

SELAM News

International

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Joanne M. Conroy, MD
President

FROM THE PRESIDENT

Greetings!

We just completed a great weekend of education and networking as the 3rd Spring SELAM CE meeting comes to a close. Chris Abrass and her Program Committee are to be commended for putting together such an enjoyable, informative program. We began with an outstanding Friday afternoon session focusing on conflict management, led by Carol Aschenbrener and Cathie Siders. That evening we all convened for class dinners. It was great to catch up on the career moves ...the agonies and ecstasies of academic medicine. Facing a move over the next eight weeks, I don't know which is more daunting, the new job challenges or the prospect of packing up 21 years of stuff. On Saturday morning Carole Leland gave an excellent talk on managing organizational politics and making them work for you. Our afternoon topic was the "Digital Age and Education." Two accomplished speakers, David Abrass and Gloria Donnelly, offered both technical and operational tips on how to make online education work at your institution. David Bachrach, a loyal SELAM member and supporter, gave an outstanding and oversubscribed workshop, "Errors that Lead to Failure: How to start off on the right foot." [See his related column on p. 11.] He discussed the importance of the transition period between jobs and reviewed the how to's of making the first six months at your new position both enjoyable and successful. He has an excellent web site www.PhysXCoach@aol.com that, after you sign in, will give you both the slide presentation and relevant articles. This is definitely worth a visit.

We ended the weekend with a wonderful brunch with the National Board for Women in Medicine. This very accomplished group of women has supported our program generously. During the brunch the Marion Spencer Fay Award was presented. This recognizes women who have made outstanding contributions to the fields of medicine and science. Dr. Catherine De Angelis, former Senior Associate Dean of John Hopkins School of Medicine and currently the Editor of *JAMA*, received this year's honor. Her acceptance speech was warm and poignant as she described her life experiences. She recognized the impact that mentors, teachers and family have had on her life choices and their contribution to her success. The event was a great way to end the weekend.

Attendance at this meeting was the highest yet. For the first time we had significant numbers of non-SELAM members. Our membership has increased over 55% from last year, due largely to the relentless efforts of Sharon Turner. (I believe she recruited three more people at the brunch.)

This weekend was also one of reflection. Many of us realize that we would not be where we are today as an organization without the unheralded efforts of the founders of SELAM, four women who passionately believe that the networking and professional development should not end with the last day of ELAM. PJ Coney, Suanne Daves, Debbie German, and Nancy Hardt established a strong foundation for SELAM. As we start to reap the rewards of their efforts, recognition of their contribution is appropriate. If any of you have been involved in establishing not-for-profits, writing corporate bylaws, hosting CE meetings on

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a shoestring (and your personal checking account) and constantly recruiting members for a vision that was not substantive enough for many to see, you can appreciate the effort they expended. They continue to support the growth of SELAM unselfishly through moral and financial support.

As the organization transitions, so does its membership. I spoke with many attendees this weekend who were considering career opportunities within and outside of their organizations. There was an atmosphere of excitement and nervousness in taking advantage of new challenges.

A busy autumn is ahead of us. Plan on attending the SELAM reception at the AAMC annual meeting to catch up with old friends and meet new ones. And mark your calendar for next year's CE meeting in Philadelphia.

Joanne M. Conroy, MD
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SAVE THE DATES!

SELAM International Reception, AAMC Annual Meeting, 5-7 pm, November 3, 2001, Jefferson East, Washington Hilton, Washington DC.

SELAM International 4th Annual Spring CE Meeting, April 25-27, 2002, Philadelphia PA Contact Laura F. Schweitzer, PhD, lfschw01@gwise.louisville.edu.

One must have the adventurous daring to accept oneself as a bundle of possibilities and undertake the most interesting game in the world - making the most of one's best.

Harry Emerson Fosdick

EDITOR'S CORNER

Woe to those who missed this year's phenomenal SELAM International CE meeting, including me. Mary Martin's report (p. 10) really fortifies that view. She was inspired to apply her new skills immediately and describe the experience (p.17). David Bachrach's popular workshop is recapped on p. 11.

Last month I commented that *Updates on Members* was shorter than usual. This month it's over three pages! Some due in large part to Sharon Turner's recruitment - a record 27 new members, of whom only 14 were ELUM Fellows. For the first time we publicly thank in writing our financial supporters (p.6). You can easily guess how to get your name added to that list....

The dental ELUMs formed a core group active in international dental education. They held their first SELAM reception at their national meeting, and recruited a bunch of folks to join us.

Pam Zarkowski jumped at the chance to interview our SELAM Mentor, Patty Cormier (p.8). Page based her column on a program by ELUM Patricia Butler (p. 12). *Issues in the Workplace* overflows with advice. Janet Bickel talks about feelings of insecurity that can derail women leaders (p. 14). Joanne Conroy summarizes a fascinating session on why chairs are fired-- useful advice to any new faculty member. Nancy Hardt

QUOTABLE

Attitude determines altitude.

All high achievers plan their work and work their plan, for they are keenly aware that "luck" is most often being prepared to take advantage of a situation.

Unknown

If you are being run out of town, get in front of the crowd and make it look like a parade.

Sally Stanford

It had long since come to my attention that people of accomplishment rarely sat back and let things happen to them. They went out and happened to *things*.

Elinor Smith

Cautious, careful people, always casting about to preserve their reputation and social standing, never can bring about a reform. Those who are really in earnest must be willing to be anything or nothing in the world's estimation, and publicly and privately, in season and out, avow their sympathy with despised and persecuted ideas and their advocates, and bear the consequences.

Susan B. Anthony

Do not follow where the path may lead. Go instead where there is no path and leave a trail.

Muriel Strobe

Adventure is worthwhile in itself.

Amelia Earhart

What is at the summit of courage, I think, is a freedom. The freedom that comes with the knowledge that no earthly thing can break you.

Paula Giddings

summarizes the ACPE course on finance (p. 16), and Kathe Nelson summarizes reentry experiences of a succession of ELAM Fellows at her institution (p. 18). Reentry of University of Michigan ELUMs is described in the announcement of that university's financial support of ELAM (p. 20). Our *Book Review* section describes some great choices for your next vacation.

Susan Shurin follows up her earlier report on this year's ELAM Class (p. 18). Roz Richman highlights the ELAM Class of 2001-02 (p. 22). Start thinking of nominees for next year's class.

A wealth of information usually crowds out inclusion of pictures, so we added more pages temporarily. The Photo Gallery highlights recent SELAM, ELAM, and ELUM activities.

I always loved "A Thump on the Head to ..." in *Ms Magazine*. Ellen Goodman's column about Equal Pay Day notes a woman working in a government contract job earns 72 cents for every dollar a man makes. Secretary of Labor Elaine Chao challenged the "flawed study," not the goal. Goodman writes that Chao belongs to the Independent Women's Forum "that declared the end of the pay gap last year, saying a 20-something woman earned as much as a 20-something man. Want to bet the Labor Department's new research will prove that any woman can close the wage gap simply by remaining young and childless?" May the science be with you!

Kris Lohr

UPDATE ON MEMBERS

SOM: School of Medicine
SOD: School of Dentistry

COM: College of Medicine
COD: College of Dentistry

Promotions & New Positions

ELAM 1995-96

Joanna Cain, MD, will become Chair of the Department of Obstetrics and Gynecology and Director, Center for Women's Health, at Oregon Health Sciences University (effective 8/01). She writes, "Two jobs, but women multitask, so there you are... The big benefit for me is the opportunity to build both the department and the center for women's health in an environment that has committed donors, commitment to all the missions of academic medicine (particularly research that may change women's health) AND is back home in my corner of the world. (And a gorgeous, rapidly growing city, and environmentally sane, and....)"

Nancy S. Hardt, MD, is now Chair of the USMLE Computerized Case Simulation Committee. She was also named to the Board of the USMLE. Her new toll free pager number: 877-332-9474.

ELAM 1996-97

Pamela Zarkowski, MPH, JD, University of Detroit Mercy School of Dentistry, was inducted as 2001-2002 President of the American Dental Education Association at its 78th Annual Session and Exposition in Chicago, March 2001.

ELAM 1997-98

Joanne M. Conroy, MD, accepted the position of Chief Medical Officer for the Atlantic Health System (effective 6/01). This large hospital system in northern NJ has four hospitals and associated health care components, and a physician group that totals 3,000. She will be affiliated academically with UMDNJ, and continue to practice anesthesiology. Joanne will serve as the physician-hospital liaison, run the practice plan, supervise risk management credentialing, and mentor younger CMOs at two hospitals. Dr. Layton McCurdy wrote in an e-mail notification to faculty, "Over the past two years, during the financial challenges faced by the COM and the [Medical] University [of South Carolina], Joanne Conroy has been the major person in designing the College's response to financial challenges. Throughout this she has demonstrated remarkable abilities in organizational understanding, all the while sustaining the academic vision of our school. Over my years of experience, I have never worked with anyone more capable and more dedicated. In addition, she approaches difficult and demanding situations in good spirit and good humor. It has been a pleasure to be her professional colleague and friend. Her future is bright. Any organization that has Joanne Conroy in a leadership position will prosper and flourish." (Editor's note: And SELAM is one of those fortunate organizations.)

Sharon Turner, DDS, JD, was appointed to the Predoctoral Review Committee of the Commission on Dental Accreditation, the first step in the progression to becoming a commissioner. She was also elected to the six-member Administrative Board for the Council of Deans of the American Dental Education Association and appointed to the Board of Directors of the Western Deans and Dental Examiners. Says Sharon, "I see lots of meetings in my future...."

ELAM 1998-1999

Paula J. Adams Hillard, MD, Professor in the Departments of Obstetrics/Gynecology and Pediatrics, Director of Women's Health at University of Cincinnati COM, is "now Full Time at the Children's Hospital Medical Center, and have the anomalous position as the only ob/gyn in the Department of Pediatrics here at the University of Cincinnati. It's a marvelous opportunity to develop my own program, including the initiation of a fellowship program in Pediatric and Adolescent Gynecology (one of only 3 in the country) starting in July within a department that is incredibly supportive and academically vibrant. I have sold my wonderful Victorian mansion and am now ensconced in a more modest Victorian, located in a funky, lively, eclectic, and diverse neighborhood that

I love. My divorce will be final within the next 6 weeks, and the kids and I are doing OK. I'm ready to move forward with hope — personally and professionally. Greetings to all my ELAM-ite colleagues. I'd welcome email/phone/visits."

Kathleen McCarroll, MD, accepted a position at the 987-bed academic affiliate William Beaumont Hospital in suburban Detroit MI (effective 4/01). She will set up their Emergency Radiology Division.

Carolyn Voss, MD, is the Interim Chair of Internal Medicine at the University of New Mexico (effective 9/1/00). She writes, "There are only a handful of women chairs in internal medicine, and I believe I am the only Clinician Educator even in an interim role. It's a fascinating experience."

Katherine L. Wisner, MD, became the Gottfried and Gisela Kolb Professor of Outpatient Psychiatry, Distinguished University Scholar, and Director, Women's Mental HealthCARE, at the University of Louisville SOM (effective 4/1/01). She writes, "I will be working as a liaison to the Governor's Office of Women's Physical and Mental Health. So I now have Laura Schweitzer, PhD, fellow ELAM class member, as my boss! My horse loves it here!"

ELAM 1999-2000

Valerie A. Arkoosh, MD, named permanent Chair of Department of Anesthesiology, MCP Hahnemann University.

Ellen Wright Clayton, MD, JD, Vanderbilt University SOM, was appointed Director of the Genetics and Health Policy Center.

Jeanne K. Heard, MD, PhD, Associate Dean for Graduate Medical Education, University of Arkansas for Medical Sciences, promoted to Professor in Internal Medicine. She was also selected to serve a three-year term on the Institutional Review Committee of the Accreditation Council for Graduate Medical Education.

Brenda L. Lonsbury-Martin, PhD, was named Professor and Vice-Chair, Department of Otolaryngology, University of Colorado Health Sciences Center, Denver CO (effective 6/1/01).

Marilyn J. Telen, MD, Professor of Medicine and Chief of the Division of Hematology at Duke University Medical Center, was named the Wellcome Clinical Professor of Medicine, an endowed professorship (effective 7/1/01). She writes, "Otherwise life is unchanged."

Laura Wexler, MD, University of Cincinnati COM, was appointed to be Associate Dean of Student Affairs and Admissions at University of Cincinnati (effective July 2001). "This was the job I was working towards during my fellowship."

ELAM 2000-01

Jane C.K. Fitch, MD, became Interim Vice Chair in the Department of Anesthesiology, Baylor COM (effective 1/01). She continues as Chief of the Division of Cardiovascular and Thoracic Anesthesiology.

