

SELAM News

International

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FROM THE PRESIDENT

My year as President is flying by. The Board of Directors has been working diligently on re-writing the bylaws to better reflect SELAM's activities, current and future. The Board has also been writing a set of policies and procedures for those daily or routine activities that do not need to be in the bylaws but do need to be written down as a guide to implementation. Lessons learned, for example. By the end of this month, both should be ready for distribution. And that's exciting! The committees that we need to oversee our organization's growth and maintenance will be described, and we will begin the call for members willing and interested in serving. The committees described in the bylaws will be: Finance Committee charged with the oversight of the budget and providing advice to the President and Board regarding investment of accounts and endowment funds; Development Committee charged with fundraising activities to support the organization and its programs as well as activities to enhance the mission of the organization; Program Committee charged with organizing and coordinating activities of the Annual Meeting/Continuing Education (CE) Program; Membership Committee charged with the development and implementation of recruiting efforts; Nominating Committee charged with providing a slate of candidates for the SELAM Award for Excellence, vacant officer/board positions and committee membership positions; and last but not least the Publications Committee charged with oversight of the marketing/advertisement of the organization, and development and distribution of all publications of SELAM, including this newsletter.

The 2002 SELAM Award for Excellence was given to Janet Bickel, MA, Associate Vice President for Medical School Affairs and Director of the Women in Medicine Program at the Association of American Medical Colleges (AAMC). She has worked at the forefront of medical education for over 25 years, including establishing an Office of Women in Medicine of national repute and co-creating a series of professional development seminars for women academic physicians and scientists that has expanded the number of women leaders in academic medicine. We presented her award at the SELAM reception at last year's AAMC meeting. We were delighted that Dr. Jordan Cohen, President of AAMC, joined us at the reception and congratulated her successes with us.

This year's CE Program Committee, chaired by Dr. Vicki Judd and co-chaired by Dr. Linda Adkison, are putting together an outstanding program for our April 25-26 meeting with the theme "Courage: The Key to a Successful Career." Featured program activities include panel discussions on "Courage to Change: Pursuing Non-traditional Career Paths" and "Courage in Mentoring: Leadership Coaching." We are also delighted to announce that Dr. Karen Holbrook, President of Ohio State University, will provide the keynote address, speaking on "Women of Courage: Succeeding as Leaders." New this year is a special regional plenary for women faculty of the Pennsylvania area, which meeting registrants can attend for an additional fee.

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Alice J. Speer, MD
President

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Early in 2003 we will begin the call for volunteers for officer positions and committee membership. This is a wonderful opportunity for SELAM to grow through the active participation of its diverse membership, and for individual members to grow through collegial and productive contacts with SELAM members. I look forward to setting this in motion during these last months of my tenure as president.

This is an exciting time for SELAM and its members. We are moving from a fledgling organization to one with a broader scope and mission. Through our activities in and outside of SELAM, I believe that we will continue to enhance the careers of our colleagues and ourselves, through networking, skills building and recognition.

*Alice J. Speer, MD
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It is better to wear out one's shoes than one's sheets.

Genoese Proverb

Aim at the sun and you may not reach it; but your arrow will fly far higher if you had aimed at an object on a level with yourself.

F. Hawes

Those who turn good (organizations) into great (organizations) are motivated by a deep creative urge and an inner compulsion for sheer unadulterated excellence for its own sake.

Jim Collins, Good to Great

Trouble is only opportunity in work clothes.

Henry J. Kaiser

SELAM International 2002-2003 Board of Directors

Officers

President	Alice J. Speer, MD (2000-2003)
Immediate Past President	Joanne M. Conroy, MD (1999-2002) <i>(ex officio)</i>
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, MD (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 <i>(ex officio)</i>
Laura F. Schweitzer, PhD (2000-2003)

We tend to make courage too dramatic. Courage is often doing something simple, unpleasant, or boring again and again until we get it down pat. People who are physically challenged and who have the determination to get around their handicaps are great examples because their courage makes them test their limits every day.

Dave Thomas, founder of Wendy's

EDITOR'S CORNER

At the AAMC meeting a few months ago, the workshop leader asked, "Is there anyone from SELAM in here?" Wow, have we reached a critical mass! The noisy response and show of hands was gratifying.

But we are a busy bunch, which is why this newsletter continues to push the limits of its designated publication month. Check out all the news about your SELAM colleagues (p. 3). One of the newest (woman) Deans, PJ Coney, is a founding mother of SELAM and featured as this issue's SELAM Mentor (p. 13). Our featured contributors, Page Morahan and David Bachrach, focus on renewal (p. 17) and effective execution (of *plans* – just in case you needed clarification – p. 15). Barbara McLaughlin describes how she successfully implemented the executive summary described in the last issue (p. 21). Laura Schweitzer (p. 20) and Page (p. 18) both write about the search process, with an eye toward recruitment and retention of women leaders. Theresa Lura provides a dynamite rundown on the Women in Medicine sessions at last year's AAMC meeting (p. 8).

Usually I skip reading sports pages because they don't feature dressage and figure skating. But I have to boast about the accomplishments of Pat Summitt, the first woman coach in women's

college basketball history to win 800 games (as of 1/14/03). Pat coaches the women's basketball team of the University of Tennessee-Knoxville. She joins three men in the 800 club. An editorial in the Memphis *Commercial Appeal* described her achievement as "[not] really surprising [but] such a foregone conclusion" that special commemorative editions were preprinted to pass out to fans. "When Pat Head began coaching [at age 22] in 1974, she also washed the uniforms, drove the team van and was cautious in her choice of restaurants on the road so the team didn't go over budget... Now Summitt charts airplanes, recruits nationally and plays in front of national television audiences... [Dean] Smith (879 wins) probably never had to wash his North Carolina team's uniforms. Adolph Rupp (876 wins) probably didn't sleep his Kentucky players four to a hotel room to save money. And Jim Phelan (824 wins)...probably doesn't have to wait for another team to clear out to use the school's best practice facilities. Summitt got to victory No. 800 on the strength of her coaching ability, her tenacity and her refusal to be anything but the best, just like the guys. But she also was never distracted by the obstacles in her path, how far she had to go, how much better things could be. She just wins."

Sound familiar?

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 Fellows

Deborah German MD appointed President and Chief Executive Officer of St Thomas Hospital, and Senior Vice President and Chief Academic Officer for St Thomas Health Services, Nashville, TN (01/03). From the press release, "It is a distinct honor to announce Deborah's appointment," said Thomas E. Beeman, president and CEO of St Thomas Health Services. "She has an incredible track record for academic leadership. We are extremely gratified that she has accepted our invitation to join the St Thomas team." Dr. German said, "It's rare to have the opportunity to move from one extraordinary institution [Vanderbilt University] to another in the same city. I see great potential to build stronger bridges between the two institutions. St Thomas is a hospital known for excellence and compassionate care, the core values we have been teaching to our medical students. I am honored to have this opportunity." St Thomas Health Services is the five-hospital system formed when the Baptist Health System was acquired by St Thomas Hospital's parent company, Ascension Health, late last year. St. Louis-based Ascension Health is the largest not-for-profit hospital system in the United States.

1996-97 Fellows

Shermine Dabbagh MD appointed Chief, Division of Nephrology, Department of Pediatrics, Alfred I duPont Hospital for Children (Wilmington, DE).

Julie Freischlag, MD appointed William Stewart Halsted Professor and Director of the Department of Surgery at the Johns Hopkins SOM and surgeon-in-chief of The Johns Hopkins Hospital (3/1/03). From the press release: "She is the first woman and only the sixth person to serve in these posts in the school's 110-year history."

Kathleen Nelson MD appointed Senior Associate Dean for Students, University of Alabama at Birmingham SOM (03/02).

1997-98 Fellows

Joanne Conroy MD added another title, Vice President for Academic Affairs, along with Chief Medical Officer, Western Region, Atlantic Health System (NJ) (07/02).

Maria Padilla MD appointed Medical Director, Lung Disease and Lung Transplantation Program, North Shore University Hospital (Manhasset, NY) (10/02). She wrote, "I have moved!...This is a challenging opportunity to build a program from its inception. I will be applying the knowledge gained during my fellowship and asking for your advice and support and that of all my fellow alumni."

1998-99 Fellows

Ann Chinnis MD, MSHA promoted to Professor of Emergency Medicine, West Virginia University SOM (07/02).

Rosemarie L. L. Fisher MD, FACG appointed as Associate Dean for Graduate Medical Education, Yale University SOM (09/02). She wrote, "They never had one of these before!"

Marla J. Gold MD appointed interim Dean, School of Public Health, Drexel University (08/02). From one published announcement, "Gold said she plans to quickly expand the size of the [school] by enrolling more than 150 students next year, compared to 80 this fall. She also expects to double the size of the faculty to 28 by hiring new people and tapping into staff at Drexel's main campus... Her other top priorities include launching a doctorate program and finishing the process for the school to be accredited." Come see me in 12 months," Gold said about the changes she plans at the public health school that weathered a rocky and, at times, uncertain path since its launch in 1996. "I am incredibly optimistic." [Drexel's provost Harvill Eaton said] "Drexel picked Gold because she is a leader. You have to be around her two seconds and you'll

figure that out. She built her own program from nothing without a lot of help. I like people who can roll their sleeves up."

Debra Schwinn MD Professor of Anesthesiology, Surgery/Cancer Biology, and Surgery, appointed Vice-Chair for Research and Director, Perioperative Genomics, Duke University SOM.

1999-2000 Fellows

Bonnie Dattel MD appointed Editor-in-chief, Journal of the American Medical Women's Association (JAMWA) (10/02). She wrote, "I want to urge all ELUMs and ELAMs who don't belong to AMWA to join!! Dues are really inexpensive and AMWA is a historic organization for women in medicine (1915). So talk it up and my circulation will go up and the ads will increase revenue and the journal will get better and better. Also, looking for submissions of articles!! So don't forget me and spread the word." She is joined by SELAM member **Adair R. Heyl, PhD**, as Associate Editor.

Marilyn Telen MD appointed to an endowed chair, the Wellcome Clinical Professor in Honor of R. Wayne Rundles, Duke University SOM (07/01). She wrote, "Although it says 'clinical professor,' it is really a regular professorship, not a clinical professorship (which confuses people) In any case, it is an endowed chair. Dr. Rundles was instrumental in the development of allopurinol and early chemotherapy and was, I believe, the first chief of Hem/Onc at Duke."

Sandra K. Willsie DO, FACP, FCCP appointed Vice President for Academic Affairs and Dean, College of Osteopathic Medicine, University of Health Sciences (07/02). The announcement included, "A former Professor and acting Chair of Medicine at UMKC, Dr. Willsie also served as Director of Research for Respiratory and Critical Care Medicine and has been active in research funded by the National Institutes of Health. A winner of numerous professional awards, she is triple boarded by the American Board of Internal Medicine in Internal Medicine, Pulmonary Diseases, and Special Qualifications in Critical Care. She is widely published and is active in a variety of regional and national professional endeavors.... A physician who is deeply and personally committed to the practice of medicine with compassion and integrity, Dr. Willsie represents both professional excellence and the values we strive to instill in our students."

2000-01 Fellows

Donna Murasko PhD appointed interim Dean, College of Arts and Sciences, Drexel University (09/02).

Susan Shurin MD appointed Vice President and Secretary of the Corporation, Case Western Reserve University (09/02). The announcement said, in part, "The job was created in concert with the CWRU Board of Trustees' recent governance reforms and changes in the organizational structure of senior management implemented by President Edward M. Hundert." While new to CWRU, the position exists at other research universities and enables university administration to have a focused interface with the Board of Trustees. Among her new responsibilities, Shurin will serve as a liaison between board leadership, individual trustees and the University president. She will support and advise the president and board in relation to University governance and other areas as assigned.

Patricia Thomas MD, FCAP appointed interim Chair, Department of Pathology and Laboratory Medicine, University of Kansas SOM (07/02).

2001-02 Fellows

Tana Grady-Weliky MD appointed Senior Associate Dean for Medical Education, University of Rochester SOM and Dentistry (08/02).

Cornelia (Connie) Graves MD, FACOG appointed Assistant Dean for Minority Affairs, Vanderbilt University SOM (10/02). Connie is quoted in the press release, "It's a great honor and a great responsibility as well as a new path for the medical school and for me. I'm very excited. Vanderbilt is a great place. Adding diversity will only increase its potential."

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Martha (Martí) Grayson MD appointed Senior Associate Dean for Undergraduate Medical Education and promoted to Professor of Clinical Medicine, New York Medical College (01/03). She writes, "The academic and executive committee of New York Medical College's Board of Trustees met this week and I have been officially designated as the Senior Associate Dean for Undergraduate Medical Education. I will be stepping down from my post as Chief of the Section of General Internal Medicine at Saint Vincent's Hospital at that time. I will be at the school full-time, but will maintain a small practice and supervise Internal Medicine residents in clinic at Saint Vincent's one day a week. I am very excited about this new role! I wanted to thank you, Page, and Nancy [Gary]. The ELAM fellowship really helped me clarify what I wanted to do with my career, and what would be the appropriate next step. At the same meeting, just by chance, the recommendation by the T&P Committee to appoint me as 'Professor of Clinical Medicine' was brought up and approved! So, this has been quite an exciting week for me!"

Paula O'Neill EdD appointed Associate Dean for Educational Research and Professional Development, University of Texas Dental Branch at Houston (10/02). Of her new position, Paula wrote, "A welcome and invigorating change for me."

Luanne Thorndyke MD appointed Associate Dean for Professional Development, The Pennsylvania State University COM (12/02). The announcement included, "Beginning December 1, 2002, coordination of professional development activities will be organized and commence under the leadership of an Associate Dean for Professional Development. Luanne Thorndyke, M.D., our current Assistant Dean for Continuing Medical Education will expand her responsibilities by leading these reorganized functions as Associate Dean for Professional Development. As Associate Dean, Dr. Thorndyke will commit more of her effort to COM academic responsibilities. However, she will continue to commit a portion of her effort to patient care and to fulfill responsibilities on behalf of The Milton S. Hershey Medical Center. Dr. Thorndyke has demonstrated a strong commitment to the missions of the COM and to a values-based approach to meeting the missions. Dr. Thorndyke is an excellent example of a person who truly demonstrates a commitment to the values of respect, trust, teamwork and collaboration, and excellence in her professional life. As the Associate Dean for Professional Development, Dr. Thorndyke is committed to the creation of an organizational environment that reflects these values, and will continue to be responsible for the area of Continuing Education. In addition, Dr. Thorndyke will assume responsibility for a subset of activities that are administratively housed in the Office for Faculty and Administrative Affairs. Specifically, these areas include faculty development, mentorship, postdoctoral fellow/scholar development, targeted study leave for Medical Center faculty members, sabbaticals, faculty awards and honors, and the educator's portfolio. She also will be responsible for the area of Faculty Public Service and Outreach in the COM. The goal of our newly reorganized Office for Professional Development is to facilitate the professional development of all of our constituents, whether they are COM faculty members or professionals in practice across the state. Ultimately, our goal is to establish a national model for professional development in academic health centers across the nation"

2002-03 Fellows

Debra G. B. Leonard MD, PhD, Associate Professor of Pathology and Director of the Molecular Pathology Laboratory at the Hospital of the University of Pennsylvania, was selected as one of 13 expert members of the new Health and Human Services Secretary's Advisory Committee on Genetics, Health and Society (12/02). The committee's charge "is an expansion of the mission of the Secretary's Advisory Committee on Genetic Testing to more broadly consider the impact of genetic technologies on society."

