process. To negotiate effectively, pay attention to acts of self-sabotage as well as the moves others make in the “shadow” negotiation. She and Judith Williams, PhD, co-authored *The Shadow Negotiation: How Women Can Master the Hidden Agendas that Determine Bargaining Success* (Simon & Schuster, New York, 2000). Seven principles to get what you are worth are

1. Know what you want. Don’t let the other side create circumstances for you. Ask yourself at what price you will accept the other side’s circumstances. Upon returning from maternity leave, a woman faculty member learned it was her turn to be department chair. She had to recognize this as a negotiation (not just a “yes” or “no” decision). She needed to negotiate the circumstances under which she would accept. When she asked around, she discovered that “buying out” of courses and getting increased support staff was the norm for the person serving as chair.
2. Know your value and make it visible. A newswoman deliberately positioned her appointment to discuss a promotion with her producer just before the news program., so they would be interrupted frequently by people preparing for broadcast. This showed the producer how important she was to a successful newscast.
3. Develop alternatives. If you can’t get an agreement you like, what do you have to do to get it? Good choices are essential to good bargaining power. A woman took on new duties at work but, despite a supportive boss, she still had no title, increase in benefits, or increased salary as promised. She interviewed for a job. (Be prepared to take the new position.) Upon returning, she told her boss they wanted an answer within one week. He was suddenly able to identify a salary increase.
4. Obtain as much information going into a negotiation as possible. Use the internet and other resources to get salary ranges, job descriptions, and other factors.
5. Be firm on needs, but flexible on means. A woman in a business with a policy against bonuses asked her boss for one of several options: bonus, stock options, 10% salary increase, or promotion. She was given stock in the company and a raise.
6. Connect your issues to theirs. Your chair, dean, or division head can defend their support of your request if they see how it plays into their organization. A woman worked in a corporation whose boss wanted to expand a portion of the business. In the negotiations, she told him that, at her current salary, she would not have the credibility to lead the division. Employees were being hired at higher salaries. She successfully pointed out that she must have a significant position to recruit new employees.
7. Stay with it! “No” doesn’t always mean “no” in the context of negotiations. View negotiations as an ongoing campaign. If either side says “No,” say “Great, let’s keep talking. Maybe the time isn’t exactly right,” or “Maybe we can come back later with other ideas.”

Dr. Inui presented a chair’s view of negotiations and described the overall character and ideologies of academic health centers (AHCs). He stated we must determine how to contribute to changing our organization at a fundamental level. Department chairs should view this as an institutional problem, *not* as an individual problem. He described the evolution of AHCs. Historically, “intellectual

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Darwinism” was at work in AHCs with an ecology of “adverse selection,” pursuing excellence through human sacrifice and forcing painful decisions, e.g., whether to have children. In this setting, faculty operate in a primitive environment with few groups, few tools, few activities, and little information.

We are now moving toward “academic benign despotism,” an ideology of investing in human potential characterized by enlightened self-interest of the institution. At this level, AHCs have more groups (mentors, junior faculty, women faculty, minority faculty, and networking), and increased sharing of information, e.g., policies on family leave, promotion and tenure, and salaries. The institution provides specific tools required for successful career advancement, e.g., regular performance reviews, timely feedback, training, and grievance procedures. More choices are available to faculty, e.g., flexible leave, part-time positions, and multiple tracks.

The ideal for the future consists of an “academic community,” an environment in which the work community is a major part of our lives and successors are nurtured. This level retains some features of “benign despotism” but adds a level power structure to replace the traditional hierarchy. Groups form key resources for ongoing issues. Problems are not seen as individual problems, with the potential for someone being seen as a problem individual, but as group problems. For example, a faculty member on maternity leave needs coverage. During group discussion of this problem, members recognize that all faculty may need cross-coverage at different times, e.g., for child care and elder care. The group recommends hiring an additional faculty member to provide cross-coverage for all faculty whenever these needs arise. In this ideal academic community, information is available, actively disseminated, regularly updated, widely discussed and understood.

Theresa F. Lura, MD
ELAM 2000-01

Assistant Dean, Women in Medicine

James H. Quillen COM, East Tennessee State University

The Physician’s Executive Coach on The Importance of Passion

*RLC TAUGHT AVE,
AND AVE TAUGHT ME.*

We enter certain fields for various reasons, often motivated by aptitude and interest. We stay in those fields, and migrate to focused areas within those fields, driven by a range of factors that often include opportunity and the nurturing of mentors. Many people spend their entire careers in areas where they do “OK” but never really excel; where they feel “OK” about their work but never really enthused. However, we occasionally come across the person who is truly exceptional; the person whose performance exceeds those with seemingly comparable knowledge, intellect and energy. What is it that they possess that differentiates them?