Barbara Kahn, MD, Harvard Medical School, was appointed Chief of the Division of Endocrinology, Diabetes and Metabolism, at Beth Israel Deaconess Medical Center and Harvard Medical School (3/01). "In her new role, she will be responsible for the Beth Israel Deaconess Medical Center portion of the Joint Venture in clinical endocrinology with the Joslin Diabetes Center, and for the academic, teaching, and research programs in endocrinology and metabolism."

Ann D. Thor, MD, accepted the position of Chair of the Department of Pathology, the Lloyd Rader Professorship, and Associate Director of the Cancer Center at the University of Oklahoma, Oklahoma City OK (effective 5/01).

SELAM Members

Medge Owen, MD, promoted to Associate Professor of Obstetric Anesthesiology, Wake Forest University Medical Center (effective 7/01). Medge teaches 6 months each year in Turkey. With colleagues at Wake Forest and Uludag University in Bursa, Turkey, she is initiating a 2-year

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project in Turkey to provide education in obstetric anesthesia and newborn resuscitation for Turkish physicians to improve childbirth safety, and reduce maternal and newborn mortality. Medge received a Fulbright Scholarship in 1997 to teach obstetric anesthesia at Uludag University. She has worked in 4 developing countries and speaks several languages. She recently organized an exchange program between Turkey and Wake Forest University and has hosted a number of doctors in each location. After the successful implementation of this pilot program in Turkey, they plan to host similar programs in other developing countries with educational materials translated into various languages. Doctors from Ghana, China and Egypt have already contacted them for workshops.

ELAM Faculty

David W. Danner, EdD, Manager, Team Performance, AstraZeneca.

Nancy E. Gary, MD, is Special Assistant to the President and CEO and immediate past president of the Educational Commission for Foreign Medical Graduates. She also serves as Chairman of the Foundation for the Advancement of International Medical Education and Research (FAIMER).

News of Note

ELAM 1995-96

Wendy J. Wolf, MD, MPH, who works for the Department of Health and Human Services as a Senior Advisor to the Administrators for both the Health Resources and Services Administration and the Agency for Healthcare Research and Quality, received the Secretary of Health and Human Services Award for Distinguished Service in May 2000 for her work on children's health.

ELAM 1996-97

Barbara Schindler, MD, writes, "My great personal news this year is grandparenthood which is grand! Simon Alexander was born 3/1/00 to my daughter Rebecca and her husband Pedar, and Rachel Sarah was born 8/9/00 to my son Joshua and his wife Amy. Also, my youngest son, Benjamin will graduate from Northwestern in June. On the professional front we (MCP Hahnemann SOM) were one of 10 schools chosen to participate in the Millennium Conference on Clinical Education co-sponsored by the Shapiro Institute at Harvard and the AAMC."

ELAM 1997-98

Sarah Morgan, MD, RD, University of Alabama at Birmingham School of Medicine, was one of six Outstanding Women honored March 1, 2001, by the UAB Women's Center and the UAB Women's Studies Program. Sarah was named Outstanding Woman UAB Faculty Member for her own successes (she is the first female clinician director in Nutrition Sciences and Medicine), and for facilitating recruitment of qualified women faculty and initiation of the Osteoporosis Prevention and Treatment Center.

ELAM 1999-2000

Ginny Broudy, MD, received the Paul Beeson Award in Medicine at the University of Washington. The awardee is selected by the residents in medicine to exemplify outstanding teaching and clinical care. Ginny is the first woman to receive this prestigious award.

Kathryn A. Cunningham, PhD, Professor of Pharmacology and Toxicology, University of Texas Medical Branch, received the 2001 Distinguished Faculty Research Award at Commencement in May. This award is in recognition of the impact of her research in the field of drug dependence and her contribution to the solution of this significant scientific problem. She also received an Independent Scientist Award (K02) from the National Institute on Drug Abuse.

Multiple SELAM Members and ELAM Classes

Carol A. Aschenbrenner, MD, and *Cathie T. Siders, PhD*, were featured in "What Every Faculty Member Must Know about Conflict Management," in *Academic Physician & Scientist*, Jan/Feb 2001.

Rose Goldstein, MD, ELAM 1998-99, *Jayne Thorson, PhD*, and *Merle Waxman, MA*, were featured in the lead article, "Increasingly, Academ-

ics Turn to Informal Mediators to Resolve Work Conflicts," in *Academic Physician & Scientist*, Jan/Feb 2001.

Linda R. Adkison, PhD, Mercer University SOM, ELAM 1999-2000, *Rose Goldstein, MD*, ELAM 1998-99, University of Ottawa Faculty of Medicine, and *Renee Jenkins, MD*, ELAM 1998-99, Howard University COM, were appointed to the AAMC Women in Medicine Coordinating Committee (11/00).

Change of Address

1995-96 Fellows

Suzanne Landis, MD, University of North Carolina SOM, has a new area code: 828.

ELAM 1996-97

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ELAM 1997-98

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ELAM 1998-99

Sally S. Atherton, PhD, Department of Cellular Biology & Anatomy, Medical College of Georgia, R & E Bldg, Room CB 2915, Augusta GA 30912-2000

Catherine deVries, MD, Associate Professor of Surgery, University of Utah SOM, Primary Children's Medical Center, 110 North Medical Center Drive, Suite 2200, Salt Lake City, UT 84113; tel 801-588-2000; fax 801-588-3307; e-mail catherine.devries@hsc.utah.edu

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Paula J. Adams Hillard, MD, Professor, Department of Obstetrics/Gynecology, Professor, Department of Pediatrics Director of Women's Health University of Cincinnati COM, Cincinnati OH 45267; tel 513-636-2911; fax 513-636-8844

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Katherine L. Wisner, MD, MS, Gottfried and Gisela Kolb Professor of Outpatient Psychiatry, Distinguished University Scholar, and Director, Women's Mental Health CARE, Department of Psychiatry, University of Louisville SOM, Building A, Suite 210, Louisville KY 40292; tel 502-852-1926; fax 502-852-5098; katherine.wisner@louisville.edu

1999-2000 Fellows

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Janis Letourneau, MD (1995-96)

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We thank the following new and renewing members, institutions and corporations for their support at the following categories (January 2000 - April 2001). Support included services, educational grants, and cash donations to either the SELAM International Fund or CE Meeting. Space prohibits us from printing the names of those who donated prior to 2000.

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Editor's Note: One way to support SELAM International is to donate honoraria directly when travel expenses are covered separately. The payor needs only the organization's name and Tax ID No. 37-1367751.

SELAM Membership Drive

This has been a great year for SELAM membership recruitment. Through the efforts of our class representatives and the tireless campaigning of Sharon Turner, our 2000-2001 President, we have increased SELAM membership by over 55%. The number of ELAM graduates joining increased from 77 to 87. The greatest increase was in participation by medical and dental school Deans. The number of member Deans increased from 9 to 22.

Review of the data shows that we attract just over 50% of ELAM graduates to join SELAM. Obviously, we have more work to do on recruitment during ELAM sessions. And we have to work on retention of current members. Every class has its own persona. Two things drive participation in SELAM:

- The testimony of SELAM recruiters that the networking offered by SELAM positively drives your career development
- The power of persuasion of the class membership representatives.

Through my own recent experience searching and successfully moving to the next step in my career path, I can verify that the SELAM network is invaluable. I found all of the members and mentors helpful with their advice and more than willing to give counsel and write letters of support. The dialogue was very effective in helping me clarify and achieve my goals.

We all seek advice in our careers as we face new challenges in current roles or make the transition to new opportunities. Getting and giving technical advice is easy. Obtaining sound political and personal advice is much more difficult. The SELAM network is an incredible resource in providing this. The shared experiences of SELAM members and SELAM mentors are invaluable. I encourage all of you to become involved as members, recruiters and eventually as mentors.

Joanne M. Conroy, MD

President

SELAM Members Attend Global Congress in Dental Education

A landmark event occurred in dental education and three ELAM/SELAM members were participants. In March of this year a Global Congress in Dental Education was held in the Czech Republic, bringing 220 people from 48 countries together to discuss dental education. Lisa Tedesco and Pam Zarkowski (ELAM 1996-97) and Phyllis Beemsterboer (ELAM 1997-98) were invited participants in this international effort to look at common issues and problems. Topics addressed the effects of globalization, and preparing for challenges (such as faculty shortages, decreasing support from governments, etc.) with the overall goal of promoting better global health.

The Global Congress emerged from a process that started when the European Countries began looking at educational standards after the formation of the European Union (EU) and the free movement of professionals across EU country borders became a reality. A group of European dental educators formed the "DentEd Thematic Network," a project designed to promote

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convergence in the standards of European dental education through better understanding, pooling intellectual resources and sharing innovation and best practices. The European Union's Directorate on Education and Culture funded the project, with additional support from the Association for Dental Education in Europe (ADEE). The process included plenary meetings and voluntary site visits followed by peer review. Efforts like this in dental education were also occurring in other fields like medicine and engineering.

The overwhelming success of "DentEd" led to expanding the vision to include established and emerging countries. ADEE partnered with the American Dental Education Association (ADEA) in the US and "DentEd" became "DentEdEvolves." Financing for the Global Congress came from a number of associations and corporate sponsors, and was led by Dr. Derry Shanley from Trinity College in Dublin and Dr. Rick Valachovic from ADEA.

The actual meeting was structured around five main themes and supported by 20 working groups. The five themes were:

- Theme 1 Education and Learning,
- Theme 2 Towards a Global Assurance of Standards,
- Theme 3 Establishing and Maintaining Faculty in a Dental School,
- Theme 4 The Virtual Potential and
- Theme 5 A Global Perspective on the Challenges and Values Relevant to Dental Education.

Each group prepared a preliminary report on its assignment electronically prior to arriving in Prague. Each group will now continue to refine reports that will be published in the summer of 2001. Another meeting to continue working on converging standards and practices is scheduled for 2003 in Washington, DC. Being a part of this Global Congress was a unique and rewarding experience. The three ELUM/SELAM members came away excited about further opportunities to share information and increase understanding with our dental colleagues across the world.

*Phyllis Beemsterboer, RDH, EdD
ELAM 1997-98*

Diversity at University of Oklahoma

The University of Oklahoma College of Dentistry will make history this spring when it confers Doctor of Dental Surgery degrees on the largest number of Native Americans ever to graduate in the same class for a US dental school. The 11 Native American members of the Class of 2001 are among the 29 Native American students currently enrolled in the college, the largest enrollment of any US dental school. The OU College of Medicine also ranks first in the nation in the number of Native American students enrolled. These accomplishments have been fostered, in large part, by the Native American Center of Excellence Consortium, which was established in 1993 at the OU Health Sciences Center with funds provided by the US Public Health Service Bureau of Health Professions.

*Mary E. Martin, DDS, MEd
ELAM 1999-2000*

First Annual SELAM Reception at ADEA Annual Meeting

On March 3, 2001, the 1st annual SELAM Reception at the American Dental Education Association (ADEA) Meeting was held at the Chicago Hyatt Regency Hotel, the very same site as that of the now well established SELAM Reception at the annual AAMC Meeting in fall of 2000. The reception was sponsored by the dental schools: The University of Alabama at Birmingham through the contribution of Dean Mary Lynne Capiluto; The University of Kentucky on behalf of Dean Leon Assael; The University of Michigan thanks to Dean William Kotowicz; The University of North Carolina at Chapel Hill through the generosity of Dean John Stam; and Oregon Health Sciences University on behalf of Dean Sharon Turner, immediate past President of SELAM. Over 70 people attended, including many dental school deans and the current dental ELAM Fellows, Dr. Nancy Tofski (UMDNJ) and Dr. Cherae Farmer-Dixon (Meharry School of Dentistry). Also present were Dr. Richard Valachovic, Executive Director of ADEA, and Dr. Jeanne Sinkford, Director of Equity and Diversity for ADEA. Dr. Sinkford, former Dean of Howard University School of Dentistry and currently a member of the ELAM Advisory Board, has been instrumental in selecting ELAM Fellows since the first dental Fellows were selected for ELAM.

Dr. Turner explained SELAM and its goals. She urged those in concert with the philosophy to join. She also solicited participation in the annual SELAM CE program and encouraged deans to nominate qualified women faculty for the ELAM Program. After the reception she commented, "This was an extremely successful first event for SELAM. I was pleased with the attendance and the length of time people stayed. I hope to see this event occur every year at the ADEA Meeting. This is a wonderful way for us to spread the word about SELAM and also visit with old and new friends."

