

# SELAM News

## International

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*Vivian Reznik, MD, MPH*  
President

### FROM THE PRESIDENT

As the holidays approached, it seemed appropriate to reflect on where SELAM has been and where we are going. During the annual AAMC meeting in Washington DC, the SELAM Board and Committee Chairs met on November 9, 2003. The Board figuratively ran a marathon – taking care of details, planning future meetings and finally, thanks to Kathy Porter, looking carefully at our finances. SELAM generates income from several sources: CE meetings, dues, our outstanding live auction, and the sale of scarves and pins. You can help by starting to collect items for the annual Spring ELAM/SELAM auction. Rosemarie Fisher (ELAM 1998-99) will be our dynamic emcee once again. SELAM is solvent, growing and ready to take off exponentially.

Linda Adkison has organized a super CE program in Philadelphia this spring. Following will be our first fall CE meeting, tentatively scheduled along with the annual AAMC meeting. Alice Speer is finding new, innovative ways to fund SELAM activities. Her new subcommittee, “Savvy Fundraising,” will be recruiting new members. Volunteer by contacting Alice at [aspeer@utmb.edu](mailto:aspeer@utmb.edu). Theresa Lura, Roberta Sonnino, Karen West, Chris Abrass and Wendy Brown all contributed their time, ideas and creativity to make SELAM’s future look very promising.

Next, the Board of SELAM wants to hear from you, our members. What would you like SELAM to be? How best can SELAM serve you? How should SELAM grow to best meet your needs? We will be sending out a survey and interviewing key stakeholders to have a better sense of the need, desires and dreams of the network of women leaders that we serve. Please take time to give us your ideas, complaints and creative solutions to the problems we all face. Have a wonderful New Year and remember – the best way to predict the future is to invent it!!!! Join us in inventing our future.

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Due date for inclusion in next newsletter:  
May 17, 2004

Photo credits: Rosalyn C. Richman, Roberta E. Sonnino, Kris Lohr

### CONNECTIONS

SELAM/ELUM subgroups: Want to connect with others in your geographic region or discipline or...? Contact Tori Odhner at [selam@drexel.edu](mailto:selam@drexel.edu) for information on connecting with various subgroups.

### SPECIAL THANKS

...to Rynn Toifel, for her in-kind contributions of providing support to SELAM International Treasurer Kathy Porter and to the SELAM International Board regarding SELAM finances.

**QUOTABLE**

In a world where there is so much to be done, I felt strongly impressed that there must be something for me to do.

*-Dorothea Dix, 19th-century activist for the welfare of the mentally ill*

To race is to go all out, every time, no matter what happens. I never worry about falling.

*-Bonnie Blair, winner of six Olympic gold medals in speed skating*

If you look at what you have in life, you'll always have more. If you look at what you don't have in life, you'll never have enough.

*-Oprah Winfrey, TV personality and founder of O Magzaine*

The marvelous richness of human experience would lose something of rewarding joy if there were no limitations to overcome. The hilltop hour would not be half so wonderful if there were no dark valleys to traverse.

*-Helen Keller, activist for the deaf and blind and winner of the Presidential Medal of Freedom*

When I was young, I was frightened I might bore other people; now that I'm old I am frightened they will bore me.

*-Ruth Adam, writer*

There is nothing immoral or selfish about having high standards.

*-Cheryl Richardson, best-selling author and inspirational speaker*

A woman has the age she deserves.

*-Coco Chanel, fashion designer & businesswoman*

**SELAM International  
2003-2004 Board of Directors**

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*(ex officio)*

**EDITOR'S CORNER**

Can there be too much of a good thing?!? This newsletter is the longest yet – we just have so much to share with you (SELAM, ELUM and ELAM news, pp. 3, 9 & 14). But then we high achievers are likely to have much to report... (Page, is this “graceful self-promotion?”) Sandra Degen interviews Jane Henney (p. 12), our high-achieving *SELAM Mentor*, in this issue.

As usual, we have our regular columnists: Patricia Thomas focusing on diversity (p. 8), Page Morahan on the art of graceful self-promotion (p. 15), and David Bachrach on the visualization process (p. 16). In this issue we welcome two new columnists. Jan Greenwood's *Food for Thought* focuses on strategic career planning (p. 19) – have you reviewed your career goals lately? She welcomes your suggestions for future columns. Christopher Avery and I had an e-mail conversation last year, and I capitalized it into an invitation for him to write for our newsletter. We ELUM and SELAM folks know we should be working in teams. Christopher's contributions (yes, plural!) give us some powerful pointers (p. 30).

Page Morahan is not the *only* one reading books, even though she's *the* source for book reviews (p. 25 & 34). The ELAM Class of 2002-03 is networking in a monthly Book

Discussion Club (p. 24). Also included in *Issues in the Workplace* are dynamite articles on mentoring *men* as change agents (p. 20), and mentoring programs (p. 21). Thanks to Janet Bickel and Chris Abrass, respectively. Theresa Lura is a true secretary for SELAM – she took meticulous notes on the Women in Medicine sessions at the AAMC meeting, and provided us with nuggets on professionalism, negotiation strategies, creating institutional value and Joycelyn Elders' view on our “health” care system (p. 26).

Need a reminder on how to support SELAM International? Look on p. 11 and read our President's message on the cover page. And *be there* at *both* of SELAM's CE meetings this year (p. 13)! Maybe you'll make it into the next *Photo Gallery* (p. 32).

Quote of the issue (from my *Believing in Ourselves* calendar): “I am no longer waiting for some stress to end, or a busy time to be over, or a crisis to be solved so that I can finally be happy. I've stopped putting off happiness ‘till later’ and am loving and living life to its fullest right now. So can you.” – Rita Emmett, writer (A quick search shows she writes about procrastination. Hmmm.)

*Kris Lohr, Editor*

## SELAM AND ELUM NEWS

SOM: School of Medicine  
SOD: School of Dentistry

COM: College of Medicine  
COD: College of Dentistry

### Promotions & New Positions, SELAM Members

**Bernstein, Carol, MD (ELAM 2002-03)** New York University, wrote: "Just wanted you all to know that thanks to ELAM (without question!!), I have been promoted to Vice-Chair for Graduate Medical Education in the Department of Psychiatry, the DIO (Designated Institutional Official) for ACGME Issues at the NYU SOM and Senior Assistant Dean for Graduate Medical Education at the SOM. Many thanks to all of you!! I cannot thank you and all of the ELAM staff enough. I am positive that my advancements are a direct result of ELAM. You have an absolutely amazing program. It is quite astonishing to me to see how many of us, just from my class alone, have been promoted or gotten exciting new jobs in the past six months." (July 2003)

**Coleman, Mary Thoesen, MD, PhD (ELAM 2002-03)** University of Louisville, has assumed several new positions in the past year: Senior Vice Chair, Clinical Affairs, Department of Family and Community Medicine; and Acting Associate Dean for Curriculum.

**Cunningham, Kathryn A., PhD (ELAM 1999-2000)** Professor and Vice Chair for Research in the Department of Pharmacology & Toxicology has been appointed as Director of the newly created Center for Addiction Research within the University of Texas-Galveston SOM, effective January 2004. The Center will function as a multidisciplinary research center and provide the academic focus for scholarly investigation, education, and clinical care activities related to the etiology, prevention and treatment of substance abuse. Dean Stanley M. Lemon, MD, wrote in his announcement, "Dr. Cunningham's research focuses on the action of drugs of abuse on the brain. She has been the recipient of numerous grants supporting her research in this area. Dr. Cunningham has substantial expertise in a variety of areas related to the treatment of substance abuse and has served on NIH study sections and published widely in peer-reviewed journals and other publications. Often sought as a lecturer and seminar participant, she has addressed numerous medical groups throughout the country and abroad. She is a member of the American College of Neuropsychopharmacology and has served on the Board of Directors of the College on Problems of Drug Dependence. Dr. Cunningham has been recognized for her contributions to substance abuse research, and is spearheading the use of proteomics technology in determining the physical basis of addiction. She is the recipient of an Independent Scientist Award from the National Institute on Drug Abuse and received the 2001 Distinguished Faculty Research Award at UTMB. I am very enthusiastic about the future of this Center, and believe that under Dr. Cunningham's direction it will become an important and well recognized center for substance abuse research."

**Degen, Sandra, PhD (ELAM 1997-98)** University of Cincinnati, added another title: Vice Provost for Medical Center Administrative Affairs (2002), in addition to her titles of Associate Senior Vice President and Associate Chair for Academic Affairs, Department of Pediatrics.

**DeLeo, Joyce, PhD (ELAM 2001-02)** Dartmouth University, was promoted to Professor of Pharmacology and Toxicology. She also is Director, Neuroscience Center at Dartmouth and Deputy Chair, Department of Pharmacology and Toxicology. (2003)

**Freischlag, Julie, MD (ELAM 1996-97)** Johns Hopkins University, was elected Secretary, Board of Governors, American College of Surgeons. She also is National Co-investigator, VA Clinical Cooperative Trial, Open Versus Endovascular Treatment of Abdominal Aortic Aneurysms (OVER Trial). (Aug 2003)

**Fried, Linda, MD, MPH (ELAM 1996-97)** Johns Hopkins University, was named Director of the Division of Geriatric Medicine and Gerontology, as well as the Center on Aging and Health. (2003)

**Heard, Jeanne K., MD, PhD (ELAM 1999-2000)**, has been named the Accreditation Council for Graduate Medical Education's director of residency review committee activities. Dr. Heard, an associate dean for graduate medical education and a professor of internal medicine at the University of Arkansas for Medical Sciences COM, will join the ACGME in May. Dr. Heard is the current chair of the AAMC's Group on Resident Affairs. A press release on her appointment is available at <[http://www.acgme.org/media/news01\\_05\\_04.asp](http://www.acgme.org/media/news01_05_04.asp)>. Dr. Heard succeeds Marvin R. Dunn, MD, who died on July 30, 2003.

**Kaiser, Fran, MD (ELAM 1996-97)** reports, "I had the pleasure of editing a *Medical Clinics of North America* on women's health that will be coming out later this year (2003). I have also learned much by sitting on the Board of Directors of OASIS, a not-for-profit organization that serves 350,000 seniors throughout the US and promotes health and volunteerism. I have seen another perspective assisting OASIS on some of the lessons we learned from seeking funding in academia – clear, concise and measurable outcomes make a difference."

**Kilpatrick, Sarah, MD, PhD (ELAM 1998-99)** University of Illinois at Chicago, was appointed Head, Department of Obstetrics and Gynecology. (Sept 2003)

**Klaman, Debra, MD, MHPE (ELAM 2001-02)** University of Illinois at Chicago, has been named Associate Dean for Education and Curriculum and Professor and Chair of the Medical Education Department at Southern Illinois University SOM. From the announcement: "The appointment concludes a national search and will be effective January 2004. 'I am pleased to announce this appointment because Dr. Klaman has the experience and energy to continue the innovation in the field of medical education on which this medical school has always prided itself. She brings a great deal of experience and talent in curricular design and leadership,' said J. Kevin Dorsey, MD, PhD, Dean and Provost. Her primary administrative responsibility is the coordination, continued development, and evaluation of educational activities and resources for the School's MD curriculum."

**Landis, Suzanne, MD (ELAM 1995-96)** University of North Carolina, was promoted to Professor of Family Medicine. (April 2003) In November 2002, she received the North Carolina Medical Society Community Service Award for her Project Access work.

**Larsen, Jennifer, MD (ELAM 1996-97)** University of Nebraska, now holds an endowed Chair, the Louise and Morton Degen Professor of Internal Medicine. She remains Director of the Clinical Research Center and the Nebraska Medical Center Diabetes Center. She is on the Council for American Program Directors of Diabetes, Endocrinology and Metabolism and a member of the Development Committee for the Endocrine Society. In 2003, she was named Woman Professional of the Year by the YWCA of Omaha.

**Magrane, Diane, MD (ELAM 2002-03)** University of Vermont, was named Associate Vice President for Faculty Development and Leadership Programs, Association of American Medical Colleges (AAMC). The AAMC announcement said: "Currently a professor of obstetrics and gynecology and associate dean for medical education at the University of Vermont COM (UVCN), Diane is well known to our community. She served as the 2002 president of the Association of Professors of Gynecology and Obstetrics, was a founding member of the Alliance for Clinical Education, and worked as a LCME survey team member over the years. At UVCN, Diane led a redesign of the four-year medical curriculum based on principles of interdisciplinary integration, accountability for competency, patient-centered care, and technology support. Her plan is now being implemented with the help of \$1 million in grant support. Through this effort and others, Diane has earned national recognition for genetics education and interdisciplinary programs. In her new role, Diane will lead the Women in Medicine Program, Faculty Affairs Forum, and Executive Development Programs in the Division of Medical School Affairs. She will also spearhead the association's important efforts to enhance and expand our offerings in faculty and leadership development."

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**Nettleman, Mary, MD, MS (ELAM 1999-2000)** became Chair, Department of Medicine, Michigan State University College of Human Medicine, on Sept 1, 2003. There are fewer than a half-dozen women holding Medicine chair positions in the US.

**Schwebke, Jane, MD (ELAM 2002-03)** University of Alabama at Birmingham, was promoted to Professor of Medicine, Division of Infectious Diseases. She also was named Associate Editor, *Journal of Infectious Diseases*. (July 2003)

**Schweitzer, Laura, PhD (ELAM 1998-99)** Associate Vice President for Health Affairs and Vice Dean of the SOM, was appointed Acting Dean, University of Louisville SOM, effective December 15, 2003. Her appointment, made by acting university provost Shirley Willihnganz and health sciences chancellor Joel Kaplan, comes following President James Ramsey's July 1 reorganization of the administration, which created a dean of the school and a separate chancellor for health affairs in order to increase the focus on both the school and overall strategic initiatives. "Dr. Schweitzer has served as associate dean for both faculty and student affairs for the SOM as well as acting dean of the School of Public Health," said Kaplan, who served jointly as vice president for health affairs and dean of medicine prior to his appointment as chancellor. "She is highly respected by her colleagues, and her knowledge of the university as well as the medical school will ensure that it continues to advance during a search for a permanent dean."

**Simmons, Patricia, MD (ELAM 1997-98)** Mayo Medical School, was elected by the Minnesota legislature to serve as a Regent of the University of Minnesota (March 2003). She is also President-elect of the North American Society for Pediatric and Adolescent Gynecology (May 2003) and will take office in May 2004. She remains Chair of the Mayo Medical Ventures Executive Board and a member of the Mayo Clinic Board of Trustees.

**Sonnino, Roberta, MD (ELAM 1997-98)** was appointed as Professor of Surgery and Pediatrics, Chief of the Division of Pediatric Surgery, and Surgeon-in Chief of the Children's Hospital at the Medical Center of Central Georgia and Mercer University SOM, effective September 1, 2003.

**Thomas, Patricia, MD (ELAM 2000-01)** University of Kansas, was appointed Chairperson of Pathology in the University of Kansas SOM, effective July 1, 2003. She served as interim Chairperson for the past year. Dean Barbara Atkinson's announcement included: "Dr. Thomas joined the faculty of the KU School of Medicine in 1997 as Professor of Pathology and Laboratory Medicine. She was promoted to Associate Dean, Office of Cultural Enhancement and Diversity, in 1999. Dr. Thomas is the co-director of a nationally recognized, bi-state initiative to increase the number of AAMC, Robert Wood Johnson Foundation, Kellogg Foundation, and Speas Foundation grants. In addition, Dr. Thomas is the co-principal investigator of a program to increase research and training capacity on campus, funded by the NIH through the National Center on Minority Health and Health Disparities. Since 1998 Dr. Thomas has directed the Center for the Study of Race and Ethnicity in Medicine, and the Minority Information Resource Center, and participated in the development of the Program on Diversity in Health and Health Disparities and the Minority Faculty Development programs."

**Turner, Sharon, DDS, JD (ELAM 1997-98)** Oregon Health & Science University, on October 1, 2003, became the first woman to be appointed Dean at a second dental school. The official announcement of her appointment as Dean of the University of Kentucky COD appears at [http://www.uky.edu/PR/News/03-08\\_dentistry\\_dean.htm](http://www.uky.edu/PR/News/03-08_dentistry_dean.htm). In 1998, Sharon was appointed Dean of the Oregon Health and Science University SOD, becoming the first ELAM alumna to be named a Dean. It was in part for that

milestone achievement that Sharon was named (along with Nancy Gary, the first woman to be dean at more than one medical school) recipient of the 2003 SELAM Award of Excellence.

### ELAM Fellows and ELUMs

**Bavendam, Tamara, MD (ELAM 2001-02)** writes: "In June I started to work on Detrol, a bladder drug and in September I was promoted to US Medical Team Leader for Detrol."

**Chescheir, Nancy, MD (ELAM 2001-02)** University of North Carolina, is the UNC Medical Alumni Distinguished Teaching Professor (2002-06). She was named the first Charles Hendricks Distinguished Professor of Obstetrics and Gynecology (Aug 1, 2003). She serves on the Search Committee for the new Dean of the UNC SOM/CEO UNC Health Care System. She also is a new member of the Board of Directors, Society for Maternal-Fetal Medicine.

**Collins, Jannette, MD (ELAM 1999-2000)** University of Wisconsin, was promoted to Professor of Radiology and Medicine. (2003)

**Geist, Lois, MD (ELAM 2003-04)** University of Iowa Carver COM, was appointed Associate Dean for Faculty Affairs. The announcement said, "I am delighted Dr. Geist has accepted this key administrative position," said Jean Robillard, MD, dean of the UI Carver COM. "She brings outstanding leadership and experience to her new role and will be a wonderful advocate on behalf of our faculty. I look forward to working with her." (Nov 17, 2003)

**Grayson, Martha, MD (ELAM 2001-02)** New York Medical College, was promoted to Professor of Clinical Medicine and to Senior Associate Dean for Undergraduate Medical Education. (Jan 2003)

**Gugliuzza, Kristene, MD (ELAM 2001-02)** University of Texas Medical Branch-Galveston, was promoted to Professor of Surgery and Pediatrics. (Sept 2003) She serves as vice president of the Board of Directors of the Southwest Transplant Alliance (based in Dallas) and chair of its Medical Advisory Committee.

