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SELAM News International

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Alice J. Speer, MD
President

FROM THE PRESIDENT

I am delighted to start my year as President of SELAM International. Since its inception five years ago, SELAM has grown in scope and activities. Over the years we have expanded our membership to include deans at all levels in dental and medical schools and opened a category for institutional members. Our annual Spring Continuing Education meeting has continued its history of excellence culminating in our most recent program. This year Dr. Laura Schweitzer put together an outstanding schedule of speakers for April's meeting. Among them was Dr. Debra E. Meyerson, author of *Tempered Radicals: How People Use Difference to Inspire Changes at Work*. She explained how to use differences to inspire changes. Dr. Valerie Parisi, Chair of Obstetrics and Gynecology at UNC-Chapel Hill, spoke about leading from the middle and managing your boss. Participant feedback continues to rate our CE programs highly. In the last two years, our organization has instituted an Award for Excellence that is presented to individuals who best demonstrate excellence in their commitment to the advancement and promotion of women in academic health professions. Last year's recipients were Dr. Jack Stobo, President of University of Texas Medical Branch in Galveston, and Dr. Jeanne Sinkford, Associate Executive Director and Director, Center for Equity and Diversity, American Dental Education Association.

In this upcoming year, I expect that we will continue to broaden our membership beyond ELAM. SELAM International is dedicated to the advancement and promotion of women to executive positions in academic medicine and allied health professions. Now some of our members are carrying these skills into major healthcare and pharmaceutical institutions – and remain active SELAM members, continuing to share their ideas and talents. Our organization can only benefit from this diversity, to enhance sharing of innovative ideas and networking. I also expect that we will increase the scope of activities beyond our Spring CE Meeting. To this end, we will be actualizing our committees to develop marketing and advancement strategies and membership benefits. I look forward to calling on volunteers from the membership to serve on these committees. With the growth of our organization, we will be spending some necessary time in setting up policies and procedures, revising the bylaws and centralizing a support office.

In two years, ELAM will be 10 years old. As supporters of this important program, SELAM International will work with them to develop an outstanding celebration, highlighting past and present accomplishments.

This is an exciting time for SELAM International. We are moving from a fledgling organization to one with a broad scope and mission to enhance the careers of all women faculty in academic health professions – and beyond. As we do so, we will gain recognition and clout, joining the ranks of other established professional groups in these endeavors. My vision: as all our voices are joined, we can make tangible differences in the promotion of women leaders. To that end, I look forward to my presidency for this upcoming year.

Alice J. Speer, MD
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Due date for inclusion in next newsletter: November 22, 2002

QUOTABLE

You'll accomplish more later if you take some time for yourself.

Fortune Cookie

Winning is not being first, but being my best.

Jackie Joyner-Kersey

The greatest glory is not in never failing but in rising up every time we fall.

Confucious

You cannot do a kindness too soon, for you never know how soon it will be too late.

Ralph Waldo Emerson

If you're never scared or embarrassed or hurt, it means you never take any chances.

Julia Sorel, 1926-

Being defeated is often only a temporary condition. Giving up is what makes it permanent.

Marlene vos Savant, 1946-

Be the change you want to see in the world.

Gandhi

The secret of getting ahead is getting started. The secret of getting started is breaking your complex overwhelming tasks into small manageable tasks, and then starting on the first one.

Mark Twain

Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen.

Sir Winston Churchill

SELAM International 2002-2003 Board of Directors

Officers

President	Alice J. Speer, MD (2000-2003)
Immediate Past President	Joanne M. Conroy, MD (1999-2002) (*ex officio*)
First Vice-President	Vivian Reznik, MD, MPH (2000-2004)
Second Vice-President	Karen P. West, DMD, MPH (2001-2005)
Third Vice-President	Roberta E. Sonnino, MD (2002-2006)
Treasurer	Maria Soto-Greene, degree (2002-2005)
Secretary	Theresa F. Lura, MD (2002-2005)

Committee Chairs *(ex officio)*

Program	Victoria E. Judd, MD (2003)
Co-Chair	Linda R. Adkison, PhD (2003-2004)
Finance	Roberta E. Sonnino, MD (1999-2003)
Membership/Nomination	Alice J. Speer, MD (2000-2003)
Publications	Kristine M. Lohr, MD (1999-2003)

Members-at-Large

Bonnie J. Dattel, MD (2001-2004)
Leilani Doty, PhD (2002-2005)
Rosalyn C. Richman, MA (*ex officio*)
Laura F. Schweitzer, PhD (2000-2003)

Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.

Helen Keller

The great thing and the hard thing is to stick to things when you have outlived the first interest, and not yet the second, which come with a sort of mastery.

Janet Erskine Stuart

EDITOR'S CORNER

Have we got an issue for you! President Alice Speer builds on her predecessors' lead by accelerating SELAM International along its growth curve. See the new slate of officers (above) who assist her. Rosie Goldstein accepted a new position at her university and regretfully declined election as secretary. (She *did* accept to be interviewed as SELAM Mentor, p. 10). We thank Theresa Lura for assuming this important role, as well as congratulating the new Board. See the update on p. 3 for news of SELAM members' promotions, new positions (five new Deans!), and news of note.

David Bachrach and Page Morahan coach us on effective faculty evaluation (p. 15) and informational interviews (p. 16), respectively. Patricia Thomas joins the staff with a regular column on diversity (p. 12) – the first about comfortable shoes, something we can all identify with. Page and Judith Katz describe how to write an executive summary (p. 17). And if, like me, you seek guidance about being an effective change agent, read Carol Aschenbrener's dynamite contribution (p. 5). After reading it, I wanted to put a copy under each administrator's nose. (Oops, that includes me!)

Roberta Sonnino describes the SELAM CE meeting (p. 14). Tana Grady-Weliky describes the ultimate application of ELAM curriculum: lessons she learned as an ESFJ (p. 9). Meet the lucky ELAM Class of 2002-03 (p. 24). Find your next vacation reading in the Book Reviews (p. 20) – including a few from ELAM 2001-02 Fellows – and check out the return of the Photo Gallery (p. 27) for some great shots!

I feel so lucky to have Nancy Hardt in Memphis. While casually meeting a friend from Arkansas, Nancy lit the fuse – now we're planning a women in medicine regional conference in Memphis for 2003. Glenda Cooper (University of Arkansas) chairs the program committee. Nancy invited PJ Coney, now in Nashville, to meet UT administrators and faculty to establish collaborative ties. I asked PJ how the move was going: "I am in the house. The movers left Saturday at 10 PM (arrived at 3 PM). Arrived for work dead tired Monday...still dead tired. Dog not acclimated. Has oriented the floors repeatedly, misses her dog door, too hot. Boxes are everywhere. Other than that, I am a Dean! So how can I complain?"

Slowly but surely, we're getting there. Keep at it!

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

PonJola Coney, MD, was appointed Senior Vice President for Health Affairs and Dean, SOM, Meharry Medical College (7/1 /02).

ELAM 1996-97

Lois Margaret Nora, MD, JD, was appointed President and Dean, Northeastern Ohio Universities COM, effective October 15, 2002 (6/02). Dr. Nora is currently associate dean for academic affairs and administration at University of Kentucky College of Medicine, where she is also a professor of neurology and law.

Pamela Zarkowski, MPH, JD, Professor of Dentistry, is now Executive Associate Dean of the University of Detroit Mercy SOD.

ELAM 1997-98

Lindsey K. Grossman, MD, became a Professor in the Division of General Pediatrics at the University of Maryland at Baltimore (3/02).

Loreen A. Herwaldt, MD, was promoted to Professor of Internal and Preventive Medicine, University of Iowa COM (2002).

Kristine M. Lohr, MD, was appointed Associate Dean for Outcomes Research and Improvement, COM, University of Tennessee Health Science Center (July 2002). "The Dean had an idea for a newly created part-time position, and recruited me to develop and lead new research and educational initiatives in outcomes research and quality improvement. I used my ELAM/SELAM background and connections to write the job description. Even before officially starting, I joined the University Medical Center Coordinating Council, a regional consortium of health care instituions. I'm on a steep learning curve, learning how to herd cats and how to scrape some old tasks off my plate so I can *do* the new job."

Sarah L. Morgan, MD, MS, RD, FADA, FACP, Professor of Medicine and Nutrition Sciences, was appointed Associate Dean, Research Compliance, University of Alabama at Birmingham SOM (2002).

Roberta Sonnino, MD, Professor of Surgery, was appointed as Associate Dean of Women in Medicine and Special Programs, Kansas University Medical Center (5/02). Roberta writes, "In case you are wondering what 'Special Programs' means, in her [Dean Deborah Powell's] words: 'anything she wants me to do'... but particularly I need to move forward our 'Professionalism Initiative,' staff development and some aspects of Faculty Development. This will allow me to back off from some of the intense clinical activity of the past 3.5 years and hopefully regain some of my sanity (if there was any there to start...)."

Sally Shumaker, PhD, Professor of Social Sciences and Health Policy, was appointed Associate Dean for Faculty Affairs, Wake Forest University SOM (5/02).

ELAM 1998-99

Marla J. Gold, MD, has been appointed interim Dean of Drexel University's (formerly MCP Hahnemann's) School of Public Health. She will assume her new role officially on 8/1/02. Dr. Gold was a member of the faculty in the Department of Medicine at MCP Hahnemann University and founded its nationally recognized HIV program. She also served as Assistant Health Commissioner for the City of Philadelphia. Her experience provides a particularly important perspective as the School of Public Health realizes the importance of the city of Philadelphia as a laboratory for public health and as it defines a path to excellence as one of the nation's best schools of public health. Marla says, "It's a wonderful fit for me – a position in which I can apply a set of administrative and leadership skills combined with a passion for public health and social justice. I am really looking forward to this new adventure. I have absolutely no doubts that my adventures and experience gained through ELAM as well as the new colleagues I have via the program helped me attain this position."

Rose Goldstein, MD, CM, FACP, Professor of Medicine, was appointed Associate Dean for Professional Affairs, University of Ottawa Faculty of Medicine (4/02).

Katherine (Kate) A. Loveland, PhD, Professor of Psychiatry and Behavioral Sciences, was appointed Assistant Dean for Faculty Affairs at the University of Texas Medical School, Houston (1/1/02).

Karen Pierce West, DMD, MPH, Associate Professor of Restorative Dentistry, was appointed Associate Dean for Academic Affairs, University of Kentucky COM (4/02).

Katherine L. Wisner, MD, MS, was appointed Director, Women's Behavioral HealthCARE, at WPIC/University of Pittsburgh Medical Center (7/1/02).

ELAM 1999-2000

Virginia C. Broudy, MD, Professor of Medicine, was appointed Chief of Medicine at Harborview Medical Center, and Vice-Chair, Department of Medicine, University of Washington SOM (7/1/02).

Lisa Kaplowitz, MD, MHA, has been appointed Deputy Commissioner for Bioterrorism Preparedness in Virginia, Department of Health (August 2002). She will "develop and direct their entire bioterrorism effort, starting from the ground up. I am excited about the opportunity to build a program and expand the public health infrastructure of Virginia. CDC funding will allow me/the state to hire people all over the state to allow rapid identification and response to any infectious disease. And I sure will have plenty of politics and policy to deal with – which I really enjoy. I just finished my MHA and was looking for a change. And I was not wedded to academic medicine."

ELAM 2000-01

Donna M. Murasko, PhD, Professor of Microbiology and Immunology, was appointed Vice Provost at Drexel University (3/02). She stepped down as Chair, Department of Microbiology and Immunology, MCP Hahnemann University SOM.

Elizabeth A. Wagar, MD, was promoted to Professor, Department of Pathology and Laboratory Medicine, and Associate Laboratory Director, Santa Monica Hospital, University of California-Los Angeles (2002).

ELAM 2001-02

Annlouise R. Assaf, PhD, Associate Professor of Epidemiology, was appointed Associate Director, Brown Center for Primary Care and Prevention, Brown Medical School (6/02).

Tamara G. Bavendam, MD, has become Medical Director of Sexual Health at Pfizer Inc. in New York City, NY (4/02).

Ann C. Bonham, PhD, Professor of Internal Medicine and Pharmacology, was appointed Chair, Department of Pharmacology, University of California-Davis (6/02).

Connie L. Drisko, DDS, Professor of Periodontics, was appointed Associate Dean for Academic Planning and Faculty Development, and Director of Clinical Research, University of Louisville COD (2/02).

ELAM Faculty

Uma R. Kotagal, MBBS, MS, Professor of Pediatrics and of Obstetrics and Gynecology, was appointed Vice President of Quality and Transformation, University of Cincinnati (3/02).

Claudine Legault, PhD, Associate Professor, Section on Biostatistics, was appointed Director, Women's Health Center of Excellence, Wake Forest University SOM (5/02).

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News of Note

ELAM 1996-97

Ellen M. Ginzler, MD, MPH, Professor of Medicine and Chief of Rheumatology at SUNY Downstate Medical Center COM, will receive the New York Chapter of the Arthritis Foundation's Lifetime Achievement Award in November at its big fund-raising event of the year.

Lisa A. Tedesco, PhD, Professor of Dentistry and Vice President and Secretary at The University of Michigan, received the 2002 Sarah Goddard Power Award in recognition of her commitment to scholarship and her contributions in support of women, from the University of Michigan's Academic Women's Caucus (2/12/02).

ELAM 1998-99

Sally S. Atherton, PhD, Professor and Chair, Department of Cellular Biology and Anatomy, Medical College of Georgia, was elected President of the Association for Research in Vision and Ophthalmology (ARVO). She will serve as president-elect of the international vision research association with more than 10,000 members until she begins her duties as president in May 2003.

Carol Rumack, MD, Professor of Radiology and Pediatrics and Associate Dean for Graduate Medical Education at the University of Colorado Health Sciences Center SOM, received the Alice Ettinger Award from the American Association of Women Radiologists (AAWR) in November 2001. AAWR is a national organization with now almost 2000 members. The award is a lifetime achievement award recognizing long term contributions to radiology and to the AAWR. Alice Ettinger was a pioneer in radiology who received the American College of Radiology Gold Medal in 1984, and the first woman chair of a radiology department in the US. Carol writes, "We now have two granddaughters –one- and three-years old – and love to babysit for them. They live in Denver so we are very lucky."