*Sharon Turner, JD, DDS
ELAM 1997-98*

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SELAM MENTOR**Patricia P. Cormier, EdD**

Patricia (Patty) Cormier is President of Longwood College in Farmville, VA. She is a longtime supporter of the ELAM Program as a member of both the ELAM Faculty and ELAM Advisory Committee.

What do you consider being the major accomplishment(s) in your career? What factors influenced each accomplishment?

I want to highlight two major accomplishments. The first is having held key leadership positions. I have had an opportunity to do it all in the “academy.” I have been involved in academics, admissions, continuing education, fund raising, faculty management. These experiences have provided me with a wide range of experiences.



Patricia P. Cormier, EdD

My second accomplishment was a “cross over” from the health care to liberal arts. Truly a unique accomplishment. The first factor influencing these accomplishments is taking risks. I have done a lot of that. When I left to take the Presidency of this college I took a salary cut, my husband and I lost tenure, and I moved my family. These were risky choices. Also people were willing to take a risk on me. I have been fortunate that individuals have taken a chance on me and given me opportunities. Frequently, women say they cannot move or are unwilling to take risks. I believe one should evaluate their career goals and ask the question, What’s possible? Be realistic about what you can do. Face that reality and move on.

What was your most difficult decision? What did you learn from the experience?

This is a fascinating story. I began my Presidency in August. On the Wednesday prior to Thanksgiving, the local paper published a story reporting that the dorms at Longwood were a fire hazard due to a lack of an updated sprinkler system. Prior to the story hitting the newspapers, I had identified a task force to “study” the problem. After thinking about the situation and talking to a variety of individuals, including members of my family, I decided to not “study it,” but “fix it.” I decided to put in sprinklers! I had to work with public relations and the members of the board. I had to communicate with students and parents. There were significant financial implications, but the results were wonderful. By the weekend there was a newspaper article indicating that the President of Longwood acted decisively and was fixing the problem.

The lesson I learned was never to compromise the right thing. Think intelligently and manage the environment. I feel that honesty and integrity paid off in this situation and in other situations.

What do you feel are the core qualities or attributes that characterize a good leader?

Humility A leader must recognize that she doesn’t know everything. As a leader you are working with others. A leader is not always the smartest. A leader must keep her ego in check. A leader is not a king, lord or demagogue. You are not that important.

Service A leader is in that position to serve the people for the common good.

Vision Leadership involves creative approaches to issues and problems. A leader must stay in touch, but must also have vision and offer that to others.

Love people Relationship building is critical to leadership. You have to care for all individuals, even those you don’t like. I consider human development in every decision that I make in my role as President. My decisions influence lives.

Stamina A leader must have the energy to “hang in there.” This includes physical, emotional, mental and spiritual strength. All these are important elements to help one survive.

Do you have balance in your life? If so, how do you accomplish this goal?

I exercise about 30 minutes a day. Physical well being is very important. I know when I am getting tired that I need to back off. I also eat well and make appropriate choices. I stay in love with the people that matter, my husband, my child and my

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sister. I am an avid reader. If I have nothing else to do, I love to read. I decided this is important and make the time. It is important to take vacations. Vacations renew you. I will be going to Tuscany for three weeks. A vacation allows you to step back and relax. You are then renewed and a new person. When you return to your job, you are balanced and think differently. Vacations are very important and a must for a successful leader. And to accomplish all these things and keep balance, one must be well organized.

Who or what had the most significant influence on you and why?

My *Grandfather* who helped raise me. He believed knowledge was power and exposed me to a wonderful world. I used to get dressed in my best pinafore and he would take me to the Met. He was a wonderful storyteller and introduced me to magical things. He gave me the gift of a profound respect for the arts and knowledge.

My *husband*, who is a medieval scholar. He has introduced me to operas and plays, moved me abroad and taken me to visit catacombs. He is “engaged in living” and has helped me tap into new interests. I find him very interesting and he has opened different worlds for me.

D. Walter Cohen, a man that never recognized anything called gender. He always believed I could do it, and if I could do it, I got the job. He helped me explore facets about me I did not know existed by recognizing I had more talents than I knew I had. He believed in me and gave me many opportunities. I am forever indebted to him.

Dr. Mary Lynda Meerian, who was President of Wilson College where I did my ACE Fellowship. She was a fabulous person. She was a young President, eight years my junior, filled with a desire to make the institution. She worked night and day. She never compromised her values and was known for her integrity. Being mentored by her was a gift for which I am most grateful.

Do you have advice for future women leaders in medicine and dentistry?

Yes. Stay consistent with your value system. Never stay too long as someone’s assistant. It is important for leaders to get line responsibility, for budgets or people. Women need to take charge. They also need to take credit for what they do. I would also advise that it is important to know the facts. You can rely on intuition, but you need to know facts. These may be budget numbers, facts about the institution or program, but you need to know what you are talking about and not rely on others. I memorize things like student GPA’s, number of alumni and other important information, so that it is at my fingertips. I have learned that information is a powerful tool. I am not suggesting that a leader micromanage all areas, but rather if you have information, a good leader knows what questions to ask. You need information, because the “buck” stops here.

A second piece of advice is to recognize that in today’s world, the importance of mobility is important. A future leader will need to move. If you are considering moving to another position, one must ask whether staying or moving to another position is most important. Finally, as I said earlier, a great leader is a risk taker.

Are you passionate about anything in particular? How did you find your passion?

I am passionate in two areas. The first is striving for excellence. This passion began when I attended a private Catholic high school and began striving for A’s. The passion for excellence has continued since then in all I do or set out to do.

A second passion I have is for service. I believe in giving back to others. At Longwood, I talk about citizen leadership: the obligation our students and faculty have to give back as much as you take. In today’s society, you are not just a worker, you have an obligation to give.

Do you have a favorite book or philosophy of leadership?

Good leaders are transformational. They come to an environment and have the skills to determine what is the best way to lead a constituency. Every group or environment is different and a leader must tailor her leadership accordingly. What works in one environment may not work in another. I also believe human relationships are an important part of leadership. For example, in the south, people must like you. If they like you, that is the first step, then you have to prove competence. Building and maintaining human relationships is a key to success leadership. Getting to know people is important. A leader has to understand the organization. There is not one standard formula to use with an institution or organization. The leader must adapt.

Pamela Zarkowski, MPH, JD
Professor and Associate Dean for Academic
Administration
University of Detroit Mercy School of Dentistry
ELAM 1996-97

Real leaders have as much confidence in others as they have in themselves. This is the art of leadership helping others experience and put to good use their innate talents. Leaders hold a vision of what is to come to be, but their greater vision is people coming to be...in other words, people growing and unfolding their potential. The things we do are not as important as who we become as we do the things we do. Leaders know this. Amazingly, they get a lot done, but in the process their interaction with people is the true prize.

Jim and Nancy Rosemergy

Report on the 3rd Annual SELAM International Spring CE Meeting

SELAM's Continuing Education Program March 30 - April 1, 2001, was absolutely filled with something for everyone. The only downside was not having enough time for the presenters to go into details on their broad topics. The program was titled "**SUCCESSFUL LEADERSHIP: PERSONAL, GLOBAL, DIGITAL.**" Topics were grouped and presented following that basic outline.

Successful Leadership: Personal

Dr. Carol Aschenbrener and Dr. Cathie Siders covered this aspect during the Friday afternoon session. Their presentation was titled "Putting Your Best Foot Forward: Using Communication to Your Advantage in Conflict." The two-part program included an informative and entertaining keynote address by the duo, and a workshop on conflict management. In true ELAM style, the audience worked in small groups during the latter. The task: dissect and evaluate real conflicts in our lives.

Successful Leadership: Global

Dr. Carole A. Leland's session on the global aspect of leadership highlighted Saturday morning. Her presentation was titled, "Political Savvy: Concepts and Strategies for Creating Influence." Leaders hold widely differing perceptions about the necessity and appropriateness of developing political skills. Carole opened our eyes to the differing types of political behaviors we use daily. It was quite interesting to see that what we refer to in our own department as "management strategies" we often see as "hospital politics" in another department! It's amazing how the word "politics" can have such a negative connotation and yet be so important in our daily lives. As leaders, we cannot afford to back away from the political game, whether it concerns budgetary uncertainties or conflicting priorities among department chairs. Dr. Leland's session deepened our respect for the political process, and gave us take-home ideas for increasing both our effectiveness and our influence. To read more from this dynamic woman, pick up a copy of the highly acclaimed *Women of Influence, Women of Vision*, which she co-authored with Helen S. Astin (Josey Bass, 1991).

Successful Leadership: Digital

Two speakers covered this topic on Saturday afternoon. David Abrass gave us an overview of "What the Digital Age Has to Offer." Dr. Gloria Donnelly discussed ways of "Taking Advantage of the Digital Age: Web-Based Education." Their presentations were very informative...and perhaps a little intimidating to those of us who are still using color slides in our lectures!

Next we broke out into separate sessions based on our burning desires for info at the time. I attended "Errors that Lead to Failure: How to Start Off on the Right Foot" with David Bachrach. Many of you have either met David or read one of his articles. This session was really too short. We could have listened to him for four hours easily! Some of us could probably even add new areas to his list of errors! His entire presentation, however, is available to SELAM members online. Simply visit his web-site (www.PhysXCoach.com) and open the Visitor page, or contact David directly (PhysXCoach@aol.com). I encourage each of you to review this PowerPoint presentation, especially if you are starting a new position in July! [See his column on p. 11.]

Rave reviews were heard about the other break-out sessions during the reception: "Web-based Education" with David Abrass and Gloria Donnelly; "New Career Opportunities in the Digital Age" with Nancy Cook, Drs. Fran Kaiser (ELAM 1996-97), Meryle Melnicoff and Thomas McCarter; and "Telemedicine: New Technologies-New Opportunities" presented by Drs. Helen Li and Lisa Kaplowitz, both ELAM 1999-2000.

For those of you unable to attend, I hope I've provided some insight into the wonderful and unique CE opportunities afforded us by attending the SELAM Annual Meeting. Next year will be just as powerful under Dr. Laura Schweitzer's watchful eye. Plan now to be a part of it!

Mary Martin, DDS, MEd
ELAM 1999-2000

Stress Factors

- Demands are too high.
- Micromanagement leaves too little independence.
- Work lacks meaning and purpose.
- Work is not in alignment with your values.
- You are not able to use your gifts and talents so that the job is not very challenging and you are bored.
- The environment is stressful because it's noisy, there's too much activity, too many deadlines or too many projects to handle at once.
- Personality conflicts on the job.
- There is a lack of control, often because you're not involved in decision-making.

Adapted from Fern Gorin, founder of Life Purpose Institute in San Diego. "If two or more of these factors exist, the chance of having a health problem is over 80 percent."

Information of Note

Advanced Curriculum on Women's Health, 2nd International Conference, American Medical Women's Association, AMWA Foundation, and Cleveland Clinic Foundation, August 3-5, 2001, Renaissance Cleveland Hotel, Cleveland OH, www.amwa-doc.org/Meetings/ACWH.html.

And of course <http://www.selaminternational.org>.

Woman interviewing for stablehand: "Do women get equal pay?"

Interviewer: "Absolutely."

Woman: "I'll take the job."

Interviewer's thought: "We pay all women the same."

Wizard of Id by Brant Parker & Johnny Hart

A great pleasure in life is doing what people say you cannot do.

Walter Bagehot

The Physician Executive's Coach on The Curse of the Internal Candidate

You are called to the Dean's Office on short notice late Friday afternoon. You enter with a healthy degree of anxiety, even though you and the Dean know each other fairly well. Your heart rate increases when you see that your department Chair is also in the room. The Dean begins, "I've got some good news and some bad news. Dr. James has just told me that he has accepted a position elsewhere. Further, we've agreed that you are an excellent internal candidate for the Chair and we would like you to assume the position on an interim basis while we conduct a national search. Any questions?"

You recover your breath and blurt out, "Which part of this message is the good news?" They smile and suggest that you think about it. The Dean asks you to return Monday morning with an answer.

OK, so you always wanted to be Chair of your department. You've prepared yourself well to be a contender should the incumbent ever leave.

- You've taken management courses with ACPE and MGMA's Society of Physician Administrators.
- You've attended a couple of AAMC meetings when you chaired the medical school's Admissions Committee and served as a member of its AP&T Committee.
- You participated in the department's budget process as head of its largest section and have been involved in recruiting a number of other section heads.
- Over the past couple of years you've sought management advice from your department's administrator and she's suggested some good books on management which you've purchased and read.
- Damn, if only you had been eligible for enrollment in that ELAM program...why do women have access to all the best resources!

