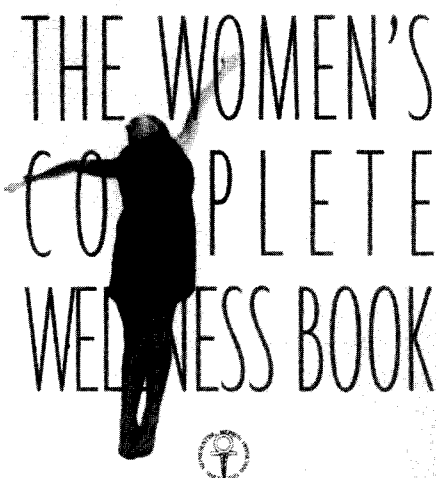


WHAT'S HAPPENING IN

AMWA

Highlights from
the Advanced
Curriculum on
Women's Health

Volume XVIII, Number 3/June-July 1998



The American Medical Women's Association

Debra R. Judelson, M.D. and Diana L. Dell, M.D.

The Women's Complete Wellness Book, written by Past Presidents' Debra R. Judelson, MD, and Diana Dell, MD, is a fully illustrated book on women's well-being at every stage of life. It is available at local bookstores or by calling 800-650-2692.

AMWA Publishes *The Women's Complete Wellness Book*

AMWA is proud to announce the publication of *The Women's Complete Wellness Book*, an easy-to-read book that empowers women to take control of their health, well-being, and quality of life. Debra R. Judelson, MD, FACC, FACP, and Diana Dell, MD, FACOG, both AMWA Past Presidents and longtime AMWA members, coauthored the book.

Unlike other books that focus on illness, disease therapies, and medical treatments, *The Women's Complete Wellness Book* emphasizes prevention, screening, and early detection. It focuses on what women can do to keep themselves healthy and fit. It also presents a complete picture of women's health including routine examinations throughout a woman's life stages, eating for wellness, good sleep habits, maintaining your mental and emotional health, communicating with your doctor, creating positive relationships, healthy sexuality and family planning, sub-

stance abuse, preventing injuries and accidents, and violence prevention.

Each chapter of the book ends with a section called "What You Can Do" that offers tips on how women can take control of their health and well-being. There are also useful charts and illustrations throughout the book that make it very understandable for lay audiences. They cover topics ranging from how to read a nutritional label on food packages to how to adequately clean contact lenses to tips on how to determine whether you should get a flu shot.

The book helps women learn about the key elements of a healthy lifestyle, such as:

- ❖ Making smart decisions about disease prevention, screening, and early detection.
- ❖ Charting your family medical history.
- ❖ Analyzing your lifestyle habits.
- ❖ Becoming an informed health care consumer.
- ❖ Tailoring your own wellness program—proper diet, exercise, rest, and recreation.
- ❖ Receiving routine "well woman" examinations, in addition to an annual ob/gyn exam.
- ❖ How to establish a living will and health care surrogate.

A book tour is scheduled to begin this summer. Drs. Judelson and Dell, as well as other AMWA members, will sign books and answer questions on women's health at book stores across the country.

Dr. Judelson is a graduate of Harvard Medical School. She is an internist and cardiologist in private practice as the Medical Director of the Women's Heart Institute and is a senior partner with the Cardiovascular Medical Group of Southern California.

Dr. Dell is a graduate of Louisiana State University Medical Center in New Orleans. She is Assistant Professor in the Department of Obstetrics and Gynecology at the Duke University Medical Center. She is also trained in psychiatry.

The Women's Complete Wellness Book is available now at your local book store for \$37.95 or by calling toll-free, 800-650-2692. AMWA members are eligible for a 10% discount and free shipping and handling through the 800 number.

Mentoring in Academic Medicine

On Wednesday, May 6, 1998, the U.S. Public Health Service's Office on Women's Health at the Department of Health and Human Services presented a National Workshop on Mentoring. The event was co-sponsored by AMWA which hosted the welcoming reception. AMWA President, Sharyn Lenhart, MD, and Past President, Leah Dickstein, MD, were featured speakers.

At the conference, Janet Bickel, MA, Associate Vice President of Institutional Planning and Development and Director of Women's Programs at the Association of American Medical Colleges, spoke about improving mentoring in academic medicine. Ms. Bickel stated that people are just beginning to discuss mentoring in medical schools. She noted the importance of having institutional activities to support mentoring, such as: a Mentor of The Year award, publishing articles about mentoring on the Internet and in newsletters, and getting invitations from Deans to ask faculty to serve as mentors.