Olufunmilayo (Funmi) Olopade MBBS, FACP promoted to Professor of Medicine, University of Chicago Pritzker SOM (07/02).

Vijay Rao MD, FACR appointed Chair, Radiology, Thomas Jefferson University Jefferson Medical College (07/02).

Aradhana (Bela) Sood MD, FAACAP appointed Chair, Division of Child and Adolescent Psychiatry, and Medical Director, Virginia Treatment Center for Children, Virginia Commonwealth University SOM (11/02). Her chair, Joel Silverman, indicated in the announcement, "Bela is an outstanding teacher, clinician, and administrator. She is committed to working closely with all of us to strengthen the Treatment center in this challenging environment. I pledge to work closely with her to accomplish our objectives. We are truly lucky to have an excellent academic child psychiatrist lead our child division and the clinical activities of the treatment center."

Sandra Weller PhD appointed Chair, Department of Microbiology, University of Connecticut SOM (07/02).

Faculty/Other

Barbara Atkinson MD named Executive Dean and Vice Chancellor for Clinical Affairs at the University of Kansas SOM; she was the university's Chair of Pathology and Laboratory Medicine (07/02). She is also a former dean of MCP Hahnemann University SOM (now Drexel University COM). Barbara in 2001-02 served as a Faculty Adviser to an ELAM Learning Community. She serves on the ELAM Advisory Committee, has served on ELAM's Admissions Committee, and was part of the Women Deans panel at ELAM's 1998 Spring Session. She has been a strong supporter of ELAM. She (and Dr. Deborah Powell, see below) now joins a distinguished and still rather exclusive group of women who have been Dean at more than one medical school (since 1995, only Nancy Gary held that distinction).

Karen Holbrook PhD named President of Ohio State University (10/02). Dr. Holbrook serves on the ELAM Advisory Committee and has been an ELAM Meet-the-Leader guest faculty. The announcement from the OSU Board of Trustees Chair included "I am very pleased to inform our alumni that the Board of Trustees today (July 25) unanimously elected Dr. Karen A. Holbrook as The Ohio State University's 13th President. Currently Senior Vice President for Academic Affairs and Provost at the University of Georgia, Dr. Holbrook will assume her new duties on October 1. We stated at the beginning of our search process that we wanted to find the best person possible to advance Ohio State's academic excellence and to succeed in positioning the university among the world's truly great public teaching and research institutions. In Dr. Holbrook, we have found that person and have every confidence that her experience and leadership will create the momentum necessary to fulfill the vision and aspirations outlined in our Academic Plan. Dr. Holbrook was recommended to the Trustees by an 18-member Presidential Search Committee that included trustees, faculty, deans, staff, students, administrators, and an alumni representative. The committee reviewed well over 100 candidates, narrowing the list first to about 50 names and meeting face-to-face with more than a dozen individuals. The committee considered a broad and diverse universe of people, looking at presidents and provosts at major public and private universities. Beyond her unequivocal commitment to academic excellence, search committee members and trustees were impressed with Dr. Holbrook's passion for Ohio State. This passion, and I do mean passion, was evident in every one of our many conversations. Dr. Holbrook believes that all the right pieces are in place — strong professional schools, excellent graduate programs, and a commitment to further enhancing the undergraduate experience — for Ohio State to realize its ambitions for greatness. Further, Dr. Holbrook meets or exceeds all the attributes in the university's presidential profile and best met our search criteria. She brings boundless energy along with integrity, confidence, intellect, and judgment, all coupled with superb interpersonal and communicative skills. Another factor in Dr. Holbrook's favor was her broad experience at three

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institutions that bear many similarities to Ohio State — the University of Washington and the University of Florida, as well as the University of Georgia. While at those institutions, Dr. Holbrook earned a reputation for building strong, positive relationships with faculty, staff, and students....In summary, Dr. Holbrook is a high-energy and effective proponent of academic excellence and our Academic Plan. She builds constructive relationships with students, faculty, staff, and others. She has a broad understanding of higher education today, with special knowledge of medicine and biotechnology. Her values are first-rate, and she will fit well at Ohio State. [Dr. Holbrook is keynote speaker at the SELAM CE program April 26, 2003.]

Deborah Powell MD appointed Assistant Vice President for Clinical Affairs and Dean, University of Minnesota Medical School. Dr. Powell, a pathologist, had been Executive Dean and Vice Chancellor for Clinical Affairs, University of Kansas SOM (10/02). Dr. Powell serves on the ELAM Advisory Committee, has served on ELAM's Admissions Committee, and was part of the Women Deans panel at ELAM's 1998 Spring Session, and has been a strong supporter of the program.

News of Note

1995-96 Fellows

Suzanne Landis MD received the 2002 E. Harvey Estes M.D. Physician Community Service Award from the North Carolina Medical Society (10/02). From the press release, "The North Carolina Medical Society presented the award to Dr. Suzanne Landis of Asheville recently during the Medical Society's annual meeting at the Grandover Resort and Conference Center in Greensboro. The award is presented annually to physicians who perform exemplary community service. Landis was recognized for her work with Project Access, which provides health care to the working poor and disadvantaged in Buncombe County. Landis began developing Project Access seven years ago, and it has become a model for charity care programs. The NC Medical Society is working to initiate programs across the state modeled after Project Access."

1997-98 Fellows

Roberta Sonnino MD, FACS, FAAP had an exhibit of her photographs "Fragile Beginnings," photography exhibit at Synergy Art Space, September 9-December 20, in Kansas City, KS. Among those attending the opening was **Wendy Weinstock Brown MD, MPH, FACP** (also ELAM 1997-98). Roberta commented on the show, "I am enjoying the exhibit... somehow I had never looked 'outside' for validation of my photography, and I am finding that I really enjoy people's comments about it. I thought I would be concerned about my work being out there for everyone to judge, but it turned out to be a very positive experience. Debbie [Powell] did the introduction and found a way to really catch me by surprise, saying that she really started appreciating my photography when after going to Nantucket for 30 years, my pictures from last year made her see it in a completely different way. She also had nice things to say about the 'humanism' that I bring to my practice, documented in the pictures, but the Nantucket comment really hit home. The local TV stations did the interviews."

1998-99 Fellows

Rose Goldstein MD, CM, FACP received the Canadian Medical Association's May Cohen Award for Women Mentors, and wrote "Couldn't have done it without ELAM." From the press release: OT-TAWA, Aug. 15 /CNW/, "On August 21, 2002 Dr. Rose Goldstein from Ottawa, Ontario will receive the Canadian Medical Association (CMA) first annual May Cohen Award for Women Mentors for being a formidable activist on behalf of women in medicine. The CMA May Cohen Award will be awarded annually to a woman physician who has demonstrated outstanding mentoring abilities. These qualities include encouraging, facilitating and supporting mentees in career and leadership development and acting as an effective role model in medicine or medical

leadership. 'Through her tireless activities and advocacy on behalf of others, May Cohen embodies mentoring and laid the ground for establishing mentoring as an important professional activity,' said Dr. Rose Goldstein. 'Mentors succeed with the success of others. It is an unexpected honor to receive this award when the pleasure of working with my colleagues is reward in itself.' A rheumatologist and Associate Dean of Professional Affairs at the Faculty of Medicine at the University of Ottawa, Dr. Goldstein has been described as a compassionate, reliable confidante. She supports and coaches women to seek and succeed in advanced academic positions and to pursue new and satisfying roles and responsibilities. She actively prepares women for promotion, suggests advancement to women who hadn't previously contemplated it, provides networking opportunities, offers leadership roles to junior physicians, and teaches colleagues how to accept and make wise professional use of peer validation. She inspires mentees to stand their ground, and emboldens them to publish in top journals and begin writing their own books. Herself a wife and the mother of three sons, Dr. Goldstein actively promotes personal wellness and family life in balance with professional life. By her personal example and through a program created under her directorship, Dr. Goldstein fosters a faculty-wide mentoring program and formal leadership training for faculty and staff at the University of Ottawa. She helped define an equitable promotion policy that closed the gender gap in promotions, and inspired similar initiatives in other Ontario universities. She initiated and leads workshops on leadership development, balancing professional and family life and the academic promotion process, and has provided conflict resolution training. In the final test of her mentoring legacy, Rose's students and colleagues describe their own plans to become as well-regarded as a mentor in their own careers.

Carol Rumack MD noted several news items, "Elected to American College of Radiology Board of Chancellors in September 2002 for 3-year term; maximum for 6 years; appointed as Chair of the Commission on Ultrasound as my role on the board of chancellors. This is equivalent to the Board of Trustees of the College. Elected as Chair of the Radiology Residency Review Committee of the ACGME in October 2002 for a 2-year term. There is only one person per specialty that chairs the RRC on this national committee. There are only 10 members from our specialty of this committee; each serve 6 years; my membership is from 4/99 to 5/05. Appointed as Women Liaison Officer for the University of Colorado SOM in November 2002."

Debra Schwinn MD elected to membership in the Institute of Medicine, the National Academies (10/02). She also received the 2002 Duke Medical Alumni Association's Distinguished Faculty Award, and has been appointed Member, NIH NIGMS Council, 2000-2004.

Rebecca (Ricki) Twersky MD wrote about her activities over the summer, "Just married off my daughter last week, and am still basking in the "nachas" [joy]! Now I'm a mother-in-law. As you may recall, I was on Sabbatical for six months completing a fellowship with Center for Women in Government and Civil Society at the University of Albany and was placed with the Department of Health, Office of Health Systems Management. I worked on several projects, including access to tertiary care for underserved populations, and will still continue with them this year, until that project is finished. I also participated in Bioterrorism preparedness programs with the Department of Health and various health organizations. It was a great experience. That prompted me to pursue my MPH, and I started this summer at Downstate's new MPH program, took 3 courses, and found myself taking midterms, writing papers, etc. etc. I go back to the OR on Tuesday, September 3rd, and am looking forward to a Healthy and Peaceful New Year. I am always grateful for ELAM for launching the next phase of my career, and the networking that has ensued."

Judith Westman MD wrote, "Life at Ohio State is plugging away. We're having a faculty development seminar for junior women faculty in September. Laura Schweitzer is coming in to help us lead it."

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1999-2000 Fellows

Brenda Lonsbury-Martin PhD Professor and Vice Chairwoman for Research, Department of Otolaryngology, University of Colorado Health Sciences Center, has taken a one-year leave of absence to become Chief Staff Officer for Science and Research at the American Speech-Language-Hearing Association (Washington, DC) (01/03).

Mary Martin DDS, MEd named by *The Journal Record* (Oklahoma City, OK) as one of its 50 Women Making a Difference (11/02). From the press release, "Martin has donated her time to several organizations as well as serving in positions in the COD. She helped launch the Smiles for Success Program in Oklahoma, which is a national initiative that coordinates women dentists to provide dental care for women to help get them off welfare and back to work. Martin says she enjoys being a mentor to young women who are pursuing careers in dentistry, especially since she didn't have a female mentor to help her during school and as she started her career."

Elizabeth Travis PhD has a new role as Chair of the Faculty Senate at M.D Anderson Cancer Center (no longer Director of Women Faculty Initiatives) and remains quite busy. "I am the Chair of the Faculty Senate, a full time job, I can tell you. But it is fun, last week was our annual convocation and faculty achievement awards, and President Bush was our speaker. I was honored to preside over the convocation and to share the platform with him. So between the lab, grants, Chair of Senate, and the family, there is little time for anything else!"

2001-02 Fellows

Judith Buchanan, PhD, DMD, is in Bosnia for the next 3 months. Her Army Reserve unit was activated.

Jill Siegfried PhD received a Leadership Award from the University of Pittsburgh Cancer Institute (12/02), recognizing in part her role in the Institute receiving a SPORE award (of the 44 current SPORE awards, Jill is one of only 3 women PIs). From the press release, PITTSBURGH, Nov 05, 2002 — At a special luncheon yesterday, the University of Pittsburgh Cancer Institute (UPCI) honored 12 of its physicians, researchers and staff members for their outstanding achievements in cancer research, support and care. Bestowed annually, the UPCI Leadership Awards acknowledge those individuals who have demonstrated leadership in community service, patient care, scientific research, clinical research and technical support. Jill Siegfried, PhD, co-director of the Lung Cancer Program at UPCI, was awarded the UPCI Scientific Leadership Award for her seminal work in discovering the biological processes that underlie lung cancer development and for her discovery of an X-linked gene that may increase risk for lung cancer in women. Under Dr. Siegfried's leadership, UPCI received its first-ever National Cancer Institute Specialized Program of Research Excellence (SPORE) award - a highly prestigious and competitive award that has helped launch several studies to enhance our understanding of lung cancer by improving methods for early detection, diagnosis and treatment.

Jeanine Wiener-Kronish MD Professor and Vice Chairwoman of Anesthesia and Preoperative Care, SOM, University of California at San Francisco, was elected to the Institute of Medicine, The National Academies (10/02).

2002-03 Fellows

Linda Giudice MD, PhD Stanley McCormick Memorial Professor, Department of Obstetrics and Gynecology, Stanford University SOM, was elected to membership in the Institute of Medicine, The National Academies (10/02).

Marilyn Woolfolk MS, DDS, MPH received the University of Michigan's Harold R. Johnson Diversity Service Award. According to the University's SOD alumni magazine. "The award recognizes faculty members across U-M whose service contributes to the develop-

ment of a more culturally and ethnically diverse campus community. Named for the former Dean of the School of Social Work, the \$5,000 awards are given annually to full-time tenured and tenure-track faculty members to further their personal research, education, and creative activities. In nominating Woolfolk, Dean William Kotowicz said, 'Marilyn has taken a leadership role in our school's efforts to proactively respond to the changing composition and needs of the student population and has engaged in significant efforts to prepare and develop a diverse work force in our population.'"