ELAM 2000-01

Cheryl M. Coffin, MD, Professor of Pathology, Associate Chair, Department of Pathology, and Division Head, Pediatric Pathology, University of Utah SOM, received an AMWA Gender Equity Award (5/02).

ELAM 2001-02

Luanne E. Thorndyke, MD, Associate Professor of Medicine and Assistant Dean of Continuing Education and Outreach, Penn State University COM, The Milton S. Hershey Medical Center, was featured in *Harrisburg Magazine* as one of the area's Dynamic Women for 2002 (3/02).

Multiple Classes

At its annual meeting on June 5, the ELAM Advisory Committee announced new members *Michele Y. Halyard, MD* (ELAM 2001-02), Assistant Professor and Chair, Department of Radiation Oncology, Mayo Medical School and Mayo Clinic Scottsdale; *Margaret L. Kripke, PhD* (ELAM 1996-97), Executive Vice President and Chief Academic Officer, Vivian L. Smith Distinguished Chair in Immunology, University of Texas – M.D. Anderson Cancer Center; *Allen S. Lichter, MD*, Dean and Newman Family Professor of Radiation Oncology, University of Michigan Medical School; *Marlene Ross, PhD,* Director, ACE Fellows' Program and Deputy Director, Center for Institutional and International Initiatives, American Council on Education; *Barbara A. Schindler, MD* (ELAM 1996-97), Professor of Psychiatry and Pediatrics, Vice Dean for Educational and Academic Affairs, Drexel University COM; and *Alice J. Speer, MD* (ELAM 1997-98), Associate Professor of Internal Medicine; Vice Chair, Department of Internal Medicine; and Director, Division of General Internal Medicine, University of Texas Medical Branch, Galveston, President, SELAM International. *Sarah Kilpatrick, MD, PhD* (ELAM 1998-99), completed her three-year term. *Glenda D. Donoghue, MD, MACP*, was made an emeritus member.

ELAM Faculty

Patricia P. Cormier, EdD, notified us: "On July 1, Longwood College officially becomes Longwood University. Our area code has changed from 804 to 434. Our e-mail has changed slightly. Because we are changing to university designation, we are eliminating the "lwc" (Longwood College) from all email addresses, so Dr. Cormier's email would be: pcormier @longwood.edu."

Glenda D. Donoghue, MD, MACP, retires as Betty A. Cohen Chair and Director, Institute for Women's Health, Drexel University COM (7/31/02).

Change of Address

ELAM 1995-96

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ELAM 1996-97

Laurie E. Gaspar, MD, Professor and Chair, Radiation Oncology, University of Colorado Health Sciences Center SOM, Auschutz Cancer Pavilion, 1665 North Ursula Street, Suite 1032, Campus Mail Box F706, Aurora, CO 80010-0510.

Kathleen G. Nelson, MD, tel 205-934-8706; e-mail knelson@uab.edu

ELAM 1997-98

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Kathleen M. Kim, MD, UIC Dept. of Psychiatry (M/C 912), 1601 W. Taylor Street, Chicago, IL 60612; tel 312-996-7383; fax 312-996-7658

ELAM 1998-99

Katherine A. Loveland, PhD, Assistant Dean for Faculty Affairs, University of Texas-Houston Medical School, 6431 Fannin Street, Room 7.126; tel 713-500-5102; fax 713-500-0614 (faculty affairs).

Kathleen Ann McCarroll, MD, e-mail kmccarroll245566MI @comcast.net

Katherine L. Wisner, MD, MS, Director, Women's Behavioral HealthCARE, WPIC/UPMC, 3811 O'Hara Street, Pittsburgh, PA 15213; e-mail wisnerkl@msx.upmc.edu

ELAM 2001-02

Annlouise R. Assaf, PhD, Associate Professor of Epidemiology, Associate Director, Brown Center for Primary Care and Prevention, Memorial Hospital of Rhode Island, 111 Brewster Street, Pawtucket, RI 02860.

Tamara G. Bavendam, MD, Medical Director, Sexual Health, Pfizer Inc., 235 East 42nd Street, 219/3/15, New York, NY 10017; tel 212-733-3936

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Understanding Change: Theory and Practice

"We see the world through our idea of who we think we are. Our model of the universe is based on our model of ourselves. When we look at the world, all we see is our mind…Seldom do we experience an object directly. Instead we experience our preferences, our fears, our hopes, our doubts, our preconceptions. We experience our ideas of how things are."

Stephen and Ondrea Levine

How leaders handle change is both their making and their undoing. Leaders and change go hand-in-hand. Indeed, leaders may be defined in a non-positional sense as people who initiate and sustain change in any context. When conditions are relatively static, when the pace of externally influenced change is slow and predictable, there is little cry for leadership. Good managers keep things running within acceptable boundaries of time, cost and quality. People may complain, but they do not rise up or transfer their loyalty to another organization, social group, or government. However, as complexity increases and the pace of change accelerates and its direction becomes harder to predict, people look for leadership, for someone to tell them what's happening, chart a direction and set off confidently in a new direction, inspiring others to follow. This paper will focus on planned change, alteration in ways of being and acting that we desire to see in ourselves or, more commonly, that we wish others to adopt.

At its most fundamental level, change is the movement to a new way of being. As such, the flow of change is inevitable and unceasing. We may apply the same name, hold a persistent concept of the Pacific Ocean, for example, but in reality that body of water is constantly changing. Water evaporates, rain falls, wind constantly reshapes surface patterns, sand and organic matter shift on the bottom and the grinding of tectonic plates alters contour and pressures in the deeps. All being is changing constantly, inexorably moving to and through different ways of being. Indeed, one of the common principles articulated by the great Wisdom traditions is that everything is impermanent.

Likewise, no matter how solid or how stolid we perceive ourselves to be, people are also in constant change. The change may be subtle or transcendent, full of obvious import for others or imperceptible to all but the most observant. Change is inescapable. Change is life. Epithelia constantly turn over; the body ages; thoughts and feelings keep traversing our minds – all beyond our control. Change becomes a problem only when we want things to be other than as they are – when we want to hold on to current conditions or move to a new way of being faster or influence others to act in ways that we prefer.

We cannot change others; we can only influence them to try new things. The only person that one can change is oneself, and that is difficult. Any change involves a transition, a shift from one state or way or being to another. The rate of transition in an organization or other social group is influenced by the aggregate transitions of its members; hence, change is always perceived as coming too slowly for some, too fast for others. An understanding of planned change in people requires knowledge of the fundamental nature of human behavior: the relationships of perception, beliefs and attitude, feelings and action.

Beliefs trigger behavior

Behavior does not arise in direct response to events in the internal or external environment. Behavior is triggered by our *interpretation* of events, by the beliefs we have about our perceptions and the feelings that flow from those beliefs[3]. Our physical senses are enveloped by a constant flow of information from the environment. We all select only some of those stimuli to notice. The stimuli that we select become our perceptions. This process of selective perception from the continuous flow of information is shaped by the acuity of our physical senses, by past experience, personal preferences and "our ideas of how things are." Over time, we attach meaning to specific perceptions and these meanings or beliefs, in turn, prompt feelings. Beliefs are opinions that we hold about people, things and events. Beliefs are individual, not universal, and often are not in accord with reality. For example, a person raised in a family where parents showed displeasure through the "silent treatment" may believe that a friend or co-worker's silence means disapproval.

Attitudes or mental models are more generalized than beliefs and constitute a viewpoint or perspective from which an individual interacts with the world. A not uncommon assumption in both academe and many large businesses in the US is that "if a person is truly committed to the work, he/she will always put work first." This perspective prompts its holders to judge a colleague's commitment in terms of hours or "face time" rather than by quality of work and reliability. Peter Senge defines mental models as "the images, assumptions, and stories which we carry in our minds of ourselves, other people, institutions, and every aspect of our world" (p. 235)[6]. Mental models act as filters; they influence which data we select from the field of stimuli. Often mental models or attitudes are so deeply ingrained that a person may not be consciously aware of them. For example, viewing life as a "glass half full" is a mental model that prompts people to look for the opportunity, the beauty and joy in everyday experience. One mental model that may prevail in some academic cultures is that the smartest people are those who can see the imperfections in the plan, publication or research proposal of another. This model, while seldom consciously espoused, leads faculty to watch for points of disagreement during a presentation or faculty meeting, often with failure to recognize or acknowledge areas of common ground. To get a glimpse of your own beliefs and attitudes, watch your thinking about other drivers when locked in heavy traffic. What words or images "pop" into your mind when someone drives too slowly, cuts in front of you, or fails to signal for a turn? What rapid judgments flash about their intelligence, age or group of origin?

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Beliefs and mental models elicit feelings. The feelings, not the stimuli themselves, prompt action. Have you ever, for instance, felt irritation when someone cuts in the movie ticket or grocery line, believing that they do it in intentional disregard for your time? An understanding of this fundamental relationship between stimuli, beliefs, feelings and actions is critical to an understanding of the human dynamics of change. *Any non-coerced, accepted change in human behavior must entail a shift in belief. We do not change behavior in a lasting way unless we incorporate beliefs or mental models that lead to feelings from which the new behavior logically flows.* In many academic health centers, campaigns to increase responsiveness to referring physicians have failed because the desired behaviors run counter to deeply held beliefs on the part of individual faculty that community physicians are less competent, more materialistic, engaged in less valuable work or otherwise inferior. Faculty teach these beliefs to students and residents, often in subtle ways. An authentic, lasting change in the service orientation of academic physicians to referring clinicians requires willingness to examine, challenge and replace mental models that may have been learned in medical school or residency. Because of the power of beliefs to stimulate action, often without our conscious awareness of the linkage, it is essential that the strategy for any planned change incorporate many opportunities for people to examine and challenge beliefs in a safe, non-blaming, supportive environment.

Change as transition

Much of what we understand about the human dynamics of change is grounded in a model developed by social psychologist Kurt Lewin in the late fifties.[2] Lewin saw change as a process of transition from the current state to a new state or way of being. His theoretical model of the change process includes three phases: unfreezing, changing, and refreezing. Change must involve both unlearning and relearning or cognitive restructuring of perceptions, beliefs, mental models and feelings.

Subsequent elaborations of this theory propose that the stability or predictability of an individual's behavior is related to the equilibrium in a field of driving and restraining forces[5]. For example, my oscillations in a fitness profile that is sub-optimal but not of substantial health risk are influenced by the balance among driving forces (wanting to remain active, feeling obligation to care for the body and mind, wanting to look good, pleasure of exertion in open air) and restraining forces (feeling that work comes first, pleasure in delicious food, habit of eating when bored or anxious). The typical approach to change is to add driving forces, in the assumption that they will overcome the restraints. We use threats of sanction or loss of pay or rewards of additional compensation or other perquisites in the attempt to get physicians to make behavioral changes that could increase net revenue for the practice plan or hospital. As Schein points out, however, the addition of new driving forces is more likely to be countered by new or intensified restraint than to produce forward movement. Removing current restraining forces is more effective than adding drivers.

Based on extensive experience in a variety of organizations, Schein suggests that "unfreezing" actually includes three essential processes: (1) disconfirmation of the current reality, (2) induction of survival anxiety, and (3) transcendence of learning anxiety. He defines disconfirmation as "some form of dissatisfaction or frustration generated by data that disconfirm our expectations or hopes" (p. 60)[5]. Examples of disconfirming data in healthcare include declining net revenues for clinical services, significant rates of medical error, persistent difference in use of cardiovascular interventions across gender and race, loss of patients to competing specialists or healthcare organizations, reduced success rate of grant applications in individual departments or schools, or significant drop in number of US students matriculating to graduate programs in biomedical sciences. *Disconfirming information is essential for planned behavioral change but it is not sufficient, no matter how clearly presented or grippingly illustrated.* People may deny the information, question its validity, blame others or dismiss it as relevant only for others. To make change, people must believe that the anticipated discomfort or even pain of transition is less than the pain of remaining in the status quo.

Even when the disconfirming information is perceived as compelling and the nature of desired change is clearly understood, people often fear the learning that is essential for transition. For many, formal learning in adolescence and early adulthood included experiences perceived as threatening to one's self-image or success: criticism in front of classmates, not having the answers in public setting, name-calling, humiliation. In healthcare, the high stakes, high volume and intensity of the learning experience in medical school and residency and the related fatigue, frustration and sense of being overwhelmed may leave deep personal questions about one's ability to keep up. Such "learning anxiety" gets in the way of change. The more significant the meaning attached to the behavior in question, the greater may be the learning anxiety.

Schein believes that in order for people to develop sufficient motivation (energy) to challenge their beliefs and learn new ways of thinking and behaving, they must be able to experiment in a climate of "psychological safety." Without such opportunity, for many the motivating survival anxiety or guilt occasioned by the disconfirming information will be outweighed by the anxiety about learning something new. Thus, another key task for the change agent, perhaps the most important task, is to create an environment of psychological safety in which people may question, voice concerns and fears, and experiment with different ways of doing things. This may be particularly difficult in an academic environment where many are encultured to believe that unsatisfactory results mean that someone goofed through a deficit in competence or character.

Changing is learning

Any significant change requires learning. The transition stage in which people are actually changing is fraught with uncertainty and unease. The limitations of old beliefs have been revealed, new questions are arising in advance of answers, and new skills are developing but the comfort of competency is absent. In universities, one common source of error in change is the assumption that learned people, if motivated, will know exactly what they must do and where and how to learn to do it. They are left on their own to

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learn, with little structure or support. Physicians, for example, may be exhorted to "improve the quality of practice" and sent off with few guidelines and little or no training in assessment and measurement needed to do so. And, of course, medical school faculty are routinely told to teach effectively with little or no theoretical foundation, skills practice or feedback.