**Phillips, Owen, MD (ELAM 2003-04)** University of Tennessee Health Science Center, was named interim Chair, Department of Obstetrics and Gynecology. (Oct 2003)

**Pisano, Etta, MD (ELAM 2003-04)** University of North Carolina, has a new position that grew directly from her ELAM action project: "I have been officially appointed the first Director for the newly formed UNC Biomedical Research Imaging Center. The creation of this Center is my ELAM project. I'd hoped to be named its first director. The Center will serve the imaging needs of researchers on the UNC and NCSU campuses. This includes human, research and microscopic imaging. In addition, the Center will have faculty who will advance the science of imaging. Thanks to all of you for helping me to aspire to and achieve this leadership position at UNC. I am thrilled with the opportunity to take on a new and challenging project for the university." (Dec 2003)

**Stuber, Margaret, MD (ELAM 2002-03)** University of California-Los Angeles, was made the Jane and Marc Nathanson Professor of Psychiatry, an endowed chair. (2003)

### Faculty/Other

**Aschenbrener, Carol, MD (ELAM Advisory Committee and faculty)** "The AAMC announced today that Carol A. Aschenbrener, MD, will join its executive staff on April 1, 2004, as Vice President for the Division of Medical School Standards and Assessment. Dr. Aschenbrener will also serve as the AAMC secretary to the Liaison Committee on Medical Education (LCME). Dr. Aschenbrener, currently an organizational consultant and executive coach, was a member of the LCME from 1986 to 1992. For the past 15 years, she has also been an active member of the National Board of Medical Examiners, where she currently serves as chair of the Composite Com-

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mittee (which oversees the United States Medical Licensing Examination) and as chair of the entire board. From 1992 to 1996, Dr. Aschenbrener was chancellor of the University of Nebraska COM. Prior to that, she served on the faculty of the University of Iowa for almost two decades, as a professor of pathology." (Nov 2003) See <http://www.aamc.org/newsroom/pressrel/2003/031110.htm>.

#### News of Note, SELAM Members

**Bailey, L'Tanya Joy, DDS, MS (ELAM 2002-03)** University of North Carolina, was honored with a National Dental Association Foundation/Colgate-Palmolive Company Faculty Recognition Award in the research category. The award recognizes dental faculty who have demonstrated excellence in professional development and a willingness to help others in their quest for knowledge and advancement.

**Burdick, Anne, MD (ELAM 2002-03)** University of Miami, became Chair of the By-Laws Committee of the American Academy of Dermatology Association. (March 2003)

**Cain, Joanna, MD (ELAM 1995-96)** Oregon Health & Science University, and current ELAM Fellow **Linda Carson, MD**, University of Minnesota, are celebrating the selection of their institutions for national Centers of Excellence in Women's Health by the US Department of Health and Human Services. (Nov 2003)

**Dadparvar, Simin, MD (ELAM 1999-2000)** is President of the American College of Nuclear Physicians this year.

**Dunn, Margaret, MD (ELAM 1995-96)** Wright State University, writes: "Of all this stuff [honors, etc.] the most significant (in a terribly arcane way) is the Chair of the Governors Nominating Committee for the ACS [American College of Surgeons]. This is the committee that nominates the Regents for the ACS, who are the folks who actually run things. I ascribe my rise to this position totally to knitting in the Board of Governors meeting. There are approximately 200 governors, of whom no more than 10 are women. After a brief time of service I started knitting at the meetings, to stay awake. I have generally avoided this at meetings within my discipline in the past, particularly once I started going to those with slightly bigger bigshots. But I have reached an age where acting like I care what people think, when I don't, is getting harder. Contrary to anything I would have supposed – I am thrilled to learn new things about men after a quarter century of life in surgery – knitting on, oblivious to any reprobation, probably contributed to my being seen as more powerful by most of these guys, rather than less. Who would have thought?"

**Fisher, Rosemarie, MD (ELAM 1998-99)** Yale University, was elected to the AAMC's Council of Academic Societies Advisory Board. (Nov 2003)

**Fried, Linda, MD, MPH (ELAM 1996-97)** Johns Hopkins University, was appointed to the Scientific Advisory Council, National Institute on Aging (NIA), received a MERIT award from the NIA, and was named one of the Top 100 Women in Maryland. (2003)

**Kosoko-Lasaki, Omofolasade (Sade), MD, MSPH (ELAM 2002-03)** Creighton University, spearheaded two successful grant proposals. The first: "The Office of Health Sciences' Multicultural and Community Affairs and Creighton University Medical Center's SOM has received a \$555,907 grant as a Center of Excellence (COE) from the US Department of Health and Human Services Health Resources and Services Administration (HRSA). Creighton is one of only 11 universities throughout the US to receive a COE grant, and will receive \$1.7 million over three years. The COE program serves as a catalyst for institutions seeking to train students from minority groups in order to build a more diverse health care workforce. Creighton's Office of Health Sciences' Multicultural and Community Affairs will use COE funding to focus on

boosting the academic performance of underrepresented minority medical students, encouraging medical school graduates to provide health care to underserved people, and raising the recruitment and retention rates of minority faculty in the SOM. 'With the COE grant, we can continue our commitment to recruiting, educating, developing and challenging the potential of minority students and faculty, thus improving the quality of healthcare to the diverse US population,' said Dr. Kosoko-Lasaki, associate vice president for Health Sciences' Multicultural and Community Affairs. Dr. Kosoko-Lasaki led a collaborative effort among associate and assistant deans in the SOM ([http://www.creighton.edu/PubRel/newsrel/09122003\\_medgrant.html](http://www.creighton.edu/PubRel/newsrel/09122003_medgrant.html)). And, shortly after that announcement came another: "Creighton University's efforts to help minorities and disadvantaged students succeed in health care careers have received a \$2 million boost. This week, Creighton was awarded a grant of more than \$467,000 from the US Department of Health and Human Services for its Health Careers Opportunity Program, which helps disadvantaged students prepare for health careers. The program seeks to motivate, educate, and mentor students long before they get to college." (*Omaha World-Herald*, Sept 26, 2003)

**Leonard, Debra, MD, PhD (ELAM 2002-03)** University of Pennsylvania, is serving as a member, Planetary Protection Advisory Committee, NASA (2002-) and the Secretary's Advisory Committee on Genetics, Health and Society (SACGHS), Department of Health and Human Services (2003-06).

**Loveland, Katherine, PhD (ELAM 1998-99)** University of Texas, was selected as Mentor of the Year at the University of Texas Medical School at Houston (*Scoop*, Aug 22, 2003). See <http://www.med.uthtmc.edu/comm/Scoop/archives/scoop%20PDF/EScoop%20Aug.%2022.pdf>.

**Matrisian, Lynn, PhD (ELAM 1997-98)** Vanderbilt University, is President-elect of the American Association for Cancer Research (2003) and will serve in 2004 as its President. The international organization has 22,000 members focused on basic and translational cancer research. See <http://www.mc.vanderbilt.edu/reporter/index.html?ID=2777>. (July 2003)

**Morrow, Ardythe, PhD (ELAM 2000-01)** University of Cincinnati, writes that she is on the editorial board of *Journal of Human Lactation*, and PI of a \$5.7 million program project grant from NICHD, awarded 2003-08. She was granted tenure as part of her recruitment package, and was elected to the American Pediatric Society. She chairs the Milk Club at the Society for Pediatric Research/American Pediatric Society. She was recruited two years ago to Cincinnati Children's Hospital Medical Center to found and develop the Center for Epidemiology and Biostatistics. The two-year-old academic program has 10 faculty, 64 affiliated faculty and a budget of about \$2 million per year.

**Reed, Carolyn, MD (ELAM 1999-2000)** Medical University of South Carolina, is Chair-elect of the American Board of Thoracic Surgery. She writes, "I don't usually brag but this is a biggie. There has never been a woman chair. I was the first woman on the board and I was successful in getting a second woman on the Board. [Also,] I have recently been given new resources by the Dean to build a program of excellence in thoracic cancer here at MUSC. This is really what I have always wanted. I will remain as Director of the Cancer Center until we recruit a replacement and then I will become the Deputy Director of Clinical Affairs." (Oct 2003)

**Sazama, Kathleen, MD, JD (ELAM 1997-98)** University of Texas MD Anderson Cancer Center, writes that she's "gearing up for a busy presidential year with AABB (American Association of Blood Banks) – Nov 4th is THE day!" According to the press release: "Established in 1947, the AABB is an international association of blood banks, including hospital and community blood centers, transfusion and transplantation services and individuals involved in ac-

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tivities related to transfusion and transplantation medicine. AABB supports high standards of medical, technical, and administrative performance, scientific investigation, clinical application, and education. It is dedicated to encouraging the voluntary donation of blood and other tissues and organs through education, public information, and research. AABB member facilities are responsible for collecting virtually all of the nation's blood supply and transfusing more than 80 percent. Approximately 2,000 institutions (community and hospital blood banks, hospital transfusion services and laboratories) and 8,000 individuals are members of AABB, including physicians, scientists, administrators, medical technologists, blood donor recruiters and public relations personnel. Members are located in all 50 states and 80 foreign countries."

**Shurin, Susan, MD (ELAM 2000-01)** Case Western Reserve University, was recognized with a Kaiser-Permanente Award for excellence in teaching of medical students. (May 2003)

**Siegfried, Jill, PhD (ELAM 2001-02)** University of Pittsburgh, participated in a Capitol Hill briefing entitled "What Women Don't Know About Lung Cancer," cosponsored by the Society for Women's Health Research, Alliance for Lung Cancer Advocacy, Support, and Education, and American Cancer Society (Nov 13, 2003).

**Stark, Lori, PhD (ELAM 2000-01)** University of Cincinnati, received the 2003 Logan Wright Distinguished Research Award from the Society of Pediatric Psychology, Division 54, of the American Psychological Association.

**Voytko, Mary Lou, PhD (ELAM 2002-03)** Wake Forest University, was elected to the Board of Directors of the American Aging Association. (2003)

**Wexler, Laura, MD (ELAM 1999-2000)** University of Cincinnati, was elected Chair of the Cardiovascular Board of the American Board of Internal Medicine. (Aug 2003)

**Wolf, Wendy, MD, MPH (ELAM 1995-96)** got to give away lots of money: "The Maine Health Access Foundation on July 15 awarded \$2.5 million in grants to fund 18 projects in Maine designed to expand health care access to the uninsured, terminally ill people, rural Maine residents and immigrants. Foundation Executive Director Dr. Wolf said the foundation awarded grants to groups that seek to make long-term improvements in the state's health care system. 'We have to go beyond putting the Band-Aid on. [W]e looked more at how we can boost the system forward and make it a better system that can be sustained even when the funding is over,' Wolf said. The foundation, which has assets of about \$85 million, was created in 2000 from the sale of not-for-profit insurer Blue Shield of Maine to for-profit Anthem." (*Portland Press Herald*, 7/16). [http://www.kaisernetnetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=18896](http://www.kaisernetnetwork.org/daily_reports/rep_index.cfm?DR_ID=18896)

#### ELAM Fellows and ELUMs

**Asbell, Penny, MD (ELAM 1998-99)** Mount Sinai SOM, is Chair of the A&P Committee for Clinicians and Vice-chair of the entire A&P Committee of the school. (2003)

**Collins, Jannette, MD, MEd (ELAM 1999-2000)** University of Wisconsin, is an Officer of both the Association of University Radiologists and Association of Program Directors in Radiology, and Editor-in-chief of *Seminars in Roentgenology*. (2003)

**Digre, Kathleen, MD (ELAM 1999-2000)** University of Utah, is president of the North American Neuro-ophthalmology Society (2002-04). She just published a book, *Practical Viewing of the Optic Disc*, Boston: Butterworth-Heinemann (Elsevier), 2003.

**Gold, Marla, MD (ELAM 1998-99)** Drexel University, was inducted for fellowship in the Philadelphia College of Physicians. (Oct 2003)

**Grayson, Martha, MD (ELAM 2001-02)** New York Medical College, was appointed to the Editorial Board of a new journal, *Advanced Studies in Medicine*. (Aug 2003)

**Kahn, Barbara, MD (ELAM 2000-01)** Harvard University, was appointed to the National Board of Directors of the American Diabetes Association (2003); and to Editorial Boards of both *American Journal of Physiology: Endocrinology and Metabolism* (2001-04) and *Journal of Biological Chemistry* (2002-07). She received the Mosenthal Award, Eastern Region, American Diabetes Association, NY (2003).

**McLaughlin, Barbara PhD (ELAM 2000-01)** University of Louisville, was awarded an AAAS/NIH Science Policy Fellowship for 2003-04. She will be working in the Office of Policy Analysis and Response (formerly called the Office of Congressional and Legislative Activities) of the National Cancer Institute.

**Morris, Mariana, PhD (ELAM 1995-96)** Wright State University, shared news of recent travels: "[I] just returned from a two week stay in Brazil. [I] gave an invited talk at the joint Congress of the Association of Latin-American Physiologists and the Society of Brazilian Physiology on my work on hypertension and the use of spectral analytical methods. [I] also met with Brazilian students and faculty who are involved with a US-Brazilian educational exchange program which is directed by [me]. The US-Brazil Bio Tech Training Consortium (USA/BRIO) was developed last year to promote interest by US and Brazilian students in research, biotechnology training, scientific literacy, and international exchange. The research-oriented exchange program involves Wright State University, University of Iowa, University of Sao Paulo and Federal University of Rio Grande do Sul. The program is supported by the Improvement of Postsecondary Education (FIPSE) in the US Department of Education and CAPES, the Brazilian equivalent. It is the only FIPSE funded program that focuses on biotechnology. We are preparing tomorrow's scientists to deal with global issues and to tap into global resources. This experience will expand the perspectives of both faculty and students."

**Murasko, Donna, PhD (ELAM 2000-01)** Drexel University, was appointed to the External Advisory Committee, National Space Biomedical Research Institute (associated with NASA). (Feb 2003)

**Norwood, Vicky, MD (ELAM 2002-03)** University of Virginia, gave birth to Katherine Anne on December 7, 2003

**Pauly, Rebecca, MD (ELAM 2001-02)** University of Florida, was elected to represent the University of Florida COM as a member of the UF Faculty Senate (2003-06) and was selected for the USMLE/NBME Clinical Skills Exam Development Task Force (2003-05).

**Rao, Vijay, MD (ELAM 2002-03)** Thomas Jefferson University, writes that she "just returned from the annual meeting of the American Society of Head and Neck Radiology. I was elected President-elect at this meeting, and will serve as program chair for the next annual meeting in Sept 2004."

**Schindler, Barbara, MD (ELAM 1996-97)** Drexel University, was selected as the recipient of the Pennsylvania Psychiatric Society's Presidential Award for 2003. The award, established in 1998, recognizes members of the Society who have made outstanding contributions to the profession of psychiatry. Dr. Schindler was nominated by the Philadelphia Psychiatric Society for achievements in several areas, including her career as an academic consultation/liaison psychiatrist and researcher and as a notable educator and mentor. She currently holds the position of Vice Dean for Academic and Educational Affairs at the Medical College of Pennsylvania, now known as Drexel COM. She has been teaching medical students and residents there since 1975 and is a professor of both psychiatry and pediatrics. In her letter of recommendation, Dr. Carla Rodgers wrote, "Her focus is oriented toward teaching the future generations of doctors that mental health/illness issues cannot be ignored in the overall treatment of any patient." Dr. Rodgers added, in relation to Dr. Schindler's involvement with the American Medical Women's Association mentor program, "The young women

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I talked with were impressed with Dr. Schindler's knowledge and poise. She was and continues to be a role model for all students and residents." In addition to her academic responsibilities, Dr. Schindler has been extremely active in organized psychiatry. She was president of the Philadelphia Psychiatric Society, has served on the council of the Pennsylvania Psychiatric Society, and has chaired the state's annual Women's Forum. Dr. Schindler, a Distinguished Fellow of the American Psychiatric Association, was appointed to the APA's Committee on Women in 2002. (©2003. Pennsylvania Psychiatric Society)

Two current ELAM Fellows (**Vivan Lewis, MD**, University of Rochester; and **Valerie Montgomery Rice, MD**, Meharry Medical College) and one ELUM (**Linda Giudice, MD, PhD**, Stanford University) have been named to the FDA's Reproductive Health Drug Advisory Committee; Dr. Giudice will chair the committee. (Dec 24, 2002). <http://www.fda.gov/bbs/topics/NEWS/2002/NEW00861.html>

#### Faculty/Other

**Robinowitz, Carolyn, MD (ELAM Faculty)** was presented with the Lifetime Achievement Award of the Association for Academic Psychiatry (Oct 3, 2003).

#### Mentionings, SELAM Members

**Coney, PonJola, MD (ELAM 1995-96)** Meharry Medical College, was selected for inclusion in *Savoy* magazine's Top Power 100 (August 2003) and *Ebony* magazine's "Women on the Cutting Edge of Health Care and Research" article (September 2003).

**Howell, Lydia, MD (ELAM 1998-99)** University of California-Davis, has used her ELAM action project (on mission-based management) to launch a speaking and writing career! In *Academic Medicine's* June 2003 issue, she's first author of "Implementing a Mission-based Reporting System at an Academic Health Center: A Method for Mission Enhancement." She writes, "I am thrilled you noticed my article, and really flattered that I made the ELAM reading list! On my next merit packet, I will have to mention that, so that the review committees are impressed with the significance and impact of my work!! I had an article on the application of MBR to a Path dept in the journal *Human Pathology*, and on the basis of that and the *Acad Med* article, I've been invited to speak at the University of Iowa – my ELAM action project has taken me far!! Be sure to encourage your new class to try to publish their action projects, too!!"

**MacDonald, Noni, MD, MSc (ELAM 1999-2000)** co-authored "Ten year experience with mission-based budgeting in the Faculty of Medicine of Dalhousie University," in *Academic Medicine* (Nov 2003).

**Tedesco, Lisa, PhD (ELAM 1996-97)** University of Michigan, was quoted in "Pipeline Programs: Looking Forward to Promote Diversity," in the *AAMC Reporter* (Sept 2003):<http://www.aamc.org/newsroom/reporter/sept03/pipeline.htm>

The University of Utah *Health Sciences Report* (Summer 2003) featured its six ELUMs [**Elizabeth Allen, MD (2001-02)**, **Cheryl Coffin, MD (1999-2000)**, **Catherine deVries, MD (1999-2000)**, **Kathleen Digre, MD (1999-2000)**, **Barbara Graves, PhD (2002-03)**, **Victoria Judd, MD (1999-2000)**]. <http://www.med.utah.edu/pubaffairs/hsr/summer2003/energized.html>

The University of Alabama at Birmingham's *Alumni Bulletin* (Summer 2003) featured a story on its seven ELUMs [**Lourdes Corman, MD (1996-97)**, **Nancy Dunlap, MD, PhD (1999-2000)**, **Jacqueline Maus Feldman, MD (2001-02)**, **Amie Jackson, MD (1998-99)**, **Sarah Morgan, MD (1997-98)**, **Kathleen Nelson, MD (1996-97)**, **Jane Schwebke, MD (2002-03)**]. <http://www.uab.edu/uasom/wcimg/mabssummer03.pdf>

Columbia University Health Science's *In Vivo* (Oct 13, 2003) ran the article on her ELAM experience by **Vicky Evangelidis-Sakellson, DDS, MPH (ELAM 2002-03)**, "Leadership program aims to increase the profile of women in health sciences: Attendee learns that women's skills can greatly benefit institution." [http://www.healthsciences.columbia.edu/news/in-vivo/Vol2\\_Iss16\\_oct13\\_03/pov.html](http://www.healthsciences.columbia.edu/news/in-vivo/Vol2_Iss16_oct13_03/pov.html)

The University of Connecticut's *Advance on the Web* (Oct 20, 2003) featured a story about its ELUMs [**Nancy Day Adams, MD (ELAM 1996-97)**, **Susan Reisine, PhD (ELAM 1998-99)**, and **Sandra Weller, PhD (ELAM 2002-03)**]. **Janet McElhaney, PhD (ELAM 2001-02)** who moved there this past year, also is mentioned. "Health center trio takes part in leadership program for women." <http://www.advance.uconn.edu/03102007.htm>

Check out the October 21 *Wall Street Journal* page D6: "Mentoring May Increase Ranks of Women in Top Medical Jobs." **Margaret Kripke, PhD (ELAM 1996-97)**, University of Texas MD Anderson Cancer Center, and **Rosalyn Richman, ELAM Program**, Drexel University, are both quoted.