Mentionings

06/24/02 *UTMB Impact* The issue had not one but three articles featuring ELAM Fellows. The cover page had two articles "Visions of Care," focusing on **Helen Li MD** (ELAM 1999-2000) and her teleophthalmology initiatives; and "Center for Research in Women's Health Opens," highlighting **Abbey Berenson MD** (ELAM 2002-03) as the center's director. And almost a full page inside was devoted to **Alice Speer MD** (ELAM 1997-98) as SELAM President. For the full issue, see <http://www.utmb.edu/impact/2002/02JUNE24.pdf>.

08/02/02 *The Chronicle of Higher Education* **Linda Adkison PhD** (ELAM 1999-2000), in "An Ill-Fated Sex Survey." "In Linda R. Adkison's mind, it is reasonable for administrators to embrace the concept of academic freedom but veto individual projects that they find objectionable. Her voice is an important one at Mercer—she is a professor of genetics and chairwoman of the institutional review board."

08/18/02 *The New York Times* **Rebecca Twersky MD** (ELAM 1999-2000), in "In-Office Surgery Fewer Rules Apply." "In a hospital there's a governing body that reviews a physician's credentials. In a doctor's office, it's often the doctor himself who's deciding whether he's competent to perform."

12/02 *AAMC Reporter* "Readers Respond included a letter from **Kimberly Ephgrave MD, FACS** (ELAM 2002-03), on "What role should medical schools play in the effort to eliminate racial and ethnic disparities in health care?" Medical schools have at least two responsibilities. The first is to provide as many experiences as possible. The second is to recruit for diversity in students, housestaff and faculty, and maintain environments allowing diverse medical practitioners to thrive as role models within and outside institutions."

12/02 *Academic Medicine*. **Lois Margaret Nora MD, JD** (ELAM 1996-97), and **Deborah German MD** (ELAM 1995-96), are among the authors of a Research Report, "Gender Discrimination and Sexual Harassment in Medical Education Perspectives Gained by a 14-School Study." Also, **Debra G.B. Leonard MD, PhD** (ELAM 2002-03) contributed a Commentary piece, "Medical Practice and Gene Patents A Personal Perspective," to the theme issue.

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*Send your news to our Reporter:
Rosalyn C. Richman, MA
Rosalyn.Richman@drexel.edu*

Roberta Sonnino, MD, ELAM 1997-98, Chief of Pediatric Surgery at the University of Kansas School of Medicine, has a not-so-secret hobby: photography. Her special areas of interest include underwater photography, her cats and fellow ELUMs, but her passion is pictures of her children – the youngsters on whom she has operated, usually for very life threatening illnesses when they are very premature. On September 10, 2002, Dr. Sonnino was honored with a reception in Kansas City at the opening of her photographic exhibit, *Fragile Beginnings*.

Excerpt from the brochure: “The expression, ‘A picture is worth a thousand words,’ is especially true of pediatric surgery. As our young patients grow old and thrive, pediatric surgeons often behave like proud parents and follow the progress of their babies as though they were their own. [Dr.] Sonnino is well known for always having a camera ready, in her pocket, to capture the important moments in the lives of her patients. Nothing speaks of success better than a photograph of a healthy child months or years after a significant illness or operation. Images of such healthy children are encouraging for parents of other infants with the same disorder and are valuable teaching tools for students and residents. All of the children depicted in these photographs have had the common link of having had major health problems as children or very young in life, and most received treatment at the University of Kansas Medical center Neonatal Intensive Care Unit. Some required surgery immediately after birth or within the first few months; some were extremely premature and tiny, as the size comparison with adults demonstrates. All were followed with love and pride by their medical team as well as their families.

Roberta follows her patients long after they have left her care, checking on their life progress and health status. Nothing gives her more pleasure than knowing that a premature, life-threatened infant has grown into a healthy mature teenager or young adult. Two of her young patients attended the exhibit with their parents, and turned the tables by photographing their surgeon!

*Wendy Weinstock Brown, MD, MPH
ELAM 1997-98*

TO SELAM PIONEERS

You stand – on the shoulders of foremothers – and each other.

You sit – hardly ever.

You swim – with sharks of both sexes around icebergs of hidden agendas.

You navigate – whitewater and try to enjoy the views without drowning.

You play the games the guys evolve – but when you get to make the rules, your team’s diverse, shares work and information, and meetings end on time.

You drive home late – glean pieces of your family’s day while loading dryer, hearing book report and outlining tomorrow (an early one and so you put the kids to bed in school clothes; they eat toaster waffles in the car: a hot breakfast!).

You also skate and bike and waltz and shimmy– whenever you get the chance (about once a decade).

Mostly you hike – an unmapped winding path – your values are your compass and your backpack carries only with what you need, now you’ve left behind what doesn’t fit or have your name on it.

Your rest stops are these campfires, when instead of marshmallows, we share wine and not-so-divine top ten secrets of the SELAM sisterhood, to wit:

10. Career virgins believe in Brownian Motion.
9. Hell hath no fury like a man devalued.
8. Show me a successful woman over forty who isn’t considered difficult.
7. Women with the right to work also have the right to relax.
6. When you see a group of men, begin with the assumption that you are welcome.
5. In contrast to males, females rarely watch fights for fun.
4. Mentor Replacement Therapy prevents career attacks.
3. You’re either living your own mission or someone else’s.
2. Where your skills intersect what you most enjoy and most value is an erogenous zone.
1. Each of you is an original and can do something no one else has ever done before.

*Janet Bickel, 11/02
Read upon her acceptance of the
2002 SELAM International Award for Excellence*

Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you, too, can become great.

Mark Twain

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Women in Medicine at AAMC Meeting

Last autumn marked the 113th Annual Meeting of the Association of American Medical Colleges, held November 8-13, 2002, in San Francisco. As usual, the Women in Medicine sessions were chock full of useful nuggets. Here are summaries of highlights.

Staying Power: Weathering Transitions, Negotiating the Political Terrain and Working for Gender Equity

Janet Bickel moderated this WIM/SELAM Joint Plenary Session. Panelists were Nancy Day Adams, MD (ELAM 1996-97), Dorothy Bainton, MD, Deborah German, MD (ELAM 1995-96), Martha Grayson, MD (ELAM 2001-02), Margaret Kripke, PhD (ELAM 1996-97), Diane Magrane, MD (ELAM 2002-03), Cheryl McCartney, MD, Barbara Schuster, MD, and Marcelle Willock, MD.

New Dean/Leadership Transition What should you do when a new dean comes arrives? First, “reapply” for your own job. Package yourself and your job appropriately. Your new Dean may hand walking papers to those who don’t fit into his/her organization.

Second, times of change equal times of uncertainty, but also create opportunities to teach, learn, observe, influence, and demonstrate integrity in leadership. Your new leader needs guidance whether s/he knows it or not, and whether s/he wants it or not. You have the necessary expertise. Most people can teach down (captive audience, more authority or knowledge), but teaching “up” requires a different set of skills. Strategies for “leading from the middle” include: watch your new leader and learn from him/her; assess your new leader’s style of leadership and its effectiveness; and provide the new leader with guidance packaged in a form s/he can accept.

Third, analyze your new boss’s leadership style. For the detail-oriented boss, bring lots of documentation and ask, “What else would you like me to gather for you?” For the big picture boss, bring the information and, if s/he agrees, tell him/her what you would like to do next, and do it.

Fourth, prepare your dean before relaying unpleasant information. “I’m going to tell you something you won’t want to hear, but no one else is going to tell you, and it could undermine your deanship.” This puts you in the role of an ally and prepares him/her for bad news. If your new leader wants to do something at your institution that didn’t work in the past, inform your boss but couched in terms of support for a new strategy: “Maybe the way *you* want to do this, it will work,” or “Maybe the time is right for this now to work.”

Fifth, assess your personal priorities and keep your values. If you disagree with your new boss’s priorities, you might decide to leave. For real staying power, take the right job, in the right place, at the right time, for the right reason. Make sure the job is a good fit. Being recruited by a high-powered, prestigious research institution when your expertise is in teaching might be a poor fit. A new position may be the right one for you, even if your colleagues see it as a step-down.

Sixth, know yourself and your passion. Be adventurous. If you find yourself upset, look within for the answer. You don’t get upset over a schedule or a research question – you get upset over something personal. “Go to the balcony” to get an overview and get beyond your self-interests to discover “what is truly important here.”

Staying Power Pros of being at the same institution for a long time: You know how to get things done and efficiently. People know and see you in positive ways. The speaker was nominated for a position she hadn’t thought about, but it aligned her for the position she really wanted. Cons: You get comfortable and like to see things done in the same way. You risk becoming either stagnant or inflexible. To increase staying power and decrease stagnation, work on interdisciplinary projects. Participate in external programs; this provides opportunities to see how things are done elsewhere and bring back suggestions. You also meet wonderful mentors and peers and develop your professional network.

In a new administrative role, the quantity of papers and the stream of office visitors may stun you. How do you do avoid burnout?

1. Have a goal or higher purpose, not for personal gain or recognition, but to leave a legacy. Let people know so they can help you reach it.
2. Get good help. For example, if reliable people go to the same meetings you do, share attendance so you don’t have to attend all of them. Let go people who are mediocre or increase your work.
3. Conserve your energy – triage what *must* be done, vs. what can be done another day. Don’t waste energy on “lost causes.” Wait until conditions are more favorable.

Support and Networking Make restorative time for yourself. The goal is not to die of exhaustion on your way up, but to retire peacefully and know you’ve left your legacy. Weather the storms by calling friends. “A network is a key measure of success.” Advisors help you negotiate the political terrain. Get a friend’s advice as to when to proceed or back off. Losing control will negate your effectiveness.

How do you build and maintain a network of colleagues when women are so isolated at their institutions? Several answered, “Lunch!” The higher you rise in leadership, the more isolated you become. On a bad day, e-mail to close friends to see if one can go to lunch. Form a “Women in Medicine” group. Opening it up to community physicians and scientists outside your institution may increase your success. One institution started Wednesday “tea” (too many conflicts made lunch impractical) and developed a nucleus of women who educate each other and promote changes at the institution.

Leadership Tips and Tools To avoid invisibility and unavailability, maintain contact with those who can move your mission forward. Women often step back so the team can go forward. People need to see leaders leading.

Leadership tools include *tenacity* – stick to your mission with persistence; *Teflon* – let the slime slide off and keep going; “playground” *tactics* – if kids won’t play your game with you, play another game, and find another set of friends to play your game with you; *tenderness* – “if you can’t say anything nice, don’t say anything at all” and “you can catch more flies with honey than you can with vinegar.”

Leaders should build strength into all subordinates. Read “Servant Leader” literature to provide a platform for change. Celebrate the successes of others, e.g., your junior faculty members will remember when you celebrate their first published paper. A third of the people will not like you, but keep a check – two-thirds or more is a problem.

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How do you leave a position at which you've established a legacy? Provide for your own transition. "Grow" someone to take your place. Taking a new position is always risky, but you must always be thinking, "What's next?" Even if successful, you may be unhappy. When you stop learning from your position, move on. Remember that the person who asked you to take on this new role owes you something! Ask them for what you need, e.g., "I need sabbatical time to learn a new skill for this position."

As mentors become colleagues, you may be in direct opposition to your former mentor. You are no longer that "nice young thing" who agreed with him. In general, men understand this and expect you to grow up and enter into conflict with them. Don't avoid conflict; some great opportunities for growth come from conflict.

Family Issues Families are in their own transition as we move into leadership positions. How do you anticipate and prevent problems before a crisis hits? Listen to your family and they'll help. When one panelist's normally happy husband starts getting grumpy and her family complains that she is going away too much, she knows it's time to cut back on travel. Avoid taking work frustrations out on your family. Try going somewhere to "decant" before going home. When you're home, really be there for them. Set times when you are unavailable to those from work.

Building Morale Across the Continuum of Academic Medicine

Maria Savoia, MD, presided over this joint plenary session. First, Steven G. Gabbe, MD, Dean of Vanderbilt University Medical School, presented *Burnout in Ob/Gyn Department Chairs: A Model for Diagnosis, Treatment and Prevention*. Elements of burnout are emotional exhaustion (feeling like you are at the end of your rope); depersonalization (cynicism and hardness, seeing your faculty, staff, even family as objects rather than people); and reduced sense of accomplishment (a feeling of inadequacy). In *The Resilient Physician*, Sotile and Sotile describe burnout as a function of three variables: demands, control, and support. Increased demands (work overload, personal conflict) and diminished resources (diminished social support, diminished autonomy/decision making) lead to burnout. The personal effects are diminished accomplishment and efficacy. Organizational costs are diminished organizational accomplishment, increased turnover and absenteeism, and physical illness.

Gabbe found that women worked 10 hours more per week than men, and new chairs worked longer than experienced chairs. Chairs named individual stressors: budget deficits, billing audits, loss of key faculty, union disputes, personnel dismissal, and being a defendant in a malpractice case. Although emotional exhaustion was high and depersonalization moderate, the chairs felt they had a high degree of control and perceived spouse/partner support as high. Notably, women chairs rated their spouses higher in support. Emotional exhaustion correlated significantly with younger age (possibly due to unrealistic expectations, fewer resources, and less of a supportive network), shorter length of service, longer hours worked per week, and lower spouse/partner support. Lessons learned: Acknowledge burnout. Risks for burnout increase as control and support in the work environment decrease.

Second, Darrell G. Kirch, MD, Dean of Pennsylvania State University College of Medicine, presented a case study of academic health center morale. Health care organizations used to have higher levels of morale than other organizations, but now are comparable. He cited faculty perceptions:

- "No one pays me anything to teach."
- "My research makes a profit for the university and they don't share it with me."
- "The system is broken and no one is trying to fix it."
"I'm seeing more patients than ever and earning less."
(The only one that's true.)

Following a "demerger," the school evaluated morale as a tool for positive change, using a professional consultant firm that developed a standardized, comprehensive instrument with national benchmarks for measuring morale. Penn State increased its morale 18% after two years of doing the study, followed by creating and implementing action plans. Basic scientists and women were suffering the most. Accordingly, morale for women and basic scientists increased the most after implementing action plans.

Critical Success Factors for Increasing Morale: Organize around the sense of urgency to move from "free-floating" anxiety to focus on critical issues. Communicate – listen and inform. Create a transparent "open book" culture. Formulate action plans with accountability. Support leadership development at all levels. Never underestimate the power of reward and recognition on morale. Always strive to align actions with institutional values. Measure morale only if you intend to act on the results.

Erin McKean Lin, MS, University of Michigan Medical School, surveyed the impact of faculty morale on the learning environment and student career choice. Students hear conflicting faculty comments: "How much easier students have it today. They need to read more, sleep less." vs. "I don't want MY child to go into medicine." and "Women in academic medicine are like mice on a wheel, they run and run but don't get anywhere, they get off to have babies, then get back on to run and run again." They hear residents say, "If I had it to do over again, I wouldn't," or "I would change specialties."