The learning in change may occur by identification with role models or through trial-and-error of experimentation. Examples of the former include mentoring, preceptorships and imitation of a revered senior colleague. Learners may take on the beliefs and behaviors of their role models fairly quickly but there is risk of reversion when the role model departs. Effective learning requires personal action – experimentation in real work situations, insight, practice, personal "discovery" of answers or new approaches. Pilot projects followed by distillation of learnings can be significant catalysts in large-scale change. The plan-do-check-act cycle of continuous improvement is a helpful model for testing new behaviors. As with other forms of learning, the cycle of practice-feedback-practice is more likely to yield sustained change. There is some evidence that the top leader's approach to learning has significant effect on the course of change in organizations[4].

Sustaining change

Lewin's model proposes that "refreezing" must occur to sustain change. The individual must see the new behaviors as congruent with his/her values and style, and group norms should reinforce the change. Initiatives to improve teaching in medical school or the service standards in clinics often fail at least in part because group norms that give greatest status to research remain unmodified. Senge calls attention to biological systems, in which "sustaining change requires understanding the reinforcing growth processes and what is needed to catalyze them, and addressing the limits that keep change from occurring" (p.8) [7]. Engaging the entire norm-holding group in defining the desired state is helpful. Involving most of the teaching faculty in defining new standards for curriculum takes longer but is more likely to produce the commitment to implement. During the transition, modifying infrastructure, performance management and reward and recognition is imperative to support the new state.

From theory to practice

No magic recipe guarantees a successful outcome for change. Indeed, most major change initiatives fail to become institutionalized. Applying sound theory about the dynamics of change can increase the chance of success.

1. **Ask people to make only change that is mission critical or business critical.** Living in a transforming society, we are all experiencing significant change in many aspects of life. While individual capacity to move readily with change may vary considerably, no one has unlimited capacity for change. When there is so much change in the environment that is beyond control, wise leaders will ask people to make only those changes that truly are necessary in order to serve mission or keep the organization solvent. This is not the time to implement good ideas, or even great ideas, unless they are central to the purpose and direction of the academic health center. Focus the human investment in change on those alterations in behavior that truly matter most.

2. **Be clear on what specific behavioral change you want and why.** Clarity begins with the leaders of change, the person(s) who has the authority to ask others to change and the small group of agents who will be responsible for guiding and assessing the process of change and its outcomes. But clarity must be an iterative process. As Lewin pointed out, one can only understand a system by changing it. No matter how elegant the thought experiments around change, once the process begins the system acted on will manifest in ways previously unrecognized. The change leaders must be prepared to modify approach and even desired results as new information emerges from the system itself. Reflect on the following questions before asking others to change:

- What outcome or specific results are you aiming for? If you can only describe desired outcome in conceptual terms such as quality, efficiency, excellence, you are not ready to ask others to change. The desired results must be stated in clear behavioral terms, such as, call referring physicians within 24 hours after patient's surgery or ensure that all medical students are observed by a faculty member as they do a complete history and physical during the clinical years.
- Why do you seek those results/outcomes? Be unsparingly honest about your own motives. In the requested change, are you addressing the root cause or issue or only a less fearsome symptom? In the US, for example, we tinker endlessly with payment schemes, incentives and gatekeeper requirements to "control" the cost of healthcare rather than face the far more difficult root issue of what care should be provided to all at public expense.
- How are you doing personally with regard to the change you will ask others to make? It doesn't work to ask faculty to show more respect for students of different backgrounds if you are still telling ethnic jokes. What has helped you to change your own behavior? What obstacles and fears did you encounter in trying to change?
- What existing beliefs and structures in this organization hinder the desired change? Which of those restraining factors can be removed or ameliorated before the change process begins and what will it take to do so?

3. **Develop a clear, compelling case for change but don't expect it to prompt others to act.** Too often we believe that an elegantly constructed case for change, a fiercely portrayed "burning platform" will be sufficient to initiate change. We think that others will quickly agree with our suggested course as soon as they hear a rational argument. This approach

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never works (much to my continued dismay!). A clear, compelling case for change is essential in order to bring disconfirming information to all of the people affected by the need for change. But it is only a first step

4. **Change yourself first.** We chuckle at the adage, "Do as I say, not as I do" because we witness it so often. Commanding, or even requesting one set of behaviors, while modeling something contradictory, has predictable results – short-term compliance while the leader/director/parent is watching, at best. Integrating the desired behavior into your own life first is not just good leadership, but immediately applicable experiential learning. Changing your own behavior requires examination of your own patterns of denial and resistance, your own fears and frustrations, your own beliefs and mental models. It enhances your awareness of the difficulty of restructuring your beliefs and the impact of restraining factors in the environment. And most importantly, it prepares you to model what you request of others, and modeling is essential for credibility. In the words of Albert Schweitzer, "Example is not the best way to influence others, it is the only way."

5. **Expect resistance and develop interventions to bring it into the open early.** In planned change, whether personal or organizational, the change agent(s) envision the new state as more desirable. But perceptions and beliefs differ and those affected by the change, those asked to change behavior, may see the new state as less desirable. This is one of the major challenges of planned change. Regardless of whether they perceive the proposed change as positive or negative, people frequently experience some measure of anxiety or fear about what they might lose, how they will cope, whether they will be able to meet new expectations. Such natural feelings may be expressed in a variety of behaviors that hinder change: immediate criticism, seemingly without any consideration; persistent confusion; silence or repeated failure to show up for meetings; excessive questioning; unquestioning acceptance; avoidance of the issue; compliance to the letter, at least when the "boss" is around. We typically label these behaviors as "resistance" and assign blame. The change agent easily forgets the time it took him/her to assimilate new information, re-examine beliefs and mental models, replace old beliefs with new ones.

   Don't fight or castigate the resistors. Instead, create early opportunities for people to raise their concerns, listen to them and be willing to modify your approach in response. Meet with those of high influence early, individually or in small groups. Outline your thinking and pose open-ended questions of inquiry to encourage discussion. Questions might include: "How do you see it? Are there other data that you would consider? What implications do you see for yourself or your work group?" Use multiple modes of two-way communication throughout the change process, including informal gatherings that cross work unit boundaries.

6. **Create a safe environment for dialogue and experimentation.** To effect change, leaders must create safe settings in which people are encouraged to give voice to their interpretations, concerns and suggestions and experiment with new behaviors. A safe setting is one free of ridicule, blaming, and punishment; that safety must extend beyond the immediate conversation. Some common practices in the academic culture reinforce fear: admitting ignorance is viewed as deficient; "superiority" is manifested by finding points of weakness in the other's position; judgments are made quickly and the labels tend to stick; loyalty is linked to agreement with one's superiors; and physicians expect to be the experts, in everything. When people are willing to examine their beliefs and old ways of doing things, they still need affirmation. The wise leader will listen deeply and give evidence that she/he hears. Any significant transition requires learning, and learning is most effective when people can uncover "answers" or solutions for themselves through experimentation. Facilitated dialogue, pilot projects, and regular constructive feedback on performance can encourage experimentation. There must be agreement among the leadership group that people will not be punished or ridiculed for such experimentation. When top leaders admit their own ignorance and participate openly in the learning process, a powerful message of safety is conveyed.

7. **Remove as many restraining forces to the change as you can, as early as possible.** This is a key leverage point. Convene a group of thoughtful colleagues early, including some who likely will oppose the change. Do a force field analysis to identify the driving forces and restraining factors in your environment. Which restraining forces are most significant? What can you do to remove or reduce them? If the press of other commitments is a major factor for key people, what can you do to temporarily shift duties? How can you provide resources for learning when and where people need them?

8. **Implement systemic structures to reinforce the desired new behaviors.** Anticipate what changes will be needed to help "refreeze" the new state. Use many forms of personal and group recognition to mark progress. Cultivate a group of "champions," people of influence who will commit to openly share their own learning and model new behaviors. Phase in appropriate adjustments in hiring criteria, performance management, standards for advancement, support for development and rewards for achievement. *New behavior will not be integrated as the norm as long as the old is rewarded.*

9. **Above all, LISTEN DEEPLY.** Listening is the most important skill for any change agent. It is essential for learning about the organization and its systems. Listening to people with different perspectives – front-line work-

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ers, vendors, community stakeholders, and people served by the organization – deepens your own understanding of the system. And it is by listening, not by speaking, that you encourage others to express their own ideas and concerns. By listening profoundly, you may enable the other person to give voice to things they have not been able to speak even to themselves.

10. **Remember that change is a process, not an event, and always takes longer than you expect**. Leading change is extremely hard work. Expect the transition to be marked by uncertainty, anxiety, acting out, and reduction in productivity. Ultimately, any significant planned behavioral change involves some change in people, not just in practices. Some screaming *always* accompanies this process. Institutional leaders must remain invested and *visibly* engaged; leadership of change cannot be delegated until well into the refreezing stage. And, of course, don't forget that being a change agent is risky business.

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Carol A. Aschenbrener, MD, is an organizational consultant and executive coach, providing a broad spectrum of consulting services for academic health centers and other healthcare organizations, and specializing in the design and assessment of strategy and the development of people. She is a member of the ELAM Alliance (www.drexel.edu/elam/alliance).

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MCP HAHNEMANN BECOMES DREXEL UNIVERSITY COLLEGE OF MEDICINE

Effective July 1, MCP Hahnemann University School of Medicine becomes Drexel University College of Medicine. Official printed materials will reflect the heritage of both predecessor organizations with the designation, "In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College." More information on the merger is available at http://www.drexel.edu/univrel/merger_announcement/index.html.

ELAM Report 2001-02
Confronting Problem Employees: Lessons Learned by an ESFJ

Confronting problem employees is frequently an Achilles heel for leaders/managers who have an ESFJ personality style. Through consultation with my Benchmarks coach, I learned that, as an ESFJ, I needed to address my tendency to become overly concerned with the personal and professional issues of people who report to me. An example of how my personality style interfered with confronting problem employees follows. I allowed performance difficulties to continue too long because of an increased sensitivity to others' feelings. An entire section of my unit had been underperforming since I started in my current leadership position. Because there had been a series of transitions prior to my arrival, my initial goal was to assess how the various components of the unit functioned. My immediate supervisor wanted the unit to become more integrated, which required the merger of offices that were accustomed to working fairly independently. I was receiving numerous complaints from students and faculty about the poor performance of one office. One of the issues that fed into my personality style was that all members of this office had recent personal crises, which affected their work. In my attempt to exhibit compassion (which is one of my strengths), I let the performance difficulties persist much too long (which clearly is a weakness). After discussion with my coach, we came up with the following strategic plan.

The administrator of my unit and I created a course of action after consultation with our Human Resources (HR) department. In past years, the entire office had been put on a fairly strict performance plan, which resulted in some improvement. However, the office continued to exhibit a decline in overall performance. A disability issue and long-standing service to the institution complicated the situation. Therefore, the connection with HR was very important. With these factors in mind, we created a very detailed performance plan with specific and measurable guidelines for expected improvement. Explicit deadlines for improved performance within two months were included in the plan. At the end of this period, two members of the administrative team confronted the employee about her lack of sufficient improvement. The employee was subsequently terminated from the position with a two-month severance pay in light of longstanding service to the institution. The severance negotiation was addressed in detail with our HR office. Working with HR as a strategic partner in developing and implementing the plan was extremely helpful. The importance of the interface with HR in dealing with complex employment situations cannot be underestimated. Moreover, I learned how useful it is to take a team approach to dealing with problem employees (particularly when there are several levels of management in your organization).

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Another take-home message was the influence of my background and training as a psychiatrist in these types of situations. On the positive side, this training and experience assist in my understanding of group dynamics. However, I found myself struggling with the expectation that the employee, who had a mental health disability, would improve with proper treatment. Additionally, this managerial situation has made me reflect more on the potential expectations that employees may have of me as a psychiatrist, which may be different than if my background was in another medical specialty.

In summary, through reflection and examination of my Myers-Briggs personality style and the results of the Benchmarks Developmental Plan Process, I learned the following important skills for future situations related to problem employees:

- A detailed job description must be present for each position in your unit.
- Performance assessment for employees must be based on expectations of the specific job description.
- When an employee is not meeting performance expectations, an action plan needs to be created with measurable objectives and a timeline for expected improvement. Ideally, this action plan should be completed with the employee and other management involved in the employee's supervision (when there are multiple layers of management).
- Strong connections with HR representatives are essential in managing an organization and dealing with problem employees.
- A team approach to confronting a problem employee can help the process feel less isolating.
- Other employees have increased respect for leadership when problem employees are confronted and managed appropriately.

Tana A. Grady-Weliky, MD

Acknowledgements: I would like to thank Winnie Lanoix, EdD, for her thoughtful comments and guidance with regard to my Benchmarks Development Plan and Page Morahan, PhD, for her comprehensive review of my Benchmarks Plan and encouragement to submit this to the *SELAM Newsletter*.

SAVE THE DATES!

SELAM International Reception, AAMC Annual Meeting, 5-8 pm, Saturday, November 9, 2002, Hilton San Francisco, 333 O'Farrell St., San Francisco.

SELAM International 5th Annual Spring CE Meeting, Friday & Saturday, April 25-26, 2003, Philadelphia, PA. Contact Victoria E. Judd, MD (vicki.judd@hsc.utah.edu).

SELAM MENTOR

Rose Goldstein, MD, CM, FRCPC

Rose (Rosie) Goldstein, MD, CM, FRCPC, is currently Associate Dean, Professional Affairs, Faculty of Medicine, at the University of Ottawa in Ontario, Canada. She was a member of the ELAM Class of 1998-99.

During your ELAM fellowship, you developed a vision about the position you wanted to achieve. Can you tell us what your position was, the changes it undertook and what it is now?

During my ELAM fellowship I was Director, Office of Gender and Equity Issues at the Faculty of Medicine. During ELAM, I developed a vision of a broader mandate for faculty affairs and faculty development that would encompass faculty appointments and career paths; faculty development and support; and equity issues. This was a good fit with my interests, my portfolio at the time, and the needs of the Faculty of Medicine as the Dean and I saw them. One year after ELAM, I became Assistant Dean, Faculty Affairs, which was a newly created position. Recently, I was promoted to Associate Dean, Professional Affairs.