A terrific exhibit opened at the National Library of Medicine (and runs through April 2005): The Changing Face of Medicine." A companion website can be found at <http://www.nlm.nih.gov/changingthefaceofmedicine>. Featured among the many notable women on the website exhibit are **Carol Aschenbrener, MD (ELAM Advisory Committee and faculty)**; **Linda Austin, MD (ELAM 1998-99)**; **Vanessa Northington Gamble, MD, PhD (ELAM 1996-97)**, Johns Hopkins University; **Nancy Gary, MD (ELAM Advisory Committee and Core Faculty)**; **Renee Jenkins, MD (ELAM 1998-99)**, Howard University; **Elizabeth Ofili, MD (ELAM 2002-03)**, Morehouse SOM; **Carolyn Robinowitz, MD (ELAM faculty)**; and **Jeannette South-Paul, MD (ELAM faculty)**. Related to the exhibit is the identification of "Local Legends." **Suzanne Landis, MD**, University of North Carolina, was nominated as a North Carolina Local Legend.

In *Journal of Psychological Type* (Vol 61, 2002, p. 27), Tom Carskadon, the journal's editor, wrote in "Osteoporosis: A Public Service Editorial," "My present osteoporosis specialist [is] **Dr. Sarah Morgan [ELAM 1997-98]**, a fine physician and wonderful person who heads the Osteoporosis Clinic at the University of Alabama-Birmingham Medical School. She is a [Myers-Briggs] type enthusiast who has gone through APT's qualifying workshop."

*Academic Physician & Scientist* (Sept 2003), in "Balancing career and family in the rapids of academia," featured **Toni Ganzel, MD (ELAM 2003-04)** and **Laura Schweitzer, PhD (ELAM 1998-99)**, both of University of Louisville. The issue also featured an article, "Non-tenure tracks now more respected," by **David Bachrach (ELAM Alliance and faculty)**.

*Academic Physician & Scientist* (Oct 2003) article "Improving cross-cultural communications between physicians and patients" quoted **Vivian Reznik, MD, MPH (ELAM 1997-98 and SELAM President)**, University of California-San Diego.

*Academic Physician & Scientist* (Nov/Dec 2003) featured an article, "The complete biographical wardrobe – what every faculty member needs," by **Page Morahan, PhD (ELAM Co-director and ELAM Alliance)**.

#### Current Fellows and ELUMs

**Farmer, Diana, MD (ELAM 2003-04)** University of California-San Francisco, is quoted in an article on overweight teens, "Desperate Measures," in *Time* (Nov 17, 2003).

**Giudice, Linda, MD, PhD (ELAM 2002-03)**, Stanford University, is named among the "Women to Watch" in the "Superstars of Medicine" article in *More* magazine (Nov 2003).

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**Westhoff, Carolyn, MD (ELAM 2001-02)** Columbia University, had an article, "Emergency Contraception," published in *New England Journal of Medicine* (349:1830-35, Nov 6, 2003).

Institutional annual reports highlighted the accomplishments of several current ELAM Fellows: **Carol Newlon, PhD**, was featured in the UMDNJ 2002-03 report, and **Carol Lipka, MD**, was featured in the Drexel University COM's inaugural report.

#### Faculty/Other

*Women in Higher Education* (Dec 2003) has an article, "Politics is a way of life for effective leaders," by **Cathie Siders, PhD (ELAM Alliance and faculty)**.

#### Address Changes, SELAM Members

**Brown, Wendy Weinstock MD, MPH (ELAM 1997-98)**. Work: Chief of Staff, VA Tennessee Valley Healthcare System, 1310 24th Avenue South, Nashville, TN 37212-2637; T 615-327-5330, F 615-321-6350, E wendy.brown@med.va.gov. Home 1728 Glen Echo Road, Nashville, TN 37215-2910; T 615-279-0388

**Kim, Kathleen, MD, MPH (ELAM 1997-98)**. Work: Associate Clinical Professor, University of California San Diego SOM, Psychiatry Service 116A, VA San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, CA 92161; T 858-552-8585 x5586, F 858-642-6442, E kkim@ucsd.edu

**Klaman, Debra, MD, MHPE (ELAM 2001-02)**. Work: Associate Dean for Education and Curriculum, Professor and Chair, Department of Medical Education, Southern Illinois University SOM, PO Box 19266, Springfield, IL 62794-9266; T 217-545-7932, F 217-545-0192, E dklamen@siu.edu

**Marcdante, Karen (Wendelberger), MD (ELAM 1997-98)** kwendel@mcw.edu

**Martin, Mary, DDS, MEd (ELAM 1999-2000)** 8908 Oakmont Circle, Oklahoma City, OK 73131-7247; E doctormartin@sbcglobal.net

**Nettleman, Mary, MD, MS (ELAM 2000-01)** Work: Professor and Chair, Department of Medicine, Michigan State University, B-427 Clinical Center, East Lansing, MI 48824; T 517-432-1924; E Mary.Nettleman@ht.msu.edu

**Riba, Michelle, MD (ELAM 2001-02)** Work: Clinical Professor of Psychiatry, Associate Chair for Education and Academic Affairs, Department of Psychiatry, University of Michigan, Room F6236 MCHC/Box 0295, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0295; T 734-764-6879, F 734-936-1130, E mriba@umich.edu

**Sonnino, Roberta, MD (ELAM 1997-98)** Work: 840 Pine Street, Suite 970, Macon, GA 31201; E sonnino.roberta@mccg.org. Home: 953 High Street, Macon, GA 31201; T 478-743-4339

**Trujillo, Angelina, MD (ELAM 1995-96)** Work: Director, Clinical Design and Evaluation, Metabolics, Bristol-Myers Squibb, Route 206 and Provinceline Road, Princeton, NJ 08540; T 609-252-6355, E angelina.trujillo@bms.com. Home: 541 Sayre Drive, Princeton, NJ 08540; T 609-520-1533, E atrujill@prodigy.net

**Turner, Sharon, DDS, JD (ELAM 1997-98)** Work: Dean, University of Kentucky COD, D 139 Chandler Medical Center, Lexington, KY 40536-0297; T 859-323-5786, F 859-257-9497, E spturn2@email.uky.edu Home 1017 Wil-Rose Lane, Versailles, KY 40380; T 859-879-9228, E spturnerx@adelphia.net

**Williams, Janet, MD (ELAM 1999-2000)** Home: 34 Sunrise Park, Pittsford, NY 14534; T 585-248-9686

#### ELUMs

**Jackson, Amie, MD (ELAM 1998-99)** jacksona@uab.edu

**McElhaney, Janet, PhD (ELAM 2001-02)** Work: Associate Professor, University of Connecticut Health Center, Center for Immunotherapy of Cancer and Infectious Diseases, MC1601, Farmington, CT 06030-1601; T 860-679-8847, F 860-679-7905, E jmcelhaney@uchc.edu

**Rabinovitch, Marlene, MD (ELAM 1999-2000)** Work: Dwight and Vera Dunlevie Professor of Pediatrics; Research Director, Wall Center for Pulmonary Hypertension, Stanford University SOM, Mail Code 5162, 269 Campus Park Drive, CCSR-Room 2245B, Stanford, CA 94305; T 650-723-8239, F 650-723-6700, E marlener@stanford.edu

#### Faculty/Other

**Walters, James, PhD (ELAM Alliance)** T 215-919-6259

## LEADING THROUGH DIVERSITY Health Professions Pipeline Facts

- In 2003, the number of women applicants to medical school, for the first time, will exceed that of men (50.8 female applicants versus 49.2 male applicants)
- The number of male applicants has been steadily decreasing
- The number of minority applicants have increased slightly, but the numbers matriculating have decreased (6% decrease for African Americans and 4% decrease for Latinos)
- The number of minority medical school matriculants and graduates has remained relatively flat despite more than 30 years of efforts to make a difference
- African American, Latinos and Native Americans comprise close to one-third of the U.S. population, yet comprise less than 10% of the nation's total physician workforce, half of which graduated medical school after 1990

Sources:

[www.aamc.org/data/facts](http://www.aamc.org/data/facts)

[www.amsa.org/div](http://www.amsa.org/div)

Check it out:

- Women in Science and Medicine Quiz (<http://www2.worldbook.com/features>)
- <http://www.cdc.gov/nchs/fastats/women.htm>
- <http://www.aamc.org/diversity/>

*Patricia A. Thomas MD (ELAM 2000-01)*

*Professor and Chair of Pathology*

*Associate Dean*

*Office of Cultural Enhancement and Diversity*

*University of Kansas Medical Center*

## Holiday Greetings from ELAM

In December 2003, as we looked over the approaching horizon to 2004, we wished all our friends and colleagues a joyous finish to 2003 and our very best wishes and hopes for a successful, productive and fulfilling new year.

It is our custom at ELAM to take time to celebrate each other's achievements. Today, with all the focus on "work that must be done," we often forget to stop and appreciate what our work has accomplished. We hope you spent a few moments before the year closed to reflect on the contributions you've made to improve your institution and the lives of those around you, and to acknowledge the contributions of others.

Among ELAM's circle of friends and colleagues, there was much to celebrate. We would like to share some of the highlights of 2003 with you. Though far from complete, we hope the following news will give you a taste of our activities over the past year and the many successes and achievements within our extended ELAM family.

### Notables & Noteworthyies

Our 2003-2004 ELAM class is the first to have four Fellows from schools headed by Deans who are ELUMs – **PonJola Coney (1995-96)**, **Connie Drisko (2001-02)**, **Lois Nora (1996-97)** and **Sandra Willsie (1999-2000)** – and the first to include a Fellow from Puerto Rico, **Ilka Rios (2003-04)**.

The University of Texas Medical Branch at Galveston will sponsor the 2004 Forum on Emerging Issues, entitled "Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development." Robert Kegan, Harvard professor and author of *How the Way We Talk Can Change the Way We Work*, will be the presenter. UTMB has sponsored nine ELAM Fellows since 1998. We are delighted to expand our partnership in this new way.

**Janet Bickel**, former vice president of AAMC and now a private consultant, and **Winnie Lanoix**, a consultant and long-time ELAM faculty member, have joined the ELAM Alliance. Alliance members work individually or together to provide consulting in the areas of executive coaching and strategic career planning. A portion of the fees generated through their Alliance work is dedicated to ELAM.

We are pleased that **L'Tanya Bailey (2002-03)**, Associate Professor of Orthodontics at UNC-Chapel Hill's SOD, joined ELAM's National Advisory Committee this year. L'Tanya is also one of six 2002-03 ELUMs serving as Learning Community Partners for this year's Fellows. The others are **Barbara Graves**, **Pascale Lane**, **Bela Sood**, **Lisa Staiano-Coico** and **Mary Lou Voytko**.

SELAM International will offer a double header this coming year with two continuing education programs focusing on women in leadership. The first will be in April in Philadelphia, coinciding with ELAM's spring meeting. The second will be in November, in tandem with the AAMC annual meeting in Boston. SELAM celebrated another "double header" of sorts this fall when it awarded its 2003 Award of

Excellence to **Nancy Gary** and **Sharon Turner (1997-98)** – the first women to hold two deanships in medicine and dentistry, respectively.

### ELAM Goes Digital!

As part of ELAM's effort to model leadership in the use of e-technology, this year for the first time we put all of our course materials on the web. The 2003-04 class has quickly adapted to our web-based learning platform, creating home pages, accessing their readings and syllabi, submitting assignments, and communicating with ELAM colleagues. Since September, nearly 1,000 messages have been posted in the group discussions! And, beginning in December 2003, applicants for the 2004-05 class could complete and submit their entire application online (<http://www.drexel.edu/elam/>). Individuals can also nominate or recommend an applicant. This should considerably reduce paper flow and ease data transfer, as well as generally smooth the process for everyone.

ELAM has recently been notified that it is a recipient of the Entrepreneur of the Year Award from the Edward B. Shils Entrepreneurial Education Fund, which is administered by the American Dental Association. The purpose of the Fund is to "stimulate and/or recognize innovation that results in the improvement of oral health." ELAM is proud to be recognized as an educational innovator that is contributing to strengthening women's leadership in academic dentistry.

### ELAM Family Grows by One

**Deidra Lyngard**, ELAM's assistant director, became a grandmother this June when **Katya Emily Huzau** was born to her daughter, **Alexis**, and son-in-law, **Sergey**. **Katya** has already made one trip to ELAM to familiarize herself with women's leadership. **Maggie Youll**, **Tori's** now one-year-old daughter, is a regular visitor to the ELAM office, where she has become a quick hand (and foot) at the keyboard.

### Publications & Presentations

The Institute for Women's Health and Leadership, of which ELAM is a core program, will be sponsoring a national series of health education programs for the public over the coming year entitled *Conversations about Women's Hearts and Minds*. The first event will be held in San Diego on February 4, in conjunction with the 88<sup>th</sup> annual meeting of the American Medical Women's Association.

**Roz Richman** took ELAM on the road this year with several presentations on the program before audiences at the University of Texas MD Anderson Cancer Center in Houston, the University of Texas Medical Branch in Galveston, and Meharry Medical College in Nashville. Roz also ventured overseas to speak at ADEA's 2<sup>nd</sup> International Women's Leadership conference in Goteberg, Sweden.

This year, **Page Morahan** served as an External Consultant Advisor to the BIRCVH program at Virginia Commonwealth University and as a speaker at the NIH Fogarty International Center Colloquium on Advancing Women in Health Science in the World. Both **Roz** and **Page** were co-presenters of a workshop on effective practices in advancing women of color in

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the health professions at a national forum of the Centers of Excellence in Women's Health, sponsored by the US Department of Health and Human Services in Washington, DC.

#### **Our Special Thanks to:**

- o the University of Utah School of Medicine, which sponsored the 2003 Forum on Emerging Issues on Appreciative Inquiry (The Forum report is now available on ELAM's web site at [www.drexel.edu/elam](http://www.drexel.edu/elam)).
- o Lynn Yeakel and all our colleagues at the Institute for Women's Health and Leadership for their energetic and dedicated work to promote women leaders and advance understanding of women's health issues.
- o the members of our Advisory Committee and Admissions Committee, who play such an important role in the ongoing work of ELAM and ensure that we maintain the highest standards.
- o our 2003-2004 Faculty Advisers and Learning Community Partners, who are helping to enrich the experience and learning of this year's Fellows.
- o our ELAM Alliance members, who contribute in so many ways to making our program what it is.
- o our ELAM Faculty, who help to expand the horizons and deepen the understanding of our Fellows so that they can become the leaders they want to be.
- o our former and current ELAM Fellows, whose experiences, perspectives and contributions have enriched our program in immeasurable ways. We look forward to celebrating your journeys and accomplishments over the coming year.

*Page Morahan  
Rosalyn Richman  
Deidra Lyngard  
Victoria Odhner*

Somewhere out in this audience may even be someone who will one day follow in my footsteps and preside over the White House as the president's spouse. I wish him well.

*-Barbara Bush, first lady (1989-93)*

My mother gave me really smart advice – you can do and be anything if you're willing to deal with how other people respond to you. I was willing to take whatever anybody would dish out for the right to be myself.

*-Whoopi Goldberg, actor*

Sharing is sometimes more demanding than giving.

*-Mary Catherine Bateson, writer and educator*

It seems to me we can never give up longing and wishing while we are thoroughly alive. There are certain things we feel to be beautiful and good, and we must hunger after them.

*-George Eliot, 19<sup>th</sup>-century poet and writer*

Once you can express yourself, you can tell the world what you want from it. All the changes in the world, for good or evil, were first brought about by words.

*-Jacqueline Kennedy Onassis, first lady (1961-63)  
and book editor*

## **ELAM 2003-2004 REPORT**

On the last morning of the fall 2003 ELAM session, we gathered by candlelight to hear Roz Richman reveal how the class of 2003-2004 was unique and what we were "firsts" in. We had come up with several unique characteristics ourselves:

- The first class to have two Lois's
- The first class to have so many raised on a farm
- The first class to have so many suffer from degenerative disc disease
- The first class to have so many who were former cheerleaders (and there was an unusually high percentage of former cheerleaders among us)
- Certainly the first class to end the session in the remnants of a hurricane and seemingly in the dark.

Throughout the week, we reviewed our Benchmarks and learned finance. We learned how we were individually different from but similar to each other as we considered the Myers-Briggs personality types. Some of these differences were most clearly apparent as groups built their Ann Preston School of Medicine (APSOM) towers with newspaper and tape and created PowerPoint presentations for the Board of Directors. Similarities abounded as shoppers, joggers, and walkers found each other. Many of us had similar takes on the session as a whole. The amount of time spent in sessions overwhelmed us. We worried about the upcoming work necessary to fulfill the fellowship requirements. We felt we needed more education in finance. We all enjoyed the invitation to the Women in Medicine award ceremony at Drexel University honoring Carol Tacket MD (Marion Spencer Fay Award) and Mary Ellen Avery MD (Alma Dea Morani MD Renaissance Award), and the ensuing reception and dinner at the Pennsylvania Academy of the Fine Arts. Personally, my highlight was getting to know my learning community colleagues, hearing their personal stories and beginning the process of bonding. I had already realized that this bond was going to last far beyond the requisite year of communication.

Finally, the last morning came. Many Fellows were leaving early, worried about travel plans as the hurricane came through the Northeast. At 9:00 AM the remaining group sat in candlelight and drank coffee Roz brought from a nearby coffee shop that miraculously had electricity. Instead of the more formal planned session, the ELAM leaders improvised a bit. We talked about revelations we had had. We discussed how we were already learning from each other and been inspired by each other. We talked about how we would execute our plans when we returned to our home institutions. And finally, the moment came when we learned that we were unique. For the first time in ELAM's nine years, our class had the largest number of fellows from schools led by women Deans and, in particular, Deans who were ELUMs (four of them, actually). That gave us something else to think about – the career paths ahead of us.