Sixty-seven percent of students stated that faculty morale affects them, particularly in considering an academic career. Eighty percent rated mentoring highly, commenting on the lack of organized mentoring. Issues particular to women and minority students include problems finding mentors of same gender and race, which has been shown to impact student career choice and job satisfaction.

In reconciling GenX expectations with the current academic environment, students look for: jobs outside clinical practice, teaching tracks (no interest in being a "triple threat"), faculty development and mentoring programs, protected research time, increased rewards and respect for teachers of medicine and humanistic physicians, and aggressive leadership in resolving residents' concerns.

Patricia S. Barrier, MD, MPH, Associate Dean for Students Affairs, Mayo Medical School, addressed ways to provide support and resources. She recommends an ongoing needs assessment (e.g., focus groups, exit surveys) and interventions at defined threshold levels (e.g., part-time appointments, child and elder care, faculty development, mini-sabbaticals, student-as-teacher programs).

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Conclusion: Academic leaders come from the faculty, and faculty come from the students! Satisfaction surveys help identify factors affecting faculty interest in academic medicine, which can lead to focused interventions. Future surveys can follow up on effectiveness of interventions. However, assessing needs without implementing interventions can make things worse.

Women Liaison Officers' and Chairs' Annual Caucus

Diane Wara, MD, Chair, Increasing Women's Leadership Implementation Committee, reported on the "Increasing Women's Leadership in Academic Medicine Report" (*Acad Med* 2002;77:1943-61). Believing this is the right time for women's advancement, deans are willing to support women's advancement and review how search committees are put together. Statistics for women's advancement in academic medicine remain dismal, and must be publicized annually.

Janet Bickel was thanked for her years of innovative leadership for women through the AAMC WIM Section. Deborah German, MD, received the 2002 AAMC WIM Leadership Award. The Washington Women's Academic Network received the 2002 Organizational Award. Information on their program is available on the web at pathbox.wustl.edu/~awn/.

Vivian Pinn, MD, Director of the NIH Office of Research on Women's Health, reported on available research initiatives and new programs. The mission of Achieving Excellence in Science (AXXS) is to make women more visible and to advance their careers by increasing the recognition of their scientific accomplishments. More research dollars are available this year for Building Interdisciplinary Careers in Women's Health Research (BIRCWH) program. This is an innovative effort to nurture the next generation of scientists interested in conducting interdisciplinary research related to women's health in a mentored environment by pairing junior researchers with senior investigators. The goal of the BIRCWH initiative is to promote research and the transfer of research findings to clinical care that will benefit the health of women.

Specialized Centers of Research (SCORS) on Sex and Gender Factors is a new initiative for 2002 to develop multidisciplinary centers to provide opportunities for innovative approaches to research on the role of sex and gender related health effects. Current research priority areas include mental health, reproductive health, pain disorders, and urinary tract health.

Office of Research on Women's Health (ORWH) Research priorities for 2003 are listed on the website www4.od.nih.gov/orwh. Their HRT workshop is available on the web at videocast.nih.gov.

Bragging Rites and Wrongs – The Art of Self-Promotion

The WIM Plenary Session featured Peggy Klaus of Klaus and Associates. This was an engaging and moving (literally – we didn't sit for very long) session about how to present information and ourselves to an audience.

Send the Message: "Bore no more." Pump up your passion by creating a sense of urgency, energy and enthusiasm about your accomplishments and ideas. She suggested we begin every presentation by either silently or aloud (in private or in the ladies' room) repeating these inner monologues: "I am so happy to be here! I can't wait to tell you about myself! You're not going to

believe this one! Sit down and listen! I've got great news!" You may feel silly at first, but soon will slip into your "Sense of Urgency Character." Keep an updated list of your new projects, ideas, and successes to weave into your stories.

Make Sense: Use vivid imagery in stories about yourself, and you will become exciting and vibrant. Practice enlivening your stories – close your eyes and see the image. Notice the difference in your delivery when you are really sensing the story and not just saying the words.

Set the Stage: Create a "braglogue" (your story). Prepare for your presentation by asking: Who is my audience? What's in it for them (what do they want or need to know about me)? What's the headline? Create a 10-second "News Tease" that encapsulates and dramatizes your story (i.e., "Woman Succeeds Against All Odds!"). "What's so good about me?" Answer questions for yourself such as, "What do I like/love about my current career? What successes am I most proud of having accomplished from past and current jobs? What new lessons or skills have I learned in the last year? What obstacles have I overcome, personal and professional, to get where I am today? In what ways am I making a difference in people's lives?"

Put it Together: Practice = Polish. There is no way around it – practice is necessary to be a successful self-promoter. Winging it only works 20% of the time. The other 80% of the time you do not appear as the confident, charming person you are. Begin your rehearsal by walking around the room continuously to loosen up. Build your enthusiasm by going over the top with your inner and outer monologues. Rehearse your braglogue with exaggerated attitudes and speed. Practice paraphrasing your braglogue many times until you feel comfortable with the flow and meaning. Remember, practicing a little everyday creates remarkable results!

Self-Assessment: List three successes in your career or current position that you are most proud of. Explain these in detail and add them to your story.

Prompts for beginning your presentation: Keep your eyes up; talk like you have a hearing-impaired audience; pause, breathe, count to 10, then GO!

Strategic Use of Humor

Molly Carnes, MD, spoke at the WIM Luncheon. As her career advanced, she began to study successful women. Most said that a good sense of humor is required to have a successful career in academic medicine. Historically, humor is thought of as a survival mechanism. The average child laughs ~400 times/day, adolescents 200 times/day, and adults (men and women are the same) only ~18 times/day.

Laughter promotes bonding in a social group with a body of common knowledge and experience. When people don't laugh, it usually means they don't share in the experience. When men use certain types of humor to promote bonding, women feel excluded, realizing that they are not and will not ever be part of that comradeship.

Humor can be used to release tension or as therapy. Those in power often use political humor to reinforce the status quo. Superiority or disparagement humor, used to reinforce the social order, is usually aimed at women. Many believe this is more a form of aggression.

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Political humor is also used by those not in power to uncover the absurdity of policies, and existing practices and injustices. This is usually a safe way to express dissatisfaction in the workplace.

Gender reversal humor is a way of ridiculing social norms. If something is funny when you do this, it points out a ridiculous gender stereotype. If the stereotype doesn't exist, there is no humor, such as a comedy plot about a young woman in Minnesota who finds her womanhood by killing a bear.

Incongruity humor gives a half-twist on reality. Semantic juxtaposition humor: "What does an engineer use for birth control? His personality!" Verbal humor: "Why did the golfer wear two pairs of pants? He had a hole-in-one!" The semantic joke involves the posterior temporal lobes of both hemispheres in the area that processes word meaning. The verbal joke (or pun) just involves the left hemispheric network centered around sound. Both involve the median ventral prefrontal cortex. It "feels good" to laugh.

Why does the myth of women as humorless exist, as in the stereotypical woman who can't get the joke or the woman who can't remember a joke or punch line? This myth is used against us. A lack of humor ranked high on a list of reasons NOT to promote women to leadership positions. Contrast Marietta Holly with Mark Twain, supposedly as frequently read, but omitted from most historical anthologies of humor. "Power is about whose stories will be told." Little girls are told it is not ladylike to laugh too loud or be the center of attention. "Nice girls" don't laugh at dirty jokes or people will get the wrong idea about them.

Is there "women's" humor? Yes. Women are less likely to use disparagement humor and more likely to use anecdotes (vs. set-up/punch line jokes). Women's humor is more subtle. Men often do not "get" women's humor. Women use humor to promote bonding within a group. Women also use self-deprecating humor which can backfire and hurt them. Men tend to see women who use self-deprecating humor as less intelligent and less witty, while women see both men and women who use self-deprecating humor as MORE intelligent and witty. Women cannot risk their humor being perceived as too hostile or aggressive.

What about humor in academic medicine? The AAMC study on women in leadership has shown that women are advancing at a glacial pace, and actually losing ground in some areas. We can poke fun at the status quo while maintaining our relationships. Just the right comeback can switch control back to a woman. Verbal humor, especially exaggeration and incongruity humor, works well in the academic medical environment. For example, when told by a male colleague that the department chair said she would get tenure over his dead body, the woman replied, "Works for me!"

Final words of advice: Remember to practice—bad humor is worse than no humor at all.

*Theresa F. Lura, MD
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SAVE THE DATES !!

5th Annual Spring CE Meeting, SELAM International

April 25, 2003. 8:00 am - 1:00 pm

Women in Medicine (WIM) Regional Meeting: The Courage to Connect

- Target audience: women in academic medicine/dentistry and related health professions in the Philadelphia region
- Professional development program focused on early career (Residents, Fellows, Post-docs are welcome!)
- Learn how to find mentors & develop your network

April 25th - 1-6 pm and & April 26th 7:30 am-7 pm

SELAM Continuing Education Program Highlights

- Leadership challenges and opportunities for women in academic medicine and dentistry: getting there, staying there
- The Courage to Change: Pursuing Nontraditional Career Paths
- Women of Courage: Succeeding as Leaders – Karen A. Holbrook, PhD, President, Ohio State University
- Courage in Mentoring: Leadership Coaching
- The Courage to Have a Life: Tips on Successful Juggling
- Networking Reception and Silent Auction

Separate registration for WIM and SELAM programs; reduced fee if attending both.

For more information, contact SELAM@drexel.edu

1st Annual Women in Medicine MidSouth Regional Meeting
September 26-28, 2003, Memphis TN. Keynote speaker: Janet Bickel. MA. Janet is former Associate Vice President for Medical School Affairs and Director of the Women in Medicine Program of AAMC. She is now a Career Development Coach and Faculty Career and Diversity Consultant (Janetbickel@cox.net).

For more information, contact rlewis@utm.edu.

Notable

An experiment was conducted in which caterpillars were led onto the rim of a flower pot that was small enough so the leader was nose to tail with the last caterpillar in the procession. Through instinct the insects circled the rim until they died of starvation and exhaustion even though food was readily available.

The beaten path can seem like the path we are to follow, and it can be helpful, but there is no freshness or creativity when we do what has always been done. We have always tried to forge a new path. It is often difficult because we do not know the way, but it is filled with adventure and learning experiences. Imagine mystery and uncertainty hand in hand with a growing, dynamic faith and understanding.

Jim and Nancy Rosemergy

Donor Recognition

SELAM International continues to receive numerous donations from its supporters. These have taken the form of items donated to our silent auctions, proceeds from sales of the SELAM pin and scarf (thanks to Chris Abrass, ELAM 1998-99, and Simin Dadparvar, ELAM 1999-2000, respectively), gifts in kind from annual CE meeting faculty, support of specific programs, cash donations, etc. Suzanne Landis, ELAM 1995-96, told Nancy Hardt she'd knit her a sweater if Nancy donated money to SELAM for the same amount. It worked! So at the Spring CE meeting, Suzanne plans to introduce the idea of knitting sweaters for people in exchange for donations to SELAM. She will bring prototypes and take measurements and a commitment for your donation upon completion of the sweater. Wouldn't you like to wear such a special "badge of honor?"

Remember to make online purchases through igive.com. Select "Society for Executive Leadership in Academic Medicine" as your "cause." SELAM receives a donation from igive.com for every purchase.

Donors (\$250 or less)

Suzanne E. Landis, MD

Page S. Morahan, PhD, in memorial to John Speer

Bronze Patron (\$250-499)

Ronald D. Franks, MD, Dean of Medicine and Vice President of Health Affairs, East Tennessee State University

Lois Margaret Nora, MD, JD

Gold Patron (\$1,000-4,999)

Joanne M. Conroy, MD

University of Minnesota Medical School -- Twin Cities

University of Texas-MD Anderson Cancer Center

University of Texas Medical Branch-Galveston, President's Office (Dr. John Stobo)

And, if you're one of the 26 whose dues have lapsed, please renew!!

Maria L. Soto-Greene, MD
Treasurer

Power is essentially the force or action necessary to get something accomplished for the greater good... Ultimately, power is a synthesis of the desire to make the world a better place and the experience of learning how to make it happen in political and other arenas.

Dianne Feinstein
Quoted in Women in Power (1992)

Take your one hand, make that into a fist. Take that fist and magnify that a thousand fold and you have a different kind of power. If you take that single one articulate voice of yours and you add it to a choir of a million, you have power.

Anna Padia
"Feminism Is Not Obsolete"
Feminism: Opposing Viewpoints (1995)

Authority without wisdom is like a heavy axe without an edge, fitter to bruise than polish.

Anne Bradstreet
Meditations Divine and Moral (c. 1664)

Beginning the ELAM Journey

This September I was privileged to begin my ELAM journey along with 44 other ELAM Fellows. Although I've been a member of SELAM since 1999, my time to attend ELAM had finally arrived! Our ELAM class is unique compared to previous classes, including having the largest number of individuals born outside the US and having the first veterinarian as a Fellow. As we gathered together with excitement the first morning, Roz Richman and Page Morahan used poetry and Zen music to help us shed our concerns and burdens to prepare our mind and spirit for our learning experience that was to unfold over the next eight days. From that point forward, each session provided a new learning exercise, a means to learn more about who we are, gain an appreciation for those who work with us, and learn tools to improve our interactions and communications with others.

The first session focused on understanding leadership styles and the important interaction between leadership and management. A large portion of the week focused on understanding leadership style using the Myers-Briggs Type Instrument (MBTI). Having taken the MBTI twice before, I found that my type hadn't changed over the years. However, the MBTI materials and the focus on the MBTI in this session's interactions were useful in helping me understand myself and learn ways to improve my interactions with others. We became so obsessed with the MB Type that conversations were constantly interrupted as we would probe others for their Type to have a clearer understanding of why they were approaching the situation in a particular manner!

Several outstanding sessions were presented on financial analysis in preparation for a small group exercise to bring a "fictional" medical school out of financial crisis and to present our recommendations to the "Board of Directors." This exercise of the Ann Preston School of Medicine Case was extremely interesting and intense, as we were given 19 hours to develop a plan to halve the school's deficit in one year and balance the budget in two years! Some groups broke up into smaller factions to handle different aspects of the dilemma, while my Ann Preston group charged through the case as a whole. My group consisted of mostly very strong, loud extraverts. Watching the interactions among us and seeing how some of us would slip between MB Types depending on the particular circumstance was fascinating. The next morning each group made their case presentation to the Board. This session provided valuable lessons of how to make your pitch, points to avoid in making presentations, and learning what to preserve when trying to reduce a medical school budget.