- What is the difference between good and great ... or between great and exceptional?
- What does it mean when someone says that a person gives “150%” (when we know that you can’t give more than 100%, except as the sum of effort on multiple grants)?
- Why are some leaders seemingly so successful while others are regarded as just “OK”?

I propose that the differentiating factor is *passion*. Passion, that rather intangible factor that is hard to define but apparent when present. That aura that surrounds a person who has it. That quality they use to infect others with enthusiasm to make them do what they might not otherwise do; go where they might not otherwise go; achieve what they might not otherwise achieve. What is it? Where does one get it? How does one develop it? And, how does one apply it to its maximum effectiveness?

What is Passion?

Webster says:

Passion was defined originally as ‘suffering or agony, as of a martyr.’ In more contemporary times it was used to describe any one of the emotions, such as grief, hate, love, fear, joy; or to reflect great anger, rage, fury, enthusiasm or fondness, strong love or affection; a strong emotion that has an overwhelming, overpowering or compelling effect; a burning intensity, fervor or zeal.

A contemporary source, Amazon.com, defines it by some of the more than 2700 book titles listed that have ‘passion’ in their titles:

From the field of science:

A Passion for DNA: Genes, Genomes, and Society
by James D. Watson

To, I♥ve for another:

Affair!: How to Manage Every Aspect of Your Extramarital Relationship with Passion, Discretion and Dignity
by H. Cameron Barnes

To, enthusiasm for an object, music or food:

Alfa Romeo: Always With Passion (Classic Makes Series)
by David Owen

Bach’s Passion: The Life of Johann Sebastian Bach
by Ruthann Ridley

Betty Crocker’s A Passion for Pasta by Betty Crocker
The Bordello Cookbook: Food With a Passion by Jo Foxworth, Jeanne Bauer

Chocolate Passion: Recipes and Inspiration from the Kitchens of Chocolatier Magazine by Tish Boyle, Timothy Moriarty

To, a burning enthusiasm to be the best that you can be:

A Passion for Excellence: The Leadership Difference
by Tom Peters, Nancy K. Austin

In this article we explore the latter: a *passion* for excellence, an overwhelming desire to excel, a burning intensity to be better than you would otherwise be, the seemingly inexhaustible energy to pursue a goal with undiminished fervor and zeal, and an ability to overcome what to others would be overpowering odds.

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How do persons find their passion? How do they apply it? How do they maintain it in the face of obstacles and resource constraints? The answers to these questions are highly subjective. What will work for some will assuredly not work for all. I offer the following:

- Passion is rather intangible; it may be a 'state of mind.'
- It is infectious...you can *get* it from someone else.
- It may be intoxicating, possibly altering your sense of reality and, if not well managed, can impress others with the perception that you are unrealistic or Pollyanna-ish. Some people are 'just passionate' and are often seen as impracticable. In this article we are talking about people who are passionate about *some* thing...but not about *every* thing.
- When present, it lifts the individual from a state of mind in the here-and-now to a more ethereal position, without the individual ever leaving reality.
- When present, it allows one to often overcome those obstacles that would force the typical person to pause, if not stop and give up.
- It is infectious...you can *give* it to others who are receptive. Used effectively, the person with a passion for excellence enrolls others and builds a team of similarly inclined individuals. Such a well-defined and motivated team may be nearly unstoppable.

So, where do you find your passion? How do you get it, keep it and share it with others?

Where and how do you find your passion?

Passion is found within oneself. It is discovered, and often only recognized in retrospect. It emerges when ready; you can't force it. It is often perceived first by others and only then acknowledged by the individual. A knowledgeable trainer can coach you in the development of your passion.

I have a friend who, when in her 20s, was a champion world class downhill ski racer and a member of the US Ski Team. Maggie was considered to have the potential to be among the best in the world. She lived to ski and worked odd jobs to live. Maggie trained throughout the year to finely hone her physical skill ... and then she was injured and it was thought that she would never ski competitively again. During her recuperation she met a sports psychologist who worked with her on the mind-game of skiing. Maggie says it was at this point that she had an epiphany. She realized that it was not enough to *want* to be the best, she had to project in her mind that she *was* the best. She recovered from her injuries and spent nearly equal amounts of time on her mental and physical training. She attributes this combination to her full recovery and attainment of the Woman's World Championship in Downhill Racing. She assures me that she was not the best skier in her class, she was just the most passionate about winning and thus was unbeatable. Maggie now teaches others, athletes and business leaders, and just regular folks, how to develop their passion to be exceptionally great at what they do.