*Owen Phillips, MD  
ELAM 2003-04*

*Associate Professor of Obstetrics/Gynecology  
Acting Chair, Department of Obstetrics/Gynecology  
UT Health Science Center*

## How Can I Support SELAM?

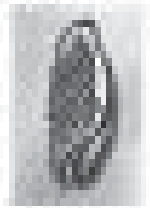


### Shop Around. Use IGra and Generate Dollars for SELAM.

If you do any shopping via the Internet, here's an innovative and convenient way to support SELAM: consider using the sites with our IGra logo for your online purchases. We choose from the more than 100 businesses nationwide (including most of the big retailers from Barnes & Noble to Macy's, from Circuit City to Wal-Mart) for the average Internet user and 10% to your designated charity or cause. It's not only relevant, it's positive. Join us at [www.igra.com](http://www.igra.com), set up as a member, and designate the Society for Executive Leadership in Academic Medicine as your cause. The day is yours!

### Accessories. Wear a SELAM Pin or Scarf.

Show your support publicly by wearing the distinctive SELAM logo scarf, based on the three-angled logo scarf representing the qualities of leadership. The scarf is made by a specialty manufacturer, featuring the logo Scarf and finished with "SELAM" and the website name on the back. In a unique design presentation it will be a conversation piece. The scarf makes a great 8" x 8" nap or table to other table setting items at 100% cotton.



**Scarves: White Pin: \$100 (see 100 leading sources web)  
 Pin: Gold Pin: \$100 (see 100 leading sources web)**

For more and design the SELAM scarf you need experienced help to get business cards, photo of site and marketing requirements 14" x 21", each with various distinctive patterns available online, reflecting the unique availability of the individual business cards. Design images at [Photocopy.com](http://Photocopy.com). The original SELAM scarf was presented in 2000, through SELAM-Club at 1000-1000 donated the final design and color gift.



**Red Scarf w/ gold color: \$100 (see 100 leading sources web)  
 Purple Scarf w/ black stripes: \$100 (see 100 leading sources web)**

Complete the order form below and mail with your check to the address at the bottom of the form. Make your payments to **SELAM International**, (no profit org.)

<b>Order:</b>	
Quantity _____	Unit Price @ \$100 _____ Total \$ _____
Quantity _____	Unit Price @ \$100 _____ Total \$ _____
<b>Ship Order to:</b>	
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Box 10000, 2000, United University College of the State The University, 10000 University Avenue Philadelphia, PA 19100	

### Exercise Your Talents and Leadership. Join a SELAM Committee.

There is a growing opportunity throughout your expertise. By joining one of the following committees, you will have an opportunity to work with other expert leaders while helping to shape the organization's future. Committees serve and for key plans and members and reported to the President. Contact the IGra for more information at [www.igra.com](http://www.igra.com).

<b>Executive Committee</b> will advise the President and Board regarding strategic direction of research and education issues.	<b>Developmental Committee</b> will recruit and maintain fund raising SELAM's website and financial resources to support SELAM.
<b>Finance Committee</b> will coordinate the annual operating budget, setting priorities, including public and private.	<b>Membership Committee</b> will implement recruitment programs.
<b>Publications Committee</b> SELAM's marketing and advertising, including participation and distribution of the newsletter.	<b>Research Committee</b> will coordinate for the SELAM board for research, and research publications and committee projects.

**SELAM MENTOR****Jane E Henney, MD**

Jane E Henney, MD, was named Senior Vice President and Provost for Health Affairs at the University of Cincinnati (UC) on July 1, 2003. Her responsibilities are for the colleges, programs and activities of the UC Medical Center. The Medical Center includes UC's Colleges of Medicine, Nursing, Pharmacy and Allied Health Sciences, as well as Hoxworth Blood Center. Affiliated entities include Cincinnati Children's Hospital Medical Center, UC Physicians, Health Alliance, Cincinnati Shriners' Hospital, Veterans Affairs Medical Center and BioStart.

A native of Indiana, Dr. Henney grew up in Woodburn, a small rural community in the northeast section of the state. She received her undergraduate degree from Manchester College and her medical degree from Indiana University. She completed her training in medical oncology at the MD Anderson Hospital and Tumor Institute and the National Cancer Institute. During her career, Dr. Henney has served in senior health-policy leadership positions in the public sector. Her academic positions have been at the University of Kansas Medical Center (as Director of the Cancer Center, as Interim Dean of the School of Medicine, as Associate Chancellor and as Vice Chancellor for Health Programs and Policy), and the University of New Mexico (as Vice President for Health Sciences). Federal service positions have been at the National Cancer Institute (including as Deputy Director), and the Food and Drug Administration (as Deputy Commissioner for Operations and as Commissioner of Food and Drugs).

*What are some of the biggest challenges in academic medicine today? What do you see as potential solutions?*

Most higher complex organizations have one primary mission to accomplish. Today, as in the past, an academic medical center must fulfill a tripartite mission. Each part of the mission has become increasingly difficult to fulfill. Academic Health Centers deliver high quality clinical care at a time when reimbursement for these services do not cover

costs and when technology is becoming more sophisticated. In addition, these centers serve populations that do not always have the ability to pay for these services. Not only are we presently in an environment that is struggling financially, but we have two other significant challenges to manage. First, we must train health professionals to be part of high performance teams. High quality medical care requires a more interdisciplinary approach and teamwork. Second, our students must cope with new and more complex information. The rapid increase in information demands that our students have a commitment to lifelong learning. The research mission of Academic Health Centers also demands attention. Recruiting and retaining bright investigators continues to be a challenge. We need to diversify our research portfolio with funding from both public and private sources. State of the art facilities need to be constructed that optimize the researchers' ability to conduct cutting-edge research. Yet, we are at a time when there are extremely limited sources of brick and mortar funding. The new "Roadmap for the Future," issued by the Director of the NIH, underscores that the research model will change. Investment in individual investigators' ideas will no doubt continue, but we will also need to invest in interdisciplinary research teams that involve scientists with a broad area of interests. This big science approach will increasingly become how we structure our programs.

Academic medicine has been complex in the past, but it certainly is becoming more complex. But this complexity is where the fun is. We are working at a time when medicine is truly exciting and important things are being done.

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

When I went to medical school, women made up only 10% of their class. Today we have strong representation from women in medical school. In many institutions, women compose over 50% of the class. The admission doors have clearly swung open.

Now the issue is how do we get women to advance in academic medicine. The numbers are not what they should be for associate and full professors, as well as for chairs and deans. When I was Interim Dean at the University of Kansas, there was only one other woman dean. There are only one or two women serving at the Vice President level.

Many institutions are working on creating better environments to make advancement possible. Delaying or stopping the tenure clock, mentorship programs and placing women in key leadership roles are active initiatives that are making a difference. Women need to take advantage of these opportunities.

*What advice or tips would you give to a female colleague who is considering a career in academic medicine?*

First, a successful career has to be driven by personal desire and passion. If one wants a career in academic medicine, it's worth checking your gut to make sure that you have a strong desire to do so.

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*continued from page 12*

Second, let people know of your interests. Ask to work with the person in a position that you might be interested in in the future and give it a one or three month try. In this way you can see if the reality of the job is a good fit for you. Don't be bashful about your desires to advance.

My third piece of advice would be to take advantage of opportunities that come your way. Often women feel that they are being set up for failure when they are asked to take on additional responsibilities. This concern needs to be reconsidered. It is important to appreciate that people are giving you a chance because they believe you are up to the task. Such requests are votes of confidence. Make the most of the opportunity. In the end, the task or job may not be a perfect fit for you, but it is an opportunity to test your skills. You cannot advance unless you put yourself out there and at risk. Knowing that someone saw a talent in you should give you the confidence to give it a try.

Two examples of women that I have worked with come to mind. Although neither of these women were MDs, I believe that their stories are still relevant. The first was someone that I was interviewing for an administrative position. She was right out of college. The position that I was discussing with her was a terrific opportunity for her to enter and build a career. I offered her what I considered a generous salary; she said that she would have to think about it. She came back the next day and let me know that she was disappointed in the offer, since she thought that she would be worth more to the organization. I ended up offering her more, based on this self confidence. She was worth every penny.

The other individual was a young woman I knew at the FDA. During her performance appraisal her supervisor asked her what she wanted to do in her career. Without hesitation, she told him, "I want your job." Rather than be threatened, when he transferred to different responsibilities in the agency he recommended her for his position. She did assume this job. She clearly had the courage to let people know what she wanted. I admired that.

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

A leader should be focused, forthright and fair. A leader should appreciate the team that she is leading and acknowledge and value their skills. A leader should recognize that she cannot do the job alone. A leader should give others the opportunity to express their best skills and back them up when needed. A leader should have the grace to forgive an honest mistake. In the quiet of a one-on-one meeting, corrections can be made as needed. Leaders need to be able to make and live with the consequences of difficult decisions.

A leader should have a sense of humor. While work is pretty serious, it should be a lot of fun. It can be deadly dull if you don't enjoy what you are doing.

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

A leader needs to put herself in perspective knowing that friends, family, health and integrity are the most important. None of these should be sacrificed for your job.

My husband and I presently commute on weekends to see each other, trading off going between Washington DC and Cincinnati. We talk and email each other daily. For most of my career I have been at a considerable geographic distance from my family, which has been at times difficult. But knowing that my parents take pride in what I have done and am doing helps. Some of my family is in Indiana, so I am now nearer to family than I have been in a long time.

Staying active beyond your work life is important. I find that when I am able to focus on something other than work, I am more refreshed and able to focus better on the job. In my free time I do yoga and fly fishing and enjoy reading. I try to make time for some of these activities every day. Otherwise, I would drive everyone at work crazy.

*This is an exciting time at UC with new leadership at both the Presidential level and Senior Vice President/Provost level. I look forward to working with Dr. Henney and learning from her. This is a wonderful opportunity.*

*Sandra J.F. Degen, PhD  
ELAM 1997-98*

*Associate Senior Vice President for Health Affairs  
Associate Chair and Professor of Pediatrics  
University of Cincinnati*

## LETTER TO THE EDITOR

Dear Kris and Chris [Abrass]:

I have just finished reading *SELAM International News* and I want to share with you my thoughts. I am exceedingly impressed with the accomplishments of so many ELAM participants. Their achievements speak to their personal and professional abilities and talents. It is interesting to reflect on how the ELAM Program may have contributed to their successes in whatever amount. I think the publication is excellent and the content development a credit to those who did the work. Congratulations to all involved in the development of SELAM as an organization and its publication.

*Kind regards,  
Nancy Gary, MD  
August 2003*

Nancy agreed to publish this so the sentiment could "reach to all those involved in making SELAM that which it is today."

## SAVE THE DATES!!

SELAM ADEA Reception, March 6, 2004, Seattle WA.

SELAM Annual Spring CE Meeting: April 23-24, 2004, Marriott Courtyard Downtown, Philadelphia PA.

SELAM Annual Fall CE Meeting: November 5-6, 2004 (tentative), Boston, MA (SELAM International reception November 7 (tentative)). The annual AAMC meeting is November 8-12, 2004.

## MIDSOUTH REGIONAL WOMEN IN MEDICINE CONFERENCE

The first annual Midsouth Regional Women's Career Development and Leadership Conference was held in Memphis TN, Sept. 26-28, 2003. Deans of the following medical schools sponsored "Successful Strategies for Women in Academic Medicine": Meharry Medical College, St. Louis University Medical Center, University of Arkansas for Medical Sciences, University of South Florida, University of Tennessee Health Science Center, and Vanderbilt University. Nancy Hardt, first SELAM President, led the organizing committee composed of representatives from sponsoring schools.

Over 130 women from 33 institutions in 16 states attended. The majority were non-tenured, junior faculty, and physicians. Only a small percentage were ELUMs or SELAM members. One interesting phenomenon: women from the same institution met for the first time at this meeting. All participants were enthusiastic and grateful for the opportunity to address career development issues. Given the Deans' financial support and the large attendance rate, chances are very good that a second annual meeting will occur. At least four schools volunteered to be future sites. Clearly there's a need to spread what we learn at ELAM, SELAM, and AAMC Women in Medicine programs.

Seven waves of workshops were spread over the three days. During Janet Bickel's plenary address, she gave a terrific definition of "marvelous:"

Marathoner  
Authentic  
Ready  
Vocal  
Emotionally Intelligent  
Listener  
Optimistic  
Uppity  
Savvy

She asked us to consider, "What will gender equity look like? How will you know when we reach it?" Her replies:

- When women don't have to be SUPER to be considered average.
- When articles on BALANCE appear in *Golfers' World* or *Gunsnammo* magazines.
- Or more seriously, when women routinely validate and support each other.

When the questions were posted on the ELUM listserv, Nancy Hardt and David Bachrach replied, respectively,

- When we move on to the next "minority" group and no longer have meetings for women.
- When we no longer have to apologize for the transgressions of our fathers and forefathers (let alone our wannabe politicians and former presidents).

Amen, sisters and brothers!

*Kristine M. Lohr, MD  
ELAM 1997-98*

PS: See Janet's article (p. 20) to learn how to mentor male change agents to become "brothers."



*Janet Bickel asks, "What will gender equity look like?" at the Midsouth Regional Women in Medicine conference in Memphis, TN.*



*PJ Coney (R) moderates a panel discussion with (L to R) Jeanne Heard, Debbie German, Debra Fiser, and Shirley Raines (first woman president of University of Memphis).*

## Strategic Career Planning: Graceful Self-Promotion – It's ESSENTIAL

Many of us are hampered in advancing our careers because of our difficulty with self-promotion. We were brought up in the days when professionals such as doctors and lawyers bridled at the thought of advertising or marketing. We have acquired values through socialization and unconscious learning that tell us that, at least for women professionals, and perhaps all professionals, self-promotion is shameless and in poor taste, is egocentric, and that certainly it is not "lady-like" to toot your own horn. This cultural message for women is even stronger if you grew up in a non-US culture.

Another cultural factor is that described by Deborah Tannen – women primarily conduct "relationship talk," while men cultivate "report talk." Women need to become comfortable with report talk.

These three cultural messages lead to an "internal glass ceiling" that is dangerous to your career advancement health. Adrian Savage concludes that if women have less motivation to work within the current power culture that exists, they set themselves at disadvantage. Your task is to develop a *graceful style of self-promotion that fits you*. Maybe when you are famous, others will do this for you. But, as James Lang says, "Until then, I can see only one candidate for the job of...self-promoting me."

So, how do you *gracefully*, rather than shamelessly, self-promote yourself? Here are 12 tips.

1. *Make a habit of recognizing and praising the accomplishments of other women.* One of the best ways around having to *self-promote* is for others to do it for you! Develop partnerships with women, and promote each other's accomplishments. Men do this all the time, while women are better at supporting other women in times of crisis than in publicly recognizing achievements and joyfully sharing their successes. This may be a holdover from our teenage girl jealousy years.
2. *Be sensitive to timing.* A graceful self- or other-promoter knows that promotion is a delicate art, and looks for the best opportunity. This is often in an informal setting – connecting before or after a committee meeting, quick email, etc.
3. *View talking about yourself (or others) as educating or teaching others, rather than "selling."* This is a powerful mindset change that all professionals can use. We are very comfortable and often passionate about teaching others about our discipline. And this is really what you are doing when you tell people that you gave a talk on "XYZ." You want them to share your enthusiasm and joy at the talk you gave, or what you learned about public speaking that could help them.
4. *Develop an interesting story around the facts.* Remember the old saying, "Facts tell; stories sell." In graceful self-promotion, you can offer useful conversation

or anecdotes that includes your accomplishments rather than explicitly selling yourself. Develop a story around what the issue was, what you did, and what the outcome was. For example, in talking to your department chair, "I know we're trying to reach a goal of \$\$ for this year in grant awards. I've just learned that we got a 9<sup>th</sup> percentile on the grant on XYZ. This is the great idea that we had, and submitted last year, and it was almost triaged out because it went to a study section that did not have the proper background. But my colleagues, Jim and Mary and I persevered, and rewrote to ensure it got to the right study section, and we're so glad we did!"

5. *Remember, your success makes your unit look good.* Present your accomplishments in that vein. Show that your accomplishments are closely aligned with your unit's and organization's goals. For example, "I just got the paper on XYZ accepted in ZYX, so that's another peer-reviewed publication in a top journal for this year's departmental list!"
6. *Keep your boss in the information loop, in a timely manner.* DO NOT wait until your annual review! You want your boss to have as many good things as possible to report to the higher ups. Your results are part of those. You never know when your boss might have an opportunity to use the facts. For example, "You know, Dean Jones, we've just gotten another grant for \$\$." You said that when we reached this \$\$ goal, you would find more space so that we could continue to grow our productivity."
7. *Practice graceful self-promotion to avoid "credit theft."* The best way to avoid letting someone else get the credit (and your becoming resentful) is to make sure that the proper people know what you have accomplished. Maintain frequent informal contact (email, hallway conversations, quick chats at meetings, etc.).
8. *Don't be stingy with your information!* You never know how your success can help someone. For example, your junior colleague might say to you, "You just got a grant through the XYZ Foundation? I've been trying to write a grant for them. Can you tell me what you think the important factors were?"
9. *Report the publication, grant, or presentation in the local institutional newspaper.* You never know what interesting connections, opportunities and collaborations can arise. I routinely look at our internal college and university publication to see what others are doing and how that might relate to what we are doing.
10. *Remember, you serve as a role model to other women.* By publicizing what you've accomplished, you enable many people you do not know to see it. Then they see that a woman can achieve, and are encouraged to stay with the academic career.
11. *Make sure key people "know what you've done for them lately."* Remember, no one will know what you've done if you don't let it be known. They cannot read your mind! And these days, with the short attention spans of overwhelmed leaders, they need concrete (and succinct) reminders of what you've done.

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This is particularly important when organizations change; it's highly likely that not all the new leaders and colleagues are readily aware of your portfolio of skills and accomplishments. Recognize that part of your job is educating the new leaders to know who you are, and what you provide to the organization. Accept that this is a new cost of doing business in our fast-changing world.

12. *Take credit due gracefully.* DO NOT diminish it by minimizing. When you minimize ("I was just lucky."), you not only hurt yourself, you diminish the complimentor by dismissing that person's compliment. Graciously accept the praise, and expand with one of your anecdotes that shows you really heard the person and are appreciative, and that you were an important contributor. For example, "Thank you. It was exhilarating to see that our year of hard work came to fruition this way."

Another way you can increase your positive visibility is to *praise upward when appropriate*. It is amazing how little praise bosses get. So you are likely to be remembered positively when you can honestly praise your boss (or other leaders) for specific accomplishments or actions. This is a version of the appreciative approach; you praise the behavior you want to amplify.

Here are some special examples of self-promotion in written documents.

- Dossier for promotion and tenure.
- Grant proposals, book proposals, and any documents where you are trying to persuade people to a point of view in your favor.
- Letters of recommendation that your boss asks you to draft for him or her.

These self-evaluation materials are a very important place to let people know what you have done, where you want to grow, and where you believe you can contribute in the future. This is NOT a place to be shy and retiring. You can't count on all of the review committee members to know you well, and what they *do not know can definitely hurt you*. It often helps to get the help of others in reviewing these to make sure that you strike the right tone of graceful self-promotion and do not inadvertently put yourself down.

We would love to get examples of techniques that people have found helpful in learning how to become graceful self-promoters. Send us your ideas!