In the latter part of the week we received our 360-degree Benchmarks Instrument Analysis along with a consultation period. Benchmarks is an interesting instrument that provided me extremely enlightening feedback that was sometimes surprising, validating, or painful. ELAM was my first opportunity to take this instrument. I learned quite a bit

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about how others view our interactions and me. I am energized about working on my development plan. Final sessions of the week were focused on organizations and means to achieve organizational change. An outstanding daylong exercise was focused on understanding organizational life and the important roles played by individuals within an organization. In an exaggerative scenario, Fellows assumed roles at the top, middle or bottom of an imagined organization that had to satisfy customers. Living through a “work week” of 13-minute days, we tackled the issues and challenges that one faces in day-to-day organizational life. This outstanding exercise illuminated the importance of communication, of appreciating what individuals at various levels are experiencing, and the need for creating transparency within an organization to foster jointly committed partnerships among all individuals within the organization and with their customers. The final didactic session focused on using a campaign strategy to create change within academic health centers. Tom Gilmore, who presented this topic at the 2002 SELAM CE meeting, led this ELAM session. Hearing it again reinforced the four basic critical points of successful campaigns: listen (to what is already being done and what tensions exist), develop a theme that resonates with others, sweep people in to build coalitions, and build the infrastructure to sustain the campaign and move it forward.

One central theme throughout ELAM was the opportunity to establish new relationships. Relationships were formed quickly by working in small groups during the Ann Preston case, and by our assemblage into new groups of Learning Communities comprised of individuals who are geographically near each other. The Ann Preston and Learning Community groups allowed us to get to know almost half of our ELAM class on a more personal basis. Just as important were the end of day “nightcap” sessions that allowed friendships to develop across established groups. The bonds that formed so quickly by our experiences at this ELAM session are extraordinary. The first session was exhausting and relentless in many respects, but the learning experiences and networking were remarkable. I can’t wait until the spring session!

Mary Lou Voytko, PhD
ELAM Class of 2002-2003

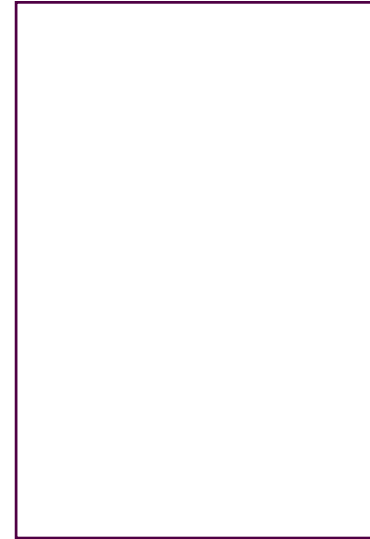
Associate Professor of Neuobiology, Anatomy
and Pathology, Wake Forest University SOM

Most of us miss out on life’s big prizes. The Pulitzer. The Nobel. Oscars. Tonys. Emmys. But we’re all eligible for life’s small pleasures. A pat on the back. A kiss behind the ear. A four-pound bass. A full moon. An empty parking space. A crackling fire. A great meal. A glorious sunset. Hot soup. Cold beer.

Anonymous

SELAM MENTOR

PonJola Coney, MD, FACOG



Dr. PonJola (PJ) Coney is Professor of Obstetrics and Gynecology and Senior Vice President for Health Affairs and Dean, School of Medicine, Meharry Medical College, Nashville TN. PJ addressed the Class of 2006 at their White Coat Ceremony, August 9, 2002. Her eloquent speech inspired us to ask PJ to be this issue’s SELAM Mentor. Deborah German, MD, ELAM 1995-96, interviewed PJ.

PJ and I have been friends since our meeting at the inaugural class of ELAM (1995-96) and we worked together as the first group of officers in SELAM. As I entered her office it became clear that she was a woman who knew what she wanted and got it. I had been to Meharry Medical College and sat in the Dean’s Office many times before PJ’s arrival. When I walked into her office, it was clearly the office of someone who was important, who meant business. That was communicated not only by her style but also by her furnishings. She had taken two offices and merged them. In this one she had a beautiful mahogany desk with her computer and storage space. In front of the desk was a sitting area with several comfortable chairs. As you entered the room in front of the sitting area was an oblong table that comfortably seated eight for conferences. She had one wall of ceiling to floor windows and the appropriate impressive array of books and references.

How is the deanship going?

A challenge is born every minute.

Tell me about your transition from department chair of Obstetrics and Gynecology at Southern Illinois University to Dean of the School of Medicine at Meharry.

“When you start your career you don’t know where the journey will take you.”

PJ described a conversation she had with a long time friend, a nurse, who started on labor and delivery during PJ’s first year in residency. When she mentioned to her friend that she wasn’t

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certain at first that this is what she wanted to do, her friend replied, "PJ, you have been preparing for this all your life." PJ states that she didn't know it at the time but now believes this to be true. She reminisced back to her time at Xavier University with the nuns. The announcement of her deanship had been sent to Xavier. The chair of the Biology Department who was a young nun when PJ was an undergraduate student there e-mailed her. Sister had gone back through the second roll book that she had at Xavier University (yes, she had them all!!!!) and there was PJ's name in Biology 104 with an A grade for the course. PJ's message: you have to start out with some A's and then you have to heed your own beacon and travel the road that life gives you.

I never thought about becoming a chair or a dean. During ELAM I thought for sure that I did not want to become a dean. ELAM pointed out to me the aspects of the job that I would not like. These are the things that came in focus during the program. We focused on the leadership and to me it sounded impossible. I thought you would have to be a narcissist to say that that leader is me. Don't get me wrong, I suspect that many deans are narcissistic but I didn't see myself as being that confident. I'm not a Hillary Clinton or a Bernadine Healy. During ELAM my Myers-Briggs showed me to be an introvert. When I saw that I thought, 'Not me, I'll never be a dean.' But when you look at what the job requires you learn a little bit more. I have learned a lot on the job. I think that the chair's job is the most difficult. The chair is responsible for people on a different level. The dean relies on the chairs and the associate deans to do all of the work. The dean then needs to focus on others. The dean focuses on resources and the vision. Perhaps the most challenging thing is getting the message out to the community and empowering the people to do the work. I enjoyed reading Max Dupree. His book on leadership was interesting. He is the son of a furniture maker and he defines the success of leadership by the success of the followers. If the followers are not successful, the leader is not successful.

How did you get here?

When I was in ELAM there was an exercise where we were put in small groups and the exercise was to define how to get from point A to B to C. We talked about charisma and a variety of other things, but in order to accomplish this you must do something successfully at each level. You must stand out from your colleagues in a substantive way. You have to get the credentials. Everybody has them but you have to be pro-active in letting others know that you want to do more than simply have the credentials. When I started as a faculty member many of those around me were just not motivated. When an opportunity came along I accepted it even if I thought I couldn't do it.

Another important thing is to have a mentor. I have had two mentors throughout my career, both off campus. These two mentors cried when I got this dean's position. Both of these were attendings when I was a resident. One is an associate dean who is retired from clinical practice. He was a prolific researcher and teacher. The other is a retired fulltime pro-

fessor. Both were attendings that worked with me as a resident. Both were men. One was particularly pro-active. He told me this is what you have to do. He gave me a book entitled *The Academic Marketplace*. He told me that it was sacred. That one must publish or perish and must be prepared to stand out. The book he gave was accurate and I never would have known what was expected until too late if I had not received this mentoring. He told me to write at least 2-3 papers per year.

In criticizing me the mentors commented on my positives and did not talk too much about my negatives. They told me to keep smiling, that was important, and that any time I needed advice, they were available. One of the things they asked me to do that I found difficult was to always have a five-year plan. I just couldn't do that. But whenever I felt like I was getting off track I would change jobs. As it turns out I have changed jobs about every 4-5 years. When I became a chair of Obstetrics and Gynecology and went to "chair school," we were in small groups. We were each asked to describe the individual sitting next to us in one word. The person who described me used the word, rabbit. He said that I never stay in a place for a long period of time. What I realized is that moving around gets you noticed. Each move should result in a promotion. The message was that people notice it when you move. Even my colleague in chair school noticed that I had moved.

Can you make any comments about people who can't move?

"I've moved for career reasons. As a chair I recognized that some of my faculty are captured for that very reason. Some of my faculty had to be there; in those situations, when you are dealing with a limited budget, you know that you can offer those faculty a smaller package. I had two faculty like that and it's just a fact of life. Whenever you are negotiating in a situation like that, you need to be aware of your leverage. If you know that you are captured, you need to use your other assets to try and negotiate a better deal. My colleague who called me a rabbit was incredulous when he heard that I had been appointed the dean of Meharry Medical College. His comment to me was, "You are still hopping."

Another piece of advice that is most important is, "Never burn bridges." I have kept my ties with all of my previous employers and made every effort to leave on good terms. Paths tend to cross repeatedly throughout your career and within the small world of academic medicine.

Do you have any comments about the recruitment process?

I was recruited by a search firm. This is very different from being recruited by a committee. The search firm definitely adds value to the client and to the interviewee. That middleman really makes it work. In the early phases you don't have to deal with the culture of the institution. The search firm wants to answer your questions and you get your questions answered. They prepare you for what you will encounter and they facilitate the process. The evaluation process of a candidate is extensive. It goes all the way back to high school. In one situation they even contacted my Godparents. The search firm makes sure there are no surprises. In my case they talked with every trainee on my resume from my past career. They interviewed

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everyone who was on my resume. At first I found it intimidating, but after awhile I became comfortable with it. They serve the institution, but they serve you too. I have never been treated poorly by a search firm and I've engaged with three.

Do you have any do's and don't's about working with a search firm? In your role now as dean at Meharry Medical College, do you use search firms for recruiting chairs?

Ask them whatever you want. Search committees often can't answer questions, but the firms can and should find the answers. I use committees here because I am hands-on with the process. I have an external review of the department prior to the initiation of the search. I meet with and charge the search committees.

It was a pleasure and a privilege to have the opportunity to sit and talk with PJ. She is a take-charge, no-nonsense, kind and compassionate woman. On a sad note, we send our condolences on the passing of her mother late last year.

*Deborah C. German, MD
ELAM 1995-96*

*President and Chief Executive Officer
Saint Thomas Hospital
Senior Vice President and Chief Academic Officer
Saint Thomas Health Services
Nashville TN*

The Physician Executive's Coach on To Get Action You Need Traction... ...To Get Traction You Need the Right Amount of Friction

It's been well documented in the [business] literature that when most leaders fail, it is not due to weaknesses in their planning processes, but rather in their failure to effectively execute their plan. This happens for several reasons, including:

- A culture or history of indecision within their organization
- A lack of clear accountability (Who is responsible?)
- No consistent consequences for previously uncompleted tasks
- Punishment of individuals for failures in the past (If we try and fail there will be adverse consequences so it is better not to try at all)
- No shared vision of the future
- Emphasis on planning...inadequate commitment to execution
- Inadequate resources for the execution phase of a plan...including funds for effective communication and training
- Too long a planning period...momentum and enthusiasm is lost before execution is completed
- Too long an execution period with no metrics for measuring progress and recalibrating the project's trajectory (We got off course months ago and never had a way to stop and adjust)

- Too many major initiatives begun at once (organizations can only reasonably 'absorb' one to three major changes at a time)

So where do 'Action/Traction/Friction' fit into this litany of 'points of failure'? Let's look at what may be missing.

Action

We're talking about getting things done...things that you want done. Moving from discussion to execution, and from execution to completion. 'Acting' on the opportunity. So why does this not happen as a matter of routine? (I am sorry. Maybe it does routinely occur at your institution, but such is not the case everywhere.)

When putting a plan into motion I am always reminded of a 6th grade lesson in newspaper journalism. Mr. Fitzpatrick gave us the following mantra as the essential elements in any good newspaper article. Be sure, he said, that your article answers the questions: Who? What? Where? When? Why? And How? From this foundation, and with a few other key elements, some years ago I developed a Program Planning Template. It appears below.

A Template for Managing Projects

Leadership effectiveness is enhanced when those who support you know what you expect and deliver a proposal with all elements in place. Requests for resources and/or proposals to pursue new projects may be relatively informal or may require a comprehensive business plan. In either case, it is helpful to have a template that can be followed in all cases that will assure that before an item comes to you for consideration it has gone through a logical and consistent titration process. Here is one that has worked for me.

10 Points to Follow When Managing Projects

The key questions are

1. What is the issue? Your premise?
2. Does it fit within the institution's/organization's Mission?
3. Does it fall within our agreed to priorities?
4. What are your measures of criteria for success?
5. What will be the benefits/impact to your unit? Collateral units? The institution/organization? Have you gained support/approval from the leaders of collateral units? Can we contemplate any opposition/resistance? How do you plan to mitigate this?
6. What resources will be required (dollars [capital and operating/cash flow], space, people/time, external approvals) to complete this project?
7. What are the risks of proceeding? How will these be mitigated?
8. What is your exit strategy should this initiative not meet your expectations? What measures/thresholds have been established to trigger such an action? Have you thought of possible downsides and pitfalls to your plan and process?
9. What is the timeframe for planning, execution and initial operation prior to mainstreaming activity? Identify milestone dates/activity levels.
10. If the answers to the above questions are positive/appropriate, is there any reason why you should not proceed? If not, please proceed!

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Traction

So what is traction? Traction is the 'stickiness' that an idea or project has that allows it to move forward. It means that people 'buy-in'... that they are interested in the outcome and see its value to the organization (and to themselves). It means that they can see where this fits into the organization's and their own priorities...priorities of not just this project in relation to other projects, but the time and effort of its faculty and staff, and the commitment of economic and space resources. It means that when someone suggests another project to which resources may be committed, people don't set the current priority aside and begin work on something new (the 'idea of the week' dilemma). It means that there is a mechanism to set priorities and 'control' distractions (both those internally generated as those imposed from elsewhere...not always an easy prospect in a department within a medical school). It means that important tasks are protected from sabotage, intended or otherwise.

Friction

So if we need to have Traction to accomplish Action, what's Friction got to do with anything? In my metaphor you can't have Traction without Friction. It is what creates and maintains the 'stickiness.'

Think about a car driving on glare ice. On sheer ice a car (or your project) with bald tires is unlikely to go anywhere. You will just 'spin your wheels.' The car needs some friction in order to establish traction. This can be accomplished with studded tires; a bit more weight over the drive wheels; and, having the surface of the ice roughed up a bit. Now let's not forget that while some friction is essential for forward motion, too much friction can stop you in your tracks. All the right equipment and preparation can be undone if you forget to take the car's emergency brake off. Your project too will fail if there are people who are allowed to oppose change and are doggedly committed to maintaining the status quo.