In order to succeed in your goal of creating a new position in your medical school, it was necessary to get others to share your vision. How did you accomplish this?

One of the key ingredients was the development of my vision and plans in conjunction with the Dean of the Faculty, Dean's Group and Departmental Chairs. Early on, the Dean and I shared this vision with these two groups and more broadly. Drafts of a mandate for a broader office of Faculty Affairs were shared and discussed several times, both privately and at meetings. People who saw the need for fulfilling the goals set out for the new portfolio became advocates for the vision.

One of the key steps was to conduct a project that would assist in attaining the goals identified. This study was part of my ELAM action project and conducted by the Advisory Com-

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mittee on Gender and Equity Issues, which I chaired as Director. Committee members surveyed their own Departments and Chairs. The subject of the survey was the current practice of recruitment in the clinical departments. Involvement of faculty members in all the Departments provided a broad consultative base. The report was broadly circulated and discussed, and highlighted by its recommendations the need for changes in our recruitment and faculty appointment processes.

As the next step, I chaired a Faculty-wide Task Force, appointed by the Dean, to develop new career path names and career path structures for clinical faculty members and principles of evaluation and recognition of these paths. This Task Force report became the basis for the initiatives and changes I am now charged with implementing in my position as Associate Dean, Professional Affairs.

Overcoming obstacles and getting others to share the vision took time. The strategy involved conducting several studies and chairing a Task Force that included representatives of as many stakeholders as possible. By being inclusive and reflective in these endeavors, a truly shared vision was created that reflects important priorities for our Faculty of Medicine and its members. The Task Force consulted broadly and incorporated what it heard from faculty members in its work. Demonstration of the level of success remains to be seen; however, this was the goal. Throughout this process the support of the Dean of our Faculty for the vision and for my role in its implementation was of key importance.

How did you convince others that you were the person to fill the position?

I believe when one champions a cause, such as the initiative to bring in a new faculty career path structure, and leads a team to recommend change, you become the obvious candidate to actually lead the change and its implementation.

In the middle of your plans for transition, major changes occurred in the structure and leadership of your hospitals and medical school. Can you summarize those changes, how they impacted your goals, and how you used change to your advantage?

Over the last few years, Ottawa area hospitals went through major restructuring, mainly in the form of merger of the two largest teaching hospitals and one community hospital, as well as the closure of another community hospital. The Faculty of Medicine also underwent several changes, including an over 50% increase in the number of medical students trained over four years, the institution of a medical curriculum in French, and moving the entire medical curriculum on-line, to name a few. These changes had a major impact on day-to-day operations in the hospitals and medical school. In particular, staff and physician morale was low, and the strain and pressures on faculty appeared to have grown. This led to the perception of being less affiliated with the institution and feeling undervalued. This work climate made it not only ripe, but also very necessary to begin to work on improvement in the work environment. This became a focus of my initiatives for change. As well, when there is turmoil and turnover, as there has been at the University of Ottawa over the last few years, there are always opportunities for those with ideas and energy to move ahead.

When it came time to actually negotiate the details of your new position, how did you proceed? Were there key people whom you sought for advice? What advice would you give others?

When it came time for the negotiation of the details of my new position, I did what I had learned to do in ELAM – prepare, prepare, prepare! I researched other offices with similar mandates, worked on clear goals for the position, and sought advice and input from many others. This included consulting with ELAM colleagues (Dr. Laura Schweitzer, in particular) who had set up and/or worked in similar positions, others formerly in the Dean's Office in Ottawa and elsewhere, administrative staff in key positions, and the Chief Financial Officer. I worked out what I really wanted, and what my bottom line was, below which I was not prepared to go forward with the challenge. I read several good books on negotiation. I also used what I had learned about my own and others' Myers-Briggs personality types to best approach discussions concerning my new position.

As far as negotiation is concerned, the most important advice I can give to others would be to set and articulate realistic and clear goals, which fit with your institution's goals. Excellent preparation and justification of necessary resources are key to moving forward successfully. Figure out who can actually make things happen and work with them, not anyone in between. Learn and use collaborative negotiation techniques and work to understand the interests of those you are negotiating with. If you really believe what you are proposing is the right thing for your institution and you are the best person to make it happen, be patient, stick with it, and it will happen. At the same time, know your options and your bottom line, in case the negotiations don't go well.

An excellent book that I highly recommend to anyone entering negotiations is William Ury's *Getting Past No: Negotiating Your Way from Confrontation to Cooperation*.

What do you think will be your biggest hurtles in the first year of your new position?

Putting the faculty career paths in place and making the expanded view of scholarship we have embraced a reality in our Faculty and University is the major challenge for me over the next year. On a personal level, letting go and leaving behind (in very capable hands) some of my previous mandates that I can no longer fulfill is a personal challenge. Another is to learn successfully how to lead a larger staff.

What other advice can you offer those who wish to transition into roles with additional leadership responsibilities?

To be able to move into roles with greater leadership responsibilities in your own institution, I believe you have to make yourself valuable to that institution. You also have to

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have a passion for the endeavors you are undertaking. Therefore, my advice is to acquire skills, knowledge and experience that will be needed for leaders in the years ahead, and make them relevant to your institution's culture and priorities. Be persistent and patient. Communicate clearly and often. Learn to work with conflict productively. Build strong relationships with others at all levels –- do not burn bridges or be critical of others, and avoid gossip. Be true to yourself, be honest, and lead and act with integrity. You won't go wrong.

It was my great pleasure to get to know Rosie during our ELAM fellowship year, to hear her articulate her vision for a dean's office position that would enhance professional development for the faculty. Her success in achieving these goals provides insights for all of us who hope to move into leadership roles or lead change. Her medical school and co-workers have benefited from her vision. The professional development courses that she has created in Ottawa will serve as models for all of us.

Christine Abrass, MD
ELAM 1998-99
Professor of Medicine
University of Washington School of Medicine

Leading through Diversity
My Version of the Dream: Comfortable Shoes

You know the feeling – when it's right and when it's wrong, at the end of the day. When the fit is not right, your feet hurt, you notice, and for most of the day you walk in unspoken discomfort. When the fit is right, however, at the end of the day you barely notice how much you have accomplished. I read somewhere that one can not trust the numerical size that is assigned to women's shoes. According to that source, the printed size is always less so we can believe that our feet are smaller than they actually are, because supposedly that deception pleases us. I would submit that it does not. I know that I just want comfortable shoes. I propose that a work and learning environment that values diversity is like comfortable shoes.

In order for academic health science centers to maximize productivity, creativity, morale, education and favorable health outcomes, concerted efforts must be made to recognize and value the diversity within our organizations, and to recruit and retain a diverse work force. It is imperative that we maintain diversity in our classrooms and implement cultural and linguistic competency education in our curricula for all learners. It is important that women leaders harness the power of diversity, in its entirety, beyond gender and ethnicity.

Diversity in all its meanings is all the differences and similarities that make us individuals, including gender, ethnicity, generation, culture, education, ability, disability, aptitudes, attitudes, beliefs, and roles in the organization. Diversity is not just another term for Affirmative Action.

While the attention to diversity is just gaining momentum in medicine and healthcare, diversity is not a new area. Businesses have been addressing this issue for more than 20 years. However, in the 1990's work on diversity took off, after the 1987 Hudson report projected workforce demographics and their implications for business for the year 2000. Businesses recognized that they had to alter their strategies to attract and retain an increasingly diverse work force, remain competitive in an increasingly diverse local and global market, and maintain an increasingly diverse client base. Surveys of companies that employ over 100 persons have shown that in 1992 more than 40% had diversity training programs. In 1996, more than half of the companies surveyed had such programs. In fact, companies or businesses that pursue diversity have been shown to outperform the S&P 500. *Fortune* magazine (July 9, 2001) published the top 50 companies showing commitment to a multicultural work force – "from the mailroom to the boardroom." These companies, all prosperous and preferred employers, include the Ford Motor Company, SBC Communications, Fannie Mae, MacDonald's, FedEx, the New York Times and TIAA-CREF. The article reported that minorities represented from 18 to 60% of new hires, 11 to over 35% of officials and managers, and 2 to 14 of the top paid 50 individuals.

Academic health science centers, however, continue to fail to reflect the communities they serve. These centers struggle to maintain market shares. "Product" costs are high and "profits" and productivity diminished. They often suffer high attrition and low morale, and the "product" quality is questionable (i.e., widening health disparities and less access to care for minorities, the poor and underinsured). Now is the time to make the case for diversity in medicine. Valuing diversity is a "business imperative" because:

- Demographics are changing rapidly
- Diversity leads to better return on the investment in human capital
- Diversity will attract and retain the best and the brightest
- Innovations will come from increased creativity
- Diversity increases ability to capitalize on a diverse market
- Diversity increases adaptability that ensures survival
- Failure to value diversity can be costly (in more ways than one)

Present your case for this business imperative to your leadership and start a diversity initiative at your institution. The most effective approaches to diversity include an integration of diversity initiatives into organizational systems, policies and practices. Your plan should include organizational assessment, education, training, strategic planning, implementation and evaluation. Remember, "what gets measured, gets done" (LGC & Associates, Kansas City, MO) or, in keeping with the shoe metaphor, "gets worn" comfortably. If applied and measured well, your diversity program may even create "well fitting shoes" for all. Last, but not least, implement the related yet

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distinct, cultural and linguistic competency education in conjunction with your diversity initiative (see the definition of cultural competency and LCME standards language below).

LCME Cultural Competency Standards and Assessment

Nancy Nelson, MD, Associate Dean for Student Affairs and University of Colorado School of Medicine and Co-Chair (2001) of the LCME, and a panel of student representatives presented the history and most current information about the new LCME accreditation standard regarding the requirement for medical school educational programs to ensure cultural and linguistic competencies of medical students.

History:

- August 1998: Dr. Jordan Cohen, President of AAMC, forwarded to the LCME a proposal based on GSA-MAS research on cultural diversity with a recommendation for an accreditation standard.
- February 1999: LCME approved said standard.
- June 1999: Both the AMA and AAMC approved the standard.
- October 1999: Public hearing held.
- February 2000: LCME adopted two relevant standards that went into effect. Medical schools were notified.
- July 2002: Compliance with the standards on cultural competence will be expected from all medical schools in the United States and Canada which are to be accredited during 2002-2003 and henceforth. In fact, Dr. Nelson stated that the LCME considers this standard a "must," not a "suggestion" or recommendation.

Standard ED 21. The faculty and students must demonstrate an understanding of the manner in which diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

Annotation: All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

Standard ED 22. Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.

Annotation: The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.

The above version of the standards with annotations is taken from materials presented at the Association of American Medical Colleges GSA/GSA-MAS National Spring Meeting, Palm Springs, CA, April 13-16, 2002, and is scheduled for publication in Function and Structure of a Medical School and on www.lcme.org/pubs.htm.

Resources:

http://www.acenet.edu/bookstore/descriptions/making_the_case/home.html

http://www.diversityweb.org/Digest/F96/resources.html

Lawrence III, Charles R, Matsuda, Mari J: *We Won't Go Back: Making the Case for Affirmative Action*. Houghton Mifflin Co., © 1997.

Office of Cultural Enhancement and Diversity website: http://www2.kumc.edu/oced/index.html (see links and MIRC).

US Department of Health and Human Services, Federal Register 80865 (2000): Assuring cultural competence in health care: recommendation for National Standards and an Outcomes-Focused Research Agenda. www.omhrc.gov/clas/frclasZ.htm.

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Life shrinks and expands in proportion to one's courage.
Anais Nin

People miss a great deal by being sensible.
Martha Gellhorn

Time and trouble will tame an advanced young woman. But an advanced old woman is uncontrollable by any force.
Dorothy L. Sayers

Those of us who are older owe it to the younger women to be models of untamable "advanced women."
Anne Wilson Schaef

Genius is eternal patience.
Michelangelo

People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and, if they can't find them, make them.
George Bernard Shaw

There are many ways to measure success; not the least of which is the way your child describes you when talking to a friend.
Anonymous

4TH ANNUAL SELAM CE MEETING: Women Leaders as Change Agents

Over 60 participants attended the 4th Annual SELAM International CE Meeting. This took place at the Marriott Downtown Courtyard in Philadelphia on Friday, April 26, 2002, and Saturday, April 27, 2002.

The Friday afternoon program was comprised of a panel on the ever-popular topic of search firms. Panel members included Jan Greenwood, PhD, of A.T. Kearney; Nancy Cook of Korn/Ferry; and Barbara Atkinson, MD, Chair, Department of Pathology, University of Kansas School of Medicine. Each panelist gave a thorough presentation of her area of expertise, discussing the issue from the perspective of the "searcher," "searchee" (Webster's will forgive us on this one…) and the firm itself. They discussed the advantages and disadvantages of using search firms from each party's perspective. The prevailing recommendation was to do your homework well in advance, trying to learn as much as possible about the position or the candidate. Having definite goals, with some flexibility where possible, was also a common thread. The session was well attended, with an excellent question and answer session to conclude the presentation. At the end of the panel, participants were given a somewhat mysterious "homework assignment" for the next day: ELAM all over again?

On Saturday, the current class of 43 ELAM Fellows joined us. The morning started with Tom Gilmore's keynote address, "Campaigns as Strategy for Change." ELAM Co-Directors Roz Richman and Page Morahan requested this session specifically for the ELAM Fellows. Tom's topic was originally scheduled for the fall session of ELAM, but after the 9/11/2001 events it had been scrapped/modified. This was a perfect example of SELAM's mission to support the ELAM program! Discussion centered on the concept of treating change in an academic institution as a "campaign," thus enabling change to be faster and more effective. Background work used in political or military campaigns can be applied to periods of significant change in health care systems. Tom covered the phases of the campaign, including "Why a Campaign," "Listening In," "Developing a Strategic Theme," Sweeping People In," and "Building the Infrastructure." Many people find change difficult to handle, and the audience seemed to enjoy Tom's novel approach. These principles were then given practical application in some Case Studies on "Curriculum Revision" (Lindsey Henson, MD) and "Governance Documents" (Laura Schweitzer, PhD), that rounded off the first part of the morning.