One area that needs special attention is biomedical research. Vivian Pinn, MD, Associate Director at NIH's Office of Research on Women's Health, discussed this topic. She said one of the mandates at her office is to advance women in their careers and as leaders in research. She noted that there are increasing numbers of women who pursue biomedical careers, but leadership positions have not kept pace. She said incentives are important for encouraging more people to become mentors and emphasized the importance of establishing partnerships.

There are several barriers to more women leaders participating as mentors, such as lack of time, insufficient expertise, and not knowing how to find a mentee. Lee Lee Doyle, PhD, Associate Dean for Continuing Medical Education and Faculty Development from the University of Arkansas Medical Sciences College of Medicine said there are "barrier busters." One such buster that was noted by Dr. Leah Dickstein, 1992-1993 AMWA President, is learning how to say no when you are overwhelmed.

Dr. Doyle also discussed the importance of having a project director to coordinate the mentoring program. The way in which her institution worked past some of their barriers was to create a survey and send it to women faculty to ask them to rate their abilities in different areas. From these data a resource book was created which was used to match mentors and mentees (and in some cases personal knowledge of both parties was taken into consideration). They then invited all mentors to a meeting and gave them a packet which included the resource book, the CV of their assigned protégé, evaluation forms, and a guide called "Mentoring the Mentor." The booklet includ-

ed a description of the project, what was expected of the mentors, and suggestions for setting up sessions. Each mentor committed to the project for at least one year.

After piloting the program, they collected data and found that the main topics discussed by the mentors and mentees included promotion and tenure, research, training, teaching, short term goals, personal matters, and departmental concerns. The biggest obstacles in the Arkansas program were schedule conflicts, too many meetings and reports, no specific agenda for first meetings, and the protégés missing appointments without informing their mentors. They found that the most rewarding areas for the mentors included finding that they had more expertise than they originally thought, relationships were more rewarding and easier than they originally thought, and they gained personal satisfaction. The most rewarding aspects for the protégés were the opportunities to exchange ideas with senior faculty, help in planning and deciding on career goals, assistance with grants, departmental problems, personal and personnel problems, and having an advocate. The project coordinators developed a number of suggestions for year two: require fewer meetings and reports, provide an agenda at the first meeting, establish a commitment at the first meeting, have more programs for mentor networking, and use e-mail more.

AMWA President, Sharyn Lenhart, MD, spoke on "How to Develop a Mentoring Program." She said that there is no perfect way to set up a program and noted that there are some central themes and common problems. Of utmost importance is planning the scope and where to get the resources and support from the top. She commented that many of the programs that she is familiar with began as grassroots programs that worked their way to the top. She emphasized the importance of getting a mandate from the Dean, which would make starting a mentoring program much easier. A few ways to get the Dean involved are to ask him/her to be a mentor or to ask the Dean for his/her recommendations of who would be a good mentor. Some people even manage to obtain the involvement of the Dean's family members.

The next step is to negotiate an operating budget. It is important to have money for staff and faculty as well as available space. Dr. Lenhart said it is crucial to have rewards for the participants and suggested increased pay, being relieved of other tasks, research funding, etc.

A few common problems that mentors often face are that the explanations are not clear and the mentees don't always know their role in the relationship. Dr. Lenhart said that it is important to not over-emphasize a relationship

continued on p. 8

GRANT PROJECT UPDATE

Education Project on Coronary Heart Disease in Women Receives Fifth Year of Funding

AMWA is pleased to announce that DuPont Pharma Radiopharmaceuticals and the National Association of Margarine Manufacturers have given unrestricted educational grants to carry out project activities through 1998. Thanks to all our Master Faculty who presented talks, either at large national meetings last year or who continue to present talks in their local community.

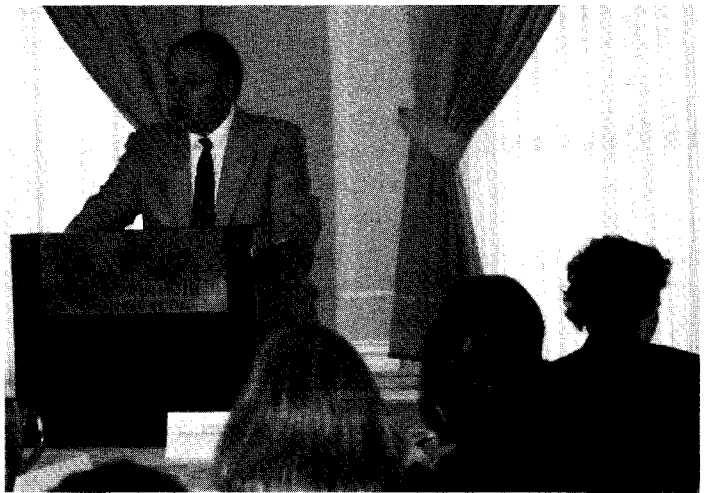
Debra R. Judelson, MD, Project Leader for this effort and 96-97 AMWA President, has presented the workshop for the U.S. Public Health Service's conference, "The Future of Managed Care and Women's Health: New Directions for the 21st Century" and at "Cardiology for the Primary Care Physician: Heart Disease in Women" hosted by Jefferson Medical College. In addition, Dr. Judelson was the keynote speaker at the Wisconsin Women's Health Conference in April, speaking to an audience of 750 health care providers, policy makers, legislators, community organizations, businesses, and lay people on heart disease in women. Currently presentations are scheduled at the Disease Management Congress in September and at AMWA's 83rd Annual Meeting in New Orleans.