It is Sunday night. You decide, *Yes!*

Yes what?

- Yes, I want to be a Chair?
- Yes, I want to be the next Chair here?
- Yes, I want to be the Chair during the interim while a search is conducted?
- Do I? Why? Let's think about this further.
 - I will make a good Chair...I've prepared myself pretty well but what more can I do during my period of interim leadership to prepare myself further?
 - Should I steer a 'safe' course while interim Chair and avoid failures or contentious issues? Or, should I do what's best for the department, my own reputation be damned (or something in-between)?
 - I need to demonstrate to my colleagues within and outside the department that I am the best candidate for the job. How do I do that? I am not very good about promoting myself. Should I just let my actions and achievements speak for themselves?

- If I am not selected for the Chair here, I want the position nonetheless and so will make myself a contender elsewhere. Should I look at this as a learning experience and let the chips fall where they may with respect to this search?
- Would I be a stronger contender for the permanent (a misnomer if ever there was one) position if I did not accept the interim role, but rather let someone else who is not a likely contender 'maintain' the department during the period of the search? (Note: We will not explore this in depth as space does not permit...but this is a viable and strategic option, especially if the search is to commence immediately and proceed with dispatch).

So, why is the internal candidate cursed (or at least at a disadvantage)? Here are some factors to consider:

- Human Nature
 - People tend to trust the 'devil they don't know' over the 'devil they do know.'
 - While we have our advocates, we also have our detractors...people have preconceived notions about you and how well you'll do. These are often hard to change or overcome.
- Whatever you've learned by trial and error during your time at the institution...they'll remember the errors at least as well as the successes.
- You may not be viewed as a leader (or *their* leader)... After all, you were a medical student/resident/fellow/junior faculty member there...some of the people you will now be expected to lead were once your teachers!
- You are perceived to be loyal to the incumbent chair and may be perceived to just follow his style and plan and not bring anything new to the table. There may be a concern that you won't change what needs changing out of concern for how such changes will reflect on him.

So, what can you do about this?

- On balance, the experience you will gain as interim chair (insist on the term 'interim' and not 'acting'; you want all the authority and responsibility that goes with the position if you are to have any chance to be effective during this period) will be of great benefit.
 - Before accepting the interim position, get a copy of the position description (they do have a formal, written position description, don't they?) and ask the Dean to delineate on it any roles, responsibilities or authorities that are to be adjusted. You may wish to have him sign it.
 - Ask the Dean for an explicit, written statement of goals and objectives for the next 6-18 months...and for a statement of 'off-limits' or 'sacred cow' issues, should there be any. If possible, have the Dean declare publicly that there are certain areas that he has asked you to leave alone for the interim.
 - Get some understanding of when a search will begin. While you will be in limbo for what will seem like an interminable period of time, it may be to your advantage to be able to operate during a six-month (or one year)

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period before the search begins without being distracted by the search process. This will give you time to demonstrate your ability without others constantly compromising your intended actions during a period when other candidates are coming through.

- Ask for support during this period, including regular and confidential access to the Dean (as well as to others such as the chief administrative officer, head of the faculty practice plan, associate deans, the hospital CEO, etc.).
- Obtain a commitment of support to take some additional coursework, such as the AAMC's course for new Chairs, as well as the support of an executive coach.
- Get from the chief administrative officer complete financial statements for the department, along with a brief written statement of any concerns that must be addressed. (Note: I recommend to all new Chairs and Deans that they have a comprehensive external financial audit performed of the unit... This may be done during your interim term). Be sure that you have not only the authority to act on any discovered concerns, but also the funds necessary to address these and other concerns, either within the funds controlled by the department or as a special allocation to you as interim Chair.
- Insist on a commitment that, before the search officially begins, you be given a critique by the Dean (and the hospital CEO if you are a clinical Chair). Ask the question, "Based on what you've seen over the past 6/12 months, would you offer me the Chair assuming that I am the best candidate for the position after completion of the formal search?" If the answer is negative, then ask that there be:
 - Written guidance provided.
 - Additional support for continued training (assuming that you still want to be in a leadership position in the future) and the time to obtain it.
 - The opportunity to initiate your formal withdrawal from further consideration for the Chair, including the option to step out of the interim position during the period of the active search.
 - In return for your sacrifice and service, a mini-sabbatical (or full sabbatical) at the conclusion of your term with support to allow for re-entry into your former role, or a different role within the organization, should that be mutually acceptable.

If you are to be considered as a serious contender for the Chair, then here are some additional suggestions:

- Make site visits to departments elsewhere that are seen as leaders in your discipline, and engage those clinical and basic science leaders within your own institution in dialogue about what has led to their success. Build alliances with both constituencies, as they will be a source of support should you get the Chair, and/or a source of referral for other positions should you not.
- Develop a 'personal manifesto' that expresses:

- Your vision for the department and relate it to the institution's mission.
- Your values and principles, and what you will expect of others.
- Measures of current performance and concrete strategies for advancement of your department toward published benchmarks.
- A clear statement of how you will lead the department in the future, including how you will differentiate yourself from your predecessor, and emulate him, as appropriate.

Conclusion

The 'curse' often facing the internal candidate is real but not necessarily fatal. In fact, if you are well aware of the pitfalls inherent in being an internal candidate and are clearly Chair-material you may be able to turn these to your advantage. If nothing else, you can use this as an important learning experience that will likely enhance your preparedness for a similar position elsewhere... maybe even a better position.

David J. Bachrach is The Physician Executive's Coach. He maintains an extensive practice working with physician executives in academic medical centers and teaching hospitals. He is based in Boulder, CO and can be reached through his website at www.PhysXCoach.com.

Note: An abridged version of this 'thought piece' appeared as an article in the March/April 2001 edition of *The Academic Physician & Scientist*, page 8, © Lippincott, Williams & Wilkins.

Strategic Career Planning: The Dual Academic Administrator and Faculty Career – Is It For Me?

This column comes in part from a very rich discussion session that was led by Patricia Butler, MD, Associate Dean for Educational Programs (ELAM 1999-2000) during the January 2001 meeting of the Association of Women Faculty of the University of Texas Houston Health Science Center.

A question facing many who aspire to leadership positions these days is: *can I be an effective academic administrator AND effective senior faculty member?* Many medical schools have a pattern of part-time academic administrative appointments for positions below the full dean or senior associate dean position. Also prevalent is the pattern of starting new academic administrative areas, such as faculty development, as part-time appointments. And at least one medical school has a practice of appointing part-time academic administrators for a fixed length of time (e.g., 3 years) to complete specific projects.

Patricia Butler summarized several ways a part-time (or full time) administrative position can bring value. It can allow you

- To broaden your perspective beyond your clinical/research unit or department

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- To meet and network with people in like positions within and beyond your institution
- To have direct contact with upper-level academic administrators and thus increase your visibility
- Often to have a fair degree of autonomy
- May provide a niche for scholarly work.

The workshop participants also noted additional values. In these fast-changing times, you can take advantage of opportunities and create your own academic administrative position – make your own job blueprint. You can transition from being a faculty colleague to an administrator with respect and authority. Finally, the very process of needing to “prove yourself again” in a new arena, learning new information and developing new skills can be invigorating (if you have the confidence to deal successfully with being a beginner again!).

From the institution’s perspective, there are also a number of advantages to the dual academic/administrator approach:

- Less expensive, since highly compensated clinical faculty will be earning at least part of their salary.
- Facilitates the likelihood that academic administrators will remain in touch with the issues going on ‘in the trenches,’ whether it is clinical service, bench research or teaching.
- Increases credibility for the academic administrator with the faculty, because they share some of the same responsibilities.
- Provides a clear career home for the academic administrator who has kept her skills up to date – in the event that an individual or a new administrative position area does not work out for whatever reason (skill level, change in administration, organizational redesign). The institution is not left with a tenured faculty administrator with no home or function.

These positive aspects of part-time academic administrators, however, need to be reality tested. The following reflection questions are useful when considering such options:

- Can you remain at the cutting edge in both the academic and administrative areas of expertise? You already know the difficulty of remaining abreast of the newest and hottest information and trends when your research crosses into interdisciplinary areas. This problem exacerbates when you add an administrative area. There are no hard and fast conclusions to this dilemma. Some leaders believe you must leave your previous career in order to immerse yourself in the new field, especially in this era when clinician/scientist leaders need to look to new research and methodologies to tackle the immense, long-standing problems facing academic health centers. One cannot rely on doing the academic administrative tasks the same way it worked 10 years ago!
- There is an entire literature, disciplinary organization structure and key players to get to know. You need to develop a new peer group, supports and colleagues. It took me two years (I called it my faculty affairs post doc period!) to make this transition when I moved from chair of microbiology and immunology to Associate Provost for Faculty Affairs.
- Can you traverse back and forth between the different norms

of productivity, operating styles, and culture? Academics use extensive investigation to ‘get all the data’ before publishing; administrators must make decisions rapidly, almost never with the time required to get ‘complete’ information. Academic writing includes all relevant references and viewpoints that affect interpretation of data; administrative writing hones everything down to a one-page list of ‘bottom-line’ bullet points. Academic productivity endpoints are clear and can usually be tracked readily – publications, grants, and national recognition. In administration, most efforts involve groups, longer timelines, and less easily measured outcomes of success.

- Can you move back and forth between a ‘line’ position and a ‘staff’ position? How will you handle the competing demands of these two responsibilities? As a clinical service leader, division chief or department chair, you are in a line position with responsibility over budgets and profits/losses. As an administrator, you are usually in a staff position, where you are providing a service (e.g., student, faculty, academic affairs) that does not generate its own revenue (or not in a directly linked and easily measurable method). The Catalyst research organization has found that women need to have successful line experiences in order to achieve top positions. There are a considerable number of women in Vice President positions in human resources, public relations, etc., but few of these are promoted to Chief Operating Officer positions because they have not had significant line experience.
- Can you be happy facilitating the success of others rather than being recognized for your own individual contributions? Academic life productivity can usually be attributed to an individual’s efforts. In administration, most efforts involve groups; attribution to any one individual is more difficult to observe. In fact, the sign of a successful academic leader is that others ‘own’ the effort.

If your answers to these questions indicate that the part-time academic administration position might be for you, the next step is to assess it from a strategic career management perspective:

- Will it *lead* somewhere? Does the work excite you, and will it allow you to grow and develop your portfolio of skills and experiences in a direction that fits your overall career plan and personal style? What is the value of this particular position to you, your department or your institution? How is the position viewed in the institution and will success in it increase your visibility and credibility as a leader? Can you craft a formal professional development plan for mentoring, workshops, academic administrative research, etc.?
- Is the job *do-able*? How important is it for the institution to get this job done? What would they have to offer to attract someone from the outside to do it? What can you negotiate in support and time? Will you have authority to make changes, or is there responsibility without authority? How can you negotiate these to make the position win-win for both you and the institution?
- Will the position *impede* your career? Is this the right time to make this career change? Will it take time away from other activities or line experience that you know are required for academic advancement and promotion that you view as

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paramount in your career plan? If so, don't do it (unless you can re-craft your scholarship into this new area)!

So, is the dual academic and administrative career for you? I certainly encourage all to take strategic risks to explore the opportunities.

Page S. Morahan, Ph.D., works with scientists and faculty to provide strategic planning for rewarding careers. She is Co-Director of ELAM, an independent consultant and member of the ELAM Alliance, and Co-Director of Institute 2001 to enhance global medical education. To be on an e-mail 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 *Physician Executive*, American College of Physician Executives (ACPE), and www.Catalystwomen.org.

ISSUES IN THE WORKPLACE

Why Women in Leadership Positions Feel Insecure

Getting "equal" parts will not make women equal, as long as the script, the props, the stage setting, and the direction are firmly held by men.

Historian Gerda Lerner

In my September 2000 article on "Mentoring & Being Mentored Across Differences," I suggested that feelings of insecurity frequently derail women, even those who progress into senior positions. This lack of security impairs mentoring relationships when the mentor overcompensates and tries to control the protégé. Kris Lohr asked me to explore this insecurity in another column. Why do women leaders so frequently find themselves being second-guessed and labeled "uppity" and why do their counterstrategies (e.g., acting like men) and coping mechanisms (e.g., humor) so frequently backfire? One column can only touch on a few of the complexities.

Let's begin by differentiating between gender-related insecurities and "generic" ones. These days leadership is confusing as hell. The pace of technological advances, the frequency of mergers, and CEO turnover are such that long-term security in any one job is unrealistic. Warren Bennis maintains that "leading in unnerving times" includes the "legitimization of doubt," freeing leaders to admit they don't know everything so that they can be better learners.