The session on "Sharing Ideas and Applying New Knowledge" finally solved the "homework" mystery: the assignments from the end of Friday's session were used to apply the campaign theme to projects in which participants are involved on the home front. A lively workshop, "Leading From the Middle" led by Dr. Valerie Parisi, completed the morning session. Her excellent talk was very practical and "alive." Many in the room nodded their heads in a "been there, done that" mode. She was so well received and barraged with questions after her presentation, that I am not sure she ever made it to lunch…

In the afternoon, Debra E. Meyerson, PhD, continued the theme of how to effect change, with her keynote lecture entitled the same as her book *Tempered Radicals: How People Use Difference to Inspire Changes at Work*. She defined some of the issues women face when attempting to bring changes to their workplace, and offered suggestions on how to do this without self-destructing. Almost by definition, women in this role must be "radicals," but Dr. Meyerson suggests that we attempt to be "tempered" in how we handle these responsibilities.

A networking luncheon was followed by afternoon breakout sessions on "Taking Interim Positions," "Interviewing Skills," Non-Traditional Medical/Dental Roles" and "Second in Command." All engendered lively discussions. The evening concluded with a cheese and wine reception, accompanied by the now "traditional" silent auction going live. Auctioneer Dr. Joanne Conroy actively jacked up (…errr "encouraged") increased spending on several of the larger items, all for a good cause. Items ranged from jewelry to ceramic "ELAM" mementos to books and articles of clothing. Generating over $4000 for the SELAM Endowment Fund, the auction was an enjoyable end to a busy but productive day.

The meeting was very much a success, in a pleasant central setting, with ample opportunities for networking, in addition to a very useful, educational program. The Program Committee, chaired by Dr. Laura Schweitzer, is commended for doing a wonderful job in preparing the conference. Several first-time attendees from the Philadelphia area, unrelated to ELAM or MCP-Hahnemann, expressed their pleasure at having discovered such an opportunity in their own back yard. They vowed to attend next year and bring colleagues as well. Hopefully the success of this year's conference will be a good omen for the future, and will lead to increased visibility for our organization as a venue for the continuing education of leaders in academic medicine.

Roberta E. Sonnino, MD
ELAM 1997-98
Professor of Surgery
Associate Dean of Women in Medicine & Special Programs
University of Kansas School of Medicine

NOTE: See Photo Gallery (p. 27) to check out who was there!

Boss (typing): "Safety tip of the day: Always bend your knees when banging your head against a wall." (I can't remember if managing is an art or a science.)

Dilbert by Scott Adams

Boss: "Alice, would you read the minutes from our last meeting?"
Alice: "People said irrelevant things. Bad decisions were made. Men are idiots."
Boss: "I don't remember that last part."
Alice: "It was implied."

Dilbert by Scott Adams

If practice makes perfect, and nobody's perfect, doesn't that mean that nobody practices?

Bunny Hoest and John Reiner cartoon

The Physician Executive's Coach on Effective Faculty Evaluation

One of the key issues that physicians in executive roles ask me about the most is how to best evaluate faculty and staff. They often express extreme discomfort with the process, sometimes allowing undesirable behaviors in others to go unacknowledged well beyond the point when corrective action might have been best initiated. This often results in a need to terminate the individual rather than work toward a constructive solution. Sometimes the action then taken is perceived as precipitous, resulting in a lawsuit or a financial settlement that could have been avoided.

What Constitutes a Good Evaluation Process?

A good evaluation process starts with the setting of **clear expectations**, preferably from the point of initial hire. Optimally these are stated during the interview process (e.g., "This is what I expect of you. If you are not prepared to subscribe to these expectations, maybe we should end this process right now…") or at the first opportunity following the arrival of the new leader when she first meets on a one-on-one basis with each of her direct reports. Such an exchange should certainly occur no later than at the time of the first annual feedback meeting [you DO meet at least once annually with each key staff member to assess past performance and set goals for the coming year(s), don't you?]. The process includes several important elements that are reflective of another often-repeated admonition: Clear Goals, Clear Roles, Clear Accountabilities and Expectations.

The evaluation process ought to be relatively **simple, easy to administer**, unambiguous, include predominantly **objective, measurable** criteria but also include subjective elements as well. It can and probably should include feedback from others (possibly using a 360° Evaluation Tool such as the Lockwood International Outlook 360 instrument) at least periodically (such as every 3-5 years).

The evaluation ought to **link to other key documents**, especially to the individual's Position Description (you DO have written position descriptions for each key staff member, don't you?). It should also link to major project responsibilities assigned to the individual, especially those that are of a longer-term duration.

The Evaluation Process

With a large number of direct reports the burden of evaluation can seem onerous. It is probably best to have each person first perform a 'self-evaluation.' If you are clear about the criteria for performance evaluation at the outset, and you've got good objective and measurable criteria incorporated in the process, this will account for the majority of the effort. You should receive the self-evaluation in writing before your face-to-face meeting. If inadequate, incomplete or way off base, you might ask the person to redo it before you meet. If still off base a brief meeting to point out its inadequacies, followed by a recycling of the process, should suffice. If still inadequate, you may need to complete the evaluation from scratch. However, this probably points to either an inadequacy in your communication of the process (and you are likely to have problems with all or most of the submissions you receive) or a deeper-seated problem with the individual being evaluated.

In every case, this represents an opportunity for you to:

- Praise their successes
- Identify their shortcomings and offer constructive guidance as to how they might be overcome
- Look for opportunities to help them 'stretch' to achieve an even higher level of performance and accomplishment
- Set clear goals for the future, with intra-year milestones, as appropriate
- Help them do some career planning, inviting them to share with you where they would like to see their career go over the next 2-10 years. Here you can serve as their mentor and coach as you jointly identify actions that you may take to help the person develop additional skills, be exposed to new people or experiences, and gain greater visibility within the organization, regionally or nationally/internationally.
- Invite feedback and comment on your own performance and how you can be more effective in your relationship with the individual.

In summary, the evaluation process is an essential tool for effective leadership. Well done, it distinguishes the great leaders from others. It is one of the elements that makes others seek you (and your organization) as a place to work and develop their career. Do it well, be timely, and be constructive.

David J. Bachrach, FACMPE/FACHE

David Bachrach has 30 years of experience in academic medicine administration and provides leadership coaching to physicians in academic medical centers and teaching hospitals. He may be reached at The Physician Executive's Coach, 2650 Juilliard Street, Boulder, CO 80305; (303) 497-0844 or www.PhysXCoach.com.

Boss: "Asok, I'm putting you on our special self-mentoring program. If you have any questions whatsoever, feel free to talk to yourself." (I'm the master of non-monetary rewards.)

Dilbert by Scott Adams

Goals are dreams with deadlines.

Diana Scharf Hunt

Your goal should be out of reach but not out of sight.

Anita De Frantz

Strategic Career Planning: Time Travel Careers through Informational Interviews

In the last newsletter, I described the process of job or career change: (1) realization and acceptance that you need to make a change; (2) identification of your passions; (3) exploration of potential careers/jobs; and finally, (4) understanding and obtaining support for the emotional roller coaster that always accompanies personal change. In this newsletter, I'd like to expand on (3), a critical element in the exploration phase – informational interviews.

Common mistakes people make during career exploration

These short-change the informational interview process, and can lead to unfortunate choices.

- *Scatter-gun vs. focused approach*. In my experience, the most effective exploration is systematic and comprehensive. The process is very analogous to creating a hypothesis and designing experimental protocols to test that hypothesis. A useful rule of thumb is to triangulate information, i.e., to get three independent sources of information before you rule a particular type of position, organization or industry in or out for yourself.
- *Reaching closure too soon*. This can lead to interviewing for positions before you really know the field and how you can help them; your interviews are ineffective and your job campaign takes longer than necessary. Worse, you might obtain a position in the new geographic area, disrupting your family, and then find out that it is not a good fit!
- *Enrolling too quickly for a degree or a certificate, to make you more "marketable."* We tend to believe the more degrees, the better. So, you decide you want to move into academic health center administration, and enroll in an MBA, MHA or MPH program – many of your colleagues are going this route. And a degree might be just the way for you to go. Consider, however, that you might make better use of your valuable time and life energy if you conduct systematic informational interviews, do a short course or fellowship in the specific area of your interest, or try the area out in an informal way (as a member of a task force for a national organization, etc.).
- *Believing you can obtain sufficient information through research in journals or the web.* Academicians often feel most comfortable doing research using "objective" sources. This information is certainly valuable, yet cannot provide the full story. Consider the data you obtain reviewing a research grant or accreditation application totally from the paper application, vs. conducting a site visit. Both the data obtained on paper and in person are needed to obtain the complete picture.

Purpose of Informational Interviews – Time Travel

The purpose of informational or research interviews is two-fold. First, you *time travel* ahead within the particular positions, industries, or organizations that you are investigating. You want to find out what life is like for a person who is 5-10 years ahead of you in that particular position, organization or industry. This is one of the quickest ways to determine if this will be a good fit for you, and if your interest is reality based.

The second main purpose is to increase your network of contacts, and your visibility in your targeted area. Most positions are filled through word of mouth referrals, despite the routine of advertising. Dr. Z says they are looking for someone for position xyz, and asks Dr. Y if he knows of anyone who might be good; Dr. Y suggests Dr. A (who is fine where she is and not thinking of moving). However, after being contacted, Dr. A becomes interested, and ultimately gets the position. One objective of informational interviews is to have your informational network contacts remember *you* when they are asked about a person who'd be good for position xyz!

So why are we so reluctant to conduct informational interviews? You are an introvert, and shy about approaching people. You believe this networking process is akin to schmoozing and is somehow sleazy. You believe you have nothing to offer people – you'll be in a beggar position and taking up their time. These are self-defeating myths, yet powerful. To overcome them:

- *Set up the interview by email, letter or phone.* This is particularly useful for the MBTI introverts of the world! Prepare yourself with a "script." You might say you're researching a possible career change, and are interested in learning more about their position, industry, etc. That you're NOT looking for a job, that you'd like about 15-30 minutes of their time to learn about their industry or type of job. And, you might even get some scholarship out of it! Comparative studies of this type can be very useful.
- *Show you value the time of the interviewee.* You are truly interested, so this is not artificial schmoozing. You want to be educated. And, most people are quite willing to take a few minutes to talk about themselves! Introduce yourself briefly, and give a brief (no more than 2 minutes) summary of your background (NOTE: use a story/vignette to capture their interest!) and your career objective. Repeat that you're investigating industries or job functions – you're NOT asking them for a job. That this is a position, industry or organization you've identified as of great interest. You now want to learn more about the position, industry, or organization, and see if it fits for you, and if you have the background and experience for it.
- *Target your questions to obtain concrete information*. Useful questions might include:
  1. What's your background? How did you get into this position (or organization or industry)? What route was important?

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2. What experience and skills are needed?
3. What's your job like? What are your functions, your day-to-day activities?
4. What attracted you? What keeps you here? What do you like most?
5. What are the major challenges facing you? What keeps you up at night?
6. If you had one wish to change one thing in your work, what would it be?
7. (If appropriate) what is the general salary level? Or other benefits of interest to you?
8. Do you think that someone with my background and experience would be able to move into this type of position/industry/organization? (And if they say it might be difficult) What would I be lacking that I would need before such a career move?
9. Who else could you refer me to, to learn more about this area? May I say that you referred them to me? (Get the specific names, phone numbers, etc.)

- *Provide mutual benefit*. Show you appreciate the information by following up with a thank you note, information that came out in the interview that you can help them with (e.g., article you read in a journal they do not routinely get, contact they were interested in). Also, continue to keep in contact. These people become members of your useful network.

In summary, through your time traveling interviews, you build a network of professional relationships based on reciprocal benefits. This network, as defined by Baber and Waymon, includes:

- *Acquaintances* – people you run into occasionally, whom you barely know.
- *Associates* – the smaller circle of people you see regularly. Over time, they experience you as someone who is energizing to be with, can be counted on to come through with what you have promised, has valuable skills, etc.
- *Actors* – an even smaller number of people with whom you have a reciprocal relationship, people with whom you are actively exchanging valuable information and resources on an on-going basis, with no strings attached.
- *Allies/Advocates* – the few people who care about your success. These relationships are long term, and usually turn into friendships. You can have relatively few in this level, because of the time it takes to cultivate these relationships.

Through your time travel, you actively engage and enlarge your circles of Acquaintances, Associates, and Actors. These become people who will remember you when asked, "Who would be good for position xyz?"! Your Allies/Advocates will certainly be nominating you; however, the word of mouth process requires that you have a network considerably larger than that small number. At the same time, you will learn in rapid fashion whether a particular type of position, organization, or industry is a good fit for your next career or job move.

Page S. Morahan, PhD

Page S. Morahan, PhD, works with scientists and faculty to provide strategic planning for rewarding careers. She is Co-Director of ELAM, an independent consultant and member of the ELAM Alliance. To be on an email list to receive periodic mailings on career planning and leadership development, contact: 215-947-6542 or psmorahan@worldnet.att.net. *This article includes information from Chapman, How to Make $1000 a Minute. Ten Speed Press, 2001, and Baber and Waymon, How to Fire-proof Your Career – Survival Strategies for Volatile Times. New York, NY: Berkley Books, 1995, p. 201.*

ISSUES IN THE WORKPLACE

Converting a CV to an Executive Summary or Prospectus

Among professionals in higher education, medicine and many of the sciences, a curriculum vitae (CV) is the basic career document sent in response to ads or search committee requests. And we agree you need to have one – a clear and complete picture of your academic achievements.

Step 1: Review your CV and put it into the best format to both: (1) highlight your accomplishments, and (2) demonstrate ALL you have accomplished. We find many academics forget to include activities such as all the educational sessions you've given, all the educational sessions for the public, etc. (Note: Often this CV is NOT the document required internally by institutions to keep their files up to date.)