In our environment 'good' friction is created by having:

- Clear accountability...someone in charge and responsible for the overall project and for getting it accomplished. They are observant of schedules and pursue each task element with diligence.
- Established and well-communicated timelines and milestones by which task elements are to be completed. Someone is watching what is getting done and whether critical deadlines are being met.
- Well-understood resource parameters (e.g., budgets, space restraints, etc.) within which all parties must operate. The responsible party is conscious of resource commitments and consumption...and is making others aware of adherence to same.
- Consequences for tasks accomplished...and for those not. The project leader is prepared to assist others when obstacles get in the way of meeting objectives and staying on time and within resource parameters. Better still, such barriers are anticipated and moved aside before the project encounters them

(e.g., 'We know the Department of X will not be totally pleased with this plan. I [the project manager] will meet with the Chair in advance and see whether we can find a way to mitigate their concerns and make this a win-win for all parties impacted.')

- There exist a mechanism for healthy debate and a 'safe' forum to challenge assumptions and approaches to the project (the benefit of having an appointed contrarian amongst the project team). We don't want to go pleasantly or blindly down the 'Road to Abilene' when there are pitfalls we could have, and should have, anticipated.

Conclusion

If we are to be effective in moving issues forward to a desirable conclusion we need to create mechanisms that will assure that each intended *Action* has sufficient *Traction*. To assure this *Traction* we need to have in place mechanisms that create the kinds of *Friction* (the interaction between involved surfaces/parties) that provides the 'stickiness' to get and keep things moving in the desired direction, at a steady speed and in a controlled fashion.

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. A member of the ELAM Alliance, he may be reached at The Physician Executive's Coach, 2650 Juilliard Street, Boulder, CO 80305; (303) 497-0844 or www.PhysXCoach.com.

Quotable

Gate attendant: "Sorry, sir, but with that last flight delay, you're no longer a frequent flyer."

Sign: "Tonight's Topic: What is reality?"

Frank: "I think reality is just a good guess."

Ziggy by Tom Wilson & Tom Wilson II

"You only play Brandenburg concertos and fugues. You have to learn to think outside the Bachs."

Frank & Ernest by Bob Thaves

Major: "That's the new policy for civilian employees. What shall we call it?"

Sergeant: "It's about people doing more work for the same pay."

Major: "Yeah...how about 'Labor upgrade stabilization entitlement'?"

Beetle Bailey by Mort Walker

Dilbert: "I call my invention the 'Visibuddy.' It's a mindless replica that can attend meetings and increase my visibility."

Scott Adams

Strategic Career Planning: Renewal of Physicians, Scientists, Teachers and Students

About ten years ago I read my daily calendar *For Women Who Do Too Much* by Ann Wilson Schaef. The words are indelibly imprinted in my brain.

"I work for a place whose mission is to heal people, and it destroys the people who work here."

This sobering thought is even more poignant today. I see this "dis-ease" – to a lesser or greater extent – in all academic health centers that I have visited. What are the consequences? No one knows the cost added to health care when tired, stressed health care providers/healers continue in their professions. Others, who can, move to part-time work in order to have more time for restoration of self. Others leave the profession altogether. All of this is a loss in health care provider/healer capacity.

What can be done to renew the mental, physical, emotional and spiritual health of health care providers and healers? Several promising approaches have recently been developed. All of these approaches have several features in common: (1) development of a trust-based community of practitioners that may be quite diverse; (2) self-sustaining, interdependent leadership; (3) focus on story telling, to develop more meaning than is possible using our common linear and logic-based thinking; (4) fostering skill development in listening and inquiry-based dialogue, to expand our already comfortable skills in advocacy-based speaking; and (5) development of our "appreciative eye" to augment our already skilled "critical eye" through using positive or appreciative inquiry, such as asking, "What's possible?" rather than, "What's wrong?"

Here are several approaches to renewal that are available for health care practitioners.

- Rachel Naomi Remen, MD, is well known for her work with terminally ill patients at Commonweal in California. Her book, *Kitchen Table Wisdom – Stories that Heal*, is a must read for all health care providers and healers. She conducts *Finding Meaning in Medicine*, part of the Physician's Outreach Program of the Institute for the Study of Health and Illness at Commonweal. Resources and workshops are provided to learn how to start self-directed, self-sustaining, story telling and discussion groups to provide support and validation of the interactional values of medicine that give meaning to their work and to strengthen their commitment. (415-868-2642; ishi@igc.org; www.commonweal.org)
- Linda Hawes Clever, MD, and Institute of Medicine member, has recently founded **RENEW**, a project of the Institute for Health and Healing of California Pacific Medical Center, San Francisco, CA. The aim is to help doctors and other professionals resolve the conflicts and competing demands that are an inescapable

part of our complicated, time-constrained lives. The effort offers conversation groups as well as workshops, seminars, conferences, consultations to organizations, and resource materials. The conversation groups help busy, committed people navigate the intersections of their professional and personal lives on an on-going basis within a trust-based group. (415-456-9727; woodskec@pacbell.net; www.renewnow.org)

- Todd Pearson, MD, a pediatrician, is founder and director of the Center for Physician Renewal in Seattle, WA. As part of this work, the Center offers **The Courage to Care** three-day retreats for up to 14 individuals at Harmony Hill Retreat Center, Union, WA. These are for health professionals interested in cultivating resilience and deepening their understanding of the crucial link between their inner life and their life work. (253-351-8577; mdrenew@aol.com; www.harmonyhill.org)
- Penny Williamson, ScD, and Russ Moxley, MD, have an 18-month **Courage to Lead** program of renewal and discernment for health care leaders. The next session begins in March 2003 and involves five quarterly retreats for leaders to reflect on their work, renew their spirit, "re-member" themselves, and revitalize their practice of leadership. (penny.williamson@worldnet.att.net, 410-235-0344 or rmoxley@gborocollege.edu.)

Similar approaches have been developed for medical students, teachers, and others beyond health care providers and healers.

- Parker Palmer, PhD, is a renowned teacher and scholar of teaching. His book, *Courage to Teach*, is a gold mine of spiritual renewal for teachers. One of the approaches recommended to renew the commitment to teaching is to start communities of teaching practitioners to share stories of experiences both good and bad, and ideas for professional renewal.
- Margaret Wheatley is a renowned global organizational consultant, and author of the groundbreaking books, *Leadership and the New Science* and *A Simpler Way*. She consults around the world about new ways to organize, where people are valued as the blessing, rather than the problem. She has started a new initiative, described in her recent book, *Turning to One Another – Simple Conversations to Restore Hope for the Future*. The goal is to start conversation groups among people, to develop trust-based groups for meaningful conversations that can change the world. (www.berkana.org; www.fromthefourdirections.org; www.publicconversations.org)
- Pali Delevitt, Duke Center for Integrative Medicine, has initiated a one-month **Global Medical Education Program** for senior medical students, sponsored by the University of Florida College of Medicine in collaboration with the American Medical Student Association and the Institute of Noetic Sciences. The program presents students with a personal and integrative approach to healing and health care, and provides time and sup-

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port for personal reflection and development of self-care skills. (www.globalmedicineeducation.org, 919-967-2630).

These approaches provide hope for the health care and healing professions. I hope that these approaches will intrigue you, and that you will explore them and let me know of your experience. I also would be interested in learning of other initiatives that you have started at individual academic health centers for faculty renewal.

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, and co-Director of the Foundation for Advancement of International Medical Education and Research Institutes. To be on an email list for occasional mailings on career planning and leadership development, contact: 215-947-6542 or psmorahan@worldnet.att.net.

ISSUES IN THE WORKPLACE

How to Increase the Success Rate of Recruitment and Retention of Women Leaders: Summary of a Discussion at the 2002 ELAM Forum Deans' Breakfast

All of our academic health centers (AHCs) spend a great deal of time in search processes for various leadership positions. Too often the searches end in disappointment because the desired candidate withdraws early or decides during negotiation not to take the position. Or, the successful candidate turns out to be unsuccessful in holding the position – perhaps because of a poor fit with the position responsibilities or institution – and leaves early. How can we increase the successful yield rate, and thus the return on the investment of the considerable faculty time and resources expended in leadership searches?

During the 2002 Spring Session of ELAM, several deans provided novel ideas for increasing the successful recruitment rate of women into leadership positions. One of the major messages was that it is difficult to get top women to come to be interviewed:

Women are less likely than are men to relocate for advancement. They have too much invested in the support systems they have carefully orchestrated to be successful both professionally and in their personal roles as the sandwich generation caregivers.

These life dilemmas are soon likely to also affect recruitment of men, since there is an increasing proportion of dual-career couples, and the sandwich generation problems will increase with the aging of the baby boomer generation.

A number of deans have responded to this reality by focusing on **internal recruitment** of women leaders. This approach already has become commonplace in corporate

America, where formal succession planning and leadership development of high-potential leaders are part of their talent management processes to retain highly qualified individuals. The goal is to develop internal bench strength in leadership.

Some of the effective practices used at AHCs include the following.

- *Mentoring of faculty.* Through mentoring supported by the AHC, and starting early in faculty careers, faculty begin to consider leadership positions. They learn what's required and what they can bring to such positions. Mentors can be internal (Faculty Development dean, ELAM alumnae, other senior-level faculty) or external (executive or career coaches). Mentoring can be reinforced if the chairs and division chiefs are evaluated on their process for and success in identifying and mentoring potential leaders.
- *Leadership development.* This can be provided in at least three ways. (1) An increasing number of AHCs have developed internal leadership institutes. (2) AHCs also support faculty participation in a variety of external leadership development opportunities available (e.g., ELAM, AAMC Professional Development Seminars, ADEA Leadership Institute, physician executive programs). (3) AHCs also pro-actively provide internal leadership opportunities (e.g., chairing an important task force or team) for potential internal candidates.
- *Preparation for the search process.* One of the best ways for a potential internal candidate to understand the process is to serve on a search committee, or to chair one. To increase the effectiveness of this approach, be sure the woman knows she is being given this opportunity as an explicit learning experience for her own advancement
- *Positioning the potential internal candidate as a "leader."* Often, internal candidates need to "reinvent" themselves to be perceived as different, as a potential leader. This cannot be done overnight; it may require one to two years. Strategies include:
 - o Appoint into interim positions. This can be an effective strategy if the arrangement is well crafted with sufficient time to make an impact (at least a year before a search will begin), appropriate resources, and hiring and firing responsibility – in essence, with the understanding that the interim is to act exactly as if holding the permanent position.
 - o Provide formal coaching services. The coach helps the potential candidate identify strengths and areas needed for leadership development, and then helps her/him in the developmental process. Building and mending important relationships also may be required.
 - o Provide informal mentoring and coaching for some of the same issues, through the assistance of other women leaders at the institution.
 - o Increase visibility. Strategic planning to increase

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- visibility in the right circles also may be necessary; this may include placing the potential candidate on important, broad-based task forces or management teams.
- o Increase leadership perception by having the potential internal candidate present a strong vision, action and business plan for the position. This is one of the advantages that internal candidates have. They understand the situation better, so they can be more specific and realistic with their plans.
 - *Ensuring success of the internal candidate once in the new position.* One of the most important messages is to avoid undermining the new internal leader unintentionally. This includes reinforcing the leader's decisions and position, and not allowing others to "go around" their former colleague. Some AHCs provide external executive coaching as part of the recruitment package for all chairs; this ensures that the new leader will have a trusted resource to assist through the inevitable "unanticipated issues" that will arise during the first year in a leadership position, even if it is in the same institution.
 - *Optimizing the potential of the internal candidate if not selected.* Often the AHC does not want to lose the talents of the internal candidate. Crafting a retention package as part of the candidacy process has sometimes been useful. The coaching process also can be useful if the internal candidate is unsuccessful, by helping the candidate through the disappointment, clarification of goals and options, and what might be a difficult transition.

In addition to methods that focus specifically on the potential internal candidates, there are strategies that can be useful in searches with either internal or external candidates.

- *Increasing the number of women appointed to serve on search committees.* It is clear that more than a token woman is needed. There must be several women, at least 20%, to be effective spokespersons for differing views.
- *Educating the search committee.* We all know of searches that identified candidates who appeared stellar in terms of academic accomplishments, yet were disasters as leaders. Search committees need to be educated to "look beyond the traditional academic CV." Methods include providing: (1) very clearly defined responsibilities for positions (such as department chair) that search committees can use in evaluating candidates; (2) questions to use that focus on specific skills and experiences that leaders will need, and that get beyond the typical current level of expertise; (3) questions to probe the interest and experience of candidates in faculty development and diversity (see the AAMC Increasing Women's Leadership Implementation Committee Report, *Acad Med* 2002;77:1043-61); (4) "score card". One participant recommended the use of a scorecard to get informal experience included in consideration.

The scorecard specifies how the candidate has previously added value and could add value to the organization in the new role.

- *Obtaining input from senior women faculty.* Formal mechanisms have been developed at some AHCs to include senior women in the various interviews the candidate will have on campus.
- *Policies to enhance the internal candidate pool.* Some AHCs require that all internal candidates be interviewed. Some leave open the option that an internal candidate may be selected even if the final names submitted are all external. This ensures that the institution has the option of selecting a qualified internal candidate in the event that external candidates are lost in the negotiation phase. This policy also decreases the likelihood of a failed search and a prolonged interim period while another search process is undertaken.
- *Interviewing all women candidates.* This can help educate both the women about the search process and the search committee about the value of women candidates who may not "look as good" on paper.
- *Use of search firms.* Search firms often can increase the diversity in the applicant pool. They also can provide structure and discipline to the search process, to ensure that the necessary questions are asked, and that the correct people are included in the campus visit interviews. Some AHCs now are creating internal offices to provide this structure and discipline.
- *Emphasizing the importance of not losing an opportunity to recruit a woman candidate.* This is particularly useful if the committee is comparing two equally, yet differently, qualified individuals.

It is encouraging that there are so many concrete methods that forward-looking AHCs are using to identify, develop, select and support internal candidates. These practices certainly will help to level the playing field for women candidates seeking leadership positions. This will ensure that AHCs have the greatest amount of talent available for the current turbulent and challenging times.

The authors thank all the deans who attended the Deans Breakfast at the 2002 ELAM Forum for their sharing of effective practices. Previously published in the Nov/Dec 2002 issue Academic Physician & Scientist (Special Issue on Women in Academic Medicine and Science)

*Page S. Morahan, PhD; Janet Bickel, MA;
Robert D'Alessandri, MD; Darrell Kirch, MD;
Margaret Kripke, PhD*

Risk! Risk anything! Care no more for the opinions of others, for those voices. Do the hardest thing on earth for you. Act for yourself. Face the truth.

Katherine Mansfield

A ship in a port is safe, but that is not what ships are built for.