The subject for discussion here is gender-related insecurities, the ones that women differentially experience once against the odds they assume a leadership position. The gendered nature of social power indeed means that women experience both extra external and internal barriers, creating a vicious circle and self-fulfilling prophecy. Psychiatrist Linda Austin explains how cultural hostility toward women's ambition translates into women's experiencing a "psychological glass-ceiling." Moreover, women leaders have been so rare in history (quick: name three women leaders in any field) and recent ones have received such unflattering media treatment that "the alpha

woman's psychological task is to separate her self-image from society's gender stereotype;" this includes learning to walk through criticism. However, even when she does, as author Harriet Rubin notes: "Female leaders set off some primal alarm in both men and women that screams, Danger! . . . Eros and authority are a lethal one-two punch that packs way too much input." Rubin maintains that the problem isn't gender, it's *mother* and therefore taboo. Another taboo subject, this one expounded at fascinating length by historian Robert McElvaine, is that "hell hath no fury like a man devalued." Perhaps more helpfully here, if less vividly, sociologist Michael Kimmel concludes that: "Power is so deeply woven into our lives that it is most invisible to those who are most empowered." Since repressed fears and the invisibility of power to those with the most of it by definition resist examination, we seek any sound studies offering evidence and insights into these dynamics.

One new data source is Michael Yedidia's and my qualitative study of department chair leadership challenges. One area of findings is that women chairs face some challenges not affecting men, particularly differential attention paid to women, resistance to reporting to them, and constraints on leadership styles and decision-making. For example, women's voices are still heard very differently from men's, as evident from the following two quotes: "A woman has a harder time getting the floor. And when the woman starts talking, the degree to which people are listening versus preparing their rebuttal, versus signing their charts, goes way out of whack. There's still condescension." And "women are never taken as seriously. . . You go to meetings and you present ideas, and it gets dropped on the table." Here is an example of resistance to reporting to women: "Having a female boss for a man is very threatening. . . I think there's an element of fear that somehow—it's castration anxiety. I don't know what it is. . . Or just a feeling of failure. . . . If my boss is a woman, what does this say about me?"

Another new study documents and sheds light on the extra difficulties women physicians also face in the doctor-nurse relationship. A survey of over 3,500 Norwegian physicians found that, compared to men physicians, women are met with less respect and confidence and receive less help. By refusing to do things for women physicians, either by neglecting orders or by telling them to do things themselves, nurses 'cut' women physicians 'down to size.' Not only do nurses' wishes to reduce status differences affect women more than men physicians, but 'sexual games' sometimes mean that nurses give men physicians better service. Women doctors' strategies of doing as much as possible themselves and making friends with nurses obviously include their own hazards. Women must therefore "calculate and negotiate behavior to avoid conflicts. . . [whereas] men do not have to involve themselves in such negotiations in order to get respect and the service work done."

Another detractor from women's sustained success is that while men and women differ little in their "human capital" (what you know), women still have much less "social capital" (who you know). Not being in the "in group" greatly reduces one's ability to dispassionately decipher the politics of the organization and to effectively decide which battles to fight, prepare for others' reactions, and identify allies, all necessary for the acquisition of the "secret handshake."

Given these extra challenges to maintaining authority and gaining the "secret handshake," what are women to do? Taking

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charge effectively requires flexibility in choosing battles and highly developed interactional skills. Also key is multiplying one's social capital, building as diverse a network as possible. Linda Austin's book includes excellent advice on these skills, as well as on learning to take risks, moving from problem-fixing to problem-finding, and harnessing the capacity for connection for career benefit.

Highly effective women obviously find a style that works for them, but no matter how effective they are, some institutions and departments are not evolved enough to tolerate much less develop their strong women. Many women find ways to "lead from the middle" in such places. But in order to thrive (or even to survive psychologically), it may be necessary to move.

This little summary lacks the immediacy of the stories that most any candid woman leader could tell. Consider sharing this column with colleagues—both men and women—to elicit their anecdotes and insights. Women faculty remain an under-developed source of leadership talent in academic medicine. Since as a community we cannot afford this waste, can't we more effectively discuss, if not diagnose and treat, what stands in our way?

In closing, I include this necessarily cursory summary with a reminder from historian Ellen More: "The questions that still dog the path of women physicians do not hinge on their ability... Rather they arise from the medical profession's own crisis of professional values... Women in medicine ask that American health care institutions modify their values to accommodate many definitions of success and diverse models of leadership."

Janet Bickel, MA

Associate Vice President, Institutional Planning & Development
Association of American Medical Colleges

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Why Chairs Fail

Life at the Top: Walking through the Minefield

In October 2000, the Society of Academic Anesthesiology Chairs spent part of their annual meeting reviewing the challenges facing Chairs in Anesthesiology. Specifically, they discussed the "reasons" that Anesthesia Chairs are fired. Every institution is different and an effective leadership strategy at one institution may fail miserably at another. In *Leadership*, James MacGregor Burns said, "Leadership is leaders inducing followers to act for certain goals that represent *the values* and the motivations – the wants and the needs, the aspirations and expectations – of both leaders and followers. The genius of leadership lies in the manner with which leaders see and act on their own and their followers' values and motivations." When you sit down with your dean to negotiate, they are rarely going to be able to mentor you with rules or formulas for success. More commonly, they will offer only vague guidelines and concepts, perceptions and ideas. There is no roadmap for success. There are, however, some obvious, although unwritten, rules.

The Rules

Several behaviors will certainly lead to career path problems. These are

- Excessive travel (certainly during your first year as chair)
- Making decisions that adversely affect clinical service
- Not appreciating contributions of senior faculty
- Pointedly decreasing senior faculty member status
- Uneven treatment of faculty
- Misuse of funds
- Misconduct
- Improper treatment of the previous chair

Expectations

The dean has selected you as chair because you have a determination to succeed and excellent interpersonal skills, and you are adaptable and willing to become an effective partner in the management of the medical/research/educational enterprise. He/ She also expects you to maintain the superior overall performance of your department, and be both an effective leader and manager. She/He expects you to be an advocate for your department, but wants you to demonstrate that you are aware of the University and College goals and your department's contribution to these strategic initiatives. Deans value chairs who are open and communicative. They do not value chairs who hide information or are secretive. They want chairs who are decisive and willing to act, loyal and discreet with leadership information. The Dean's confidence is undermined if you participate in manipulation, intrigue, power plays and end runs.

What Can You Do to Avoid the Minefield?

Develop a network that you can rely on for honest feedback. Once in a while, you will have to test the waters of public opinion. Learn how to give and take face-to-face feedback. The biggest mistake is to isolate yourself. It is important that people know that you move among them, even people who are your strongest adversaries, without fear.

If times get tough, do not refuse to see people who want to make appointments with you. Do not react with anger in public. Make consistency one of your attributes. You simply don't

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have time for quarrels and arguments. When making a decision, consider the facts, the various solutions and their consequences. Make sure the decision is consistent with your objectives and then effectively communicate your judgment.

To achieve your goals, you need to persuade, rather than coerce people. Use the power of your authority only as the last resort. On issues that affect your entire organization, conduct full and frequent consultation with stakeholders. Good decisions take time.

Honesty and integrity is the best policy. When you make it to the top, turn and reach down to help the person behind you. You must identify, articulate and respond to the fundamental goals that move your followers. Delegate responsibility and authority by empowering people to act on their own. Don't lose confidence in your people when they fail. If they never try, they will never succeed. Remember that *everybody* likes compliments.

Your organization will take on the personality of its top leader. Do not feel insecure or threatened by your followers. Successful leaders often surround themselves with people who "want their job." Never forget that your organization does not depend on any one individual and the greatest credit should be given to those in your organization who work the hardest.

The best leaders never stop learning. As Donald Phillips articulated in his excellent book, *Lincoln on Leadership*... True leadership is often realized by exerting quiet and subtle influence on a day-to-day basis, interacting with subordinates and peers face-to-face, treating everyone with the same courtesy and respect, and lifting people from their everyday selves to a higher level of performance achievement and awareness.

No one ever said that life was easy at the top. When you get there, don't forget to **listen** and **learn** as diligently as you did when you were on a lower rung of the ladder.

Joanne M. Conroy, MD
ELAM 1997-98

Techniques of Financial Decision Making

Those of us who just can't get enough of finance learning may cast about for a continuing education experience. I attended some courses through the American College of Physician Executives (ACPE). The locations of the meeting are rather pricey and the quality of the instruction is somewhat variable. If you take all their required courses and an exam, you can receive a certificate that may have some value on a resume when applying for an administrative position.

The two faculty members for Techniques of Financial Decision Making were individuals with an MBA, PhD, and JD, and a PhD. Both took somewhat supercilious and condescending tones with the physician audience. Perhaps the content was truly relevant to physician leaders in a private, for-profit hospital environment. However, for my use as an academic physician and administrator in a not-for-profit group practice, only some of the content was relevant. Some of what I learned was useful to my personal finances (how to read an Annual Report for stocks), but not at all applicable to my job.

Useful things I learned:

1. Industry averages for ratio analysis, e.g., profit margin = net income/total revenues. A ratio >3.52 is desired in industry.
2. Fixed and variable costs per clinic visit can be determined but may not be linear.
3. Managerial accounting and financial accounting can work in tandem to quality control any pro forma.
4. Know variable costs per clinic visit to subtract from revenue per visit to determine contribution margin of visits. This is essential decision support information, but I couldn't find out how to determine variable costs per visit in my own environment. For example, they indicated that 40% of labor costs were variable in the standard business model. Not in our clinic – maybe that is our problem!
5. Consider the complexity of visits when calculating costs per visit. For example, a one-hour visit will consume approximately four times the resources of a brief 15-minute visit. The RVU differential and therefore the reimbursement differential may not be in the same ratio. The squeeze to cover costs for complex care is, of course, even greater under capitation than fee-for-service. Academic practices cannot break even at community rates.
6. Read this article before you decide to buy stock based on annual reports: "Earnings Hocus-Pocus. How companies come up with the numbers they want." *Business Week*, Oct. 5, 1988.
7. For-profit hospitals have a huge advantage in raising capital (they can sell taxable bonds and stock) over a not-for-profit hospital (they can sell tax-exempt bonds only).

Topics during the 3 1/2-day course included:

Day 1: Financial Terminology and Statements Concepts, Terms Structure of Financial Statements, Building Financial Statements from Operational Information, Understanding Financial Statements through Ratio Analysis. Data from a hypothetical clinic were supplied which built into a case study.

Day 2: Analysis of Real Financial Statements, Financial Statements Taken from Annual Reports, Thinking about Capitalization, Valuing Debt and Equity, Book Values, Market Values, Required Rates of Return, Estimating Required Rates of Return and the Capital Asset Pricing Model, Weighted Average Required Rate of Return, and the Cost of Capital

Day 3: Valuation and Management Using Cash Flows, Present Value Analysis, Relevant Cash Flows – Capital and Operational, Managerial Accounting Techniques, Costing and Pricing in Fee-for-Service and Capitated Environments

Day 4: The Operating Budget, Resource Allocation – Incremental Present Value Analysis with a case study

Nancy S. Hardt, MD
ELAM 1995-96

Editor's Note: When I asked Nancy to summarize this course, her reply was, "My recollections (without review of notes) were that

1. I had a great time with Chris Abrass.
2. I learned a few things about how to read the earnings reports for my stocks.
3. I learned that some tertiary care facilities do no or limited HMO work as their strategy.
4. I learned that being for-profit really changed the playing field in terms of ways to raise cash."

Conflict Management: Putting a SELAM Workshop to the Test

I was more than a little interested in the CE program "Putting Your Best Lines Forward: Using Communication for Advantage in Conflict" listed in the SELAM meeting brochure. My expectations were couched in hesitation. After all, how many programs promised to assist us in our daily struggles and then ended in being three hours of time to ponder all the things we REALLY should be doing? This was *not* the case with the presentation by Drs. Carol Aschenbrener and Cathie Siders. We were entertained, informed and given time to discuss a current conflict in our own lives within the safe confines of a small group. I returned to my own academic home and immediately put those newly acquired concepts to the test. I was so pleased with my first attempt and the outcome, that I found myself actually wanting to write a newsletter article about this workshop.

Let's face it. Conflict is a part of our daily lives. We may not like it, but conflict is inevitable. Realizing we can actually learn a technique for modifying our behavior and for resolving conflict in a positive manner makes dealing with the situation much easier.

