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If this is your first visit to GWIMSWatch, welcome. If you are a repeat visitor to the GWIMS quarterly newsletter, welcome back! The AAMC Group on Women in Medicine and Science, founded in 2009, is led by a steering committee of 11 representatives from constituent medical schools and teaching hospitals and liaisons from the AAMC Council of Deans, Organization of Student Representatives, and Organization of Resident Representatives. For the next year, I will serve as chair of this committee. Our work focuses on advancing the full and successful participation and inclusion of women in medicine and science, and we hope to engage our broader constituency in this effort.

To learn more about our mission, visit the GWIMS website at www.aamc.org/members/gwims.

As I reviewed the submissions for this issue of GWIMSWatch, I observed the following themes:

- Pipeline
- Proactive
- Promotion
If these themes are of interest to you and resonate with you, I encourage you to read more.

In closing, I leave you with words of inspiration found in this issue from Dr. Ganzel, dean of the University of Louisville School of Medicine:

“Plan to do things of significant impact and then strategically carry them to fruition.”

Happy New Year,

Angela Sharkey, M.D.
Associate Dean for Faculty Affairs and Professional Development
Professor of Pediatrics
Saint Louis University School of Medicine

Proactively Plan for Promotion: Considerations for Turning Your Clinical and Educational Work into Scholarship

By Emily Walvoord, M.D., Associate Professor of Clinical Pediatrics, Assistant Dean for Faculty Affairs and Professional Development, Indiana University School of Medicine, and Wendy Hobson-Rohrer, M.D., MSPH, Professor of Pediatrics, Associate Dean for Faculty Development, Director, Academy of Medical Science Educator, Pediatric Medical Director, South Main Clinic, University of Utah School of Medicine

Promotion and/or tenure in academic medicine usually require scholarship. The evolved definition of scholarship includes not only traditional research, but also the scholarship of teaching and the integration or application of knowledge in new ways. Using Glassick’s criteria of ensuring a project has clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique, clinician educators can thoughtfully design a career plan that develops their work into scholarship and cultivates a meaningful niche.

To develop your career path, we suggest the 4-D approach:

- Destinations: Begin with the end in mind. Visualize ten years from now about what will make you feel the most fulfilled in your career. What do you want to develop? What will be your legacy?
- Design: Write a formal career development plan and a plan for each individual project. Review this with your mentor(s), and let these plans guide your decision making when asked to take on new projects.
- Do: Define your goals and outcomes, resources needed, and a timeline. Schedule time on your calendar for this work.
- Document: Review your institution’s promotion requirements and save everything that might be needed for your dossier.

To get started, think about ways to maximize your current work. We offer these examples, which include how to make things “count” more than once:
Proactively Plan for Promotion…continued

• Observe a rare finding or rare presentation of a common disease: Work with a learner to submit an abstract and write a case report.

• Read new clinical guidelines: Study your current institutional compliance, noting barriers and publish; develop a QI project to improve compliance and publish the report.

• Mentor a resident needing remediation: Create and submit a workshop to a peer-reviewed meeting; publish it on MedEdPORTAL®.

• Speak at a support group: Develop a fact sheet and send it to national experts with a form for peer review and comment, and post the revised version on your website. Submit it to a national organization publication or post on a society website, and build on your talk to present as Grand Rounds.

Finally, all forms of scholarship must be disseminated. A straightforward way to think about this is the “3 P’s”: public, peer reviewed, and platform for others to build on. With advanced planning and continually asking yourself “how can I turn this into scholarship,” you can acquire expertise, develop meaningful scholarship, and meet the requirements for promotion.


Scale Your Writer’s Block

By Susan Johnson, M.D., M.S., University Ombudsman, Professor of Obstetrics & Gynecology, University of Iowa Roy J. and Lucille A. Carver College of Medicine

First, writing is hard. Ernest Hemingway, when asked how to write a novel, famously replied, “First you defrost the refrigerator.” So don’t beat yourself up. Instead, figure out strategies that help, and keep moving.