Grace Murray Hopper

AN INSIDER'S GUIDE TO SUCCESSFUL CHAIR SEARCHES

Recently the AAMC published a monograph as a comprehensive guide to seeking and appointing chairs for schools of medicine (*The Successful Medical Department Chair, Module 1: Search, Selection, Appointment and Transition*, available through www.aamc.org/publications). In this article we do not attempt to replicate or present this material in a briefer form. Rather, we offer informal observations of processes that help us guide successful administrative searches at the University of Louisville School of Medicine. Our experience is as an administrator (LS) who has chaired three administrative searches and has worked closely with other search committees during the last five years, and as professional staff (MF) support to all administrative search committees in the School of Medicine from 1996 to 2001. Fifty percent of the chair searches conducted since the recruitment of our dean have resulted in the recruitment of a woman or an underrepresented minority candidate.

The Search Committee

The composition of the search committee is very important. To ensure that all members freely express their opinions, the faculty hold the rank of professor or tenured associate professor. One member from the department that holds the vacant chair position serves as a liaison, and ideally builds support for the process and the candidates within the home department. The liaison communicates general information to the department on the progress of the search and brings concerns of the department to the committee. Support of the department is important to the stability of the search and the success of the new chair. While unusual, we secure a faculty vote for chair candidates.

Both basic science and clinical representation is present on each chair search committee. Up to seven members are named, and at least one woman and one underrepresented minority faculty member are included. While the common wisdom is to name at least two women and perhaps two minority members (Bickel, *Leveraging Gender Diversity*, AAMC publication cited above), this is often not feasible without overtaxing these faculty. Instead, LS plays a supportive role to the members of all search committees, especially on issues of obtaining a diverse applicant pool. A community physician representative is always included on committees for clinical chair searches.

The chair of the search committee is a key member. In recent years, in place of an elected chair, a chair of a related department is named by the dean and serves as chair of the committee. Departmental chairs have excellent insights, experience with searches, and the necessary administrative experience to lead and to delegate tasks required by the search process.

Staffing

A full-time, upper-level staff member with the title of project coordinator supports all chair search committees. We firmly believe that this person is key to the success of the process. The project coordinator is familiar with University policy. This knowledge coupled with experience from previous searches allows the project coordinator to be a valuable resource to the committee and its chair. This individual completes required forms, organizes placements of advertisements and candidate visits, and arranges and staffs all

committee meetings. Due to time constraints of the chair and other members of the committee, the project coordinator typically initiates contact with the candidates and invites them to the University for all visits. The project coordinator also communicates with the candidates and their spouses throughout the search, addressing issues related to the search as well as housing and other needs. The project coordinator is also the person who may, after the search is complete, follow-up with the new hire or their spouse to ensure that their transition to the new community is going smoothly.

The Search Process

The Dean of the School of Medicine charges the committee at its initial meeting. After reviewing the Bylaws, the Dean continues with a brief description of the department's history, current state and, perhaps most importantly, his vision for its ideal future. It is at this meeting that the institution's commitment to diversity is clearly communicated. After the "charge of the dean" the job of the search committee is to define the type of individual that should be recruited and write the ad and job description. At our institution, before that is done, the committee interviews the faculty of the department to determine their needs and desires with regard to their new leader. These interviews are scheduled as an all-day event; faculty speak individually (in small departments) or as part of logical groupings (in the case of large departments) with the committee. Many times the primary skill that departmental faculty seek is mentoring. The faculty's desire should be kept in mind and operationalized as part of the search process (request letters of reference from protégés, advisees, and subordinates; plan interview questions about track records with women and minority recruitment, retention and advancement).

The search committee discusses the qualities of the new leader. While scholarship is often a focus of these discussions (Is the area of scholarship a match with the department and with the institution? What should the grant and publication records look like?), the discussion also includes the optimal recruits' vision, financial skills, management experience and, as mentioned above, mentoring track record.

Tremendous guidance can be provided to the search committee if your institution has a preconceived "job description" for your chairs. Our institution has a very rigorous chair evaluation system; the areas that will be assessed are known and comprise an outline of chair responsibilities. Among other facets, financial solvency, faculty advancement, clinical, research and teaching excellence, and partnering across units are assessed, valued and therefore required of our chairs.

Advertising and Soliciting Nominations

"Selling" the institution in the ad is of considerable value. About half of our ad content includes information about the institution meant to attract prime candidates. The most common source of finalists for our chair searches have come through advertisements placed in academic journals. The search committee selects the journals that typically include one to two general academic journals, such as *Academic Medicine* or the *Journal of the American Medical Association* as well as two to three specialty journals. Fruitful leads also come through personal contacts made by committee members. To optimize women applicants, the committee should remain fully open to internal candidates since women are often harder to move than men. Taking advantage of preexisting networks, informal and formal (e.g., ELAM), is another way to

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optimize women and underrepresented minority applicants. The AAMC has preprinted mailing labels, available for a nominal fee, of all deans and chairs as well as potential women and minority recruits.

The Interview Process

It is important to remember that you are “selling” your school as much as you are “buying” a new leader. As soon as a short list is generated, we send a packet of promotional materials about the school and the community to candidates. Since confidentiality is often a concern, materials are sent to home addresses and phone calls kept to a minimum.

The first interview is typically one full day and primarily includes meetings with the search committee, department administrators and faculty. To assist the search committee in its recommendation of the preferred candidates to the dean, departmental faculty and interviewers are invited to evaluate candidates on forms tailored to the requirements of the position. Interpersonal factors now become key, since the track record is already known. In my (LS) interviews with chair candidates, I note whether they ask me “the right questions” that show me that they understand the many facets of being a chair; if they are still thinking like a professor or like a chair, and whether they are capable of enjoying their faculty successes as much or more than their own. Knowing the institution and dean as well as I do, I try to evaluate whether their style and vision matches ours. Finally, I try to assess whether they have the interpersonal skills to actively engage the departmental faculty in moving toward their vision.

Second interviews are typically two full days and include meetings with the search committee, dean, school administrators including other departmental chairs, and select community hospital administrators. Second interviews usually involve the spouse as well, and a tour of housing and the city with a realtor. At the conclusion of second visits the committee generates an unranked list of names to forward to the dean, based on evaluations submitted by interviewers as well as the committee’s overall impression of each candidate. The dean typically requests a minimum of two names.

The third and often final visit is planned at the discretion of the dean. The committee’s role has concluded. With the support of the project coordinator, the dean develops the final visit. The dean requests a “wish list” from the candidates in this final visit. This typically includes the candidate’s goals and objectives for the department as well as the resources needed to achieve them.

The role of the spouse in the recruitment should not be minimized! Spouses often need employment and, if possible, that should be arranged. Courting the spouse has been key to the majority of our recruitments, and failed recruitments are often at least blamed on the spouse. On the bright side, it is well known that dual spousal recruitments are often successful and lead to stable long-lasting employment satisfaction and retention.

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Getting Your Foot in the Door

Let’s assume that you are trying to advance your career. Your former mentor or chair has nominated you, or you’ve applied for a position, but you have not been selected to interview. What do you do? The obvious first step is to look over your CV and make sure it is formatted correctly and updated. The next step is either a revision of the letter you use to introduce yourself or creation of a new letter that best fits the job description. These are the things I used to do with modest success...until I went to ELAM.

The constantly revised and updated letter/CV approach brought me irregular success at getting to the interview. The alternative approach I learned at our ELAM session yielded almost a 99% success rate at getting my foot in the door. What made the difference in getting me through the door?

The résumé approach that Judith Katz presented to our ELAM class was what made the difference. [See also Morahan PS and Katz J: Converting a CV to an Executive Summary or Prospectus, *SELAM International News* 2002; 5:17-19.] First, she emphasized replacing the CV with a 1- or 2-page, personalized account of one’s accomplishments. After ELAM, I decided to try this. I was amazed at what I sounded like on the paper résumé, and what just didn’t come through from reading the same dry, catalogued data in my CV. For example, the CV documented my expertise in research and administration by citing the usual publications, research grants and academic titles. The résumé was able to bring some of those activities to life by summarizing my research accomplishments and success in funding, as well as the administrative initiatives I was involved in that led to new programs and funding for the university.

In other words, the résumé allows you to put ‘spin’ on your accomplishments. Most of us are not comfortable with self-promotion. The résumé serves as a safe way to promote yourself and stand out among the other predictable applications.

My experience has been that the search committees have thought so, too. Instead of getting my foot in one door out of five, I have been getting it in four out of five!

So next time you apply for a position, use the letter of interest to refer to the summary of your accomplishments in your résumé. Append your CV for any details that the Search Committee requires. What you do with the rest of the process after being selected for the interview is up to you, but take along copies of your résumé to hand out to the groups you will meet. And remember, this process doesn’t guarantee you the job, but it does get you through the door to look at it.

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BOOK REVIEWS

A Woman's Guide to the Language of Success by Phyllis Mindell, EdD, Paramus, NJ: Prentice Hall, © 1995.

In *A Woman's Guide to the Language of Success*, Phyllis Mindell, EdD, uses the metaphor of *Charlotte's Web* [White EB (1952) New York: Harper & Row], a story from our childhood about a wise barnyard spider, to exemplify power in language. Through Charlotte's use of power language, attitudes transform and the barnyard power mongers change the destiny of Wilbur, a runt pig. Thus, the reader learns that words with power become threads in the tapestry of success for career women to transform attitudes and lives. The treasures that make this book a masterpiece are the concrete suggestions to empower and embolden written and oral communication. Many other books, such as Pat Heim's *Hardball for Women* (1993) and Deborah Tannen's *Talking from 9 to 5: Language, Sex and Power* (1990), cover powerful body language and dress.

Mindell emphasizes that the language of power carries direct, clear, content-rich messages that motivate listening and modify behavior. The practical suggestions propose to transform women from weak communicators to respected, confident, strong communicators. Tips to strengthen both oral and written language apply to conversations, board meetings, professional presentations and writing for publication. Topics are introduced with keystone statements, then fleshed out. Directions with examples show how weak expressions evolve to strong expressions, how weak grammar differs from strong grammar, and how to exchange weak words for precise power or action words. Prescriptions unfold for strengthening memos, reports, speeches and other presentations, asking and answering questions clearly, and leading meetings effectively. The book offers strong, professional responses as remedies to slights, slurs or inappropriate behavior in the academic or business arena.

Speaking with Power

The following five keys are among the many tidbits described to strengthen speaking.

1. Using "I" keeps the focus on "I"/the speaker. It weakens the sentence and distracts the listener. Use "I" when talking about yourself; otherwise, use the noun that is the actual subject of the sentence. For example, the following "I" sentence highlights the schedule and stress of the speaker:

I don't have enough time to hear all the details of the patient's complaints and history; I just want the important points.

The following request highlights the patient and clinical evaluation:

Please summarize the important points of the patient's complaints and history.

2. Feeling words build relationships and serve as great connectors for family, friends and support groups. To expedite workplace functions, use objective sentences with precise nouns and action verbs. Notice the nurturing though vague language in:

We are proud to say that our grant writing team had some good ideas, worked well together and had a successful morning meeting.

Notice the productivity conveyed in the following stronger, professional language:

The team writing the NIH grant proposal prioritized three goals and assigned writing tasks on a timetable that completes the application two weeks ahead of the September 15th deadline.

3. Introductory phrases and tag-along phrases weaken communication. For example, the previous point used the phrase in the weaker sentence, "*We are proud to say that...*"

Similar introductory phrases include: I feel, I think, hopefully, well, we should/maybe we should, I have a suggestion, in my opinion (often used at the end of sentences as a tag-along phrase) and don't you think (also a dangling tag-along).

In other words, lose the "I feel" at the beginnings of sentences and the "n'est-ce pas" at the end of sentences.

4. Apologies relate to errors, not for existing as a human being. For example, an apology (and **only one apology allowed**) is appropriate for tripping someone in the elevator or spilling orange juice on a colleague's manuscript. An apology is no way to start a speech ("I really am not prepared to report on..." or "I am not sure why they chose me to talk about..." or "I don't know much about this topic...").

When a situation merits an apology (identified as a ritual apology, e.g., for a lost article or missed appointment), a passive or objective apology may be appropriate. Sometimes an invitation to remedy the error is appropriate. The following exemplars model professional (ritual) apologies:

It is regrettable that the appointment was scheduled incorrectly.

The medical record was misfiled so how can we work to identify the missing information?

Since the budget does not cover your travel request, let's remember to include this annual meeting in next year's department budget.

5. Speeches should incorporate words and metaphors that relate to the audience and are culturally sensitive. A researcher wants to hear about methodology and findings (and funding), a board of directors wants to hear about goals and outcomes (and balanced budgets), and families want to hear about cures and care management (and bill-friendly insurance coverage). Metaphors translate ideas into digestible language. Sharing travel or other personal experiences can emphasize respect for diverse cultures, ages, generations, etc. Using hobbies, such as photography, farming, construction, or equestrianism, one can tool a metaphor from a cluster of concepts into a multifaceted jewel of a model. Thus, an academic presentation unleashes imagery in the listener. Always use

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a metaphor that you understand; avoid getting caught in the unknown and cobbling a metaphor that makes no sense.

Writing with Power

Mindell emphasizes that the language of power is important in writing. Whether writing a memo, email or article, the words should be clear and concise, the phrases balanced and the words flowing smoothly when read aloud. A recipe with 13 Steps defines a path for writing a successful presentation. The 13 Steps address details such as identifying the purpose of the talk, the thesis statement, and the most important topics. The lead-in is critical because it establishes the speaker's credibility, bridges the speaker to the audience and sets the tone for the presentation. Just as critical is the conclusion with either a call to action or a pithy ending that generates queries and creative thinking.

Reading for Power

Not only is power important in speaking and writing but also in reading. Reading is essential to academic success. Reading great works trains one for great writing and speaking. Ruth Bader Ginsburg, US Supreme Court Justice; Maya Angelou, American poet, playwright and novelist; and Abraham Lincoln, 16th US President, model powerful writing. Their works demonstrate word smithing, balanced phrases, and the development of ideas into convincing text. These three serve as outstanding mentors for writing.

However, all texts are not worth reading; some that are worth reading merit only skimming while others merit careful reading. The discriminating reader should screen material to separate material for target-reading vs. that for deep-reading. Target-reading entails reading key words only, e.g., reading the title, author(s) and the abstract of an article in a professional journal or the Table of Contents in a book. Screening an article or prereading entails skimming the article or book, identifying the thesis statement, identifying the topic statements (usually the first sentence of each paragraph in an article and the first and last paragraphs of each chapter in a book). The relevance and interest of the topic sentences indicate the value of deep-reading, which entails reading close to 100% of the text. Mindell recommends deep reading only texts which promise to change your thinking or your life.