The presenters started with Hocker & Wilmot's definition of conflict: the *interaction* of *interdependent* people who perceive *incompatible* goals and *interference* from each other in achieving those goals. Cultural factors affect conflict in several ways: overemphasis on individualism vs. common good; obsession with competition; and organizations reinforcing blaming. A major limitation is due to our society's argumentative culture: every issue is polarized to two sides. This polarization prevents us from seeing other options. Contention and aggression are valued over cooperation and conciliation.

We continued with Page [Morahan]'s favorite area...how personality type affects conflict expression. As thinkers (Ts) need objective clarity and feelers (Fs) seek harmony, a point of tension arises as to whether a discussion is personalized or not. Extroverts and Introverts differ in where the conflict is processed. Remember the "E" speaks in order to think while the "I" goes inside and needs to work on the next move. Sensors and Intuitives differ in how they take in the conflict information. An "S" would focus on precise words and events while an "N" would focus on the implications and meanings of those words. An "S" pays great attention to detail and would literally hear exactly what's said. An "N", however, would "feel what's said" and see the big picture, not the details. Our type even brings a point of tension in how and when negotiation comes to an end. Judgers (Js) prefer structure and seek closure, while Perceivers (Ps) prefer to stay open-ended and generate more options.

We all know the major impact gender patterns play in communication. Carol and Cathie only touched on this subject. They reminded us that gender patterns begin early in life – boys bond via activity, girls bond through talk. Girls are expected to accommodate and get along; boys are expected to compete. Boys engage in ritual opposition. Girls don't play "fight" even though they fight for what's important to them. A conflict between girls is usually private, verbal negotiation. Boys' conflict is public, often physical or with insults. As we enter the adult job world, women engage in "rapport" talk, a

way of establishing connections and negotiating relationships. Many men view this as boring and "soft." Men engage in "report" talk, a way to signal independence and maintain status in a hierarchical social order. Women view this talk as boastful and competitive. Carol and Cathie recommend we engage in more "report" talk with the males in our organizations in order to establish credibility.

The second half of the workshop was devoted to small group work. We were asked to write answers to questions about a current conflict, either personal or professional, which we could either keep private or share with the group. Carol and Cathie provided a checklist for systematic assessment of conflict that begins with a diagnostic process fairly comfortable to physicians and scientists. The checklist in its entirety along with a complete explanation is published in the July-August, 1999 issue of *The Physician Executive*. A brief overview of the diagnostic process follows.

Step One: identify the critical information. What are the pertinent issues? Who are the primary players? What is the history behind the conflict? What are the current organization factors and personal issues which may be adding to the conflict?

Step Two: ask yourself, "Whose problem is this? How does my behavior contribute? What elements of the situation am I able and willing to change? What matters most to me and to the other party? What are the time and resource constraints?"

Finally, facilitate your personal effectiveness in a direct approach to the conflict situation:

- A. Focus on issues relevant to the situation.
- B. Define the situation in terms of a problem that calls for a solution, not as a threat that calls for attack.
- C. Acknowledge feelings.
- D. Ask for specific behavior change.
- E. Identify what you are willing to do in the situation.

I conclude with a brief "testimonial." The day I traveled to Philadelphia for the SELAM meeting found me in a heated conflict in my own academic setting. I had stayed late the day before in my office and spent hours on my cellular phone between flights, only managing to work myself into a complete tizzy! I found no solution to the conflict, which was of course a repeating situation. You could say I was "ready" for this workshop. I shared my conflict with my group and worked through it on the handout. I promised myself to follow through upon my return. I met with the Dean that Tuesday, and discussed the conflict from my assessment tool developed on Friday. Although I was still nervous, I felt completely prepared for the meeting. The Dean agreed with the major points of my assessment. We came to a resolution acceptable to us both. An added bonus came two weeks later when the third party (President of the Campus Student Body) came to my office and apologized for starting the whole mess!

Read the article and try the Conflict Resolution checklist when your next opportunity for growth comes along. Conflict is a natural, inevitable part of life, and a constant in academic health centers. It can be either growth enhancing or destructive to our organizations and ourselves. I'm learning to view it in a positive manner.

Mary E. Martin, DDS, MEd
ELAM 1999-2000

Reentry

Returning to the “home environment” post-ELAM is akin to the phenomenon described by returning astronauts or expatriates after being in a different/alien milieu for a time. The initial disorientation and culture shock that may occur are not necessarily unexpected. In fact, they are discussed before Fellows leave the ELAM program. The stages of 1) elation following the return with 2) the subsequent fall into the realization that the good feeling will not be sustained forever, then 3) the return to a “high” are not unique to ELAM. How has ELAM affected the individuals who participated and their schools as they returned? Since 1996, four faculty members from the University of Alabama School of Medicine have attended ELAM. Dean William Deal, MD, has also been a partaker. All have seen subsequent changes that they directly relate to their ELAM experiences.

Amie B. Jackson, MD, Chair of the Department of Physical Medicine and Rehabilitation, attended ELAM in 1998-99. She relates that as the only female clinical chair at UASOM, ELAM gave her considerably more confidence than she had prior to the experience. In addition, the isolation that she had felt as the sole woman in such a position diminished. She assumed greater leadership roles within the institution as well, and has been bolstered by the support of the Dean for women in general and herself in particular. Dr. Deal notes that he views “faculty who have participated in ELAM as leaders in the School of Medicine. If a job needs to be done, I always tend to ask an ELAM graduate to take on these additional responsibilities.”

Sarah L. Morgan, MD, MS, RD, ELAM 1997-98, and Nancy E. Dunlap, MD, PhD, ELAM 1999-2000, are two faculty members whom Dr. Deal tapped for such additional responsibilities. Since her return, Sarah was named Associate Dean for Research Compliance and Nancy was appointed as Director of the Office of Clinical Research. Using her ELAM-acquired knowledge, Sarah developed a business plan for the Osteoporosis Prevention and Treatment Clinic that she directs. She also became Myers-Briggs-certified and employs that tool in her Division. Sarah sees ELAM as the “stepping stone for new challenges” that she has undertaken since her return.

ELAM participation has improved knowledge about the university and medical school in general. Dr. Deal notes, “Though several graduates were a little focused in their participation prior to ELAM, [they] are now more institutionally oriented.” Certainly, Kathleen G. Nelson, MD, Associate Dean for Students and ELAM 1996-97, agrees with this. “I made tremendous contacts in the Development Office and the Human Resources Department that I had not known about before. In addition, the ELAM program enabled me to meet one-on-one with the leadership of the University and health system and allowed me entrée into the offices that I would not have felt were easily opened to me without this experience. I have lost any shyness about asking and obtaining appointments and speaking to the most appropriate person on my initial contact with an office.”

Reentry for Lourdes C. Corman, MD, ELAM 1996-97, was difficult. Her job situation at the University of Louisville deteriorated, unrelated to her ELAM experiences, so she actively sought a new position. Through an ELAM contact, her CV

was passed to the Associate Dean of the UASOM-Huntsville Campus program who was seeking a Chair of Internal Medicine. As Lourdes comments, “One of my ELAMER friends found me my next job and it has turned out even better than I thought it would!” She believes the most helpful aspects of ELAM are the “people and contacts.” ELAM on her resume made her a more attractive candidate for Dr. Fred Burg, the Associate Dean in Huntsville, who had been an ELAM participant when he stood in for Dr. Deal in the ELAM Deans—Fellows Forum in 1998.

“It is clear that the ELAM graduates who are members of our faculty have assumed additional responsibilities and leadership opportunities,” declares Dr. Deal. According to Amie Jackson, “ELAM has given me a strategic plan for how to do things better and how to get the support I need.” Thus, re-entry into the UASOM environment has been successful for these faculty members. They are functioning as leaders in the academic medical community.

*Kathleen G. Nelson, MD
ELAM 1996-97*

Spring 2001 Session of ELAM Program

The ELAM program takes place over the course of an academic year. It requires substantial work before the first 8-day session in September, intersession work at the home institution, and a second 9-day session in spring (March 28-April 6, 2001). Each Fellow works on an Action Project at her home institution. This provides an opportunity to exercise the skills and processes emphasized in the program. She also interviews persons in certain key leadership positions to learn more about her institution. The highly participatory instruction style is an excellent example of optimal adult learning, since processes are emphasized, not the “answers.” Often, there are multiple satisfactory results of attempts to solve problems. Many ELAM faculty are independent consultants who lead such activities in industries besides medicine, and deal with diverse professional groups.

Only one of the 42 ELAM Fellows this year was unable to return for the spring session. Participants are generally at the Associate Professor and Professor levels, with many Division Chiefs and some Department Chairs in Schools of Medicine and Dentistry. Many hold Assistant and Associate Dean positions. The 2000-2001 class has the most diverse racial and ethnic make-up in the 6 years of the ELAM Program. This has proven to be an important characteristic, as the group has embraced its diversity, and chosen to focus on this opportunity for growth and learning.

The spring session focused on learning to use many of the tools introduced at the fall session with the aims of enhanced understanding of:

- the institutions in which we work, including how to impact upon them
- our own professional and personal characteristics as explored through multiple tools, including benchmarking using 360-degree feedback and the Myers-Briggs Personality Inventory
- financial tools and modeling, including use of computer simulations
- conflict resolution and negotiation skills

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- team building
- leadership paradigms, including the key elements needed for effective leadership, and the difference between managing and leading
- practical elements of strategic career planning, including resume and CV preparation, working with search firms, and the search process
- diversity issues, with focus on the process of development of cultural competence. This area was identified as a high priority and one in which most participants are eager to develop personal and institutional skills. Class members explored these issues in greater depth at several group-initiated additional sessions after the scheduled half-day. This will continue to develop as a class activity.

Two other groups joined the Fellows for joint programs:

- SELAM, which includes ELAM alumnae and other women in leadership positions, met at the Warwick Hotel in Philadelphia for their annual CE Meeting. Attendees had joint sessions with the Fellows on Saturday, March 31.
- Our Deans or Dean-representatives came for the Forum on Emerging Issues, which focused this year on Innovative Thinking and Creativity Tools to Improve Academic Health Centers. It was particularly effective because it was great fun and utilized humor very effectively.

This program is intended to set in motion a process whose impact may not be fully realized for several years. Fully mastering these complex skills and incorporating the self-knowledge gained to change behaviors and attitudes does not occur rapidly. Bonds developed among class members are quite powerful. Perhaps the most important lesson for many of us is that we are not alone. The relative isolation which women in leadership positions experience in our own institutions reflects local conditions. However, a critical mass of such women has developed at a national level. By reaching out, we can build effective support networks. We need to watch our own behaviors, which often perpetuate and accentuate our sense of isolation.

ELAM is very resource-intensive and expensive. Thus, the program is available to large numbers of women. Participation is definitely a privilege. Virtually all Fellows return with a sense of obligation to bring their insights to their own institutions. Men and women in leadership positions would be more effective and their institutions would benefit from fuller implementation of available knowledge and skills if programs such as these were more widely available to all of us.

I thank Page S. Morahan, PhD, and Rosalyn C. Richman, MA, Co-Directors of ELAM; and Jean Kilian, Project Director of ELAM, for developing and running an outstanding program. Its quality reflects their own passions and commitment. I am especially grateful to Dr. Nathan Berger, Dean, CWRU School of Medicine, for support and sponsorship of my own ELAM fellowship.

*Susan B. Shurin, MD, Professor of Pediatrics
ELAM 2000-2001*

Case Western Reserve University School of Medicine

BOOK REVIEWS

Editor's Note: The staff asked a few leaders to tell us what they were reading.

For me, reading takes two forms: 1, at work and, 2, at home. Herein I will describe two "at home" books. Inevitably, they are read for learning and fun. Like many people, I keep three on the floor beside my bed. They are, reading now, reading next, and things I must read. Please remember, this is the "at home" process. I will describe two of the books, one recently read, the other being read.

The Blind Assassin by Margaret Atwood, a Canadian writer of some note, is a truly creative work of fiction and winner of the Booker Award. As many know, the Booker is one of Britain's premier recognition for writers. The story is devilishly complex, weaving a novel within a novel. It describes the interwoven lives of members of two families, set in the first half of the 20th Century. We learn how complicated the familial game of hide and seek can be, interweaving novels with a tale of adultery included in a larger description of familial love and familial dissolution.

Margaret Atwood's capacity with our language is stunning. Her character development and imagery along the psychological terrain will not let you go. Her earlier works have been described as being "weighed down by the feminist ideology." While I have not read her previous novels, to my mind there is none of that in *The Blind Assassin*. (I intend to read at least one earlier novel.)

In summary, this marvelously creative and unique approach to fiction is worthy of every person's read. Be prepared to admire, pity and often despise each of the characters.