One effective strategy to scale your writer’s block requires a paradigm shift regarding the best conditions for productive writing. The usual thinking is that in order to write effectively, you must know what you think before you write, and you must have a long block of uninterrupted time in which to do it. Unfortunately, these conditions are rarely present and, so, little writing gets done. Perfectionism compounds the problem by allowing our mental editor to disrupt the process of getting ideas on paper.

A different paradigm, long practiced by professional writers and advocated by writing educators, directs you to begin writing before you know what you think, and, to write regularly—at least 45 minutes or so—most days. Perfectionism is addressed by controlling the mental editor. First, editor-less, you generate ideas—without regard
to grammar, clarity, or relevance—and only then is your editor allowed to go to work. Put graphically: first create a bloated, badly written first draft, then edit it into shape. Compared to the old way, this actually allows for a more rapid emergence of good ideas.

These methods are based on expert opinion, cognitive science, and (some) experimental evidence. For more detail, read my article at www.thrivingamidstchaos.com.

This method may seem wrong-headed and unworkable. But you have nothing to lose! You always have that last minute, just-before-the-deadline time. And, even if you do most of the writing in the final hours, the fact that you have engaged with the work regularly, by writing as often as you can, will lead to a better final product.

One key to successful daily writing is the creation of a ritual for getting started. Francesco Cirillo’s “Pomodoro Technique®” (http://pomodorotechnique.com/), is a great choice.

In a nutshell: pick a writing task ("revise the abstract"), set a timer for 25 minutes, write until the timer sounds, and take a five minute break. If you are interrupted—and you will be most days—immediately ask “can this wait until the timer goes off?” If it can, record the task and deal with it later. That’s it—but it can be a miracle cure for writer’s block.

Now, get writing!

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**Women in Radiology: The Leaky Pipeline**

**By Dania Daye, M.D.-Ph.D. Candidate, Perelman School of Medicine at the University of Pennsylvania, and Jocelyn Chertoff, M.D., M.S., Vice Chair, Department of Radiology and Obstetrics and Gynecology**

In the past few decades, medicine experienced a drastic increase in the number of female physicians. According to the 2012 AAMC Women in Academic Medicine: Statistics and Science Benchmarking Report, women now represent 47.8 percent of medical student graduates. Yet, the increase in female representation has been disproportionate among different specialties, especially when comparing surgical and nonsurgical specialties. When only nonsurgical specialties are considered, radiology ranks lowest for female representation. A recent study published in the journal *Radiology* examined female representation in the 20 largest medical specialties. Although radiology was the ninth largest of those specialties, it ranked 17th for number of women, the lowest for a nonsurgical specialty.

Women are underrepresented in radiology at both the resident and faculty levels. Attrition seems to be most pronounced at the transition from medical school to residency. While 47.8 percent of medical student graduates are women, only 28.1 percent of radiology residency applicants are women. This number has remained unchanged for eight consecutive years, indicating that major system-level changes might be
Women in Radiology: The Leaky Pipeline...continued

needed for a dramatic improvement in women’s representation in the near future.

Why do fewer female medical students consider radiology as a specialty? Surveys of medical students on factors affecting their specialty choices revealed women value opportunities for patient contact as a positive influence on their specialty selection. Negative factors detracting women from choosing radiology included technological work, training length, and lack of radiology mentors in medical school. A common theme emerging from available data shows the limited exposure of medical students to radiology and role models during the course of their medical education. Most medical students see radiologists as physicians who read medical images in a dark room distant from patient contact. Unfortunately, exposure to radiology subspecialties that provide for ample patient contact (such as women’s imaging, ultrasound, fluoroscopy, pediatric radiology, and interventional radiology) is not usually available until the fourth year of medical school. This is after most students have decided on their specialty. Radiology may have an “image” problem among medical students. The perception of the lack of patient contact in the specialty may play a role in deterring women from radiology. There is a need to re-evaluate the ways women are exposed to career opportunities in radiology during medical school. This can be achieved by initiating programs in the preclinical and early clinical years that introduce students to the practice of radiology and practicing radiologists who can serve as role models. Creating early opportunities for exposure and mentorship might lead to improvements in women’s representation in the field, resulting in a more diverse workforce.