You can catch it from others with whom you work. Passion is infectious. It is more than enthusiasm, which may be short lived. Passion really becomes 'hard-wired.' Just being exposed to it isn't enough, one need embrace it and let it become imprinted into one's very being: in how one thinks and communicates and demonstrates one's commitment.

How do you maintain your passion?

I believe you can have passion and demonstrate it for a sustained period of time, and then lose it. You lose it when you don't use it. You lose it when you become focused elsewhere...or unfocused. You lose it when your passion is subordinated to other activities or you lose sight of your values. I suspect that restoring one's passion is no easier than getting it in the first place.

How do you share your passion with others?

You can infect others with your passion if you create the correct environment. I believe that you surround yourself with others who come to share your vision, your mission, and your values. You find people who are mentally and physically sound and who possess the requisite knowledge and skill to accomplish the broader and longer-term objectives (one doesn't become truly passionate about 'little' things). You help others visualize that which is possible, that which may seem to be outside the reach, and together use your combined energy and intellect to achieve the potential that each individually brings to the table. You regularly demonstrate that 'the whole is greater than the sum of its parts.'

Conclusion

Passion is that which often distinguishes good from great, and great from exceptional. One has to be receptive to receiving it, be prepared to have it hard-wired into one's being, surround oneself with those that have it and, like anything else, practice, practice, practice to hone it and maintain it.

You develop a passion about big issues, not about near-term tasks...things like Excellence in Research, Compassionate Patient Care and Exceptional Teaching.

Have you got passion for what you do? If so, are you prepared to share it? If not, are you prepared to seek it?

David J. Bachrach, the Physician Executive's Coach, works with physician executives who hold or aspire to leadership positions in academic health centers and teaching hospitals. He can be reached in Boulder, CO at 303-497-0844 or through his website at www.PhysXCoach.com.

Nothing attracts me like a closed door. I cannot let my camera rest until I have pried it open, and I want to be first.

Margaret Bourke-White

I said to myself – I'll paint what I see – what the flower is to me but I'll paint it big and they will be surprised into taking time to look at it – I will make even busy New Yorkers take time to see what I see of flowers.

Georgia O'Keeffe

Strategic Career Planning: How Do You Lead From Wherever You Are? -- What Good Is Leadership Development If You Don't Move to a Position of Authority?

ELAM graduates are all leaders! How do we know this? First, we must dispel several persistent myths about leadership and the purpose of leadership development.

Leadership is distinct from authority and power. One of the most critical, perhaps fundamental sources of confusion is to equate leadership with authority. Heifetz says, "This is an important distinction. . .it enables us to begin to identify all the people who are exercising leadership without authority, without waiting for the coach to call them into play. . .[and] it enables us to identify why people in high positions of authority frequently fail to lead." Kotter has noted that successful management often relies on positional authority, while leadership can be exercised from below or from the margins of an organization or community. Frances Hesselbein calls for "ethical leaders in every sector, at every level of every enterprise. Not *a* leader or *the* leader, but *many* leaders dispersing the responsibilities of leadership across organizations."

Leadership programs like ELAM develop leadership knowledge and skills so that graduates can exercise leadership from *either* formal traditional positions of authority and power (e.g., chair, division chief, dean, associate dean) *or* from informal positions (e.g., respected member on an important curriculum task force, strategic planning group, practice plan management group, national disciplinary society committee, or your own laboratory or clinical group). The reality of the new flattened structure of our organizations is that there are fewer formal positions of authority, and more informal leadership opportunities. Another reality is that fewer women (and men) are choosing to uproot carefully constructed support systems for raising families. This choice may limit the traditional, direct, upward opportunities for positional leadership. However, there are many opportunities to exert informal leadership within the organization, within the community, or within national and international disciplinary societies.

"*Leadership is not rank, privileges, titles or money.*" Peter Drucker
Much of this leadership requires "self-leadership," which is probably the most important leadership of all. In these informal opportunities, you take on leadership responsibility as you listen, observe, and act throughout the process. This requires skills such as keeping silent to allow exploration and discovery, pointing out small mid-course corrections as well as major changes, facilitating new acts of imagination, and being the spokesperson for consensus. This requires the skills of strategic thinking as well as operational and implementation leadership. It also requires strong interpersonal relationship skills. And perhaps above all, it requires self-awareness skills with swift learning and adaptation – the ability to be open to un-learning cherished beliefs, and living through the stage of being the incompetent beginner – in order to learn the new.