*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 Consulting 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@att.net](mailto:psmorahan@att.net). Some material for this column came from Lang, Chronicle of Higher Education, C4, September 12, 2003; Savage, The Internal Glass Ceiling, President, PNA Incorporated; this White Paper and others are available from Martine Berreitter, 949-472-3117, or [martine.berreitter@netps.com](mailto:martine.berreitter@netps.com); Tom Krattenmaker, Do they know what you've done for them lately? Harvard Business Review, 2003; and Gail Evans, She Wins, You Win, NY: Gotham Press, 2003.*

## *The Physician Executive's Coach on Visualizing: What Does It Look Like When It Is Working Well?*

*The only people who like change...are babies.*

*-Mark Twain*

One of the key issues facing academic medical centers today is coping with diminishing morale of the faculty. Both within academic medicine and in the field of medicine in general, there is a palpable drumbeat of emotion ranging from disappointment in having chosen the field of medicine, to outright anger that the 'covenant' that physicians agreed to when they entered the field has been broken by others.<sup>1</sup> Anger is directed at their administrative leaders (of course), as well as at the federal government, HMOs ... and, even directed at themselves for allowing themselves to get into this situation and feeling powerless to get out.

The reasons for this are real. Physicians in nearly all settings are working harder for the same or even less (in inflation adjusted dollars) income.<sup>2</sup> They find themselves compromising time for family, personal time and time to advance academically. And they feel powerless to change it. For many they have no other 'trade' that they can move to. Many express the feeling that they have nowhere to turn for meaningful advice and guidance.

Faculty want to know whether anything is being done to improve the situation...whether they will have to tolerate the current situation indefinitely or whether it will get better (or might it even get worse). They say, "Tell me it's going to get better...and tell me when. Or, if it requires that I do something differently in order to affect change, tell me what I need to do to fix it for myself and my colleagues." While change is almost always feared, it is often needed and coming out the other side of a well executed *change process*. Most organizations are better off and on a track to improved performance and a healthier attitude of the faculty.

### *Do We Really Need to Change? It is Soooo Painful...and It Probably Won't Work Anyway...But, We Are Sooo Unhappy With Things the Way They Are Now*

I advocate the following when the organization appears to be confronted with imponderable obstacles to creating an environment more conducive to the academic milieu we seek and thus a need (even an urgent need) to begin a responsible change process.

First, let's understand that change is rarely a welcomed event by the majority of people within an organization. Illogical as it may seem, most would rather adapt to the discomfort represented by the status quo than move the organization to a better place.

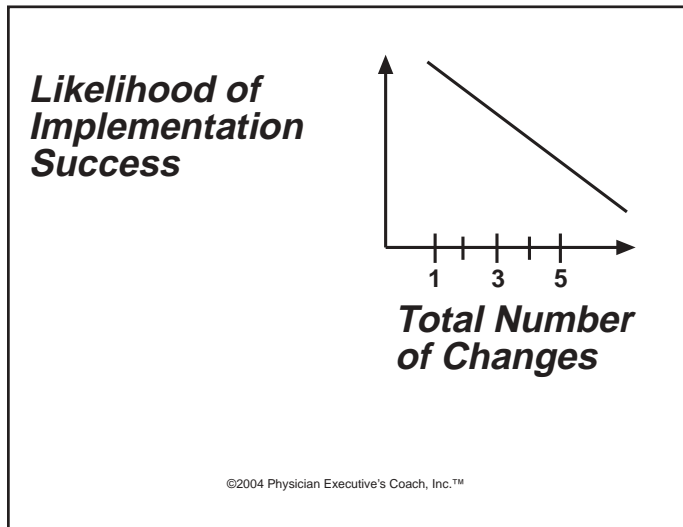
Here are some things you should know about change:

Organisms, both people and organizations, cannot absorb large numbers of change all at once. Decide what is most important and what must occur early in a sequence of logically progressive changes. Choose one big change and a few smaller changes that will impact the broader organization (Figure 1).

*continued on page 17*

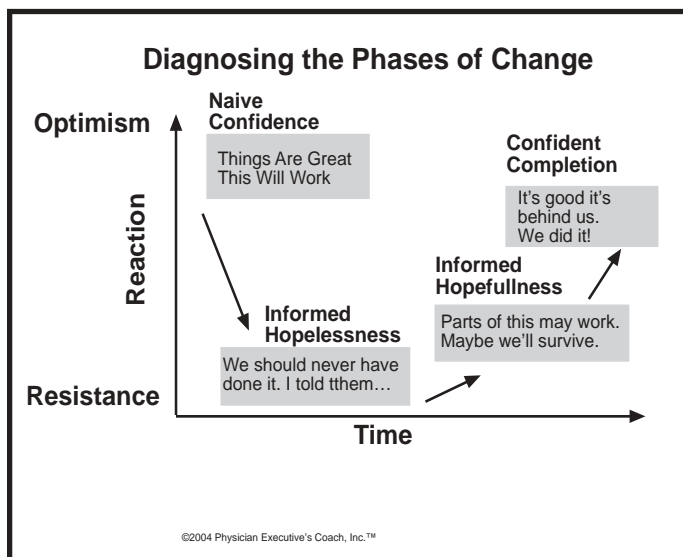
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Figure 1



Initiate the first round of changes and then wait to begin the next wave until the initial big change item is in place. You need a success here in order to build credibility and enthusiasm for the process. You will find that the graph in Figure 2 includes a number of truisms when it comes to how people feel about change. You need to get to stages three and four if you want to be successful. Too many change processes consume all of their energy in the planning process and then expire between stages two and three.

Figure 2



Capitalize on your early success to build enthusiasm to get people to embark on the more daunting changes that are needed.

Second, one needs to assess the current situation in light of these issues. **Note:** *I do not mention financial instability (let alone insolvency) as one of the reasons below. If the organization is in serious financial straits, the need for change is obvious and the imperatives for doing so are likely to be imposed from above.*

- Look at your performance metrics. The key ones that might be touched first will include consideration of your latest:
  - o LCME review (undergraduate medical education),
  - o ACGME and RRC reviews (graduate medical education),
  - o JCAHO visit (hospital and clinic accreditation),
  - o Extramural reviews of departments and programs,
  - o Medical student National Board pass rate statistics over the past five years,
  - o Match results and unfilled/under-filled GME positions,
  - o Other key accreditation and peer review experiences.

What kind of ratings were received? Were there citations or private letter comments which point to underperforming programs? What do these tell you? Are you taking care of the basics effectively? Does the organization need to curtail new or non-essential activities in order to 'get back to basics'?

- Look at faculty morale indicators, an indication of satisfaction levels
  - o Results of formal faculty satisfaction surveys,
  - o Faculty turnover statistics in recent years and over time,
  - o Faculty who have left your institution for other academic institutions...or for private industry or private practice.
- Look at student satisfaction levels
  - o Satisfaction survey results
  - o Student application, MCAT scores and yield rates (percentage of students offered slots who ultimately matriculate at your institution),
  - o Student performance, both academically and emotionally. Look at indicators of increased student stress and dissatisfaction, such as course fail rates and an increase in the demand for student counseling.
- Look at building condition study results and deferred maintenance reports. Are you behind in maintaining a facility/equipment inventory that is safe, functional, reliable and attractive?

If the results of the above considerations demonstrate that your organization is sliding in its performance, each result is likely a contributing factor to this feeling of low faculty esteem and morale. Change, however painful, is probably needed.

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## What Can We Do to Address This Issue? Visualizing a Better Place for Yourself and for Your Organization is One Place to Start

Visualization. I am not talking about astro-projection. I do not advocate drug-induced mechanisms as a means of getting the faculty 'to a better place.' I am talking about the leaders of the organization using broad participation in a visualization process as both a means of overcoming what seems to be an imponderable set of obstacles (sometimes not concrete in nature) and gaining buy-in from constituents that there is the need for, and a reasonable process of, change. I am talking about involving your faculty in the development of a statement that describes your organization as you/they want it to be...a statement that uses descriptive terms about each aspect of the organization as if it were working effectively.

Here are some things you might do.

- Revisit your Mission. It clarifies, "Why We Exist." Activities of the organization should align with the Mission. Those that fall outside the Mission may be (*should be*) seen as opportunities for program closure and resource reallocation. Resources include the time of the faculty, space, support staff, etc. Faculty who feel overcommitted with no recourse to realign their time commitments will welcome this consideration.
- Revisit the broader Vision of the organization. You do have a Vision Statement, yes? Is it timely (up to date), clear, consistent and realistic? If not, here is a great opportunity for re-alignment.
- Revisit the processes by which you do things. Too often we add layers of review and approval, as well as committees and their meetings, to processes in response to criticism, new regulations, etc. Periodically we need to go in and streamline these activities:
  - o Question the need for each committee, its membership, frequency and duration of meetings. Look for a way to consolidate committees. (Haven't we heard this presentation before?) Insist on agendas that include only those items that need be done by the committee when they are ST/SP (Same Time/Same Place). Insist that information items/materials be distributed ahead of time (on line...no paper if at all possible...this allows people who are traveling to access the data and prepare for the meeting before returning to the institution).
  - o Insist that all faculty are knowledgeable about the rules and regulations in their areas of activity. Use sample auditing to assure compliance rather than prior approval for all activities. Since ignorance will no longer be an acceptable excuse for non-compliance with the rules, consequences for such will be clear, timely and probably a bit painful, but the speed with which decisions are made and

executed will be accelerated.

- o Benchmark against others. Emulate the best practices of others that are similar to you but are performing more effectively.
- o In the process of studying the performance of others, you may also come to appreciate that less than desirable satisfaction levels that are driven by the perception that the academic medicine environment is better elsewhere is a bit of myth and fantasy. It may just be that the grass is brown most everywhere and we need to think differently about our institution. We are not worse than elsewhere and we won't find it easier to operate elsewhere.
- Reframe your thinking about the issues. Change the mantra that "This place is so bad in so many ways and that is why the faculty is so unhappy" to, "There are things that are good about this place and there are things that clearly need to be changed. Let's celebrate our strengths and go to work on those areas that are weak. Let's focus on the things we can control and set aside our anger and frustration with those things that are outside our control. We'll defer our energies from those things that we can influence, but not control, until we have our hands around the first set of priorities...we'll get back to them later."

### So What Do We Do Now That We've Got A Visualization Statement?

With a Visualization Statement in hand we move from the 'What' to the 'How.' We now know 'What it looks like when it is working well.' Now we need to determine *how* we will get there.

We'll talk about this in the next SELAM Newsletter.

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

#### Footnotes

<sup>1</sup> "Young Doctors and Wish Lists: No Weekend Calls, No Beepers", *NY Times*, January 7, 2004.

<sup>2</sup> MGMA data comparing 1997 and 2002 data shows that while the typical multi-specialty group based physicians gross charges increased by 54%, their collections increased only 30%. While in a period of relatively low inflation this might not seem so bad, their total operating expenses before funds available for compensation increased 38%, outstripping increases in physician income by 15% over the five-year period. One reason for this increase in operating costs is that the typical physician now employs 5.5 FTE support staff compared to 4.8 five years ago (and 3.4 FTE in 1978!). Some of this increase is due to more patients being seen in a given clinical day but much of it is attributed to increased regulation and compliance requirements that add cost, and in the mind of many physicians, little value. *MGMA Connexion*, January 2004, page 22-23.

## **FOOD FOR THOUGHT: STRATEGIC CAREER PLANNING**

*This article is intended to be the first in a series that will attempt to give you an overview of issues to think about. Articles after this one will explore areas in more detail. The series will be based on reality and will not shy away from discussing topics people may not want to discuss with others in their profession. If there are questions you would like to see addressed in this column, please let me know. You can reach me at 202-746-6987.*

People view the development of their careers in many different ways. Some believe that opportunities come around for those who wait; others believe they must attempt to take control of their destiny and plan their career development so that their goals can be realized. Some know what their goals are earlier than others and have more lead time to be strategic in their career planning.

For the beginning of this series, an overview of two topics that people frequently ask me is reviewed.

### **Do You Have Career Goals? How Do Your Age and Other Obstacles Impact Your Planning?**

Let's look at age. It is the topic people do not want to think or talk about, but it is relevant as one way for you to think about your future. In general, it will take you five or more years to demonstrate your abilities and accomplishments in every position you hold. While many people do not think of retirement in the historical view of age 65, they often tend to think of career shifts that could lead to changing their pattern of work at about that age.

Employers legally should not consider age in hiring; however, they will consider energy. If you are exhibiting low energy in an interview regardless of your age, you are less likely to be offered a leadership opportunity. To illustrate the strategy, the exercise below assumes you might want to be an Executive Vice President for an academic medical center as your top organizationally based career step after having served as Dean of a Medical School and Department Chair. One way to think about your goals and age is to reflect on the following exercise:

**AGE 65:** Assume you would like to be able to shift your career activities at age 65, leave your organizational life behind, and create a new opportunity that allows you the ability to control your pace and level of activity.

**AGE 59:** Become an Executive Vice President for Health Affairs

**AGE 54:** Become a Dean of a Medical School

**AGE 49:** Become a Department Chair

How old are you now? You will notice that five years in each position is indicated above, which is the minimum time that most people believe you can attempt to demonstrate what innovations you have led and what results you have accomplished "on your watch." Some would say you need more than five years in each of these important roles.

By doing this exercise, you can determine what you need to accomplish within what time span in order to qualify for each new career opportunity.

Part of your planning should include finding out what career opportunities you may want to develop as options and what are the responsibilities, skills, and experiences associated with each step in your career. After an analysis of that information, you can determine where you have accomplishments that match the opportunities and where there may be gaps. For example, if it is required that you have experience in resource development for grants and contracts, you need to have demonstrated that you have had a track record of continuous competitive funding from federal sources, have managed those grants effectively, and contributed to the advancement of knowledge or translation of products.

You can review all requirements for each job and determine what is required as the previous example illustrates.

### **Obstacles to Successful Career Planning**

In thinking about this topic, associates with women in medical education and administration were contacted. They identified the following obstacles as related to the advancement of women.

Numerous women reported to me that they sometimes are viewed as their own biggest obstacle for many of the predictable stereotypical reasons. What was told to me is as follows:

- Women take time off for child rearing and give up their tenure track positions in most cases.
- Universities do not tend to allow a leave of absence for child rearing. If women want to return, they oftentimes are disadvantaged because of "lost time pursuing academic accomplishments."
- Women take on responsibilities to provide service to the university that take away from the time they need to be spending to advance their academic record.
- Women tend to not have mentors. If they do, they are often men.
- Women must learn to "play the game as the men do." They have to understand the politics of the industry and the impact on their careers.
- Universities in general need to improve their support of the advancement of women by enabling their career development.
- Department Chairs need to be held accountable as the first level of supervision and support that can enable the career development of women.
- Evaluators of the performance of men and women in medicine need to prepare themselves to fairly evaluate all people for whom they have responsibility and not fall into the reported pattern of being brief and less specific in evaluating and recommending women.

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This list could be significantly increased. Thinking through the list enables us to take control of our planning for our future. We understand the obstacles and then we are better able to plow around them. Keeping a positive, “can do” attitude when applied to your strategic career planning goes a long way!

More thoughts for your reflection as well as active, strategic planning will be in future columns.

*Jan Greenwood, PhD, Vice President for AT Kearney, a global executive search firm with her office in Alexandria, Virginia, has worked in higher education since 1969 and executive search for approximately the last 12 years. She is a licensed psychologist and has specialized in career development. She has led workshops primarily for women and/or people of color for people from across the US. As a tenured full professor, she specialized in group work and developed a curriculum that included group process, organizational behavior and development, small, large, and inter-groups, and group counseling and therapy. The curriculum was based in part on Tavistock training she completed after her doctorate. Jan has been a higher education president for two institutions. Continuing education credits have included work in forensics and managed care. Her higher education and executive search experiences and careers have intersected throughout with the medical field. Examples of her placements include Dr. Karen Holbrook as President of The Ohio State University and Dr. Bernie Machen as President of the University of Florida. She has completed searches for academic medical centers such as Executive Vice President for Health Affairs and Dean of Colleges of Medicine, among other positions of strategic importance to the universities and academic medical centers.*

## ISSUES IN THE WORKPLACE

### **Tempered Radicals: Identifying “Invalidators” and Mentoring Male Change Agents**

How can women with little formal authority who are committed to improving the environment for women maximize their impact, given the little time available and the enormity of the challenges? An underrecognized, underutilized tactic is to “adopt” and mentor men to work along side you. Since men are still the ones with the “lion’s share” of power in our organizations, they remain best positioned to address discrimination, whereas only the most powerful women can address these issues with impunity.

With regard to the work of enhancing the environment for women, most women fall into one of the following broad categories:

1. Those who maintain that there is no “gender” problem (or that it has been solved). A small subset is the Queen Bees, who attempt to maintain their own power by keeping other women subordinate. Another small subset here are “Invalidators” (see below);
2. Those stuck on anger, bitter about the discrimination they’ve experienced;
3. Worker bees who keep their nose to the grindstone. Some of these consciously avoid category #2, believing that if they allow anger to surface it would interfere with their work;
4. Tempered Radicals (TRs) who work to improve the

environment, support other women, mentor the next generation, and change their organizations.

With regard to women professionals, most men fall into one of the following broad categories:

1. “Invalidators” who make intentional use of sexist remarks to manipulate and control women;
2. Men who feel they are already “progressive” and therefore have nothing to learn about this. They may demonstrate their lack of interest by rolling their eyeballs, for example, or make snide comments such as, “Why would you want to participate in a program for women?” [Most men in categories #1 and #2 are insecure around powerful women but are in deep denial of this insecurity.]
3. Men who endeavor to ignore this whole subject, remaining silent and passive;
4. Visionary men (also known as “men of good conscience”) who want to help create a more inclusive environment for women. Some of these are “closet feminists,” requiring relatively little assistance to become more open supporters of women. Some have a lot to learn and need more help in “walking” their own “talk.” Such visionaries have the courage to take a stand for inclusion, the willingness to hear the truth of women’s experiences, and the ability to interpret it correctly. Some need more guidance and time than others.

Before focusing on these promising men, it is necessary to consider men and women who are “Invalidators.” However few they are in number, they wield a lot of power. First, how do you identify Invalidators? Invalidators rely heavily on:

- a. Limiting labels, e.g., “You are committed and irresponsible”;
- b. Sneak attacks, e.g., “I thought this field was safe from the likes of you” or “I don’t want to upset you but...”;
- c. Cutting-off communication, e.g., “I didn’t mean to interrupt”;
- d. “Radiant devaluation,” e.g., “I always knew you were nice, but I didn’t know you were smart too” or “I didn’t realize you were so articulate, plus your hair looks great today.”