References:


Use Your Head, Follow Your Heart, and Persevere

By Ritch K. Eitch, Ph.D., author of Real Leaders Don’t Boss (Career Press; 2012), and a second book on leadership to be released this month. He has been an executive since his early 30s, has served on numerous boards of trustees and directors, and was chair of the board of his local hospital. He is a retired captain in the U.S. Naval Reserve and has been honored by the U.S. Senate. He and his wife, Joan, have two sons, Geoffrey, an executive director at Amgen, Inc., and Edward, an attorney at PricewaterhouseCoopers.

Two of my family members are physicians. They share a common bond in creating more pathways to success for talented women and minorities, despite some major differences between them.

For example, they were reared in different parts of the country: one rural, the other suburban. One is male, the other female. They each chose different fields—primary care vs. specialty medicine. Their ethnicities are different. They haven’t known one another for a particularly long time. And, their age difference is substantial.

Yet, variance in race, gender, and age notwithstanding, they share several similarities in how they approach their professions, such as:
Use Your Head, Follow Your Heart, and Persevere…continued

- A commitment to mentoring others, including women
- Zero tolerance for “rogue behavior,” including discrimination and bullying
- Sharing business leader Larry Bossidy’s view that “at the end of the day you bet on people, not strategies”
- Being active listeners to patients, family members, and colleagues
- Supporting health care organizations whose leaders are proactively eliminating workplace barriers to women and minorities

I, too, have been fortunate to work with a myriad of talented women and minorities in my career and have strived to help them advance professionally. When asked why I am a crusader in this regard, my answers are straightforward:

1. Despite the fact there are more women than men in the United States, the old boys network is unfortunately alive and well; while important changes have occurred in medicine and the basic sciences, much more must occur if our organizations are to achieve sustained success.

2. Women often see issues through a different lens than men, and are often more conciliatory and less dogmatic than their male counterparts when it comes to decision making. Women do not view compromise as a weakness but rather as a sign of confidence and strength, enabling them to reach desirable solutions more quickly than an all-male environment.

3. When women are “at the table,” organizations almost always experience more success, better ideas surface, more viable policy alternatives are created, and the quality of discussion is heightened. Diversity improves the bottom line.

4. Women want to succeed on their own terms; they do not want to be treated differently because of their sex—and like their male colleagues, they want to be recognized and rewarded for their contributions. Instead of feeling threatened, women should be celebrated for the value they bring to the hard sciences, including medicine and all the health professions.

5. Male science faculty, in particular, must do much more to encourage female and minority students and champion them along the way.

Let’s remember: There is no real evidence that men (vs. women) have an edge when it comes to success in the sciences.

Two New GWIMS Toolkits Available

The GWIMS Toolkits How to Start and Maintain a Robust WIMS Organization and Workshop Preparation and Presentation are now available at www.aamc.org/members/gwims/toolkit/. The GWIMS Toolkit is a series of presentations designed to provide practical guidance on a variety of topics relevant to women faculty in academic medicine.
A Positive Leader in Times of Change

By Lori Wagner, M.D., M.A., Director, Primary Care Education Program, Associate Professor, University of Louisville School of Medicine, Section Chief, General Internal Medicine, Robley Rex VA Medical Center

Dr. Toni Ganzel, dean of the University of Louisville School of Medicine, is well aware of the paucity of women at the higher echelons of leadership. She stated that “currently 23 of the 141 deans at US medical schools are women, two of whom are interim.” This echoes data that show approximately 16% percent of female dean appointments from 2000 to 2006. Yet Ganzel has experienced warm acceptance of women leaders in her inter-collegial interactions and generous support offered by her sponsors within her own university. And the women leaders of her research-intensive medical school have been climbing in number; she names a few: senior associate dean for statewide initiatives and outreach, associate dean for medical education, associate dean for faculty affairs, associate dean for accreditation, assistant dean for curriculum, assistant dean for student affairs, and the chairs of neurology, family medicine, and obstetrics and gynecology.