Even an excellent CV, however, is NOT the best document for presenting your overall accomplishments in a ***succinct*** way. View the CV as a laboratory data book full of raw data. As with raw data, CV data need to be analyzed and discussed for the greatest impact!

Step 2: Prepare an Executive Summary, Résumé, or Prospectus. We find the Executive Summary and Prospectus particularly useful for academic and scientist leaders. Whatever the format, this is more than a door-opening document. When written thoughtfully, it becomes a strategic career planning opportunity.

An Executive Summary, Résumé, or Prospectus is sent *accompanying* the more traditional CV. Since any of these shorter forms are still relatively uncommon in academia or science, they provide candidates with a useful edge.

What are the differences among these approaches? In this column we describe the Executive Summary and Prospectus. Basic résumé writing can be found in most job search books.

Executive Summary

The Executive Summary provides a focused synopsis of background and achievements relevant to your current career objective. It is particularly useful when applying for leadership positions. Used as an overview to the traditional long academic CV, it provides the decision makers who are likely conceptual thinkers with pertinent bottom line information that can be scanned in 30 seconds. The accompanying CV provides any

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additional details. Several variations are possible, differing in length, with some having less information in the Experience and Education sections, leaving those details for the CV that follows. Each Executive Summary opens with clearly organized contact information: name, address(es), phone number(s), email and fax numbers. (See the Executive Summary for Susan Boyd on p. 19.)

Your opening is an **Objective Statement.** In two to three lines, the Objective provides:

- A strong statement of the work you wish to do, or position you wish to hold.
- An effective, but brief, statement of top strengths, skills and/or talents you bring.
- Brief summary of results the employer can expect from hiring you (e.g., generally one or more of these: Profit improvement; Cost savings; Problem relief; Stress reduction) – in essence, how you can add value to the organization.

The Objective is followed by a **Qualifications Statement.** This allows the reader to understand why you feel you are qualified for the work or position your objective claims. Be brief and concise in paragraph form, or a combination of an opening paragraph followed by specific skills or abilities listed in bullet form.

The Qualifications section is supported by the **Achievements or Accomplishments** section. This shows you are an achiever, one who works and contributes beyond the expected job requirements. In priority order (for the position of interest to you), list and describe achievements that highlight your strengths and accomplishments as they relate to your objective. Be strategic in your choice, not exhaustive. For each, show:

- What you did that made the experience an achievement
- Who you did it for
- How you did it (in action words)
- What results you can point to that will help the reader see you can perform the work or service that your Objective says you will

Where possible, quantify your results, such as percent grant revenues increased or failure rates reduced or money saved. Readers are attracted by and respond to numbers. Because not all accomplishments are quantifiable, you can also present results in qualitative terms to show you have made a difference.

Examples – Accomplishments (see more on Executive Summary sample on p. 19)

- Founded interdisciplinary Clinical Centers for Women's Health, involving collaboration of four departments for clinical services and billing. Developed business plan; persuaded hospital and departments to join the effort which grew the unit from 4 clinics to 10 clinics per week; increased staff from 2 to 12 within 18 months and increased revenues by 30 per cent.
- Initiated and moderated numerous seminars and product demonstrations for community organizations and clients. Persuaded community leaders to donate time for panel discussion; identified hostile participants and defused conflicting positions; built rapport. *Results:* Open community forum won acclaim, including excellent local newspaper and radio reviews; three out of eight client companies purchased new software packages.
- Developed comprehensive program for delivery of services to students with disabilities. Made services to students with disabilities a priority; engaged groups to design necessary modifications for access. *Results:* enrolled over 600 students with disabilities, more than any other college in the area.
- Founded Office for Faculty Affairs. Engaged broad faculty/administrative group to design, implement and evaluate the first annual faculty professional development and performance appraisal system for the health sciences university. *Results*: Materials still in use seven years later, available on web site, and used as models by other medical schools.
- Researched reasons for a financial paper backlog for two accounting departments in complex healthcare organization. Identified problems; assessed internal capabilities; set goals, planned and implemented procedures to correct the problem; reorganized the two inefficient departments into one. *Results*: Cleared 5,000 items and 5-year backlog; reduced staff by 10 employees through natural attrition in less than 15 months; realized savings in excess of $120,000 annually.

The **Experience** section is next. In reverse chronological order, list position title, institution, location, and dates. In the longer version, amplify each position by describing key functions. Strategically decide whether to emphasize the *institution* or *position* by placing that item on the left.

And now, finally, the section most academics prefer to begin with, **Education**. Advanced training may be included or separated out into a separate **Advanced Training** section. In reverse chronological order, list formal education and training. A few additional sections might be considered if space permits and they are deemed pertinent for the particular position you are seeking (and might not easily be seen in the CV). These include: Affiliations, Honors/Awards, and Grants. Some advanced training may also be honors.

Prospectus

Another focused and strategic career summary is the **Prospectus**. This includes identifying and contact information, an objective, a qualifications summary, and areas of expertise. It can be viewed as an even more focused Executive Summary, using the very key points you want to emphasize. An education section may be included if there is space. The prospectus is quite general and targeted – no places of employment or dates are provided. And, most importantly, it is ***landscape formatted*** so as not to be confused with a Résumé or CV. (See the sample Prospectus for Willa Jones on p. 19.)

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Results Using the Executive Summary and Prospectus

Over the past few years since these summaries have been recommended, several who have used them have commented favorably.

"Can't say enough about the impact of sending a shortened résumé with the full CV when responding to an advertisement for a job. Just heard from 'XU' and will interview at end of month for the Vice Chancellor of Research. I am still waiting to hear back from 'ABU,' where I interviewed a few weeks ago."

"This has been a really effective tool because it lets the résumé 'do the talking' for you; something the CV is not designed to do. Please tell all how helpful and right it was to suggest using the résumé format."

Recently a client left this message: "When speaking to a head hunter screening candidates for an academic deanship, I was told that my materials were so wonderful that many of his questions were answered in the material sent to him, which included an executive summary." Another client recently said an executive search firm said his executive summary "made his application stand out."

EXAMPLE OF 1-PAGE EXECUTIVE SUMMARY (omitting Experience and Education)

Susan Boyd, Ph.D.

134 Prospect Avenue — **T: Home 414-534-7891 Off. 414-706-1432**
Milwaukee, WI 53212 — **Email: Susan.Boyd@MCW.edu**

Objective

Department chair position, leading and mentoring staff, ensuring departmental goals are met in alignment with the college, and supporting strong student relations.

Qualifications

Extensive experience in research project management; teaching and mentoring graduate students, fellows, staff and faculty; and academic and scientific disciplinary leadership.

Accomplishments

- *Lead multidisciplinary research group in molecular endocrinology of diabetes*. Over 15 years of continuous research support totaling $10 million; funded collaborations with clinicians and pharmaceutical industry; patent pending.
- *Connect/ persuade people to accomplish challenging tasks*. Developed Program Project among three institutions, now in 7th year of funding.
- *Reorganize working groups for more productivity*. Designed successful, first-ever department retreat; developed new faculty merit review process, now in 3rd year of implementation.
- *Innovative problem solver*. Re-designed departmental graduate brochure and marketing approach and increased applicants by 35%; increased graduate program funding by dual-adviser role with local pharmaceutical industry; doubled graduate student publication rate through including manuscripts as chapters in PhD dissertations.

EXAMPLE OF PROSPECTUS (Visualize Landscape Format)

WILLA T. JONES

25 S. Broad Street — **Home: (721) 557-9938 Office:(721) 543-9732**
Downtown, TN 57482 — **Email: wtjones@aol.com**

Objective

Senior position in academic administration utilizing skills where I can make significant contributions utilizing my education, skill set and experience

Profile

Creative, resourceful and detail-oriented academic and administrative leader with expertise. Providing challenge and support for faculty and students in curricular, research and instructional areas. Settings have included private and public institutions, liberal arts colleges and professional schools.

Areas of Expertise

Management
- Budgeting
- Long range planning
- Conflict resolution

Functional
- Faculty development
- Student development
- Learning centers

Accomplishments
- Created Ombudsperson position
- Developed course evaluation
- Established Women's Center

Characteristics
- Visionary
- Strategic
- Problem solver

This column is an abridged version of Katz and Morahan, Converting a curriculum vita to a résumé, Career Planning and Adult Development Journal, 17: 46-55, 2002.

Page S. Morahan, PhD, and Judith Katz, EdD

BOOK REVIEWS

The Shadow Negotiation: How Women Can Master the Hidden Agendas That Determine Bargaining Success. Deborah M. Kolb, PhD, & Judith Williams, PhD. Simon & Schuster, © 2000.

The authors begin by discussing the "Power of Advocacy" and its importance in laying the groundwork for successful negotiations. As women are excluded from inner circles, it is easy for us to forget how important it is to develop advocates and how to use them. Part two moves to the next step, engaging advocates to build collaborative relationships. Although women's natural tendency is to function collaboratively, enlistment of others into this approach is necessary in order to realize successful collaboration. Part three puts it all together to bring conclusion to negotiations and conflict resolution. This is a delightfully written and insightful book that looks at negotiation and conflict resolution from a practical point of view. It's full of emotional intelligence. It shows considerable sensitivity to diverse approaches with very practical suggestions. The numerous anecdotes served as examples for the underlying principles. The anecdotes rang true to my experience; thus, they were easy to learn from. This was by far the best book I've read on negotiation!

Disappearing Acts: Gender, Power, and Relational Practice at Work. Joyce K. Fletcher. MIT Press, © 2001.

Joyce Fletcher is a Professor of Management at the Center for Gender in Organizations, Simmons Graduate School of Management. This book describes her research treatise. She examines the role of women in society and the reasons why those roles become devalued in the workplace. She contends that women's work is so crucial to the security of society that it cannot be quantified and recognized the way most routine work is. Developing women to do and be recognized for "routine" work (that performed by men in the workplace) might take her away from those forms of work (child rearing, nurturing others, being a moral compass, etc) that are essential for society to survive. She proposes that for these reasons women's contributions become "disappeared," therefore "disappearing" the women themselves. Most women have experienced having their contributions ignored or attributed to male colleagues. She provides practical solutions to prevent being "disappeared." A worthwhile read!

Type Talk at Work: How the 16 Personality Types Determine Your Success on the Job. Otto Kroeger with Janet M. Thuesen. Tilden Press, © 1993.

During ELAM we all had our Myers-Briggs type determined and learned our four-letter code. For many of us who were unfamiliar with Jung's theories or their interpretation and adaptation by Myers & Briggs, it was not clear how knowing our preferences would influence our leadership potential. Nor did many of us appreciate the role that our preferences play in setting up conflicts in the work place. This book defines the Myers-Briggs types in detail and describes how our preferences can work both to our advantage and at times disadvantage. The authors explain how our preferences influence the way we manage time, manage stress, build teams, and solve problems. It is focused on the role of Type in the workplace. There are many practical suggestions for how to understand and use your type to your advantage, and how to approach and resolve conflict with others that differ from you. This is a very readable book with lots of practical advice!

Above three reviews by Christine K. Abrass, MD
ELAM 1998-99

The Leader of the Future. Frances Hesselbein, Marshall Goldsmith, Richard Beckhard (eds.). Jossey-Bass, © 1996.

This is a book for leaders in public, private and social sectors. The fact that authors are "doers" from all sectors is the book's greatest strength. The book is divided into four parts. Part 1, "Leading the Organization of the Future," looks at qualities necessary to lead the "different" kinds of organizations into the "organization of the future." A common theme in most chapters is that "distributed leadership," as named by Charles Handy (Peter Senge's concept of "local line leader"), is an important change. Sally Helgesen argues that equating leadership with positional power is demoralizing and increasingly obsolete. An organization cannot be truly responsive if it doesn't give its "front-line" people autonomy and support. Gifford Pinchot believes that the emphasis on the leader's role of creating vision and values frequently falls short because it doesn't create a critical system to guide the liberation of the many potential leaders in the organization. Edgar Schein echoes the concept when he states that "appointed leadership will not play the key leadership roles but will be perpetual diagnosticians who will be able to empower different people at different times and to let emergent leadership flourish." In "Turning the Organization Pyramid Upside Down", Ken Blanchard argues, "…effectiveness has to do with focusing the organization's energy in a particular direction." Only when vision and implementation strategies are aligned can one be the "ultimate" organization in which people are empowered. The customer-contact people are at the top of the upside-down organization because they serve the top, the customer. The leader's purpose is to help them accomplish that goal.

Part 2, "Future Leaders in Action," describes the actions, skills and strategies required to sustain a competitive advantage in the fast-paced world of "tomorrow." Each author has a different slant on how to do "it." "Seven Lessons for Leading the Voyage to the Future" contained some very good points. The value that echoed most with me was that "shared values" makes a big difference. Leaders must articulate vision and values consistent with the aspirations of their "constituents" or employees. Leaders who gain consensus on a common cause and common set of principles can mobilize people to act as one. Hesket and Schlesinger argue that the most important determinants of profit and growth are customer loyalty and satisfaction. These factors directly relate to employee satisfaction and the accompanying loyalty and productivity. The capability of employees to do their job is the most important determinant of satisfaction. "Capability is developed with effective selection and job assignment, training, appropriate technological support and efforts to put employees in touch with others who can help them." Furthermore, Hesselbein convincingly argues that the future leader

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should learn "how to be" rather than "how to do it." The "how to be" leader must recognize and value the lives of those who make up the enterprise, "the value of a workplace that nurtures the people whose performance is essential to furthering the mission, and the necessity of a healthy community to the success of an organization." In a different vein, Judith Bardwick in "Peacetime Management and Wartime Leadership" argues that leaders must become "wartime leaders" and embrace the urgency, crisis and major change that is scary and uncertain. She explains what wartime leaders do. Finally, David Noer from the Center for Creative Leadership eloquently espouses that new glue is necessary in an environment in which we are all temporary employees. The paternalistic old glue of good employers taking care of good employees over a 40-year career is dead. The new adhesive is internal and self-administered. When people choose to stay in an organization because of the work and customers, knowing that they may not be able to stay for an entire career, they tend to be much more productive and committed.