People in 'middle' positions who are not 'in charge' can express these leadership skills. Experts such as Bellman and

Senge recognize leading from non-threatening middle positions as vital to the success of change efforts. Barry Oshry has analyzed the relationship of power and position among tops, middles and bottoms in our organizational systems. He suggests that middles lead by coaching others rather than doing all the work themselves, facilitating, and perhaps most importantly, working collaboratively with other 'middles' to integrate the organizational system. Those in the last three ELAM classes – remember your learning from the Power and Systems Day!

"*I always knew I had no power, as power was described by the leaders of the past: command and control, rank equals authority, up/down, top/bottom, and superior/subordinates. But I understood the power of example, the power of mission and values and vision, and the power of language.*" Frances Hesselbein, former CEO of Girl Scouts, now Chairman and CEO, Peter F. Drucker Foundation for Nonprofit Management

Leadership is distinct from personality. Another source of confusion is to equate leadership with charisma. We know this is not true because we have all met leaders who have very different leadership styles. Consider the very different leaders you met in the ELAM Meet the Leaders sessions. Consider Harry Truman, who was extremely effective, but as Peter Drucker pointed out, did not possess "any more charisma than a dead mackerel." Research on situational leadership and leadership competencies has revealed that leadership style and behavior need to vary as a function of factors, such as the task to be accomplished, the level of training and maturity of the team or followers, the historical and cultural contexts of the organization and community, and the time constraints. There are certainly times when the traditional command and control leadership style is required, such as when a unilateral directive may need to be made regarding a clinical issue. Yet organizations often rely too much on this approach, rather than developing breadth in new leadership competencies and approaches.

Leadership is distinct from individual knowledge. Certainly a substantial degree of knowledge is required, but it is not sufficient without skills for implementation. Moreover, individual knowledge is often much less important than is the collective knowledge or vision that mobilizes a group towards great goals. There is less separation between operations and strategic functions today. Both are needed. In today's evolving organizations, this ideally involves an interdependent team of people who have 'fluid expertise' – are comfortable rotating among various implementation and leadership competencies, and respect the competencies of others that may differ from their own.

"*[In] extraordinary leadership...I see a tapestry of different people doing all these different things and being extraordinarily interdependent...my core experience with leadership – people with a real collective capacity to create something they truly value.*" Peter Senge

So, when is a graduate of a leadership program a success or failure? One is a successful graduate of ELAM (or other leadership programs) when you can point to

- new perspectives, knowledge and skills that change the way you see your world;

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- influence – formal or informal – through your new perspective, knowledge, skills and role modeling;
- successful projects where your new perspective and skills have shaped the course of the outcome – whether it be through traditional positions of authority or informal positions;
- a network of new colleagues with diverse perspectives and skills whom you respect and interact with to obtain information, advice and support; and
- self-leadership skills of self-awareness and openness to change.

Thus, the vast majority of graduates of ELAM are leadership successes! We are proud to have you as ELAM alumnae, and look forward to your continuing contributions to the Fellows and alumnae – either from your informal leadership or formal positional leadership perspectives.

Page S. Morahan, PhD, works with scientists and faculty to provide strategic planning for rewarding careers. She is Co-Director of ELAM, an independent consultant and member of the ELAM Alliance. To be on an 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 Senge and Heifetz, *Reflections* 2:57,2000; Kotter, *A Force for Change*, 1990; Hesselbein, *Reflections* 2:51,2000; Hill, Melaleuca executive report, November 2000; Oshry, *Leading Systems*, 1999; Bellman, *Getting Things Done When You Are Not in Charge*, 1993; Senge et al. *The Dance of Change*, 1999.