The other read (in progress) is Matt Ridley's *Genome*, a science book for lay people. Matt Ridley is a British science journalist. By the way, he has a Ph.D. in Biology. Two previous books approach science for the lay person in a less compelling way. *Genome* is a winner. He frames his discourse cleverly in 22 chapters, each bearing some relationship to one of the chromosome pair. Chapter titles such as Instinct, Intelligence, Conflict, Self-Interest and Sex give a taste to his global and behavioral approach to what things we are learning as we unravel DNA molecules. Ridley's prose is brilliant. The subject matter is fascinating.

A patient seeking confirmation of the scientific content gave the book to me. When I reminded my patient that psychiatrists of my era know little about the findings of the human genome project, she said, "Well, read it anyway. You might learn something."

At the end of the book there are very good notes with a carefully considered bibliography incorporating sociobiology, philosophy and, of course, genetics.

Layton McCurdy, MD

Time Management for Unmanageable People, Ann McGee-Cooper with Duane Trammell, ISBN 0-553-37071-5

Most approaches to time management recommend very compulsive and organized schemes for setting goals, priorities and tasks. McGee-Cooper argues that these approaches work well for individuals who are monochronic, convergent thinkers, and

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who are “left-brained.” She suggests that these approaches work poorly for polychronic people (multi-taskers who reach a goal using a non-linear path). Polychronic people also tend to be divergent thinkers seeing many possibilities in situations that may lead them in many directions. They tend to be “right-brained” and may organize their lives using visual cues rather than a logical filing system. Although both types of individuals may be equally successful and reach similar end points, they will use different paths to get there. This book encourages “unmanageable” people to stop feeling guilty about their many attempts to become organized using traditional time management strategies. Rather, the authors encourage them to embrace their own style, simplify their life, and use color and organizational approaches that draw on the use of visual cues. It is a great book for those of us who fit this definition of “unmanageable.”

The Futures of Women: Scenarios for the 21st Century, Pamela McCorduck and Nancy Ramsey, ISBN 0-446-67337-4

Much like histories of the future, scenario building is a strategic planning tool. Multiple scenarios of the future are built based on assumptions about inevitable and necessary changes, such as demographics and technology, recombined with unpredictable events and matters of choice. In this book, the authors used two driving forces, individual versus group rights and a growing versus a depressed global economy, to describe the ways in which women will function in society in the year 2015. In a world where individual rights and a growing economy prevail, a golden age of equality between men and women might evolve. Other combinations of the driving forces might create “backlash,” “two steps forward-two steps back,” or “separate and doing fine — thanks.” It is a provocative book that looks at the prevailing status of women around the world and the impact that politics and the economy might have on our future. Exploring one’s personal comfort with each of the scenarios is an interesting exercise.

Christine Abrass, MD
ELAM 1998-99

University of Michigan Commits to ELAM Program

The May 7, 2001, issue of The University Record describes the successful reentry of four U-M faculty women from the ELAM Program to date. Lisa Tedesco, ELAM 1996-97, is Vice President and Secretary of U-M and Professor in the School of Dentistry. She was one of the first two dental faculty women nationwide to attend the ELAM Program. Eva Feldman, MD, PhD, Professor of Neurology in the Medical School and Co-Director of the Amyotrophic Lateral Sclerosis Clinic, was a Fellow in 1999-2000.

Tedesco was appointed to her current administrative position two years after her fellowship. She states, “[The program] provided invaluable guidance in setting goals and standing up to the kinds of challenges that often derail women on their way to leadership positions. . . . You learn to face and work through the challenges of the glass ceiling instead of denying them and thinking that it’s simply good, hard work that will get you recognition. . . . It’s not

simply about persevering; it’s about helping others see that you’re ready to move forward.”

Hope Haefner, MD, ELAM 2000-01, Associate Professor of Obstetrics and Gynecology and Director of the Center for Vulvar Diseases, says, “[This] amazing program. . . reinforced my institutional commitment. Hearing people talk about their departments and institutions made me realize how strong we are and how we can still improve.” Denise Tate, PhD, is Associate Professor and Director of Research in the Department of Physical Medicine and Rehabilitation, and Director of the Spinal Cord Injury Care System. She says the program “. . . provided me with leadership skills that I need to occupy positions of greater responsibility – administrative and financial skills, and preparation in management.”

Stephen J. Williams, ScD, asks, “What skills to physician leaders need now and in the future?” (*The Physician Executive*, May-June 2001, pp. 46-49). In 1999, 54% of a non-random sample of physician leaders nationwide responded to his survey. Leaders listed knowledge essential for now and in the future as total quality improvement, quality assurance, clinical benchmarking, decision-making under uncertainty, strategic planning, and knowledge of information systems. The top leadership skills listed were oral communications, listening ability, team building and being a team player, conflict resolution, interpersonal skills, being a systems thinker, and consensus building.

In order to prepare more women to become leaders at academic health centers, the ELAM program offers training in the skills, perspectives and knowledge that managers need and focuses on issues of special concern to women leaders. ELAM Fellows learn skills, e.g., managing limited financial resources, finding new sources of support, integrating information technology, balancing professional and personal goals, communicating effectively and developing a peer network. Combine that with the SELAM CE Programs, and you’ve got a ticket to meet or exceed Williams’ list of essential knowledge and skills.

MCP Hahnemann University is committed to training women and sponsors the ELAM Program. Recently the U-M Medical School, School of Dentistry, and Office of the Provost pledged a total of \$40,000 for each of two years to co-sponsor the two-day Forum on Emerging Issues. Medical School Dean Allen Lichter dates the tradition of advancing careers of women in medicine and dentistry to 1871, when the first female student graduated from the Medical School. In 1880 the School of Dentistry graduated two women. Now over 50% of first-year School of Dentistry students are women, and three of its six associate and assistant deans are women. The number of women in senior faculty positions in the Medical School’s three career tracks has nearly doubled, from 60 to 110, in the past six years.

In the article Lichter is quoted, “We are heavily committed to seeing women advance into leadership in academic medicine, and we recognize that this needs to happen not merely by accident, but by design. ELAM is one of the strongest programs in the country for introducing women to the issues of academic medicine and helping them build the skills needed to advance their careers.” School of Dentistry Dean William Kotowicz states, “ELAM offers an

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excellent opportunity for participants to network with other women in leadership roles throughout the country. I believe it is especially important for women dental faculty to interact with their peers in medical science, and this fellowship encourages such interaction. I heartily support the program.”

Nancy Ross-Flanigan and Kris Lohr

NOTABLE

In the spring of 1872 John Roebling, architect of the bridge between Brooklyn and Manhattan, died in an accident. His son, chief engineer Washington Roebling, collapsed and insisted that his wife Emily take over because she knew all the plans. Emily designed a part of the framework herself and supervised the construction until the bridge was completed. The Brooklyn Bridge opened in 1883.

Eighty-two year old Evelyn Tucci, who usually shoots in the low 100s, sank two holes-in-one during one round of golf at the Crystal Lake Country Club in Pompano Beach, FL (2/13/01).

Adventurers Ann Bancroft, 45, of Scandia, MN, and Liv Arnesen, 47, Of Oslo, Norway, became the first women to cross the Antarctic land mass on skis (2/11/01).

Sigourney Weaver on acting your age: “I don’t think you should try to hide your experience. My role model is Jessica Tandy, who was working while she was in her 80s. So 50 doesn’t strike terror for me.”

Eileen Collins on being the first woman to land the Shuttle: “I knew all those women pilots out there were watching me and thinking, ‘Eileen, you better make a good landing.’ [She did.] I’m an explorer. I want to go places that are new and different, learn new things. That’s what being human is all about. It’s what life is all about – exploring and learning.”

Annika Sorenstam finished No. 1 in her past four starts in golf tournaments. She won the US Opens in 1995 and 1996. She hasn’t matched Tiger Woods’ Grand Slam tournaments, career PGA Tour earnings, or average drive. But on the day Woods won the Augusta National, Sorenstam shot 59 – and Woods has never shot lower than 61. But ESPN showed a Nicolas Escude-Lleyton Hewitt tennis match before going live to Phoenix after her round was over (4/22/01).

Ellen MacArthur, after breaking all single-handed women’s records and finishing second in round-the-world yacht race: “If I have any message from this then it is, ‘If you really have a dream and you want to achieve it, then you can’...” (2/11/01).

Rita Colwell, on election to the National Academy of Sciences and the prospect of increasing the number of women elected to NAS, “It’s like the receding glaciers of Antarctica. It’s a very slow thing.” (6/26/01)

Federal Appeals Judge Martha Craig Daughtrey spoke at a ceremony in Memphis honoring placement of a historical marker honoring the first female lawyer in Tennessee. “Miss Marion” Scudder Griffin practiced around 1900. Daughtrey mentioned a

bumper sticker she had seen that day (5/26/01) in Nashville: “Well-behaved women rarely make history.”

First women to hold the post of President at:

- Fisk University: Carolyn Reid-Wallace (effective July 2001). “I really hope that what the faculty and I can do together is set a tone that suggests that excellence is just the norm.”
- University of Memphis: Dr. Shirley Raines (effective July 2001). “I’m excited about being President. The extra excitement of being the first woman simply indicates to women that they can be in leadership positions and should expect to have those opportunities. We now are beginning to expect women in leadership roles.”
- Princeton University: Shirley Caldwell Tilghman (elected 5/5/01).

The “4-Es” of GE Leadership

- The personal energy to welcome and deal with the speed of change
- The ability to create an atmosphere that energizes others
- The edge to make difficult decisions
- The ability to consistently execute

Steps to Prevent Career Exhaustion

- Address excess workloads. Look at the time spent in relation to the complexity, intensity, and volume of various tasks – and modify appropriately.
- Emphasize collegiality. A community of caring, collegiality, or cohesiveness means less burnout.
- Establish appropriate reward systems. This can be anything from more money to a better parking space to more help.
- Ensure congruent values. “If you want burnout, don’t walk your walk,” says John-Henry Pfifferling, PhD, founder and director of the Center for Professional Well-Being in Durham, NC.
- Promote creativity. Nurture your left and right brain.
- Offer conflict resolution and mediation options. Aim for win-win solutions.

Based on Janice C. Simmons’ article in *Physicians Practice Digest*, March-April 2001, in which Larry Vickman, MD, founder of the Vickman Group, states, “Often, when it comes to their own problems, physicians are blind. MD equals ‘malignant denial.’ We deny like crazy.”

Boss: “The key to success is to remain optimistic even when you fail.”

Dilbert: “What’s the point of succeeding if failing feels good too?”

Boss: “I’ll read another page of that magazine article tomorrow and get back to you.”

Training Women to Be Tomorrow's Academic Health Center Leaders

Forty-five senior women from US medical and dental schools have been selected to participate in the seventh class of the *Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women*, beginning in September 2001. The ELAM Program is the only in-depth national program that prepares women faculty for senior leadership positions at academic health centers (AHCs). ELAM's principal aims are to increase the number of women leaders at AHCs in leadership positions, such as department chair, associate dean, dean, vice president and president, and to increase the success of senior women faculty in attaining and remaining in these positions. Currently in the US, women deans (including interim positions) head only seven of the 125 allopathic medical schools and three of the 55 dental schools.

The 2001-02 class consists of women from 43 US medical and dental schools, including 12 institutions that will be sending their first Fellow to ELAM, and 31 that have had Fellows in previous classes. Institutions new to ELAM are Boston University SOM; Brown Medical School; Dartmouth Medical School; Emory University SOM; New York Medical College; Oregon Health Sciences University SOM; University of Iowa College of Dentistry; University of Louisville College of Dentistry; University of Oklahoma COM; University of Pennsylvania School of Dental Medicine; University of Texas Houston Health Sciences Center—Dental Branch; and West Virginia University SOM. Like the 2000-01 class, this newest ELAM class will have two pairs of Fellows from the same institution, one from its medical school and one from its dental school: the University of Louisville and the University of Texas-Houston. (In 2000-01, the institutions were Meharry Medical College and the University of Medicine and Dentistry of New Jersey.)

The newest ELAM class includes: 28 women with MD or DDS degrees, 8 with PhDs, and 8 with a combination of degrees. By academic rank, 22 women are full professors, and 22 are associate professors. By administrative rank, the class includes 16 at the provost or dean's office level, 2 department chairs, and 3 vice/associate chairs. Thirty-seven women are in 9 clinical science disciplines: anesthesiology, dentistry, medicine, obstetrics/gynecology, pathology, pediatrics, physical medicine and rehabilitation, psychiatry, and surgery. Four are in basic sciences (biochemistry, pharmacology), and four are in social sciences. African American, Asian and Hispanic women make up almost 15 percent of the Fellows. The class is geographically dispersed: 13 from the Northeast, 9 from the Midwest, 19 from the South, and 4 from the West. ELAM alumnae recommended more than 50% of the Fellows to the program.