Language Mentors

Mindell encourages women to identify mentors who model clear, convincing, professional communication. She mentions Supreme Court Justice Ruth Bader Ginsburg as a mentor adept at powerful speaking and writing. Other examples familiar to those in academic medicine include Karen A. Holbrook, PhD, the new President of Ohio State University, and Jan Greenwood, PhD, former academic president and now Vice President of the search firm of A.T. Kearney, Alexandria, VA. These women model strong, intelligent images in their speaking, writing and styles of leadership. They model how mastering the language of power translates to mastering the language of success. *A Woman's Guide to the Language of Success* can become a book mentor that will transform your thinking and help you master the language of success.

Leilani Doty, PhD
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The Ten Lenses: Your Guide to Living and Working in a Multicultural World. Mark A. Williams. Sterling, VA: Capital Books, © 2001.

This is one of the most practical books I have found for building a multicultural working community. If you are looking for a book that focuses on the deep intrapersonal work on white privilege or internalized oppression, this is not the book for you. Instead, Williams gives practical steps that can be started immediately; the subsequent increased awareness and skill development may enable people to move to the deeper work. The noted diversity scholar from Harvard, David Thomas, writes that "the book offers a language for understanding and dialoguing about differences that have largely been absent until now."

Williams has developed a framework of ten lenses, or ways that people tend to respond to multiculturalism. One can take a quiz to determine whether you generally view diversity issues from the viewpoint of: Assimilationist; Colorblind; Culturalcentrist; Elitist; Integrationist; Meritocratist; Multiculturalist; Seclusionist; Transcendent; or Victim/Caretaker. (Usually you use several lenses). Descriptions of the benefits and problems associated with each viewpoint are provided. Suggestions are also given as to how a manager can supervise someone who comes from one of the lenses.

One of the most useful parts of the book is, "Path to Organizational Inclusiveness." Williams takes each lens, and describe actions whereby someone with that lens can move from intolerant, to tolerant, to valuing, and finally to inclusive multiculturalism. The approach seems analogous to working with MBTI types for optimum function.

Williams' ultimate thesis is that our organizations and our world need to move from all of these lenses to an "eleventh lens." To move toward the eleventh lens, Williams relates the necessity of being able to hold universal paradoxes (e.g., "We are the same; I am unique."), becoming skilled at dialogue, moving from the myth of scarcity, and beyond the victor-victim-vampire cycle. He then goes on to list eight steps that individuals can take to move toward the eleventh lens. Finally, he describes the ways organizations would work if they operated under the eleventh lens, e.g., "The organizational culture would incorporate a broader range of standards and norms, offering a much greater freedom of multicultural expression." Many of the statements resonate with practices that would advance gender equity as well as multicultural equity.

Page Morahan, PhD

Jack: Straight from the Gut Jack Welch, John A Byrne, Warner Books, © 2001.

This testosterone-filled book documents with every chapter the rapid rise to the top of corporate America of Jack Welch, former GE chief. In spite of his tumble in the news recently in the wake of his divorce and the post-Enron era, I have always admired him from interviews on TV and in the press for his 'tell it like it is' style.

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Before the revelations about his personal life came to the forefront, I began reading this book with high expectations of learning some tips on how to be a successful manager and grow an enterprise. I wasn't disappointed.

The book is definitely about a very charming, forceful and competent guy, who knew what he wanted and knew how to get there. He credits his first wife with raising wonderful children and helping him to get there. The second wife (divorce pending) was a successful mergers and acquisition lawyer before marriage, who quit her career and, according to the book version, learned and became an expert golfer as well as full-time partner on his many business trips. Throughout the book, he talks about golf and his love for the game as being one of his passions and an essential part of forming enduring friendships inside and outside of the business world.

His leadership style was the most appealing feature of the book. Many chapters were devoted to specific anecdotes that may have been more interesting if the reader could have been there. He was a strong advocate of hiring people who were not only competent but smarter than he was, and then nurturing those careers so that they could move up the corporate ladder. He obviously had an eye for talent and used it well, as attested by the numerous examples cited about people hired who under his tutelage went on to become CEOs elsewhere. He also talked about the culture of GE when he took over as CEO and how his vision for changing the culture played a large role in reshaping the company. He described that one important feature of changing the culture was to make it clear to everyone his road map for change and then to make important hiring decisions to carry it out. He spoke often and fondly about the importance of building a culture in which everyone had input. He illustrated this point by developing a system of boundaryless sharing of ideas in a give-and-take informal style. However, in spite of the phenomenal growth of GE under his leadership and reputation as "neutron Jack" for firing 100,000 employees, he still regretted that he didn't move faster when it came to getting rid of people who didn't fit into the new culture.

Although Jack Welch is undoubtedly a unique personality, I cannot recommend the book as a compelling read. Many of the people and places recalled in the book are just not that interesting and not familiar faces unless one was working for GE at the time. The one message the book does reinforce is that of the male model of career success: having someone at home to take care of kids and hearth and being able to play a good game of golf.

*Barbara McLaughlin, PhD
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The supreme quality for leadership is unquestionably integrity. Without it, no real success is possible, no matter whether it is on a section gang, a football field, in an army, or in an office.

Dwight D. Eisenhower

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

Samuel Johnson

Leading through Diversity Food for thought: "Quote, uhs?"

I am sure that you've been there before. You have to make a presentation – a very important one. You need a quote – a powerful quote, just the right one. Surely, this went through our President's mind (or perhaps that of his speech writer) before he announced his intentions to write a "friend of the court" brief to the Supreme Court against the University of Michigan's admissions decision. He made that statement on Martin Luther King's birthday using words from King's famous "I Have a Dream" speech. I thought to myself, great quote, of course, but what would Dr. King have said or thought? I don't think that he would have liked his words used in that context. He had something different in mind. I believe Dr. King meant for all Americans to act affirmatively in creating and maintaining justice.

Affirmative action currently faces a most serious threat. This threat has forced me to give serious thought about what it is or is supposed to be. I know one thing: affirmative action has nothing to do with "quotas."

We should all be mindful that, despite more than 30 years of affirmative action and federally funded programs specifically targeting the stubborn problem of underrepresentation of people of color in medicine and the health professions, people of color remain underrepresented. Furthermore, minorities remain less healthy, more diseased and less treated. While we are just beginning to recognize the power of a diverse society, diverse workforce and diverse classroom, the threat to reverse the Michigan decision will hamper our ability to consider the "entirety" of an individual during the admissions process. Diversity for sure is more than just color, but it is hardly fair to pretend the "color" and the culture that comes with it should be ignored. It is also unfair to ignore "color" and culture as two of many factors considered in ensuring the most diverse and robust learning environments for our future physicians, dentists and other health professionals.

It's not about quotas, but for sure the President caught my attention with his quote, uh! It is imperative that we all "weigh in," look inside and decide what is important to the future of medicine and what can we do, say or quote to get it done.

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Through the experiences I have had and the risks I have taken, I have gained courage and confidence. I didn't start with the courage and confidence. I started with risk.

Laura Davis

You're never too young or too old to make your own kind of mark in your own kind of time. You're never the wrong age to release the power within you to create the life you deserve.

Georgette Mosbacher

ELAM Update

ELAM is fortunate to be able to count so many wonderful people among our network of friends. Your interest in our progress and support of our mission have contributed importantly to our growth and success. Please join us in celebrating some of last year's special milestones and blessings:

- Thanks to all our alumnae who responded so enthusiastically when asked to participate in the surveys for our Robert Wood Johnson-funded grant to evaluate the ELAM program. Thanks, too, to our other funding partners – Mayo Medical School and Mayo Clinic Rochester, University of Michigan, Vanderbilt University, Wright State University, and the Jessie Ball duPont Fund, whose support of this project attests to its potential to advance our understanding of women's leadership development.
- A special thanks to our Faculty Advisers and ELUM Advisers (new this year) who are helping to “shepherd” our six Learning Communities through their ELAM experience, sharing their knowledge, and offering guidance on assignments.
- This year our faculty returned more expert and brilliant than ever (if that is possible!). We don't know how you do it, but we're grateful that we are the beneficiaries of your loyalty and wisdom. Thank you for all your contributions.
- Many thanks to the University of Utah, which will be sponsoring the 2003 Forum on Emerging Issues focusing on Appreciative Inquiry, and to the University of Michigan Medical School, School of Dentistry and Office of the Provost, which so generously supported both the 2001 and 2002 Forums.
- What would we do without our alumnae? No one could ask for a more enthusiastic or supportive extended family. Your many contributions to ELAM and SELAM have been invaluable and have made us the very special organizations that we are.
- We wish we had room to list all the good news in our ELAM family, but we think a few accomplishments deserve special mention: Barbara Atkinson and Deborah Powell, who serve on ELAM's Advisory Committee, have both been appointed Deans – for the second time! Also, five ELUMs were promoted to deanships this past year: PonJola Coney (E '96), Marla Gold (E '99), Donna Murasko (E '01), Lois Nora (E '97), and Sandra Willsie (E '00).
- We have two new names associated with ELAM. With the official merger in July of MCP Hahnemann University and Drexel University, ELAM is now part of the new *Drexel University College of Medicine*. The Institute with which we are affiliated also has changed its name in recognition of ELAM's contributions to its mission. Its new

title is the Institute for Women's Health and Leadership. We are pleased to be part of the legacy of women's medical education that distinguishes the Institute and Medical College and to be associated with the excellent people who work there and throughout the university.

- ELAM also has a new logo and a new look, thanks to the creative talents of our new Assistant Director, Deidra Lyngard. The logo emphasizes the two key elements of our mission: “E” for Executive and “L” for Leadership. We welcome Deidra and look forward to more of her innovations.
- In November 2002 we celebrated the birth of Margaret Grace Youll, ELAM Program Coordinator Tori Odhner's *first* daughter and fourth child. Tori's sons have often lent a hand at ELAM, and we are sure that “Maggie” will be making her own unique contributions as well.
- We are proud to announce the publication of two reports in *Academic Medicine* this year: “Capitalizing on Women's Intellectual Capital,” by Janet Bickel and Page Morahan, 77:110-111, and “Increasing Women's Leadership in Academic Medicine: Report of the AAMC Project Implementation Committee,” by Janet Bickel, et al., 77: 1043-1061.
- Our deepest thanks to the members of our Advisory and Admissions Committees, as well as to the ELAM Consulting Alliance, who unselfishly offered their time, wisdom and experience in support of the program. Your generosity to ELAM is a gift we enjoy year-round.
- And finally, to our 2002-2003 Class, we hope your experience to date has been everything you hoped for and more than you expected. We have watched with excitement as you discover new strengths and forge new friendships that we hope will last a lifetime. We look forward to welcoming you back to Philadelphia in the spring.

Rosalyn C. Richman. MA

There are no shortcuts to any place worth going.

Beverly Sills

For attractive lips, speak words of kindness. For lovely eyes, seek out the good in people. For a slim figure, share your food with the hungry. For beautiful hair, let a child run his or her fingers through it once a day. For poise, walk with the knowledge that you'll never walk alone.

Audrey Hepburn

Some people say I have an attitude – maybe I do. But I think you have to. You have to believe in yourself when no one else does – that makes you a winner right there.

Venus Williams, US tennis champion

Gatherings of ELAM Alumnae in Utah



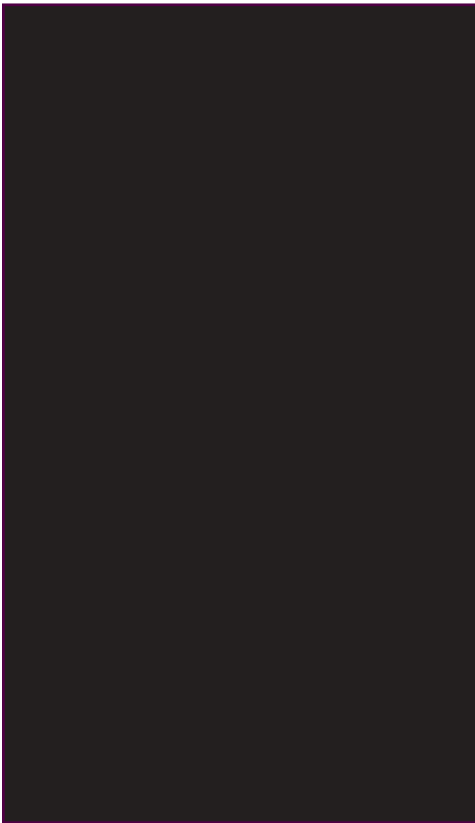
Left to Right: Catherine DeVries, Kathleen Digre, Vicki Judd, Page, Barbara Graves (current Fellow), Cheryl Coffin, August 2002



Standing Left to Right: Barbara Graves, Cheryl Coffin, Ann Thompson, Lois Nora, Laura Schweitzer, Rose Goldstein, Page; Seated Left to Right: Wendy Weinstock Brown, Sally Shumaker, Joanne Conroy, Kathleen Sazama

Photo credits: Rosalyn C. Richman

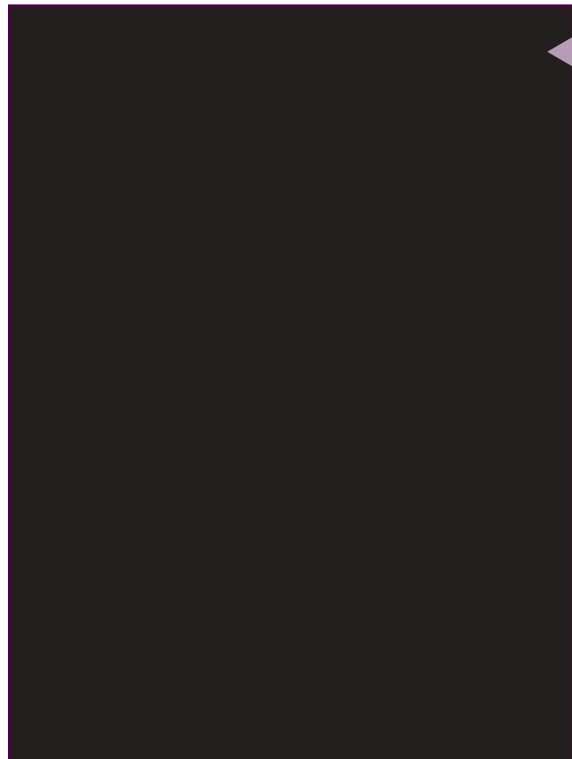
113th Annual Meeting of the AAMC



President Alice Speer presents Janet Bickel with the 2002 SELAM Award for Excellence at the SELAM International Reception, AAMC meeting, November 2002.



Learning the art of self-promotion at Peggy Klaus's session at the 113th Annual Meeting of the AAMC.



Deborah German, MD, accepts the 2002 AAMC Women in Medicine Leadership Award.



AAMC President Jordan Cohen congratulates Janet Bickel on receiving the 2002 SELAM Award for Excellence at the SELAM International Reception, AAMC meeting, November 2002.

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 *May 30, 2003*.

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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)

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