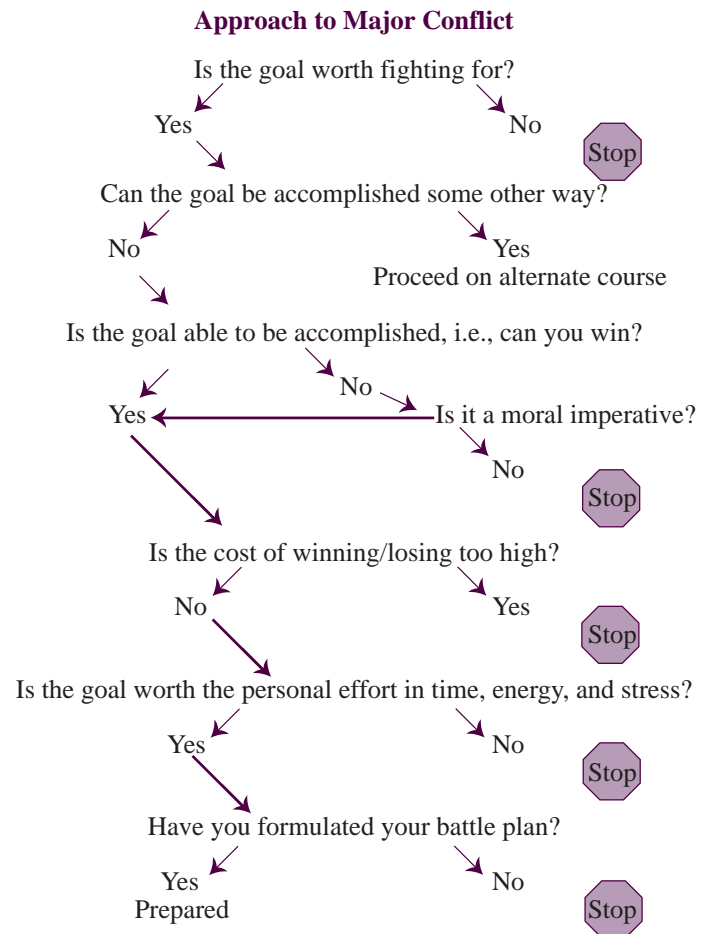
ISSUES IN THE WORKPLACE

Conflict in the Workplace

The dictionary defines conflict as any situation where one person's concerns are different than another person's. Although most of us cringe at the thought of conflict, we all realize that it is a necessary and inevitable part of life. Without conflict, opposing ideas cannot be reconciled. Constructive conflict management provides additional information, stimulates us to be creative, identifies options and can lead to consensus. This kind of consensus building/conflict comes easily to most women. All of us deal successfully with these kinds of conflict every day or we wouldn't hold a leadership position.

There is, however, a whole different level of conflict. These are the conflicts that cause sleepless nights and hard feelings. These conflicts can have an immense personal cost but are also sometimes necessary if we are to accomplish our goals in a competitive world. When a conflict has turned from consensus building to fight, how can you decide if you should go to battle over a particular issue? This is an important decision. Women particularly tend to shy away from battles. When consensus doesn't work, we tend to retreat. Or we will enter the battle half-heartedly but retreat at the first serious opposition. This approach destines us for failure. If we are going to enter a battle at all, we should be fighting to win! So how can you decide if this is the battle you should fight?

The first thing to do is to step back, think carefully and be in control. If you are unprepared and the battle is brought to you, it is good tactics to retreat. Try this line, "That is an important issue. I'd suggest we meet tomorrow to discuss it so I can give it my attention." Then ask yourself these questions.



1. **Is the goal worth fighting for?**
Always clearly understand your goals and objectives in any fight. They should be worthwhile and important. Winning by itself is inadequate compensation for a fight. Also focusing on the objective of the fight will depersonalize the battle. The other person dislikes your idea/direction, not you.
2. **Can the goal be accomplished some other way?**
This is when you re-evaluate to be sure you have used all your constructive conflict management tools. Check again to see if you can achieve your goal through compromise or looking for win-win solutions. These attempts should be explored first, but the exploration should not be endless. Not all situations are amenable to "fair" solutions and not every person is reasonable.
3. **Is the goal able to be accomplished, i.e., can you win?**
Fighting hopeless battles is a terrible waste of time and energy that instead should be spent accomplishing something meaningful. Lost causes are much nobler on the television screen than in real life. There are exceptions to this. Occasionally an apparent conflict is really just a maneuver where the loss actually positions you for a larger win in the future. This is just a move in the game, not a true conflict. Also, there are occasions where there is a moral imperative to fight even when you know you'll lose. Self-respect mandates that these battles still be fought.

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4. Is the cost of winning too high? Is the cost of losing too high?

Don't forget that winning has a cost too. All conflicts have costs. You can lose friends, expend resources, impair morale, and lose faculty. You may lose your job, others' respect, a grant or a project. If you understand the risks of the conflict, then you can decide if you really want to pay what it will cost to win or are really willing to risk what might happen if you lose. Too often we get halfway through the battle and only then realize that we are unwilling to pay the price. Then we quit. These aborted conflicts are wasted energy and can be avoided if you carefully consider the cost of both winning and losing early in the process.