To date, women faculty from 70% of US medical schools and 35% of US dental schools have participated in the yearlong fellowship. The program focuses on the skills, perspectives and knowledge necessary for effective management in AHCs in the 21st century. It also is designed to address specific issues for women as they pursue senior leadership positions. The curriculum combines traditional MBA topics with emerging issues in AHCs and personal professional development. Program highlights include informal sessions with nationally renowned leaders in academic medicine, health care, government and industry. Almost three

weeks is spent in two intensive sessions in residence; between sessions, fellows complete a variety of independent individual and institutional projects.

Statistics from the Association of American Medical Colleges (AAMC) show that only 10 percent of women faculty are full professors. According to Page S. Morahan, PhD, Co-Director of the ELAM Program and Founding Director of the National Center of Leadership in Academic Medicine at MCP Hahnemann University, the paucity of women faculty at the top impacts the public: fewer women leaders in medical schools means less likelihood of focusing on issues related to women's health. Stating that the program offers explicit intervention to accelerate the rate at which women are promoted to top tier positions, Dr. Morahan points out that more than half of the first two classes already has achieved significant career advancement. Pre- and post-program assessment has shown that ELAM Fellows perceive an increase in competence in all curricular elements, with significant impact in their jobs and careers and in building networks.

ELAM's significant contributions to increasing women's leadership at AHCs already have garnered national recognition. The program has received the two major awards in the field, from the American Council on Education and AAMC.

This year's Admissions Committee members included Amira F. Gohara, MD, Executive Vice President and Provost, and Dean, SOM, Medical College of Ohio; Allen S. Lichter, MD, Dean and Newman Family Professor of Radiation Oncology, University of Michigan Medical School; Eleanor Gossard Shore, MD, Dean for Faculty Affairs, Harvard Medical School; Norma E. Wagoner, PhD, Dean of Students and Deputy Dean for Education Strategy, University of Chicago Pritzker SOM, as well as representatives from the ELAM Advisory Committee (Janet Bickel, MA, Associate Vice President, AAMC; and Deborah F. Diserens, MA, MPhil, Director, Foundation Relations, The National Academies); ELAM alumnae (PonJola Coney, MD, ELAM 1995-96; Laurie E. Gaspar, MD, ELAM 1996-97; Margaret L. Kripke, PhD, ELAM 1996-97; and Elizabeth F. Sherertz, MD, ELAM 1995-96).

For more on the program curriculum, faculty, participants and other information, visit the ELAM web site at www.mcphu.edu/elam.

ELAM Class 2001-02

Elizabeth M. Allen, MD, Associate Professor of Pediatrics; Associate Dean, Student Affairs and Education, University of Utah SOM, Salt Lake City, UT

Annlouise R. Assaf, PhD, Associate Professor, Department of Community Health, Brown Medical School, Pawtucket, RI

Jane Azikhan-Clifford, PhD, Professor and Chair of Biochemistry, MCP Hahnemann University SOM, Philadelphia, PA

Tamara G. Bavendam, MD, Associate Professor of Surgery and Urology; Director, Centers for Women's Health, MCP Hahnemann University SOM, Philadelphia, PA

Ann C. Bonham, PhD, Professor of Internal Medicine and Pharmacology; Associate Chief of Research and Academic Development, University of California, Davis SOM, Davis, CA

Judith A. Buchanan, PhD, DMD, Associate Professor, Department of Dental Care Systems; Associate Dean of Academic Affairs, University of Pennsylvania, School of Dental Medicine, Philadelphia, PA

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Yvonne Chalkley, DDS, MS, PhD, Associate Professor, Department of Administration and Operative Dentistry; Associate Dean for Student Affairs, Academic Affairs and Admissions, The University of Iowa College of Dentistry, Iowa City, IA

Nancy C. Chescheir, MD, Professor of Obstetrics and Gynecology, and Radiology; Director, Fetal Therapy Program, University of North Carolina, Chapel Hill SOM, Chapel Hill, NC

Amanda L. Clark, MD, Associate Professor of Obstetrics and Gynecology; Interim Director, Center for Women's Health, Oregon Health Sciences University SOM, Portland, OR

Deborah Cotton, MD, MPH, Professor of Medicine, Epidemiology and Biostatistics; Assistant Provost, BU Medical Campus, Boston University SOM, Boston, MA

Joyce A. DeLeo, PhD, Associate Professor, Anesthesiology and Pharmacology, Dartmouth Medical School, Lebanon, NH

Gail D'Onofrio, MD, MS, FACEP, Associate Professor and Research Director, Department of Surgery, Yale University SOM, New Haven, CT

Betty M. Drees, MD, Associate Professor of Medicine; Executive Associate Dean, University of Missouri-Kansas City SOM, Kansas City, MO

Connie L. Drisko, DDS, Professor of Periodontics; Assistant Dean for Research, University of Louisville School of Dentistry, Louisville, KY

Marilyn B. Escobedo, MD, Reba McIntyre Professor of Pediatrics; Section Chief, Neonatal-Perinatal Medicine, University of Oklahoma COM, Oklahoma City, OK

Jacqueline M. Feldman, MD, Patrick H. Linton Professor of Psychiatry; Director, Division of Public Psychiatry, University of Alabama at Birmingham SOM, Birmingham, AL

Karen K. Fields, MD, Professor of Medicine, Division of Bone Marrow Transplantation; Chief, Medicine Service, University of South Florida COM, Tampa, FL

Michele Follen, MD, PhD, Professor of Gynecologic Oncology; Director, Biomedical Engineering Center, University of Texas MD Anderson Cancer Center, Houston, TX

Susan Galandiuk, MD, Associate Professor of Surgery; Program Director, Section of Colon and Rectal Surgery, University of Louisville SOM, Louisville, KY

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Claudine Legault, PhD, Associate Professor, Section on Biostatistics; Associate Director, Women's Health Center of Excellence, Wake Forest University SOM, Winston-Salem, NC

Julia B. Lewis, MD, Professor of Medicine; Coordinator, Clinical Programs, Division of Nephrology, Vanderbilt University SOM, Nashville, TN

Janet E. McElhane, MD, Associate Professor of Medicine, Eastern Virginia Medical School, Norfolk, VA

Cynthia D. Mulrow, MD, Professor of Medicine, University of Texas Health Science Center, San Antonio, San Antonio, TX

Ana A. Murphy, MD, Anne Winship Bates Leach Professor of Obstetrics and Gynecology; Director, Division of Reproductive Endocrinology and Infertility, Emory University SOM, Atlanta, GA

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Jill M. Siegfried, PhD, Professor of Pharmacology; Vice Chair for Fiscal Affairs, Department of Pharmacology, University of Pittsburgh SOM, Pittsburgh, PA

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Carolyn Westhoff, MD, Professor of Obstetrics and Gynecology, Epidemiology and Public Health; Director, Division of Prevention Ambulatory Care, Columbia University College of Physicians and Surgeons, New York, NY

Jeanine P. Wiener-Kronish, MD, Professor and Vice Chairman of Anesthesiology, University of California, San Francisco SOM, San Francisco, CA

Karen S. Zier, PhD, Professor of Medicine, Microbiology, Immunology and Gene Therapy; Associate Dean, Medical Student Research, Mount Sinai SOM, New York, NY

Photo Gallery

3rd Annual SELAM International Spring CE Meeting

SELAM's founding and current leaders gather for a photo-op during the auction, Saturday, March 31, 2001, part of the Annual SELAM Spring CE Meeting. L to R: Deborah German, MD (ELAM 1995-96); Joanne Conroy, MD (ELAM 1997-98); PonJola Coney, MD (1995-96); Sharon Turner, DDS, JD (ELAM 1997-98); and Nancy Hardt, MD (ELAM 1995-96). Absent is Suanne Daves, MD (ELAM 1996-97). Nancy was SELAM's first President (1998-99), followed by Debbie (1999-2000), Sharon (2000-01), and currently Joanne. PJ was First Vice-President in 1999-2000. Suanne was Program Chair of SELAM's first CE meeting.



SELAM CE attendees having fun at the now annual fundraising auction. At the far right is Lindsey Grossman, MD (ELAM 1997-98) and her colleague Sarah Morgan, MD (ELAM 1997-98; not pictured), who organized the auction two years running. Lindsey also served as auctioneer. Outgoing President Sharon Turner was one of the models, while Treasurer Roberta Sonnino stayed busy grabbing checks and money as the goods sold. A number of National Board members attended, as did Catherine DeAngelis, MD, winner of this year's Marion Fay Spencer Award.



Chris Abrass, MD (ELAM 1998-99), Program Chair, enjoys the success of a great meeting. She's smiling because she's passing the reins on to her Co-Chair Laura Schweitzer, PhD (ELAM 1998-99) who's already planning for the meeting April 26-27, 2002.



An appreciative crowd listens attentively at the SELAM CE Meeting.



Catherine DeAngelis, MD, addresses the National Board and guests following presentation of the Marion Fay Spencer Award, April 1, 2001.



"It is Sunday night. you decide, Yes!.... Yes what?" says David Bachrach to Nancy Day Adams, MD, during his breakout session.



During Page Morahan's late January 2001 consulting visit at the University of Texas-Houston Health Sciences Center, regional ELUMs organized a dinner with her. Standing L to R: Louise Strong, MD (ELAM 1997-98); Helen Li, MD (ELAM 1999-2000); Katherine Loveland, PhD (ELAM 1998-99); and a non-ELUM UT-Houston faculty member. Seated L to R: Marilyn Marx, MD, MBA (ELAM 2000-01); Page, Kathleen Sazama, MD, JD (ELAM 1997-98); and Margaret Kripke, PhD (ELAM 1996-97).



Eleven ELUMs from four classes participated in the AAMC Faculty Affairs Professional Development Conference in Savannah, GA, in January 2001. Standing L to R: Kathleen Sazama, MD, JD (ELAM 1997-98); Lois Margaret Nora, MD, JD (ELAM 1996-97); Elizabeth Sherertz, MD (ELAM 1995-96); Barbara Schindler, MD (ELAM 1996-97); Linda Austin, MD (ELAM 1998-99); Susan Johnson, MD (ELAM 1995-96); and Janis Letourneau, MD (ELAM 1995-96). Seated L to R: Barbara Bayer, PhD (ELAM 1998-99); Wendy Weinstock Brown, MD, MPH (ELAM 1997-98); Laura Schweitzer, PhD (ELAM 1998-99); Rose Goldstein, MD (ELAM 1998-99); and Page Morahan, PhD.



Eve Higginbotham, MD (ELAM 2000-01) and Donald E. Wilson, MD, MACP, Dean and Vice-President for Medical Affairs at University of Maryland SOM, relax after dinner during the Forum on Emerging Issues during the Spring 2001 ELAM Session.



Rosalyn Richman, MA, addresses the audience at a SELAM activity during the Annual AAMC Meeting in October 2000.

Genius – a natural predisposition to certain things.
Littré Dictionary

There is no ending that is not a beginning.
Henrietta Szold

The whole art of life is knowing the right time to say things.
Maeve Binchy

When one door of happiness closes, another opens; but often we look so long at the closed door that we do not see the one which has been opened for us.
Helen Keller

Nothing will ever be attempted, if all possible objections must first be overcome.
Samuel Johnson

The important thing is this: to be able at any moment to sacrifice what we are for what we could become.
Charles Du Bos

In our culture, more women than men have the flexibility to throw the rulebook out the window and engage in dialog to see what will emerge.
Norma Melone

If you do your job well as an administrator, you have to break some eggs.
Lisa Rossbacher

REMEMBER!

- To let us hear about anything you want to share with all.
- To send in your nomination & questions for the next SELAM Mentor.
- To send in book reviews for SELAM News. (You are reading in your spare time, aren't you?)
- To write or send in a topic for Issues in the Workplace.
- To recruit a colleague (or more – unofficial contest to get the most members!) to join SELAM Intl. Prospective members do not have to be ELAMs or ELUMs.
- To nominate a woman for the ELAM program. Send names to Rosalyn Richman.
- Due date for next newsletter is *August 17, 2001*.

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SELAM MEMBERSHIP INFORMATION

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For membership information, contact Alice J. Speer, MD, Associate Professor and Vice Chair, Undergraduate Education; Director, Division of General Internal Medicine; The University of Texas Medical Branch, Department of Internal Medicine (0566), 301 University Boulevard, 4.174 John Sealy Annex, Galveston TX 77555-0566.



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