Second, how do you recognize and respond to an Invalidator? Feeling trapped within an exchange or conversation is a sign that you may be dealing with an Invalidator. Try following this advice:

- a. Don’t personalize the Invalidator’s comments;
- b. Become more aware of what’s happening, the context, who else is present, and your own physical and emotional reactions. Remember to breathe deeply;
- c. Look beneath the insult: *why* is the “invalidator” putting you on the spot? Is the insult intentional or unconscious?;
- d. Analyze the insult, i.e., divide the remark into parts and respond to each, e.g., To “Even a woman should be able to understand this”, respond, “When did you start thinking of women as inferior?”
- e. Collect more data, e.g., observe how others handle this individual;
- f. Endeavor not to dwell on the “slug”—give it a burial or somehow let it go;

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- g. Next time you encounter the Invalidator, be ready with a “comeback.” Here are some examples:
- “That’s Dr. Honey to you.”
  - “What did you mean by that?”
  - “I’ll give you an opportunity to rephrase that.”
  - “Why the verbal attack?”
  - “I’m sure you didn’t mean to insult me, but....”
  - “Are you aware how that might sound to some people? It sounded rather unprofessional to me.”
  - “I want to make sure I understood what you said. Would you repeat that?”
  - “I can’t believe you said that.”
  - Get out a notebook, saying: “I’m writing a book about sexism” or “My therapist likes me to keep records” or “I’m entering this in a contest.”

Other advice, especially if you have frequent contact with the person, is to use a variety of tactics. For example, one day try making him uncomfortable, and the next day compliment him. If the individual seems beyond educating, try to grow a thicker skin, letting the words slide off your back. If you continue to react emotionally, you may remain so distracted that you find yourself on the wrong end of the field and miss an important play.

Perhaps the most constructive, forward-looking technique is to mentor fair-minded men into becoming effective allies. Set a goal of identifying and mentoring one man per year to join you in this work. Some men in category #3 above are possible candidates, but energy is best spent nurturing men in category #4. The presence of daughters who are becoming professionals and/or a wife who’s worked outside the home can be helpful clues.

Once you’ve selected a male colleague, offer to become his “learning partner” in supporting women’s career development and becoming a more skilled mentor of women. Strategies to suggest to these men include:

- Find a couple of female colleagues with whom you feel safe, tell them your learning goals, and ask them to assist and critique you.
- Talk similarly to the women who are closest to you, e.g., partner, daughter, sister, and friend. Because of the established emotional connection, you may understand things from them that you wouldn’t understand from a female colleague.
- Become more observant of the times that a woman offers a view different from most of the men. Pay attention to how a different perspective might improve the outcome.
- As your “ear” and “eye” become educated, be the voice that interrupts a demeaning or patronizing behavior or comment. Women cannot very often point these out because of the risks involved.
- Become more observant of your “mental models” of gender. Mental models are our implicit assumptions about the world; they are like panes of glass that distort or color what we see. They make trouble because they are invisible and are hard to change or switch. Both men and women tend to devalue the “feminine” and “women’s work” and allow women a narrower band of assertive behavior than they allow men.

- Become willing to examine the unearned privileges of being born male in this culture.
- Practice responding to a colleague who laughs and says, “You need to keep her; she’s both female and a minority so you get double points” (or supply another example).
- Practice surfacing assumptions in meetings, e.g., raise questions about whether policies are both gender/race neutral and organizationally effective.
- Practice raising issues regarding the consequences of NOT attracting and promoting women and minorities. Point out why it is “good business” to attract and develop women and minorities.
- Recognize that this work will be a lifelong study.

As appropriate, periodically commend your protégé on his courage to stretch out of his comfort zones to mentor women and minorities. Commend his foresight and business acumen to see the advantages of increasing his “Diversity IQ” and of becoming a more effective mentor of the next generation.

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## ***Developing a Successful Mentoring Program***

Recent studies of the workplace identify effective mentoring as key for successful careers. Surveys of employees report that most work environments are perceived to lack sufficient and effective mentoring opportunities. These needs are more pronounced in surveys analyzed by gender as reported in the Quality of Life Survey from MIT (<http://web.mit.edu/hr/worklife/>) and elsewhere [3;4]. Publications from both the Harvard Business School [1] and Walker et al [6] emphasize a broad definition for mentoring, and the importance of multiple developmental relationships to create “learning organizations” that benefit both the individuals and the profession. While the reader is referred to these publications for scholarly discussions of mentoring, this article will describe one approach to the establishment of a specific mentoring program with a few comments relevant to the needs of women in academic health centers.

A good mentor is like a fine premium wine that is sipped by the fire. Both are relished, hard to find, and even more difficult to describe. Yet, the skills to be a good mentor can be taught, and a well-conceived program can supplement the personal qualities of the individual mentor. Successful programs must be a composite of tangible lessons and the intangible chemistry of the relationship. Programs that pair individuals without specific goals, and merely expect magic to happen, usually fall short.

Key elements in a successful mentoring program include: 1) tangible instruction in skills for career advancement for mentees, 2) individual pairings with a mentor where the charge is to plan and

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execute a developmental program for the mentee, and 3) a component that mentors the mentors. In organizations, mentoring programs should be viewed as a continuum throughout one's career. Many skills become honed over time as they are applied to new areas of responsibility. Thus, basic approaches will apply whether the program is oriented toward students, residents, junior faculty, senior faculty or leaders. Ideally, throughout our careers we will always be both mentee and mentor.

**Table I. Mentee Topics**

- Career tracks
- How to write a fundable grant
- How to manage a laboratory
- Personnel policies
- Budget management
- Work-family balance
- How to build networks
- How to develop advocates
- How to give a memorable lecture
- How to write a publishable paper
- Job Negotiation: What's Important
- How to Deliver High Quality & Efficient Patient Care
- Time Management
- Team Building

### 1. Skills for Career Advancement

Historically in academic medical centers, diagnostic acumen, therapeutic decision-making and execution of technical skills are well honed. For those who conduct research, there is training in hypothesis generation, experimental design, technical execution of experiments, and data analysis. Yet, other topics equally important to success, such as the economics of medicine, and how to manage an effective clinical team or research laboratory, are left to "on-the-job training" with little formal instruction. Many programs now offer lecture series, particularly for fellows and junior faculty, which include topics listed in Table I. In most institutions, attendance at these sessions is high, and attendees report the desire to have additional opportunities. The development of a comprehensive program that provides instruction in key skills is essential to successful mentoring.

### 2. The Mentee-Mentor Relationship

Throughout our careers we will benefit from interactions with a variety of individuals. These relationships should be encouraged and fostered. Yet, each may provide different value, and some may last for only particular periods of time. Although many authors include all of the functions listed below in their definition of a mentor, the following pertain to the program described in this article.

- **Colleague/Friend:** someone who shares your point of view and empathizes; often not objective; usually a peer
- **Role Model:** someone who is admired and has traits that one would like to emulate; usually a passive relationship
- **Advisor:** invited or uninvited advice, usually "reactive" to a particular circumstance
- **Mentor:** trusted counselor or guide; pro-active; the mentoring relationship maintains a status difference

A key element in this definition of a mentor is that it is a pro-active relationship. A good mentor is one who:

- Has moved beyond preoccupation with one's own career development and is secure in fostering the growth of a developing professional
- Is a wise and talented counselor and teacher
- Has experience, common sense, and good judgment
- Can use the power and experience of their positions to aid the advancement of a less powerful and experienced individual
- Is a "recognized" voice in the profession
- Is genuinely interested in the development of the subordinate
- Commits the time and emotion required to make the mentoring relationship successful
- Sees perspective – the difference between what is important and what seems to be
- Gives objective feedback that will include positive reinforcement of desired behaviors and modeling or instruction on behaviors to be improved

In general, a mentor should not be the division director, program director, or department chair directly in the reporting structure for the individual, as those individuals have direct responsibility for evaluation and promotion decisions. In the context of fellows in research training in a particular laboratory, the research advisor plays an invaluable role in training and guiding the development of the individual in the research arena; however, a separate career mentor should be identified who does not directly control the mentee's career opportunities or have a personal stake in the outcome of the mentee's decisions.

Formal mentoring relationships should establish a contract in which the roles and expectations of the mentee and mentor are outlined. This provides the opportunity to be sure that expectations are shared. At the initial meeting, the mentee and mentor should discuss the time period they will work together, the goals to be accomplished and the actions to be taken to get there. The parties should discuss the type and frequency of meetings. The mentoring agreement needs to set confidentiality parameters. The mentoring relationship is based on mutual trust, so there should be a discussion of how sensitive issues will be handled. The duration of the relationship should be realistic and set a flexible end date. Agreeing to a finite time period to meet a goal is motivating. Establishing the end date also reinforces the temporary nature of the agreement, thereby helping to prevent dependency and possessive behavior by either party. The agreement should have a "no-fault termination" clause. It should specify that either party can discontinue the relationship for any reason. A written agreement with documented parameters fosters the best results.

The success of the mentoring relationship presumes that the mentee has certain responsibilities. The mentee must invest effort and honesty in defining their own goals, and be open to self-evaluation in their efforts toward progress. The mentee should participate in career development seminars and workshops, and strive to meet the objectives set out in the developmental plan.

### Issues of Diversity

Academic medical centers are becoming increasingly diverse. Diverse cultural backgrounds can be sources of conflict, the basis

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for unique needs and expectations, and responsible for differences in communication and coping mechanisms. Although mentors and mentees need not be matched with regard to gender, race or ethnic background, sensitivity to those differences will assist the mentee in navigating a complex institution. A discussion of backgrounds and values can identify specific areas that may need attention. For example, a mentor might introduce a new mother to other faculty that have successfully balanced this stage of their life and career, or recommend strategies for approaching required activities where alcohol is served when this is in conflict with the mentee's religious beliefs. Mentees should be asked if they have special concerns, and offered assistance or referral as appropriate.

### The Developmental Plan

The goal of the mentoring relationship is to provide guidance and encouragement for the mentee to identify and succeed in the niche that best suits him or her, not to merely reproduce one's self. The most successful programs set out a specific plan. In order to be a successful mentor, the strengths, weaknesses and career aspirations of the mentee need to be discussed. The goal is to assist the mentee in identifying the area that best suits their strengths, improves on their weaknesses and constructs an action plan for achieving their goals. This includes directing the mentee to individuals who share their interests, facilitating the development of their network, and enhancing their visibility. Following performance appraisals, the mentor might help the mentee to "interpret" the feedback and develop a plan for using the information in their advancement.

Table II. Mentoring the Mentors

- Division and Department Finances: How to maximize opportunities
- Conflict management
- How to handle questions about sexual harassment, scientific fraud, etc.
- HR 101: Hiring/firing, record keeping, Dos and Don'ts
- Getting and Giving Feedback: Effective performance appraisals, 360° Review
- Effective Research Collaborations: How to Build a Program
- Understanding Communication Styles to Enhance Productivity
- Gender differences that influence success in the work place
- Diversity skills
- What derails success and how to avoid it
- How to change a toxic environment

### 3. Mentoring the Mentors

Mentors are usually selected because they are perceived to be successful and have good interpersonal skills. Experience has provided them with lessons that can be turned into sage advice; yet the complexity of our organizations and the demands of clinical practice rarely leave time for formal education in many areas. In order to be an effective mentor, the mentors will need training in conflict resolution, university grievance policies and regulations (ACGME, promotion and tenure criteria, scientific fraud, sexual harassment, etc), and how to give feedback, only to name a few (Table II). Mentoring the mentors enhances their performance, provides a

reward for their commitment to the mentoring program, and enhances their likelihood of success in the next stage of their own career. Institutions will derive benefits from this approach, beyond advancing junior colleagues. Mentoring the mentors has the capacity to change the institutional culture and create an atmosphere of continual professional development.

### Gender and Mentoring

Academic medical centers are male-dominated, hierarchical organizations in which strategies that lead to success are not necessarily elements of a woman's cultural upbringing. Women who feel adrift in a male-dominated culture, with less access to informal mentoring provided by the "old boy's network," report greater needs for mentoring. Yet, women are unlikely to benefit from the historical model of mentoring, where a mentor identifies a "golden boy" or prodigy, and grooms him to be like himself with the purpose of enhancing his own stature and ensuring perpetuation of the accepted model of success. This paradigm is well engrained in our institutions. It limits the vision and definition of success and, therefore, the spectrum of individuals deemed worthy of being assisted in their advancement. In order to overcome barriers to the advancement of women, effective mentoring programs need to be defined. Mark et al [4] reviewed successful programs that address mentoring to promote gender equity. They identified two factors key to their success: 1) institutional support, and 2) rewards to the mentors. Bickel et al [3] include specific attention to mentoring as a key factor in increasing women's leadership in academic medicine, and point out that women need more mentoring than men do. Understanding gender-based bias and knowing that women have to be 2.5 times more productive than men to be considered comparably competent is necessary in order to identify strategies for women's success. In their article on physician burnout, Spickard et al [5] discuss research that shows that women are 60% more likely than men to suffer burnout. Specific discussions of the factors unique to women are essential in preventing the ongoing loss of women from academic medicine and science. Open discussion in mentoring programs of barriers to women's success will serve to enlighten organizations.

Thanks to brave individuals who have studied and written about gender-bias in our profession, a growing body of literature can be drawn upon to guide mentoring of women. Data showing that there are diminishing numbers of women physician-scientists in academic medicine prompted an article in *Nature Medicine* [2] and the establishment of a regular section in *Science* on career advancement ([www.nextwave.org](http://www.nextwave.org)). Two important books describe the critical elements of success, with practical suggestions for applying women's strengths to navigating male-dominated, hierarchical worlds. In *What's Holding You Back? Eight Critical Choices for Women's Success*, Linda Austin describes the key factors as: channeling motivation into real action, learning to take risks, moving from problem fixing to problem finding, focusing intellectual development in order to develop true expertise, learning to compete in hierarchies, focusing on purposeful self-evaluation, mastering the art of dealing with people, accepting that negative feelings from others come with the territory, and harnessing your capacity for connection. In *Hardball for Women*, Pat Heim describes similar skills; yet, she poignantly translates them into the context of the male perspective. The elements they discuss are similar to those found in most articles on leadership and success; yet, acculturation of women makes these elements less apparent to and less

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easily attained by women. Understanding the male perspective can assist women in productively working with male colleagues. Men acculturated to expect women to be nurturing multi-taskers take those qualities for granted without recognizing the effort and skill that they require. This is well described in Fletcher's *Disappearing Acts: Gender, Power, and Relational Practice at Work*. Successful mentoring in academic medicine requires that both men and women become educated about gender-based cultural differences that determine differences in our approaches to problem solving and strategies for success. Only then will we maximize the talents of our workforce to benefit personal satisfaction and our profession.

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## Networking Post-ELAM

The ELAM Class of 2003 continues to network in a monthly Book Discussion Club via telephone conference calls. At the close of the spring ELAM session, many of the graduate fellows desired to keep in contact. I suggested a book club as one means. After our experience in learning communities, we decided to try it and chose our first selection *The Art of Possibility* by Rosamund and Benjamin Zander, a book that had been mentioned in a few of our last ELAM sessions. By creating a bridge, I initiate conference calls from the University of Louisville without the need for an operator, so I volunteered to set up the call and send out reminders. Agreeing on a time was difficult across all time zones and with everyone's full schedule. Nonetheless, we agreed on noon Eastern Time on the fourth Wednesday of the month.

Thus far, we have had three successful conference calls. An email message reminds individuals of the call as well as the book we are discussing, and invites those who haven't read the book to call in anyway. Individuals call in, some on time, some later in the call. Some leave early, some stay on until the end. We also share accomplishments. Some are very personal. For example, Vicky Norwood is expecting her first baby and we are following the pregnancy with eager expectations. Some accomplishments are

professional. For example, Sade Kosoko-Lasaki announced she's the recipient of a \$3 million dollar grant; Sandy Weller announced the approval of a new department of which she is the Chair; Maria Kolar announced that her institution was a finalist for a Women's Health Center. To make sure that the extroverts leave time for the introverts to contribute to the discussion, I write down names of participants so I can mentally remember to encourage the silent ones.

We also share how we've applied some of our learning from ELAM courses. Vicky described how she uses Appreciative Inquiry during annual evaluations. She finds asking questions, such as "What do you like most about your job?" very revealing. This allows her to consider that for future assignments and for making meaningful comments to the employee. I shared my use of Appreciative Inquiry to bring together two groups who have traditionally been at odds but must work together. We talked about the usefulness of understanding personality profiles in choosing employees for a team or support functions.

Finally, we discuss the books. There was division among us over whether the first book was worth completing. *The Art of Possibility* appealed to the Intuitives more than the Sensors. There was less controversy over Peter Block's *The Answer to How is Yes*, perhaps because fewer sensors read the book. Block is also quite idealistic, but many of us Intuitives really like his emphasis on changing from asking "how" questions, which can suffocate change, to asking questions about "what matters" and "what works." We also like his description of a leader as a social architect, one who considers both financial viability and people's soul when planning change in our work.

Roz Richman suggested our next book, *What Queen Esther Knew* by Connie Glaser and Barbara Smalley. This book is more practical than our other choices. I'm willing to bet that sensing personality types will like this one better.

When asked what they thought about our telephone conference calls, Mary Lou Voytko wrote, "I've thoroughly enjoyed our monthly phone calls. It allow me to continue to reconnect with people I really enjoy, an opportunity to let everyone know what is going on, and share thoughts about a book we are reading. I also see it as an avenue in which we can bounce our ideas off of each other and share our problems in the hope of learning from others." Mary Lou is thinking of starting a local for WFU's. (I suggested reading the same books. Good luck, Mary Lou!) Vicky Norwood wrote, "Like a visit home again...a brief time to refocus not so much on a book, but on the concepts of ELAM and the directions they take us. I love it!" Kim Ephgrave commented, "I like having a goal in mind for some professional reading that builds on the experience of ELAM. Also, I loved hearing people's actual voices."

We also use our conference calls to plan times when we can join together in person for dinner or outings in addition to those planned by ELAM and SELAM at meetings (e.g., AAMC). Send questions or suggestions to me at [mary.coleman@louisville.edu](mailto:mary.coleman@louisville.edu).

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## BOOK REVIEWS

Johnetta B. Cole and Beverly Guy-Sheftall. *Gender Talk – The Struggle for Women’s Equality in African American Communities*. NY: One World Ballantine Books, 2003.

Dr. Cole is President of Bennett College and was formerly President of Spelman College. Dr. Guy-Sheftall is a Professor at Spelman College. The authors have written an important, well researched, and very honest book about gender issues in the African American community. It was a painful book for me, a Euro-American woman, to read because it highlights the extra difficulties facing African American women, when we would like to believe that we are all women with common gender issues. While important for African American women, this book is an important “learning experience” for Euro-American women in understanding the barriers we might experience as we work collaboratively with African American women.