5. Is the goal worth the personal effort in time, energy, and stress?

Don't forget to think about yourself. Although there are a few people who apparently delight in conflict, for most of us it is a real strain. Examining the personal cost of conflict is essential. Unfortunately, many of us are too reluctant about putting personal needs into any equation. Understanding your emotional reserve for a particular conflict may allow you to decide timing of a conflict or whether to fight at all.

6. Have you formulated your battle plan?

You wouldn't give an important lecture to experts in your field without envisioning all the possible questions they might ask and what your reply should be. The same approach should occur before a fight. Plan what they might say or do, think about your response, gather data to use as ammunition and, if necessary, rehearse. This approach will give you confidence and control and avoid a shouting match or, worse yet, tears.

Once you've stood back, answered the questions, and decided to fight, then go for it. Don't get emotionally vested in winning or losing. Don't personalize the conflict. Make your plans and then let it play out. You should be secure that you are fighting for a worthwhile goal that you have a chance at achieving. You will know that you can afford the cost of either winning or losing. And you are fighting when you have enough emotional reserve to carry it off. A true battle should be a rare occurrence, which will be made even rarer when others know you are willing to fight.

*Sara L. Rusch, MD
Chair, Department of Medicine
University of Illinois COM at Peoria
ELAM 1996-97*

Our town was so far ahead of its time, a woman received the "Man of the Year" Award.

B. C. by Johnny Hart

Behind every successful man is a good woman. And that's only because men cut in line.

Frank & Ernest by Bob Thaves

Sally: "You're awfully quiet, Hilary. Is there something on your mind?"

Daughter Hilary: "I was just thinking about church. I didn't understand that example."

S: "Which example?"

H: "That one about the Titanic being built by professionals while Noah's ark was built by amateurs."

S: "I think the message there was that you don't have to be the ideal person to get the job done. You just have to be willing to use your talents."

H: "For example?"

S: "Well, you don't have to be a writer to write a great story. You don't have to be an orator to give a great speech."

H: "Hey, that's right!"

S: "And you don't have to be a maid to successfully hang up your clothes."

H: "I think some things should be left to the pros."

*Sally Forth
by Francesco Marciuliano and Steve Alaniz*

Diversity: How Far We Still Have to Go

There was a time when discrimination in employment meant failure to hire minority or female employees. Now that the entry-level workforce has become better integrated, however, employers are being hit with lawsuits charging discrimination in pay, performance evaluations, promotions, and working conditions. For example:

1. Coca-Cola recently settled a lawsuit brought by African-American employees for \$192.5 million. The suit charged discrimination in pay, promotions, and evaluations.
2. Commonwealth Edison paid \$2.5 million to Hispanic employees who charged the company had denied them promotion because of national origin.
3. Nextel Communications has been the subject of a complaint to the EEOC by 300 current and former employees charging inequities in promotions and salaries, as well as having been subjected to a hostile work environment.
4. Microsoft, already under suit by a former African-American employee, is now being sued by a former employee for allegedly discriminating in promotions, compensation, and evaluations. Texaco, the Southern Co., and Lockheed Martin have also been sued.

Think this phenomenon is limited to the corporate world? Wrong! Recently over 1,000 female professors were named as litigants in a suit against the University of Washington charging discrimination in pay and promotion. A recent report released by the Massachusetts Institute of Technology acknowledged discrimination against female scientists at the university not only in pay, but also in resources, such as space and inclusion in important committees. The verdicts in these cases might facilitate lawsuits at other universities, as the Coca-Cola settlement may spur many more charges of discrimination in the corporate sector.

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Of interest is that most companies have conducted the traditional diversity programs consisting of awareness workshops designed to promote understanding or even value differences. Some had workshops on the newer aspects of diversity, focusing on globalization and the link between diversity and strategic business goals with an emphasis on learning the cultural rules to penetrate and increase sales to new ethnic markets.

Though helpful in some areas, clearly these workshops did not address the structural issues to enable diversity to become integrated into the fabric of the organizations, enable the reduction of inequalities and provide for an environment where diversity can be seen as an asset. In many cases, minorities reported continued or increased incidents of being made the target of racial epithets by coworkers.

Companies are learning that diversity is more than instituting token cultural festivals that often serve to perpetuate stereotypes, more than allowing token mentoring groups of minorities to meet alone during the lunch hour, more than placing a menorah next to the Christmas tree, more than senior managers understanding how to relate to their new German bosses, more than getting a contract to sell goods in China, more than contracting to Indian programmers in Hyderabad, and more than trying to avoid lawsuits.