Part 3, "Learning to Lead for Tomorrow," focuses specifically on leadership development. The authors discuss how to get where the leaders are to where they need to be. These authors helped develop leaders of major organizations. Covey describes three basic functions of leaders: pathfinding, aligning and empowering. He believes that the leader of the future has to have the humility to accept principles and the courage to align with them, which takes great personal sacrifice. Out of this comes a leader with integrity who grows in wisdom and cultivates an "abundance mindset," a sense that there are opportunities for all. Farren and Kaye discuss the building of careers for leadership leverage by creating a "mutuality of interests." Creating collaborative projects that enhance professional portfolios fosters service in the workplace while advancing strategic aims. One should engage people's career interests as a basis for leadership. Leider provides tips for the "Ultimate Leadership Task," self-leadership. Finally, Dave Ulrich suggests that leaders must be credible and capable. Credible leaders have the "personal habits, values, traits, and competencies to engender trust and commitment from those who take their direction." Capability comes from leaders who are able to shape, structure, implement, and improve organizational processes to meet business goals. He believes that capable organizations come from more talented and committed employees.

Part 4, "Executives on the Future of Leadership," selects executives from a cross-section of organizations to share their "real world" experiences and personal views on leadership for the future. "The Constitutional Model of Leadership" provides a model that, like the US Constitution, embodies core principles to guide the lives of Americans and establish the framework of governance. This document is clear and specific enough to help create the type of enduring society they desire, and worded broadly and flexibly enough for changing conditions. It is an interesting analogy for qualities he feels are a de facto set of core leadership competencies. The chapter, "Energy and Leadership," postulates that energy can be defined as an organization's capacity for action and accomplishment. Leaders with energy are not enough; their job is to help others in the company generate their own energy and pass it on. This energy propels the organization forward, maintains its balance and keeps it focused during downturns, transitions and crises. Processes instituted to help employees make responsible decisions can become ends unto themselves. These decisions are made by default, and no individual or group is accountable and willing to take responsibility. In other words, bureaucracy and fear of making mistakes indicate that the organization's management structure and business processes have ceased to be effective, and it's time to re-engineer an environment that breeds energy. Employees with a sense of purpose beyond just making money are guided by a core ideology, and have compelling and challenging performance goals. They work where authority and accountability are decentralized. Working for a common goal breeds many leaders with energy.

Overall, I recommend this book highly. It offers a semi-unified vision of the leader of the future and the myriad interpretations of how leadership can be learned, ways it may be achieved and what the most important aspects of leadership encompass.

Ana Murphy, M.D.
ELAM 2001-02

Good to Great: Why Some Companies Make the Leap…and Others Don't. James P. Collins. HarperCollins, © 2001.

What is the difference between good and great? Good companies flow with the market, while great companies make forward strides even in down market times. Maybe the stock market doesn't determine the worth of our academic institutions, but we certainly can all relate to "down market times." Interestingly, *Good to Great* is the book to read for leaders of companies who would like to make that leap, while *Built to Last* (also by Collins) is the book for leaders who want to retain (having already attained) that competitive edge. Nowadays in academic medicine and dentistry, no one seems sure who is "great" any more. Is the great institution the one with the largest endowment? The largest group practice income? The largest federally funded research enterprise? The students with the best board scores or preferred residency placement?

Good to Great challenges the reader to determine just what sort of leadership your institution has. More to the point, what sort of leaders are we? In order to take an institution from Good to Great, you must take these essential steps:

1. Be a Level 5 leader
2. Get the right people on the bus
3. Confront the brutal facts while never losing faith
4. Be a hedgehog, not a fox
5. Create a culture of discipline

Step 1: Are you (or do you have) a Level 5 leader?

Level 1 leaders are highly capable, making productive contributions through talent, knowledge, skill and good work habits.

Level 2 leaders contribute their individual capabilities to the achievement of group objectives, AND work effectively with others in groups.

Level 3 leaders organize people and resources toward the effective and efficient pursuit of predetermined objectives.

Level 4 leaders catalyze commitment to and vigorous pursuit

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of a clear and compelling vision, stimulating higher performance standards.

Level 5 leaders build enduring greatness through a paradoxical blend of personal humility and professional will. Level 5's are incredibly ambitious, but their ambition is first and foremost for the institution, not for themselves. They are modest yet willful; humble yet fearless. Their ambition is to build something larger and more lasting than themselves. The great leaders foster successors who will exceed their own reputation and prowess (and are TRUE mentors). They also embody the other four layers of the pyramid. The absence of Level 5 leadership characterizes companies that are perhaps good but NOT great.

This is an important read for women leaders. We already know that women leaders are frequently humble and willful. If we are fearless, there may be a chance for us to leapfrog others to Level 5.

Ok, let's assume we are Level 5 leaders. What next?

Step 2: get the right people on the bus. According to *Good to Great*, the next step is NOT to set a new vision and strategy, but to be sure that the right people are on the bus. Once the right people are on the bus, the bus will go in the right direction. The corollary is getting the wrong people OFF the bus – and for institutions mired in tenure, this can be the hardest part.

The people you want on the bus do not need to be tightly managed or fired up. They are self-motivated to produce the best results in their desire to be part of something great. Sometimes you just want outstanding people, without any specific job in mind. Try to put them in the right job for them (round peg in round hole, etc). If you can't find outstanding people, don't hire. Keep looking. When the wrong people are on the bus, don't let them hang around in positions that drag down the performance of good people. Ideally you fire them, or at least "neutralize" them. Double check to make sure that they are not a round peg in a square hole. Good people become tired of compensating for the extra weight of the "wrong" people, and this can drive the good people away.

Step 3: confront brutal facts. Give up the fantasy of being a great research institution if your dependence on clinical income is great. Don't expect your clinics to be patient or student friendly if the department chairs are chosen for research prowess. Conduct your autopsies without blame, creating a climate where the truth is heard. Search for learning in your past errors. Do not ignore good information, especially when it challenges your bias. Many medical schools "execute" their chief financial officer when expense reduction is needed rather than learning from the bad news. They miss the opportunity to learn from the spending errors of the past.

Step 4: be a hedgehog rather than a fox. A fox will pursue many ends at the same time, pursuing goals inconsistently because of seeing the world in its complexity. A hedgehog simplifies the world into a single organizing idea, basic principle or concept that unifies and guides everything.

The hedgehog principle should encompass what you do best in the world, what drives your economic engine, AND what you are most deeply passionate about. If what you do best in the world is serve the inner city needy, you must determine how to AT LEAST break even while doing so. If what you do best in the world is train medical students, contain costs as you ascertain the most efficient way to do it.

The author cautions against choosing your GOAL or intention to be the best, instead understanding WHAT YOU CAN BE BEST AT. Further, a distinction is rendered between this and your core "business" or mission, which may be something you have been doing for decades. Just because you educate medical students, it is not necessarily what you do best in the world.

In driving your economic engine, choose an economic ratio that you would strive to systematically increase over time, which would have the greatest and most sustainable impact on your institution. For clinical revenue, should you strive to decrease cost per RVU? Increase revenue per FTE? If your hedgehog concept pertains to research, should you strive to increase direct research revenues per FTE? Or alternatively indirects per FTE? Or reduction of square footage of research space per dollar until efficiency is achieved?

Step 5: create the culture of discipline. In my experience, this is the most elusive one. Our institutions are incredibly bureaucratic. Bureaucracy compensates for incompetence and lack of discipline. In an ideal institution, bureaucracy is minimized because the culture of discipline and an ethic of entrepreneurship sustain superior performance. Start up organizations have high entrepreneurship and low culture of discipline. In the transition to a great organization the entrepreneurship remains and the culture of discipline strengthens. Hierarchy is bypassed.

Unfortunately, most of our institutions are low in entrepreneurship and high in hierarchy with spotty discipline. Here is an example. A clinical chair has an entrepreneurial idea to buy a new instrument, which will bring business into the clinic. The group practice buys the instrument. No one holds that chair responsible for the return on investment for the instrument. As a result, the department may either make clinical revenue benefiting the department ONLY or worse, may never be held accountable for a loss on the group's investment. The discipline of the group never returns to the original business plan to verify its validity, instead moving on to the next entrepreneurial idea. In some groups, only the "strong" chairs get their entrepreneurship paid for by the group, while the "weak" chairs must pay for their own entrepreneurship. Sometimes the profit goes into the group pot , sometimes the department pot.

In summary, *Good to Great* is not about academe, but about big business and the stock market. "Translating" the concepts of *Good to Great* to our world is not much of a stretch to the imagination. Wouldn't it be interesting to study the "Good to Great" medical and dental schools and see what we learn?

Nancy Hardt, MD
ELAM 1995-96

The Art of Possibility. Rosamund Stone Zander and Benjamin Zander. Harvard Business School Press, © 2000.

The title sums up the focus. The authors are intent on convincing the reader that all in life is possible, if you just know how to make it happen. While it is obvious that all of us are capable of achieving

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more than we might initially think, they deliver the message with a rather heavy hand.

As with many books of this sort, the basic principles hold true, more or less. It is useful to make people feel that they are capable of succeeding in a task, negative thinking is counter-productive, rules established by others frequently can be rewritten, barriers divide people, compassion is good, etc. I found their approach to delivering these messages difficult, although I was open to the concept when I started. Perhaps this is due in part to the fact that it is unconvincing for a scientist to have a principle "proven" solely by anecdotal results. In most cases, the authors validate their approaches by recounting a success they had with one or two individuals. Amazingly, they report no failures or, if they do, how it became a success after they changed the rules established initially.

There was little new that made me step back and admire a good idea. Some of the ideas are good, but they are not new. The persistent use of adjectives such as radiant, buoyant, magical, and magnificent detracted from their ability to convince me of the success of their approach. Success comes in small doses. Zander and Zander promote the philosophy that the world can be changed radically by speaking positively, and by patting people on the back they will live up to your expectations. While these approaches are clearly helpful, they often are insufficient in themselves.

In summary, perhaps this book would contain provocative ideas for an individual who is new at considering how to be a leader, how to motivate people, or what organizational approaches lead to success. However, it is questionable whether the book's style is sufficiently convincing to the more schooled reader. For anyone who has thought about the above issues, what the book offers is limited.

Karen S. Zier, PhD
ELAM 2001-02

Leading Change. John B. Kotter. Harvard Business School Press, © 1996.

Leading Change is a personal account of Kotter's experiences. It is not filled with footnotes or end notes. Kotter is the Konosuke Matsushita Professor of Leadership at the Harvard Business School. He is the author of six best-selling business books, including *The New Rules, Corporate Culture, Performance, A Force for Change*, and *Power and Influence*. He is a frequent speaker at prestigious international management meetings and the content expert for *Realizing Change*, an interactive CD-ROM program developed by the Harvard Business School.

Although the ideas and concepts are derived from Kotter's participation in the business world, they are applicable to most organizations/institutions such as academic health centers. This book should be used as a reference tool. It is organized in a manner conducive to addressing specific concerns. Its problem identifying/solving format is practical and resourceful. The employment of tactics discussed may prevent one from making the same mistake others have made on the road to changing an organization/institution. The eight-stage framework for change is very useful, and should be utilized as a roadmap to identify and strategize about transformation issues.

Kotter points out that many errors would not be costly in a slower-paced world. However, stability is not the norm in today's world. Making any of the eight errors can result in serious consequences. The eight errors are 1. Allowing too much complacency. 2. Failing to create a sufficiently powerful guiding coalition. 3. Understanding the power of vision. 4. Undercommunicating the vision by a factor of 10 (100 or even 1,000). 5. Permitting obstacles to block the new vision. 6. Failing to create short-term wins. 7. Declaring victory too soon. 8. Neglecting to anchor changes firmly in the corporate culture. The consequences he highlights are new strategies aren't implemented well; acquisitions don't achieve expected synergies; reengineering takes too long and costs too much; downsizing doesn't get costs under control; and quality programs don't deliver hoped-for results.

Much of the book focuses on the specifics of the eight stages of change. He uses specific examples of individuals/organizations that were successful or unsuccessful in implementing change. Kotter offers the eight-stage process of creating major change to attack the eight common errors: 1. Establishing a sense of urgency; 2. Creating the guiding coalition; 3. Developing a vision and strategy; 4. Communicating the change vision; 5. Empowering broad-based action; 6. Generating short-term wins; 7. Consolidating gains and producing more change; 8. Anchoring new approaches in the culture. He stresses the importance of sequence in the change process. For example, one should not address level 6 without having the foundations learned by moving through levels 1 - 5.

The discussion of management vs. leadership was insightful. Leadership requires vision and motivation, while management (see box) is characterized by planning, budgeting and staffing. Organizations must have a balance of leadership and management to be successful. Interestingly, Kotter points out that the real power of a vision is unleashed only when most of those involved in an enterprise have a common understanding of the vision (goals and direction). The shared sense of the future is essential for

The Relationship of Leadership, Management, Short-Term Results, and Successful Transformation

Leadership		Management 0	Management 0++
	++	Transformation efforts can be successful for a while, but often fail after short-term results become erratic.	All highly successful transformation efforts combine good leadership with good management.
	+	Transformation efforts go nowhere.	Short-term results are possible, especially through cost cutting or mergers and acquisitions. But real transformation programs have trouble getting started and major, long-term change is rarely achieved.

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motivation and transformation. He stresses the importance of keeping the vision simple. One should be able to communicate the vision in a 5-minute verbal statement, and repeat the vision often. Leading by example (walking the talk) is key to reinforcing the vision.

In general, corporate culture is hard to change. Invisible aspects of corporate culture are *extremely* hard to change. Visible aspects (managers being willing to work at least one hour past the official close of each workday) are not as hard to change. Changing corporate culture comes last in the stage framework.

Most complex skills, such as those required for leadership, emerge over decades of "lifelong learning." Kotter believes if our time at work encourages and helps us to develop leadership skills, we will eventually realize our potential. Leadership must be present throughout the enterprise – not just at the top. Mental habits to support lifelong learning include risk taking; humble self-reflection; solicitation of opinions; careful listening; and openness to new ideas.