The gender issue is also very painful for African Americans to bring out into the open. Cole and Guy-Sheftall quote several authors who pinpoint this powerfully. Nellie McKay states in her 1992 *Remembering Anita Hill and Clarence Thomas: What Really Happened When One Black Woman Spoke Out*: “Black women have felt torn between the loyalties that bind them to race on one hand, and sex on the other...yet they have almost always chosen race over the other: a sacrifice of their selfhood as women and of full humanity, in favor of race” (p. xiii). Calvin Hernton, in his 1992 *Breaking Silences*, states: “The sex war and the race war in the United States have always been ruled by the politics of a common ideology – the Ideology of Race First and Sex Second...racial equality between white and black men is more important than the ‘lesser question’ of sex equality” (p.71). And Gary Lemons, in his 1998 *To Be Black, Male and Feminist*, asks: “Is our attainment of patriarchal power through the oppression of women any less insidious than white people’s perpetuation of a system of racial oppression to dehumanize us?” (p.71).

Cole and Guy-Sheftall begin their analysis by tracing the history of gender relations in the African American community in the debate in 1870 over granting suffrage to Black men and not to Black women. [And, in the 1890’s, Ida Wells-Barnett, an African-American woman, chastised Susan B. Anthony, who put her life-long crusade for women’s suffrage first and denied African-American women a formal voice in the movement, because of fears that southern white women and legislators would abandon the cause.] This experience is but one of many that have forged the legacy of earned distrust of Euro-American women by African American women in regard to gender equality.

The authors continue their historical analysis of key moments illustrating the role of the patriarchal Black Church in maintaining gender inequality, and the collisions of black liberation versus women’s liberation in the 1970s. As they summarize, “A misogynist, Black-woman-as-traitor-to-the-race theme began to emerge, and this scape-goating of Black women for all of the race’s problems helped to fuel increased hostility between Black men and women” (p. 96). Additional hostility has come through Black, lesbian and gay issues; the authors mark the progression from quiet acceptance of same-sex relations in the early part of the 20<sup>th</sup> century to current Black homophobia. This had played an important

role in the emergence of AIDS as the leading cause of death for Black women between the ages of 25-44. The authors state discussion is needed of “Black homosexuality, bisexuality, and the deadly consequences of denial about its prevalence” (p.181).

One of the areas I learned the most about was the chapter dealing with Gender Politics and Hip-Hop. I found the discussion of the historic development of the pervasive and now global rap form, “gangsta rap,” to be powerful and sobering. It reminded me of McElvaine’s thesis in his 2000 *Eve’s Seed*, that the use of seemingly minor words can promulgate a world-view that denigrates certain groups. In the case of gangsta rap, the current generation is growing up hearing Black women described as “bitches” and “hoes,” and as possessions to be controlled and ruled by Black men. Electronic games are continuing the assault; Children Now reported that “video makers design the games so that 86% of the Black women in them are harmed violently” (p.203).

Cole and Guy-Sheftall conclude, “Black communities are in crisis. In the midst of debilitating poverty and racism, drug abuse, HIV/AIDS, outrageous incarceration rates, hopelessness, and violence among Black youth, there is also a ticking time bomb of hostility between the sexes that, left unchecked, has the power to erode some of the progress we have made since the civil rights and Black Power movements’ (p.203). The final chapter proposes concrete steps that Black women, Black women in partnership with Black men, and institutions such as Black Churches can take.

I came away from reading this important book with two conclusions. First, I reaffirmed the need for Euro-American women to continue to do “our own work” in regard to gender, race and class issues. As the authors grippingly show, we have profound differences in our life experiences that we need to understand better. We can do our “own work” by becoming more educated about the issues. Johnetta Cole and Beverly Guy-Sheftall have created a marvelous opportunity for us to do just that.

Second, I believe that *the separate work, combined with collaborative effort between African American and Euro-American women, might be more powerful than the groups working alone – in erasing gender inequity for both groups. Euro-American women could enable the specific needs of African American women, being guided by these women since they are the only ones who really know what they need. This clearly is an arena in which we Euro-American women would need to be led by African American women. And, many of the actions Cole and Guy-Sheftall propose regarding new gender messages could also teach Euro-American women how to narrow the gender inequality that exists for Euro-American women – especially those who, like so many African-American women, live with class inequality and with men who are not educated.*

Richard E. Nisbett. *The Geography of Thought – How Asians and Westerners Think Differently...And Why*. NY: The Free Press, 2003.

This is a fascinating and well-researched book by an experimental psychologist who has carefully investigated (or reports results from others) and compared the cognitive processes of infants, children, students and adults from East Asia (China, Korea and Japan) with those from Northern Europe, Canada and the US. Nisbett’s thesis is that geographical patterns

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alone (as detailed in *Guns, Germs and Steel*) cannot explain these differences. He summarizes historical issues such as the different philosophies that became prominent in the two areas (Aristotle and Confucius), economics (Greeks exposed to more different peoples than Chinese because of shipping), etc.

This book provides excellent background on the possible origins in China and Greece of the major cultural differences. The research studies reported demonstrate quite distinct cognitive processes between Easterners and Westerners. Some of interest to me included

- *High context* vs. *low-context* perception: Westerners first see focal objects (fish), while Easterners first see the context (in a pond).
- *Linear and analytical* vs. *circular and complex rhetoric*: In Nisbett's view this leads to one of the greatest differences. Westerners look for "rules" to categorize objects; Easterners look for "relational and family" characteristics. Westerners learn relatively early a formal logical rhetoric for analysis (hypothesis, evidence, conclusion), which Easterners do not learn until much later. This may also explain the dislike of debate among Easterners.
- *"Either-or"* vs. *"both-and"* logic: This leads to Westerners being more prone to searching for "the single right" answer vs. accepting there may be several motives, etc. involved in a situation. On the other hand, research shows that Easterners are more willing to grant credence to each of two propositions that bear a contradictory relationship to each other. This can lead to the error of not accepting the best proposition. It may also provide an explanation – less curiosity about which is a better proposition – for the lack of Eastern scientists who achieve distinction as Nobel Laureates, etc.
- *Causal individual attribution* vs. *situational*: For example, Westerners assume a child who is not initially good at math must "have inherent poor ability at math," while Easterners would conclude that the child must just need to work harder, or be taught a different way, etc. This leads to Westerners being more prone to the *Fundamental Attribution Error*.

In the last two chapters, Nisbett discusses the implications for these differences on teaching and learning, reporting that relatively short educational interventions can affect the way we think. He proposes that the best outcome will be convergence of the different cognitive processes based on blending of social systems and values.

Wayne Baker. *Achieving Success Through Social Capital – Tapping the Hidden Resources in Your Personal and Business Networks*. San Francisco, CA: Jossey-Bass, 2000

Excellent, relatively quick read by leader in the field. Social capital is being increasingly identified as just as (or even more important) in achieving corporate success as are financial and other 'capitals.' Baker describes the now well-researched fact that all humans self-distribute into a network of non-random clumps/clusters around 'hub' people; so, the myth of individual success is just that – a myth. Each clump is highly connected within itself, which is good for getting current work done but suffers from lack of new infor-

mation needed for innovation, etc. This comes only when this clump becomes connected with other clumps/clusters through relatively few 'linchpin' or high-connector people. Baker's thesis is that most of us need to diversify our network to be more entrepreneurial. He gives concrete tips on how to do this – both at the personal and organizational level.

Another main thesis of the book is that the best way to build social capital is to practice *generalized reciprocity* – that is, giving and connecting others without expectation of getting anything in return in the immediate future. Baker provides numerous examples of how this practice builds a strong investment in social capital that pays off in the long run. Chapter 4, *Using Your Social Capital*, is full of good ideas about how to use social capital. The entire reciprocal relationship circle includes: *invest* by giving without expectations; *request* your need (as a request, not an expectation or entitlement); *receive* the information, connection, or whatever; and finally, *acknowledge* the reciprocal gift and close the loop. While Baker does not go into gender differences, I suspect that women may have more difficulty in the request stage than men do. And this is a vital part of the virtuous cycle of reciprocity. Someone who always invests/gives, but does not request/accept help, limits the ultimate size and usefulness of their circle. People feel a natural desire to reciprocate, and will move away from people from whom they are always receiving and cannot reciprocally give.

*Page Morahan, PhD*

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### 2003 AAMC ANNUAL MEETING REPORT

Educators, accreditation agencies, and professional societies are revisiting professionalism. At the annual Association of American Medical Colleges (AAMC) meeting in November 2003, several sessions focused on this key competency for physicians. First, the Group on Women in Medicine (WIM) and Organization of Resident Representatives held a joint plenary session, "Professionalism Across the Generations." Richard L. Cruess, MD, Dean Emeritus, and Sylvia Cruess, MD, Center for Medical Education, McGill University, described the history of the professional and "healer" aspects of the physician's role. Attributes of Healer, a physician's primary role, include caring and compassion, insight, openness, respect for healing function and for dignity and autonomy, and presence. Attributes of Professional include autonomy, self-regulation, responsibility to society, and teamwork. Shared attributes include competence, confidentiality, commitment, altruism, integrity, humanity, morality, and responsibility to the profession.

Society expects physicians to fulfill the role of healer, guarantee competence, provide altruistic service, act with morality and integrity, promote the public good, and be open and accountable. In response, society extends guarantees of a monopoly on medical practice, autonomy, trust and respect, self-regulation, adequate resources, and status and rewards (both financial and non-financial). To preserve these values in changing times, we must teach each new generation. Teaching and evaluating these attributes present a challenge. First, we must completely define professionalism at the outset. Self-regulation, for example, is often omitted, particularly if trying to draw the concept out of the students, as they have no experience with self-regulation. So the "touchy-feely" method of teaching professionalism often falls short of accomplishing our goals. Second, role models are critical. An integrated approach

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throughout the faculty and supported from the Dean's office and departmental chairs is necessary for undergraduate and graduate medical education. Many schools use multiple approaches. New York University uses computer-based portfolios to promote self-reflection in their medical students, small groups, independent activities, and role models (both attending physicians and residents). Teaching in humanities, narratives and spirituality are options. Third, faculty and resident development prior to launching a program of professionalism education is essential. In some programs, all residents must attend one-half day of training and receive a certificate upon completion.

*Cruess and Cruess's recommendations* Start with a cognitive base and establish a longitudinal program that extends throughout medical education. Insist that all students complete the program. Incorporate existing related activities into the program (e.g., white coat ceremony, cadaver introduction). Use "flagship" activities at regular intervals to demonstrate the significance of professionalism. Establish longitudinal evaluation system to accompany all activities. This may include multiple methods, e.g., knowledge measures (frequent short-answer tests), global rating scale, critical incident reporting, objective structure clinical exams, standardized patients, and student professionalism portfolios.

Sharon Johnston, MD, Family Resident at McGill, described professionalism as a dynamic contract, and negotiation as a way to bridge the generation gap. She sees this gap as an opportunity to affirm values and a challenge to reassess established values and guide change as it occurs. There is no significant generation gap in knowledge, self-regulation, or justice issues. However, altruism exposes the gap, and contrasts the patient's interest with self-interest. Quotes such as "nearly all students wish to work fewer hours and have more time for family and outside activities," and "the current generation is self-absorbed and self-oriented" sound current, but date to the 1950's and 1960's when medical students wanted to marry before medical school rather than live in hospitals as their predecessors often did. Quality time issues are also prominent. Students, shaped by the society from which they come, have different collective experiences than their predecessors and seek different practice patterns.

Corrine E. Horn, MD, MS, Otolaryngology Resident at New York Presbyterian Hospital, described new challenges of professionalism in an era of restricted duty hours: work ethics, collegial relationships (more physician "extenders," more responsibilities for attending physicians), transition of care from one individual to another, self-policing, pregnancy during residency. The goal in teaching professionalism is a well-adjusted resident poised to deliver high quality medical care. Residents want both formal teaching (lectures) and informal teaching (e.g., narrative medicine, modeling). She advocated holding medical students and residents to standards, and teaching faculty "how to" before asking them to evaluate professional behaviors. In the situation where the resident's "freedom of expression" (e.g., body piercing, tattoos, clothing) may impact the patient's comfort, she recommended that faculty refrain from passing judgment in favor of bringing the patient back into the discussion, "How does this make the patient feel? What are you saying to the patient?" The bottom line is, "You are here to serve the patient."

At the joint plenary session of WIM, Faculty Affairs, and Organization of Student Representatives, Tom Inui, MD, President and CEO of the Regenstrief Institute, discussed "Professionalism in Our Daily Lives: An Aspiration or a Reality?" The AAMC Medical School Objectives Project identified four major attributes: altruistic, dutiful, skillful, and knowledgeable. He listed medicine's core values as truth/science, therapeutic alliance, curing/caring, acceptance of differences, empathy, right action ("we hate to make mistakes"), reflectiveness, mindfulness, and altruism. He identified the ongoing struggle to keep one's balance. In the ideal world, physicians are healing, comforting, openhearted, open-minded, error-free, and analytical. In reality, physicians are often uncertain, conflicted, risking or harming patients, arrogant, unmoved, mistake-prone, avaricious, self-preserving, and prone to habitual or "knee-jerk" decisions.

Under present circumstances, he sees a distressing trajectory as medical students move from being open-minded and curious to test-driven and minimalistic ("Just tell me what I need to know to pass this exam."), from openhearted to well defended, from altruism to cynicism. Students begin with a focus on the formal curriculum, but move to focus on the informal "hidden" curriculum, from "what we say" to "what we do."

How can we teach professionalism more successfully? First, focus on sentinel events in the hidden curriculum, both positive and negative. Second, create mindfulness and an infrastructure for dialogue about uncertainty, keeping one's balance, medical errors, interpersonal conflicts, professional performance and values in medicine. We often hear *Primum non nocere* (first do no harm), but Inui suggests that *Primum non tacere* (first be not silent) is also critical. Find ways to talk about how we embody our values. Join forces with the community, patients, and other disciplines to track our professional behaviors, get feedback, and grow professionally. Education is the process by which an individual becomes the person who can successfully serve a calling. This requires experience, reflection ("Who am I becoming as I move toward this life of service?"), service, knowledge of both self and the field, and constant attention to an inner life and a life of action.

Rose Goldstein, MD, Associate Dean of Professional Affairs at University of Ottawa, presided at the WIM/SELAM Plenary Session, "Negotiation Strategies: How to Negotiate from Within." Wendy Wolf, MD, MPH, Executive Director of Maine Health Access Foundation, described the ideal academic career trajectory: medical training → academic career with development of expertise in the three areas of interest → recognition, accolades and greater administrative responsibility for expertise → leadership and fulfillment. Wolf then described her very different career path: enter academics → learn that teaching and patient care won't get you tenure → start basic research → realize I'm more interested in policy rather than basic research → take sabbatical → return to academics → get policy job with DHHS → move into health philanthropy.

Next, she described the ups and downs of inside candidacy. Upside: greater knowledge of the job from an historical sense, better understanding of the institution, greater awareness of the real challenges and opportunities, and ability to build on established relationships. Downside: perception of inside candidates as less exciting, less visionary, and less valuable; potential for previous knowledge to restrict your vision of possible change and opportunities;

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potential for established relationships to inhibit colleagues' view of your skills; and potential difficulty in changing your institutional "context."

Wolf advocated an awareness of gender-based paradigms. Women often feel more directly responsible for the life priorities that often compete with the importance of career advancement. They approach career advancement with little information about the ground rules, hold unrealistic expectations, and possess inadequate knowledge of "the rules of the game." Her recommended steps in a negotiation are

**Step 1:** Think through how this career move can promote win-win strategies. Your best strategy is to show how your internal advancement can benefit your colleagues, boss, organization, community, and society. [From the discussion: When negotiating for a title, decide and agree what the job is first. The title gives you credibility and shows the authority you've been given.]

**Step 2:** Do your homework! Do a 360° assessment of self and the position. Solicit candid input from your detractors, rather than your supporters. Triangulate this with information from outside sources. Frame your vision with increasing focus and concrete action steps. Determine what *value* you'll bring to the position, those who will work for you, and the institution.

**Step 3:** Do you have what it takes for the position? You must have the right attitude. George Bernard Shaw wrote, "People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who got on in this world are the people who get up and look for the circumstances they want, and if they can't find them, make them."

**Step 4:** Prepare your candidacy. Broaden your focus. Think strategy rather than immediate action, e.g., three-year plan with benchmarks. Assess your "people skills" and identify where your networks can help or hurt you. Identify what parameters will lead you to say no for this position, and what the minimum requirements are for you to say yes to the position.

**Step 5:** Can you clearly articulate where you want to go? Define your vision. [Other aspects from the discussion: 1. Should you take an interim position if you are interested in the permanent position? Know the institution's history and perspective on interim positions. Will you have a chance for the permanent position if you take the interim position? 2. Given the opportunity to write a job description for a new program, write down your ideal, and give it to a trusted confidante to point out what parts are the "nuts and bolts," what is inspiring, what is so "out there" it shouldn't see the light of day, and what you've overlooked that needs to be included.]

**Step 6:** Are the resources adequate to attain this vision? Assess personnel. Review all fiscal data in detail, using outside professional consultants. Evaluate support of leadership. Can you identify a mentor for this next step? What is the support of the external community? Have you identified gaps or "cracks" in the chain of command that may impede your success?

**Step 7:** Know what skills are essential for the position: visionary leader, human resource director, chief financial officer, educator, researcher.

**Step 8:** Be aware how gender-based career perceptions will affect your candidacy. Stephen and Ondrea Levine wrote,

"We see the world through our idea of who we think we are. Our model of the universe is based on our model of ourselves."

**Step 9:** Build your case. Realize you are the best person to frame your PR strategy. Don't assume *anyone* knows your skills and accomplishments. Promote yourself as if you are coming from outside. "Unless you are a Nobel laureate, no one will know what you are doing." Approach this negotiation as if you were an ad agency, "What would your message be? How and to whom would you market yourself? What value do you add to the existing environment? Can you market your accomplishments in a way that 'lifts all boats?'"

**Step 10:** Network, network, network.

**Step 11:** Get it all in writing. [During the discussion, this was clarified to get the essentials in writing. Other non-essential issues need to be fluid. Asking for too much in writing can generate a sense of mistrust. On the other hand, having things in writing can be important if there is a change in leadership.]

*The don'ts of negotiation:* Assume anything. Believe there is no money in the budget without evidence. [Do bring in a professional to evaluate if necessary, but only when you *are* the candidate. For a chair position, discuss the finances with the department business manager, who usually has the knowledge and suggestions for the department's financial management.] Ask for personal needs. Get your feelings hurt. Threaten to leave – you may be given the opportunity.

Barbara Atkinson, MD, Executive Dean at University of Kansas School of Medicine, described the key negotiation to her career path as picking what was most important. After seeing a colleague fail while combining clinical work with a new position, Atkinson asked for one year to do only cytopathology and used it to build a research program. She also negotiated for departmental billing for professional services, instead of hospital billing, thus structuring the job to generate her own dollars. Consider what is the best outcome (not necessarily that you get whatever you want). Plot your strategy. Who will participate in the negotiation? What do you bring to the table? What are the constraints on the other side? How will you work together in the future?