We take a few minutes to break the ice, but it doesn’t take long. Ganzel is warm and inviting. She is also very forthcoming with her thoughts, visions, and ideals. She spends some time telling me about the decision period prior to accepting the deanship. Her main concern was that she would be leaving a job she loved. As assistant dean for students and academic affairs, she felt attached to the students and the relationships she had fostered with them, and she was very proud of the transformational changes made in their learning environment and support infrastructure during her tenure. She considered the risk of leaving a job she enjoyed to take on something unfamiliar. She had the benefit of trying the new position as interim dean. This experience provided ample insight into both the joys and challenges of the dean’s role, paving the way for her pursuit of and ultimate appointment in the permanent position.

What does leadership mean to you, and what makes a good leader? What have you found to be most useful?

The path to leadership is an intersection of passion, timing, and opportunity. Opportunities are what is offered and what we take. Leaders need vision, focus, and emotional intelligence. They also need to be equitable, strategic, and results- and future-oriented. Emotional intelligence may be the most useful quality in my experience because relationships make things happen.

What values do you believe are more prevalent among women leaders in medicine and science?

Women, in general, tend to be more articulate listeners and better collaborators. I was a tom-boy when I was young and played all sorts of games. And while I was competitive, like most young girls, I also grew up playing games where there was no definitive winner or loser, such as dolls, house, and jump rope. Perhaps women may feel more compelled to seek a win-win scenario and
embrace collaborative solutions due to these types of exposures.

Give some examples of how women in leadership positions are changing academics and the scientific community.

(Ganzel provided me with an example as she discussed her overall view of the role of the University of Louisville School of Medicine.)

When I consider the role of our school, I consider not only the what, but the why. We are here to improve health and transform the delivery of care. We need to participate not only in education, research, and care delivery; but actively engage in our community as well. Because we are a part of the city of Louisville, we need to aid them in achieving a healthier community. So I have recently collaborated with the city and added to our strategic plan for the university a new venture, the Office of Community Engagement. Although traditionally we have had a strong relationship with the city (we are an urban university), this formalizes the relationship and allows us to explore even more options for mutually beneficial partnerships.

What things have changed since you began your career? What has not?

What has not changed: Women still have the conflicting expectations of family obligations.

What has changed: Now there are more women in leadership positions. These women are representatives who hopefully will inspire young women early on in their career. Additionally, as women have become more involved in competitive sports in their youth, perhaps the competitive nature will change in our future women leaders, overall.

If you knew then what you know now, what would you tell yourself at the beginning of your career?

Pursue your area of passion and then develop a portfolio around it. Plan to do things of significant impact and then strategically carry them to fruition. Be intentional. Persuade others to follow in this vision and create teams to make it happen.

Describe one of your biggest blunders. What did you learn and how did it contribute to your success?

I made a decision, after seeking and receiving significant input from multiple constituents, based on information taken at “face value” without getting broad-based stakeholder input. After the decision was announced, I received a lot of negative feedback (emails, phone calls) from the members of different departments. The outcome turned out positively, but I recognized that the problem was more complex than I had determined initially. And that before making a decision with ripple effects, I need to be as informed as possible; which means seeking a wide variety of perspectives.

How did mentors influence your career? What was the best and worst advice you have been given?

A Positive Leader in Times of Change...continued
The mentors from my early training in surgery and otolaryngology taught me to be resilient. The best advice I was given about becoming the dean occurred while I was in the interim position. I went to the provost to ask about expectations, taking into account the interim nature. He told me to act as if I was the permanent dean, for I would not accomplish what needed to be accomplished if I treated the position as temporary. The worst advice I was given was that I would not be able to maintain friendships in this position. I have been at this university and developed friendships for more than 25 years, and I have been able to call upon these relationships in my current position. My friends and I do not always have to agree. Nor do any of us always get what we want. But we remain friends.