In summary, *Leading Change* is very enlightening and instructional. The format of the book is ideal for reference use in the future. I plan to review and consult it often.

Rebecca R. Pauly, MD
ELAM 2001-02

Hidden Value: How Great Companies Achieve Extraordinary Results with Ordinary People. Charles A. O'Reilly and Jeffrey Pfeffer. Harvard Business School Press, © 2000.

This reviews several successful businesses that utilize their personnel in unique ways. The personnel are given more individual decision power, more stake in the companies, and generally are not penalized for mistakes or underproduction but are "retrained." Furthermore, the personnel usually are very involved with choosing other personnel. Some of the companies reviewed include: Southwest Airlines, CISCO, and SAS (statistics program). Company leaders were generally more involved with their workers, in contrast to being more involved with administration, and usually made less money than comparable CEOs elsewhere.

This was an interesting book but hardly a scientific review of successful businesses. The authors clearly liked the companies they reviewed and were fairly uncritical of them. (For instance, CISCO has fallen on harder times since this book was published. Its practices were not criticized at all in the book, yet clearly some of the practices were unwise given its situation!)

No real comparison was made with other successful businesses. However, especially in light of ENRON, what they do establish is that business administrators do not have to be dishonest or treat their personnel badly to become rich and successful. I enjoyed the book but found it repetitious; no new learning occurred after the third company had been reviewed. The authors made their point early, i.e., giving personnel opportunities, treating them humanely and ensuring they have a stake in their companies can lead to successful businesses and to a more devoted personnel.

Jeanine P. Wiener-Kronish, MD
ELAM 2001-02

TRAINING WOMEN TO BE TOMORROW'S ACADEMIC HEALTH CENTER LEADERS

Forty-five senior women from US and Canadian medical and dental schools have been selected to participate in the eighth class of the *Hedwig van Ameringen* Executive Leadership in Academic Medicine (ELAM) *Program for Women*, beginning in September 2002. 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 eight of the 125 allopathic medical schools and five of the 55 dental schools.

The Admissions Committee of ELAM reviewed almost 90 applications from 68 medical and dental schools. Eighteen applications were submitted from institutions that had not previously nominated candidates to ELAM. The 2002-03 class consists of women from 42 US medical and dental schools, including 11 institutions that will be sending their first Fellow to ELAM and 31 that have had Fellows in previous classes. In seven classes accepted to date since the program's inception in 1995, 77% of US medical schools and 38% of US dental schools have participated in the yearlong fellowship, which focuses on the skills, perspectives and knowledge necessary for effective management in AHCs in the 21st century. The program is also designed to address specific issues for women as they pursue senior leadership positions.

The medical and dental schools new to ELAM include: Columbia University School of Dental Medicine and Oral Surgery, Creighton University School of Medicine (SOM), Jefferson Medical College of Thomas Jefferson University, Joan and Sanford I. Weill Medical College of Cornell University, Morehouse SOM, New York University SOM, Stanford University SOM, University of Colorado School of Dentistry, University of Pennsylvania SOM, University of Vermont College of Medicine, and University of Virginia SOM.

The newest ELAM class includes 25 women with MD or DDS degrees, 7 with PhDs, and 13 with a combination of degrees. By academic rank, 16 women are full professors, and 29 are associate professors. By administrative rank, the class includes 10 at the vice president, provost or decanal offices level; 4 department chairs; and 9 vice/associate chairs. Thirty-seven women are in 13 clinical science disciplines: anesthesiology, dentistry, dermatology, emergency medicine, family medicine, medicine, obstetrics/gynecology, ophthalmology, pathology, pediatrics, psychiatry, radiology, and surgery. Six are in basic sciences (cancer biology, microbiology, pharmacology), and two are in social sciences.

The class is ethnically diverse, with African American, Asian and Hispanic women making up 20 percent of the Fellows. It also is geographically dispersed, with 9 from the Northeast, 11 from the Midwest, 17 from the South, 7 from the West and

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one from Canada. ELAM alumnae recommended more than 50% of the Fellows to the program.

Like the two previous classes, 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 Colorado and the University of Michigan. (In 2000-01, the institutions were Meharry Medical College and the University of Medicine and Dentistry of New Jersey; in 2001-02, the institutions were the University of Louisville and the University of Texas-Houston.)

This year's Admissions Committee members included: Sally S. Atherton PhD, Professor and Chair, Department of Cellular and Structural Biology, Medical College of Georgia; A. Lorris Betz MD, PhD, Senior Vice President for Health Affairs and Dean, University of Utah SOM; Janet Bickel, MA, Associate Vice President for Institutional Planning and Development, AAMC; Deborah F. Diserens, MA, MPhil, Director of Foundation Relations, The National Academies; Nancy E. Gary MD, MACP, President Emerita, Educational Commission for Foreign Medical Graduates; Eve J. Higginbotham MD, Professor and Chair, Department of Ophthalmology, University of Maryland SOM; Darrell G. Kirch MD, Senior Vice President for Health Affairs, and Dean, College of Medicine, Pennsylvania State University; Patricia L. Monteleone MD, MBA, MHA, Dean, St. Louis University SOM; Heber H. Newsome Jr., MD, Dean, Virginia Commonwealth University/Medical College of Virginia; Kathy B. Porter MD, Professor and Chairman, Obstetrics and Gynecology, Texas Tech University Health Sciences Center SOM; Kathleen J. Sazama MD JD, Professor of Laboratory Medicine and Associate Vice President for Faculty Academic Services, University of Texas-MD Anderson Cancer Center; and Judith A. Westman MD, Associate Dean of Student Affairs and Medical Education Administration, Ohio State University College of Medicine and Public Health.

Rosalyn C. Richman, MA

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Marilyn W. Woolfolk, MS, DDS, MPH, Associate Professor of Dentistry, Assistant Dean for Student Services, University of Michigan School of Dentistry, Ann Arbor, MI

NOTABLE

Women Who Worked Wonders

What do Scotchguard, windshield wipers, bullet-resistant Kevlar fabric and glow-in-the-dark paper have in common? All were invented by females. (Becky Schroeder's patent for the Glo-Sheet prompted NASA to ask if she was an ex-employee, because the space agency was working on a similar project. Nope. In fact, she was just 12.) Now these and other inventions are described in the paperback *Girls Think of Everything* (Houghton Mifflin).

Parade 3/10/02

Dr. Julie Gerberding is the first female director of the Centers for Disease Control and Prevention. She had been the CDC's acting deputy director for science.

7/3/02

The Washington Post reported in an article on 6/26/02 that "the proportion of bachelor's degrees awarded to women reached a postwar high this year at an estimated 57 percent. The gender gap is greater among Hispanics - 40 percent of college graduates are male - and black paople, who see two women earn bachelor's degrees for every man. The trend, which began in the mid-1980's, has sparked concern among everyone from business leaders to demographers, who applaud the academic success of women but maintain that the lopsided graduation rate may foretell significant problems."

Christina Hoff Sommers, author of *The War Against the Boys* and a resident scholar at the American Enterprise Institute, was quoted as saying, "This is new. We have thrown the gender switch. What does it mean in the long run that we have females who are significantly more literate, significantly more educated than their male counterparts? It is likely to create a lot of social problems."

Gee. Breaks my heart. Guess it means we'll be inventing a lot more Glo-Sheets and the like. And I'll skip reading Sommers' book.

Editor

ELUM Activities

In Feburary 2002 Page Morahan visited Meharry Medical College and Vanderbilt University in Nashville, TN. ELAM alumnae and a current ELAM Fellow (Graves) gathered for dinner. L to R: Theresa Lura (East Tennessee State University), Deborah German (Vanderbilt), Pamela Williams (Meharry), Connie Graves (Vanderbilt), Page, and Ellen Wright Clayton (Vanderbilt).

Look at this form in the NASTAR National Championship in Park City, Utah! Go, Roberta (Sonnino)! Winning the Regional Championship in Colorado in February 2002 qualified her for this race in March. She is now the 2002 National Championship for her age category (which you can obtain by e-mailing the Editor).

ELUM 2001-02

The 2001-02 ELAM Program ended on a harmonious note! To close the final session, three ELUMs sang "Tomorrow." L to R: Ana Murphy, Connie Graves, and Jackie Feldman.

On their return home from the 2001 ELAM Fall Session (which was September 7-14), three 2001-02 Fellows stopped in North Carolina. The events of 9/11 resulted in most Fellows making their way home via carpools/road trips, thus fostering some unique bonding. One group, from Utah and the Midwest, actually returned for the 2002 Spring Session this way. Here L to R: Rebecca Pauly (FL), Brenda Hoffman (SC), and Karen Fields (FL).

Following the announcement sent to the ELUM listserv about the appointment of several new women Deans, Roberta Sonnino, MD (ELAM 1997-98), noted that Kansas City (MO/KS) has three medical schools AND three women deans at those schools: Barbara Atkinson, MD, newly-named Executive Dean at University of Kansas SOM; Betty Dress, MD (ELAM 2001-02), interim Dean at University of Missouri-Kansas City; and Sandra Willsie, DO (ELAM 1999-2000), newly-named Dean at University of Health Sciences' College of Osteopathic Medicine. Sounds like this part of the country is doing something right!!!

LATE BREAKING NEWS

Barbara Atkinson, MD, has been named Executive Dean and Vice Chancellor for Clinical Affairs at the University of Kansas School of Medicine. She is currently the university's Chair of Pathology and Laboratory Medicine. She is also a former dean of MCP-Hahnemann University School of Medicine (now Drexel University College of Medicine). This past year, Barbara served as a Faculty Advisor to a 2001-02 ELAM Learning Community.

Dr. Karen A. Holbrook, a current ELAM Advisory Committee member, was unanimously elected as The Ohio State University's 13th President, effective 10/1/02.

Lisa Kaplowitz, MD, MHA, (ELAM 1999-2000), Deputy Commissioner for Bioterrorism Preparedness and Response, Virginia Department of Health, 1500 E. Main Street - Room 214, P. O. Box 2448, Richmond, VA (zip code for physical address 23219) (zip code for po box address 23218); tel 804-692-0224; fax 804-786-4616; e-mail lkaplowitz@vdh.state.va.us (8/5/02).

Page S. Morahan, PhD, Co-Director of ELAM, was honored with the Special Trust Fund's Woman in Medicine Award at MCP's Faculty Day on May 17, 2002. The award, given this year for the first time, honors a female faculty member who has "demonstrated excellence in teaching, mentoring and leadership." Dr. Morahan was recognized for the difference she has made to students and faculty at the medical school. The surprise award, announced during the Faculty Recognition and Awards Program, was presented by Dr. Lila Stein Kroser (WMC '57), Liaison for the Special Trust Fund, which provides financial support to MCP female students and faculty.

Deborah E. Powell, MD, has been appointed Dean of the University of Minnesota Medical School. Dr. Powell, a pathologist, is currently Executive Dean of the University of Kansas School of Medicine and Vice Chancellor for Clinical Affairs.

Sandra K. Willsie, DO, FACP, FCCP and University Health Sciences Vice Dean for Academic Affairs, (ELAM 1999-2000), was named Dean of the UHS College of Osteopathic Medicine, Kansas City MO, effective 7/1/02.

*Wendy Wolf, MD, MPH, E*xecutive Director, Maine Health Access Foundation, (ELAM 1995-96), shared news that the Foundation was awarded its "first grants to improve access to health care. It's great having a job where I can be a real change agent for health care and have the money to get things done."

The July/August 2002 issue (p. 8) of *Academic Physician & Scientist* reports that US medical school faculty attrition rates declined from 1980 to 1999. The number leaving full-time appointments has increased, but increases in faculty size (especially clinical) offset this. "...the numbers of MD and PhD clinical faculty leaving positions increased, although PhD basic science faculty numbers remained approximately the same... women are leaving full-time positions at greater rates than men, and nonwhite faculty are leaving at greater rates than white faculty....The next phase of research will examine factors that might have an effect on attrition rates, such as tenure status, age, and institutional issues, among others."

4th Annual

SELAM International CE Meeing

Roz Richman and Page Morahan model the SELAM scarves, a project of the 1999-2000 ELAM class.

The silent auction goes rowdy at the 4th Annual SELAM International CE Meeting.

Tom Gilmore engages the audience at the SELAM CE meeting during his keynote address, "Campaigns as Strategy for Change."

Outgoing SELAM President Joanne Conroy and incoming President Alice Speer work hard to up the ante at the silent auction.

4th Annual

SELAM International CE Meeing

Debra Meyerson was so dynamic talking about how people use differences to inspire changes at work that Robert Sonnino found it difficult to take a still shot.

Laura Schweitzer, Chair of the Program Committee, keeps watch to ensure all goes well (and it did).

During her workshop "Leading from the Middle," Valerie Parisi (R) joked about how big her shoes were to fill, so later Claudia Adkison compared sizes with her.

Roz Richman and Page Morahan contribute to SELAM in more ways than one, e.g., being active participants in the annual auction.

Joanne Conroy, past SELAM International President (R), stands behind the person who helps keep her so organized, Amy Connolly. SELAM officers and committee members will recognize Amy's name from numerous e-mails.

The SELAM International reception will be during the Annual ADEA Meeting, March 8-12, 2003, in San Antonio, TX. Contact Mary Martin, (mary-martin@ouhsc.edu) for details.

Debbie German, past SELAM International President, asks an insightful question during the meeting.

Members of the panel on search firms (L to R): Jan Greenwood, Nancy Cook, and Barbara Atkinson.

A one-day CME conference, "Beyond Parity, Transforming Academic Medicine through Women's Leadership," will be held in Chicago IL, Monday, September 23, 2002. Janet Bickel, MA, of AAMC is the keynote speaker. For more information and registration, visit http://www.uic.edu/orgs/womenshealth.

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 *November 22, 2002*.

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SELAM MEMBERSHIP INFORMATION

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

Active Member: $250 initiation fee & $50 annual dues
Affiliate Member: $100 initiation fee & $40 annual dues
Institutional Member: $1,200 initiation fee & $300 annually thereafter (for up to six individuals)

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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