*Other caveats:* Make sure both support and authority are in place to do what you believe needs to be done. Think about your path ahead of time. Know what your passions are, and acknowledge they may change over time. Be willing to take risks. Build relationships – networking begins the building of relationships. Find out who is really in charge and develop that relationship. Try to maintain relationships (win-win outcome) if a colleague is interviewing for the same position. (If an external candidate gets the position, be careful not to burn bridges and be seen as undermining that new person.) Consider when it *is* a negotiation and when it *is not*. Have arguments ready for why you should get what you're asking for. Some give and take is necessary. Consider what you really want as the final outcome, and if it's worth the cost. Do your homework – mostly thinking and planning.

*Regarding that "vision" thing:* In negotiations, you *must* have a vision for the position, and know the mission, goals, and vision statement of the institution or department. What needs to be done? What is the opportunity? What specifically would you do, and how? Present a plan of what resources are necessary for you to succeed.

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Important points to consider: You can negotiate too early. Get the job first; then negotiate. Let them make an offer; then ask to see the budget, ask what problems there are, etc. Boil the negotiation down to one or two essential items. Know what your *and* their deal-breakers are. Make sure you get what you need to do the job (the best argument you can make, e.g., "I can't make this institute happen without. . ."). Are resources available to achieve the goals? Is the vision correct or does it need modification? What is the best timing and implementation plan? You can keep your candidacy confidential early, but if negotiations get serious, it is probably time to drop the confidentiality.

*"Dirty Secrets" of negotiations:* No one likes to negotiate. No one likes to be forced into a corner – always have an out. Outside pressures and politics that you may not know about may be at play. You may need to sacrifice some things you want for your long-term goals.

Jayne Thorson, PhD, Assistant Dean for Faculty Affairs at University of Michigan Medical School, discussed "Moving from WIM Program to Creating Institutional Value" at one of the WIM Breakfast Sessions. She described the cycle that negatively impacts women in academic medicine: Low numbers of women → Isolation → Less academic success → Low numbers of women. When addressing this problem with institutional leadership, framing the positive (e.g., progress) with the negative data will make leaders more readily accept the negative data.

To increase the number of women faculty, increase hiring and increase retention. Leaders can offer incentives to recruit women, e.g., a provost pays the difference in an Assistant vs. Associate position if the department hires senior women. Leaders can create opportunities for shared experiences and gender awareness, i.e., illustrate how gender-based societal roles play out in the workplace, e.g., differences in communication and work rules. Thorson gave all department chairs a copy of Dr. Pat Heim's *Hardball for Women* to help them understand these differences. To further institutionalize the priority, publicize women faculty's accomplishments and opportunities in a newsletter. Collaborate with other initiatives, e.g., National Centers of Excellence. Include hiring of women in the evaluation of leaders.

To address the problem of isolation, plan social opportunities for faculty women. Schedule celebrations of women's achievements, e.g., annual celebration of newly promoted women, women chairs, women associate deans, etc. Recognize leaders when they hire, e.g., the first woman chair. Create professional development opportunities, and integrate these into leaders' voices and actions by co-sponsorship. Provide access to information, via distribution of books (e.g., Phyllis Mindell's *A Woman's Guide to the Language of Success: Communicating with Confidence and Power*, Virginia Valian's *Why So Slow?*, Kathy Barker's *At the Bench: A Laboratory Navigator*), websites, promotion and tenure seminars, and booklets on maternity and dependent care. Provide support for women to attend AAMC seminars and career development programs. An on-line video of Valian's presentation is available at <http://mitworld.mit.edu/video/80>.

Joycelyn Elders, MD, former US Surgeon General, was the speaker at the WIM luncheon. She envisions women as "midwives" who will bring about the transformation of healthcare from a "sick care" to a "health care" system. "The sicker you are, the better we doctor!" Based on "command and control," the old system of healthcare can't fix our new problems. The new system must be purpose-oriented, affordable and accessible to all. Elders advocates teaching society how to be healthy, and dealing with health disparities, teen pregnancy, gang violence, and HIV/AIDS. More resources will not improve health. To transform healthcare we must:

Have **CLARITY** of vision and the ability to transmit this vision to all members of the organization to move in the same direction

Be **COMMITTED** to keep folks healthy, educated and motivated. Concern is not enough. We must be committed to change in our healthcare system.

Have **CONSISTENCY**. We cannot go one-way one day and change direction the next.

Share **CONTROL**. We should involve everyone in the organization in having a role and an equal say.

Women physicians need to make healthcare a priority and a human right. We must not "move up and fit in," but move up and transform this healthcare system designed for and by men. We must set our own goals and purpose-driven agenda. We must ask for what we want, using gumption and common sense. In creating a health *care* system, we must develop strategies for cultural and language diversity, prevention, compassion and politics (training more bright young people in medicine to be good politicians). We must educate and empower patients to help push through changes in healthcare. We must advocate to overcome problems in designing prevention-focused and purpose-driven community programs. Finally, we must decide on a goal. We cannot be afraid to change. We cannot fear failure or procrastinate. We must persevere and persist. Dr. Seuss was turned down 27 times before finally being published, Henry Ford failed 20 times, and Michael Jordan was cut from his high school team. What we are doing is like dancing with a bear – you can't stop and sit down until the bear gets tired!

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*ELAM 2000-01*

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You are a product of your environment. So choose the environment that will best develop you toward your objective. Analyze your life in terms of its environment. Are the things around you helping your toward success — or are they holding you back?

*-W. Clement Stone, author, founder of Combined Insurance Co., now part of Aon Corp.*

## ***Avery On The 5 Conversations Every Team Should Have***

Consider these make-or-break conversations your first order of business for your next interdisciplinary healthcare delivery team.

**Conversation 1: Get clear on the collective task.** Teambuilding starts with clarifying your team's purpose, not with getting your teammates to like each other. (After all, the task itself—not the people performing the task—is the reason for creating your team.) Thus, the first conversation should focus on clarifying why the team was formed and how you can work together to accomplish something larger than any one member could accomplish on his own.

**Conversation 2: Align interests and motivations.** Making sure that your teammates share the same level of motivation is far more important to successful teamwork than matching appropriate skills. (Though your teammates will improvise skill-wise, they'll perform to the level of your least-invested member motivation-wise.) Thus, the second conversation should focus on members' individual reasons for contributing to the collective task.

**Conversation 3: Establish behavioral ground rules.** The widely used four-phase model of team formation—forming, storming, norming, and performing—suggests that norms don't develop until the third phase. Your team can accelerate the development of these norms by making and enforcing agreements about appropriate and inappropriate behaviors. Thus, the third conversation should focus on how you should treat each other and “call” one another on broken agreements and other behavioral issues.

**Conversation 4: Set bold goals and anticipate conflicts, breakthroughs, and synergy.** Unless you've experienced it several times, you can't anticipate and appreciate how your work on a team can lead to real breakthroughs. Thus, the fourth conversation should focus on setting bold goals and anticipating conflicts, breakthroughs, and synergy as you work to achieve them.

**Conversation 5: Honor individuals and their differences.** Differences in perspective are powerful, particularly when they're aimed at a collective task in an environment of trust. Your team should create explicit opportunities for each member to participate and add value. Thus, the fifth conversation should focus on discovering what each member brings to the task and agreeing to honor differences in approach and perspective.

### **Why Teams Fail: 5 mindsets that sabotage teams and how to get over them**

#### **The Island Mindset**

**The Issue:** Team members have an intense desire to fly solo, with little or no overlap or dependencies.

**The Fix:** Team members accept that they can accomplish their goals only by playing a “bigger game” (a quality, cost-effective client outcome) and sharing the responsibility of winning that game together.

#### **The Win-Lose Mindset**

**The Issue:** Team members determine their wins by their teammates' losses.

**The Fix:** Team members accept that if their teammates aren't winning, they're not winning either.

#### **The Right-Wrong Mindset**

**The Issue:** Team members blindly believe that their point of view is right and all other points of view are wrong.

**The Fix:** Team members accept that the focus is on function—what works and what doesn't work about a particular point of view—rather than judgment.

#### **The Carrot-Stick Mindset**

**The Issue:** Team members use authority and bureaucracy to control their teammates—a mechanism of “status hierarchy” versus the “peer structures” of teams—and often ask one another, “What will you give me to be on your team?”

**The Fix:** Team members accept that the only way they can motivate each other is to ask one another, “What's in it for you to be my partner in serving this client outcome?”

#### **The Skill-Role Mindset**

**The Issue:** Team members believe that their teammates' skills pre-determine their roles and their roles fix their accountabilities.

**The Fix:** Team members accept that their teammates' roles, as well as their own roles, emerge based on what needs to be done and who is energized to do it.

### **The 5 Secrets of Fast Teams**

Put them to work in your case teams to reach consensus quickly and harmoniously.

- They consider more alternatives and generate them together. Fast teams know that generating lots of alternatives actually enhances decision making.
- They involve more people and more points of view. Fast teams hear from more participants, not fewer participants. In turn, they gather more and unique viewpoints and increase their probability of discovering more creative and expansive alternatives.
- They communicate and integrate with other parts of the organization. Fast teams invite other departments to participate in their planning sessions because they often suggest new and better solutions.
- They draw on the wisdom of the “gray-hairs.” Fast teams check their thinking with coaches and mentors whose knowledge, experience, and intuition help the team make smarter choices.
- They value getting client outcomes and learning together over being right. Fast teams make sure that everyone is heard, especially those with minority views. If consensus doesn't emerge in a reasonable amount of time, the leader calls for group action on the alternative that has the greatest chance for client success.

*continued on p. 31*

## ***10 Principles for Creating Powerful Partnerships: How powerful partners support each other in winning***

Do you struggle to get what you need from other members of interdisciplinary healthcare delivery teams? Do you feel that you're on each other's side? Make every work relationship a true partnership by applying the principles used by powerful partners.

**Work with others to determine what's in it for them.** It's smarter and easier to tap into others' motivations rather than to try to dictate them. Ask what's in it for them to work on a particular team until they come up with the personal benefits that motivate them.

**Be helpful to others.** (It's in your best interest.) Learn as much as you can about others' goals, then look for opportunities to help them achieve them. Don't subordinate yourself or give up your own pursuits to help others exclusively, but understand that you gain greater access to their ideas and motivations when you are helpful to them.

**Protect others' interests.** Playing the role of "integrity cop" makes others uncomfortable, but it also contributes to the strength of a team. Record and remember the explicit agreements and implicit expectations made within your team and sound the alarm when one team member's actions threaten to violate other members' interests or boundaries.

**Give "efficient gifts."** Efficient gifts—favors that cost you little or nothing, yet provide great value to the receiver—often add more value than traditional exchanges. Efficient gifts include giving a heads-up on an opportunity or threat, proof-reading a document, or making an important introduction. Give them often and ask for favors with the same principle in mind.

**Celebrate others' successes.** Envyng the success of others reinforces the assumption there's a limited amount of success in the workplace. Fertilize the ground to grow unlimited success by celebrating the wins of others.

**Appreciate conflict.** Treat team disagreements as an opportunity to learn. Give others permission to express their viewpoints or dissatisfaction and remember that any upset, fear, or conflict disappears once it's thoroughly confronted by the group.

**Distinguish criticism from feedback.** "Constructive" criticism is still criticism and should be replaced with "compassionate revelation"—or telling your truth with compassion. Feed the consequences of others' actions or behaviors back to them truthfully and compassionately. And when you find yourself about to give criticism, stop yourself until you can compassionately "feed back" your thoughts and feelings.

**Practice "tit-for-tat."** Tit-for-tat makes others aware of their responsibility for your relationship. Derived from game theory, computer science, and evolutionary psychology, this simple relationship strategy has two rules: 1) always cooperate on your first interaction with someone; and 2) follow his lead on each successive interaction.

End with the beginning in mind. As teams come to an end, most members jockey for position, politick, or blame negative circumstances on others. Improve the quality of your endings by avoiding burning bridges, harming reputations, and being inhumane to yourself or others. Instead, bring to mind the best days of the collaboration and envision a way to craft a more responsible endgame.

**Achieve closure.** Don't allow your team to begin ceremoniously, then disregard the value of a ritual ending. Determine what closure activity would make you all feel complete, then design an event that has meaning for everyone.

*Christopher M. Avery, PhD, is a nationally recognized speaker on teamwork and leadership, and the author of Teamwork Is An Individual Skill: Getting Your Work Done When Sharing Responsibility (Berrett-Koehler, 2001). Visit his web site at <http://www.partnerwerks.com>.*

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### ***NOTABLE***

The *AMWA Connection* editorial of Lynn C. Epstein, MD, AMWA President, in the Nov/Dec, 2003 issue, highlighted the National Library of Medicine exhibition, *Changing the Face of Medicine: Celebrating America's Women Physicians*. She quoted Elizabeth Blackwell who wrote in 1895, "It has become clear to me that our medical profession has not yet fully realized the special and weighty responsibility which rests upon it to watch over the cradle of the race...The onward impulse to this great work would seem to be especially incumbent upon women physicians..."

Barbara Bates, MD, author, historian, and professor to medical and nursing students, died 12/18/02 at her home in Bryn Mawr PA. Her obituary in *Rochester Medicine* described her role as an activist in interdisciplinary health care. She "helped conceive and develop the then-new role of nurse practitioner. She worked to improve public access to health care by encouraging greater collaboration between physicians and nurses and expanded practice opportunities for nurses." She and a nurse practitioner taught me physical diagnosis at the University of Rochester, using page proofs from the first edition of *A Guide to Physical Examination and History Taking*. I never forgot her passion for teaching and patient care.

The 153-year-old Medical College of Pennsylvania Hospital, site of the nation's first medical college for women, will close March 31, 2004. Fortunately, the ELAM Program will live on in new offices.

- Editor

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Charlie Brown: "Halloween is over, and the 'Great Pumpkin' didn't show up again, did he?"

Lucy: "No, she didn't, did she?...Never even occurred to you, did it?"

-*Peanuts by Charles M. Schulz*

"This is the true joy in life: being used for a purpose. I want to be thoroughly used when I die. Life is no brief candle for me. It's kind of a splendid torch."

-*Oprah Winfrey on turning 50 years old*

**PHOTO GALLERY**  
*AAMC Annual Meeting*



*Valerie Montgomery Rice (L) and her dean, P.J. Coney, both of Meharry Medical College, relax at the SELAM International Reception.*



*SELAM President Vivian Reznik presents outgoing president Alice Speer with a thank you gift for a job well done.*



*Joycelyn Elders addresses the group on Women in Medicine at the annual luncheon meeting.*



*Karen Pierce West (L) congratulates Nancy Gary upon accepting her 2003 Award of Excellence at the SELAM International reception.*

**PHOTO GALLERY**

*SELAM members in North America*



*Photo taken by Joe Keyes, AAMC staff, in Tampa, FL, at AAMC 2004 Faculty Affairs Professional Development Conference. Standing L to R: Ann Otto, Lois Geist, Luanne Thorndyke, Page Morahan, Katherine Loveland, Meredith Marks and Rose Goldstein. Seated L to R: Laura Schweitzer, Susan Hutson, Karen Sanders, and Carolyn Mazure.*



*An out-of-the-box experience: Carl coaches Kris Lohr (born a Scorpio) through holding a scorpion (above) and tarantula (left) at the Victoria Bug Zoo, BC. Nancy Hardt and Chris Abrass joined her on vacation.*



*L to R: Christine Stock, Terry Kinzy, Carol Newlon, Kathy Shear, and (seated) Meredith Marks, all 2003-04 ELAM Fellows, at the ELAM IME AAMC exhibit. "Building a House without Ceilings: ELAM's Blueprint for Achieving Gender Equality at Academic Health Centers."*

New Leadership Paradigm for the 21<sup>st</sup> Century  
 – Relational Leadership  
 Drath, William. *The Deep Blue Sea – Rethinking the Source of Leadership*. San Francisco, CA: Jossey-Bass, 2001.

Practices	Characteristics	Personal Foundation	Behavioral Foundation	Organizational Influence	Individual Challenge
<p><b>Task Setting Practices</b></p> <p>Characteristics:                      Credible, clear direction based on leader's capabilities</p>	<p><b>Capabilities</b>                      Leader understands power as personal ability, knowledge of what's needed &amp; right things to do.</p>	<p><b>Indicators</b>                      Increasing complexity or change in people; leader's own learning; direction; leader's direction; leader's autonomy; leader's legitimacy; follower's trust; leader's leader's ability to lead</p>	<p><b>Characteristics</b>                      Based on experience of followers; independent leader's perspective</p>	<p><b>Indicators</b>                      To give direction, increase empirical as result of sharing with various different capabilities; leader's capacity to negotiate same underlying values in newly-related practices</p>	<p><b>Challenges</b>                      Multidimensional, both different</p>
<p><b>Creating Commitment</b></p> <p>Characteristics:                      Leader is credible, leader's ability through the relationship</p>	<p><b>Capabilities</b>                      Leader's ability to lead through the relationship</p>	<p><b>Indicators</b>                      Leader's ability to lead through the relationship; leader's ability to lead through the relationship; leader's ability to lead through the relationship</p>	<p><b>Characteristics</b>                      In leader's perspective</p>	<p><b>Indicators</b>                      When leader's perspective is shared in groups and communities, it leads personally. In shared vision, both are included by leader</p>	<p><b>Challenges</b>                      In shared vision of possibilities</p>
<p><b>Facing Adaptive Challenge</b></p> <p>Characteristics:                      Leader is credible, leader's ability through the relationship</p>	<p><b>Capabilities</b>                      Leader's ability to lead through the relationship</p>	<p><b>Indicators</b>                      When challenge is shared in groups and communities, it leads personally. In shared vision, both are included by leader</p>	<p><b>Characteristics</b>                      When challenge is shared in groups and communities, it leads personally. In shared vision, both are included by leader</p>	<p><b>Indicators</b>                      When challenge is shared in groups and communities, it leads personally. In shared vision, both are included by leader</p>	<p><b>Challenges</b>                      In shared vision of possibilities</p>

Accomplishing Leadership Goals with the Three Leadership Principles

Types of Leadership	Personal Leadership	Business Leadership	Influences	Outcomes
Personal Personal involvement of leader	Personal involvement of leader	Personal involvement of leader	Influenced by socialization and socialization	Outcomes is recognized as individuals approval in communication
Interpersonal Process of negotiating social influence	Interpersonal involvement of leader	Interpersonal involvement of leader	Influenced by socialization and socialization	Outcomes is recognized as people's approval in communication
Relational Involvement by a community of people	Relational involvement of leader	Relational involvement of leader	Influenced by socialization and socialization	Outcomes is recognized as people's approval in communication

All ways of understanding and recognizing leadership are interpretable from the perspective of the third principle – relational leadership.

Methods to bring forth the Relational Dialogue Leadership approach within an organization

- *Cultivate sense-making processes* – add this to repertoire of over-reliance on problem-solving and decision-making mind-set => common understanding
- *Explore narrative modes of understanding* – add this synthesis approach to over-reliance on understanding by analysis
- *Develop capacity for dialogue* – add this to the skills of exhortation and command, and persuasion and argument – skill of communication with goal of learning the other person's experience
- *Increase personal responsibility for leadership* – among ALL participants

**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. Do it on the web!
- Due date for next newsletter is *May 17, 2004*.

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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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