**Where do you find inspiration? What keeps you going when times get tough?**

I always told the medical students (as previous associate dean for students and academic affairs) to keep the 4 H’s in mind: Hard Work, Hobbies, Havens, and Heroes. Hard work is a must in medicine. Hobbies—you really need something to take your mind off of your work, something else that is a part of you. Havens—a welcoming place where you can expect unconditional acceptance and support. (My haven is my home.) Heroes—we all need to find people to inspire us. (My husband is one of my heroes; I fall in love with him more every day.)

When asked about obstacles unique to women, Ganzel could not provide many from her own experience; although she highlighted the often-conflicting duties associated with family responsibilities. I understand, as I listen to her, that she views obstacles more as challenges. Her optimistic nature does not let her dwell on the negative. She sees a problem to fix and works with others to address it. Her positive outlook and warm nature have inspired me; who wouldn’t want to tackle the challenges with her?

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**Girl’s Science Day: Opening Young Minds to the World of STEM**

By Caroline A. Patenode, M.A., Graduate Research Fellow, Co-president of Women in Science, Columbia University Department of Biological Sciences

It’s Saturday, and the normally quiet corridors of Havemeyer Hall at Columbia University are echoing with the chatter and laughter of dozens of middle school girls. These young women have given up half their weekend to get some hands-on experience in science, guided by graduate student and postdoctoral volunteers. Every November, our organization, Women in Science at Columbia (WISC), puts together a program of experiments and demonstrations known as Girl’s Science Day (GSD).
GSD draws girls from schools all over New York City, and takes them through a series of 30-minute long activities designed to emphasize core science principles and pique their interest in STEM. All of the activities are planned and carried out by enthusiastic volunteers from STEM departments all over Columbia. Not only do the young participants get a chance to get their feet wet in a lab, they interact with women and men who are actively pursuing careers in scientific research.

Over the years, GSD has proven to be one of WISC’s most popular events, with both the girls and our membership. Our volunteers are eager to share their passion for their work with the next generation of students, and the activities span many areas of science: DNA extraction from strawberries, the behavior of lasers in Jell-O, and data mapping puzzles to name just a few. We have found that the girls we are working with are up to the challenge no matter how messy or abstract. It is remarkable to watch their initial squeamishness or disinterest dissipate and be replaced with confidence and excitement.

Those of us who are involved with science often have a lot to say about mid-career factors such as work-life balance or leadership. These are very important and worth discussing. But it’s equally important to remember that everyone who decided to study long hours, pull themselves through medical school, or sign up for many years of graduate school did so because they were passionate. Because at some point relatively early on in their development, they got excited about science. Increasing the number of girls interested in STEM will increase the number of female leaders in STEM and push the fields toward a healthier gender balance. GSD only takes place one day a year, but we hope that we are striking a few sparks.

More information about GSD and WISC is available on our website at womeninscienceatcolumbia.org.
Sshhhh!! She’s Leading. Her Silence is Thoughtful and Powerful.
Book Review: *Quiet—The Power of Introverts in a World That Can’t Stop Talking*
By Susan Cain

Reviewed by Tiffany A. Moore Simas, M.D., M.P.H., M.Ed., Associate Professor of Obstetrics & Gynecology and Pediatrics, University of Massachusetts Medical School/UMass Memorial Health Care

Are you an introvert? Do you manage or parent introverts?

If yes, then the book *Quiet—The Power of Introverts in a World That Can’t Stop Talking*, by Susan Cain, is a must read.

How I became aware of this book epitomizes my own introversion. While I was attending a national meeting, I was standing around between formal sessions. As we know, these breaks are meant to allow time for socializing and more specifically, networking. Networking for the average introvert is work—not to say that we can’t do it, or don’t enjoy it, or can’t be good at it, but it is work nonetheless. While standing there, my ears tuned in to a conversation where a senior colleague was introducing her junior colleague to other senior colleagues. When she introduced her mentee, she described her as a quiet powerhouse of accomplishment and innovation. The senior colleague went on to say that she only began to really appreciate this after reading the book *Quiet*. It was at this moment that I officially, although admittedly quietly, joined the conversation and took mental notes. I purchased *Quiet* in the airport on the way home and finished it soon thereafter.