Diversity means leadership. It includes paying attention to human resources. It means results not only in hiring, but also in retention, promotion, pay and overall environmental conditions. Future articles will identify elements of successful strategies in diversity and cultural competence. Readers are invited to share their examples and stories.

Winnie Lanoix, EdD
President, Intercultural and Diversity Management
winnielanoix@coachxculture.com

WEBSITES & MEETINGS OF NOTE

9th Annual Women in Medicine Pathways to Leadership Conference, Changing the Culture. March 2, 2001, The Jefferson Hotel, Richmond VA. (800)413-2872.

4th Meeting of National Leaders in Women's Health Research, Successful Aging: Women's Health and Well-being in the Second 50 Years. March 9-11, 2001, University of Florida Hotel & Conference Center, Gainesville FL. (352)395-8081.

SELAM International 3rd Annual Spring CE Meeting, Successful Leadership: Personal, Global, Digital. March 30-31, 2001, The Warwick Hotel, Philadelphia PA Contact Chris Abrass, cabrass@uwashington.edu.

David J. Bachrach is quoted in "By the Book: Developing leadership and communication skills helps physicians boost their profiles as executives." <http://www.modernphysician.com/archive/article.php3?refid=1089>.

And don't forget to bookmark: <http://www.selaminternational.org>.

BOOK REVIEWS

Editor's Note: I asked Carol A. Aschenbrenner, MD, to recommend some books to us. Below is her reply.

As an only child, reading has been a companion as well as pastime since childhood. My reading habits are eclectic. I typically have at least three books "going" simultaneously: something for professional growth, something for personal growth, and something for entertainment. Friends know it is impossible for me to resist sharing reading recommendations, so your query came as a welcome invitation.

Good fiction has added much to my understanding of human nature. Recently I read two beautiful, poignant novels by Korean-American Chang-rae Lee, *Native Speaker* and *A Gesture Life*. Both are rich in insights about the immigrant experience: what it feels like to be an outsider, the many daily reminders of difference, and the lengths to which people will go to fit in, even to suppression of their own identity. And Lee's use of language is luscious.

For personal growth, I'm now reading Jack Kornfield's *After the Ecstasy, the Laundry*. Using firsthand commentary from many different wisdom traditions, Kornfield explores the contemporary spiritual journey, the different paths people travel to reach enlightenment, and the struggle to integrate it with daily life.

MAKING LIFE EASIER

- Eat meals with your family with the television off. If you're single, eat with friends a couple times a week. Make connections with people who care about you.
- Include exercise, walking, running or aerobics as part of your life. Exercise helps keep you well physically and helps you think more clearly.
- Don't go on a diet, but have a healthy diet. Avoid fried food and fast food.
- Avoid attitude disasters, such as saying "I must do it all. I must be perfect." Don't try to make people become what you want them to be.
- Accept change as a healthy, normal part of life.
- Avoid false cures for stress, such as alcohol, smoking, comfort food and shopping.
- Recognize that stress can be positive. Challenges help us grow.
- Approach life actively rather than passively. Make things happen instead of waiting for them to occur.
- Realize that burnout is a result of our own unrealistic expectations. Be honest with yourself.
- Laugh.

Communication Associates

As you know, I'm the only employee who is not exceeding expectations. You should punish the others for unscrupulously padding their objectives! Those lying weasels! Can I get a whistle-blower award for this?

Dilbert by Scott Adams

CLASSIC STRESS: NOT TO BE CONFUSED WITH CLASSIC COKE

In follow-up to the *How Do You Spell Relief?* article on stress in the last issue, I put out a call via e-mail for members' most stressful work-related moments. Here are some classics!

Nancy S. Hardt, MD, Professor, Departments of Pathology and Obstetrics/Gynecology, Associate Dean for Clinical Affairs and Managed Care, University of Florida COM, ELAM 1995-96. As a junior faculty member, my first external research funding was from a foundation that required reporting on research progress at their board meetings. I traveled from Florida to Washington, DC, to make my presentation, had a quiet dinner on room service, and spent a restful night. I woke early to "dress for success" and went through my usual out-of-town rituals. One special ritual of mine is to polish my shoes before a big presentation. So I pulled out my shoe polish and my pumps and discovered to my horror that I had brought two lefts, one blue and one black. My presentation was at 7:30 a.m., so I had no choice but to make my presentation in my traveling shoes, both white with laces.