*Quiet* is well written and well researched. It tells the success stories of well-known and less well-known introverts who have left their indelible marks upon all aspects of our society. These stories are intricately interwoven with supporting and convincing research. Susan Cain documents the increasing value placed on the “extrovert ideal” throughout the 20th century, along with the roles of group thinking and brainstorming in our institutions of higher education and the workplace. In contrast, Cain highlights the potential pitfalls to these approaches and introduces concepts like “deliberate practice,” which is key to exceptional accomplishment and requires solitude for intense concentration and deep motivation. As is required, in my opinion, the author isn’t a zealot espousing the benefits of an introvert-only society. She takes a balanced approach. She doesn’t suggest that we should stop collaborating or having brainstorming sessions; however, she argues that we should appropriately refine our approach to not only the task at hand but the “natural strengths and temperaments” of those participating and that “we should actively seek out symbiotic introvert-extrovert relationships.” Introverts are often undervalued in these relationships as they don’t necessarily speak up readily or boisterously; however, they are the ones who often take in all that is being said, process all sides, and demurely offer a suggestion or solution that succinctly addresses the problem at hand.

*Quiet* allows you to both embrace and cast aside stereotypes about introverts, while truly
appreciating what introverts bring to the table—and if they’re not at the table, the outcome will be less than ideal. It’s a confidence booster for introverts and an eye-opener for those who are not but who interact with introverts, which we all do, because introverts make up somewhere between one-quarter and one-half of the population depending on what you read. This book was relevant to both my professional and personal lives. I garnered a greater appreciation for my own style of leadership and for those that have led me and with whom I collaborate. I also discovered information that will help me nurture my young but clearly introverted child.

Take the time to read Quiet—whether introvert or extrovert, insight will be yours.


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Inspirations:

Inspirations features original contributions related to the humanities or the art of medicine. We invite readers to submit original narratives, poems, artwork, photography, or other expressions of creativity.

Prescription: Medicine

By Lisa M. Wong, M.D., Assistant Clinical Professor in Pediatrics, Harvard Medical School, Massachusetts General Hospital, and Milton Pediatric Associates

“It is one of the superficialities of our time to see in science and in art two opposites. Imagination is the mother of both.”

Theodor Billroth, M.D. (1829-1894)
Musician and surgeon

I recently spoke at an informal gathering of 40 pre-meds who were celebrating the last day of their first-year biology course. I opened by asking how many of the students had musical training. To my delight, every hand shot up!

Perhaps I should not have been so surprised. In a recent survey of Harvard Medical School faculty, residents, and students, 60 percent identified themselves as musicians. Medical school admissions officers informally tell me that, given two candidates with similar academic qualifications, they will select the musician over the nonmusician, citing greater adaptability, better listening skills, and more empathy.

What’s going on?

There are several parallels between musical and medical training. In order to achieve mastery in music, one must devote hours of practice to the basic building blocks—scales, arpeggios, and theory. But only when these building blocks are used to tell a story do these notes become music: melody and harmony.

Similarly, the same dedication is needed to master the language of cell structure, biochemistry, and physiology. The building blocks, applied to the stories of patients’ lives, transform lab values and data points into diagnoses.

In my book, Scales to Scalpels: Doctors who Practice the Healing Arts of Medicine and Music,
Beyond the technical parallels, there are the humanistic parallels between medicine and music. In a recent speech in Washington D.C., cellist and arts advocate Yo-Yo Ma underscored that “the point of art is always to transcend technique. That’s when we get to meaning. We transcend technique in order to seek out the truths in our world in a way that gives meaning and sustenance to individuals and communities.”

As we grapple with how to guide the next generation to be empathetic healers in the face of ever-increasing technical demands, the answer lies in the arts. Engagement in the arts will encourage young doctors to enhance—and enjoy—previously acquired skills to be developed and maintained over a lifetime.


The views expressed in GWIMSWatch are those of the authors and do not represent the views of the AAMC or any of its member institutions.