Editor's note: Are Page and Roz falling on the floor at this transgression of the dress code? And what would Judith say?

Kathe Nelson, MD, Professor of Pediatrics, Associate Professor of Public Health, Associate Dean for Students, University of Alabama SOM, ELAM 1996-97

I'm not sure where this fits it, but it sure made me think twice about what I had gotten myself into when I agreed to become Associate Dean for Students.

My First Hours as Associate Dean

At 11 p.m. the night before I was to begin my first day in my new position, I was called and told that one of our second year students had been killed in a car accident returning to school after Christmas holiday break. This was a terrible tragedy. My greetings to the MS-2 class (none of whom were known to me as I had been a Professor in Pediatrics prior to becoming Associate Dean) were mixed with the sad news of their classmate's sudden death. I returned from addressing the MS-2s to find a distraught MS-1 in my office. She was from the same city as the student who was killed, so naturally I assumed she had been a friend of hers and was very emotional about the accident. I soon discovered, though, that she did not know the victim. She was actively delusional about a perceived relationship with a classmate who was "in love" with her but refused to acknowledge her existence. She had shown up at 3 a.m. on his doorstep and tried to get him to open the door. The police had been called. She was hospitalized that day with a final diagnosis of manic-depressive psychosis. I had to call her parents to make them aware of her illness and need for immediate hospitalization. All this happened before 10 a.m. of the first day on the new job!! My learning curve was perpendicular and luckily, every day since then has seemed mild in comparison to that first couple of hours!!

Editor's Note: Where did we cover this in the ELAM curriculum?

Kris Lohr, MD, Professor of Medicine and Associate Chief, Division of Rheumatology, University of Tennessee Health Science Center, ELAM 1997-98

For whatever reason, I had an exceptionally exaggerated case of test anxiety before a certification exam. The test wasn't offered in my "home city," so I had to drive several hours and stay overnight. I decided to arrive in time to visit the art museum, and have a relaxing dinner at a superb restaurant. First, the car radiator sprang a leak, so I had to beg a mechanic to fix it that morning. Second, I managed to lose three room keys in my hotel room – without ever leaving the hotel. Security knew me well. Third, the cab driver insisted that after dark the fare was double what was on the meter, and he'd passed the restaurant door and stopped in a poorly lit area a short sprint back to the restaurant. (The return cab driver informed me I'd been had.) Fourth, I didn't sleep a wink. Fifth, as we opened our test booklets and I viewed an unreadable x-ray on page 1, I heard someone say, "Oh, s___." Which is close to what I was thinking. Finally, as I drove out of the parking ramp to drive home, I couldn't remember a single question on the test. Despite all this, I became board-certified.

Editor's note: Fortunately I'm grandfathered in and don't have to recertify. (This is one time I don't mind the masculine term.) If I have to recertify, I'll consider prophylactic hypnotic therapy!

Laura Wexler, MD, Professor of Medicine and Chief, Division of Cardiology, University of Cincinnati COM, ELAM 1999-2000

I had recently moved to a new job in a new city as chief of cardiology at a VA hospital. My children were 5 yr., 4 yr., and 18 mo. old. The clinical service at the VA was a mess, and I was also desperately trying to keep my fledgling lab research career alive. I managed to get enough data together to submit an abstract to the American Heart Association (AHA) scientific sessions....which I felt was essential to my credibility as an investigator. As I glanced with relief at the precious abstract I had just sent off Fed Ex at the last possible minute, I saw to my horror that there was an error in the data...a fatal typo. I had 5 minutes to reprint it and send a corrected version. At that very instant the phone rang. It was my nanny. My infant son was screaming in the background as my nanny informed me that my son had fallen in the bathtub, lacerated his chin and was bleeding profusely. I told her to take him to the emergency room and my husband would meet her there, not really believing that I was not going to go myself. When I called my husband, his secretary said he was out of the office but that I shouldn't worry, he knew about the tree and would deal with it later. "The tree? What tree?" "Oh, didn't you know? The large tree in your backyard just fell on your neighbor's house." Our neighbor was a very nasty lawyer who had complained about that very tree. Anyway, I figured I was getting some kind of message. I came to my senses, forgot about the abstract and went to the emergency room to be with my baby for his first set of stitches. And, the next day, I called a friend on the AHA program committee who let me submit a late correction. So it all worked out in the end but I knew that something had to go, and it wasn't going to be the kids!

Editor's note: Remember the comment about the gravestone epitaph no one ever had, "I wish I'd spent more time at the office."

Kris Lohr

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 *April 2, 2001*.

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