National Coalition FOR Women AGAINST Tobacco

The Tobacco Control and Prevention Project organized a meeting of the National Coalition FOR Women AGAINST Tobacco on Monday, April 20, 1998, at the Renaissance Mayflower Hotel in Washington, DC. This was a meeting of renewal and regrouping to discuss the future direction Coalition participants agreed to take in order to meet objectives concerning women, girls, and tobacco. The Coalition's objectives are to educate women and girls about the health hazards associated with the use of and exposure to tobacco products, to mobilize to end the tobacco industry's targeted marketing of women and girls, and to take action to support women, girls, and their families in their efforts to lead tobacco-free lives.

Discussed was the rise in popularity of cigar smoking among women and girls. Cigar companies are marketing more "women's only" products suggesting that smoking is a form of liberation. To date, cigars do not carry a U.S. Surgeon General warning label and are not required to disclose ingredients to federal health authorities. In the meantime, smoking one or two cigars a day, even if the smoke is not inhaled, doubles a person's risk of developing

cancer of the esophagus, mouth, throat, lips, or tongue. Guest speaker, Professor John F. Banzhaf, III, Executive Director and Chief Counsel of Action on Smoking and Health (ASH), presented to the Coalition further facts on cigar smoking. He recommended counter actions organizations can take to advocate for the elimination of women and girls using tobacco products. Presentation and educational materials on women and girls using tobacco products can be obtained from the resource library of the Tobacco Control and Prevention Project. Please contact Susan L. Samuels, Project Associate, for more information (phone: 703-838-0500).



John Banzhaf, III, President of Action on Smoking and Health, briefs the Coalition members on cigars, women, and targeted marketing.

Patient Education Material Available from AMWA

The patient brochure "Guide to Heart Healthy Eating" is available on AMWA's Web site (<http://www.amwa-doc.org>) in the Health Topics section. This guide is part of AMWA's Education Project on Coronary Heart Disease in Women and is also available in brochure form for duplicating by contacting Abbe Bartlett, CHD Project Director, at the National Office (e-mail: abartlet@amwa-doc.org or phone: 703-838-0500).

Our "Nutrition and Heart Disease" education packet is available at no charge as a loaner by contacting Ms. Bartlett. This slide lecture kit includes talking points for each slide, a copy of the "Guide to Heart Healthy Eating," and provides the latest information on how nutrition can prevent heart disease. The slide kits are made available via a loaner program to allow you to present talks in your community to either physician or lay audiences.

RESIDENT REPRESENTATIVE

Harassment: Still an Issue for Women Physicians

Annette E. Kussmaul, MD, MPH

"Have you been sexually harassed in medical school or residency?" Several months ago, a college student preparing a class presentation posed this question to me. I answered, "Uh, no, but..." I distinctly remembered the elderly preceptor who used endearments such as "Honey" when addressing the women students in my first-year Behavioral Science class. (Of course he did not use such terms when speaking to the male students.) I felt this was quite inappropriate, and it annoyed me a great deal. I politely told this professor, "Please, don't call me that."

In an article in the February 23, 1998 issue of the *Archives of Internal Medicine*, Dr. Erica Frank and colleagues report the prevalence and correlates of harassment among women physicians. The database, the Women Physicians' Health Study, is a stratified random sample survey of female doctors who graduated medical school between 1950 and 1989. Women physicians aged 30-70 who were in active practice, part-time, professionally inactive, or retired, were included. The survey was distributed in 1993-94, and 4,501 women doctors responded, a 59 percent response rate.

With regard to harassment, the questionnaire asked, "Have you ever been harassed in a medical setting (i.e., received unwanted physical or verbal attention, propositions, hostilities, or threats)? If yes, mark all situations that apply... This occurred before medical school, during medical school, while an intern/resident/fellow, and while in practice. This harassment was (mark all that apply) gender-based but non-sexual, sexual, lifestyle-based, and ethnically based."

According to the paper, "sexual harassment was generally interpreted to mean harassment with a sexual or physical component." In comparison, gender-based harassment was "related to being female in a traditionally male environment, without having a physical or sexual component."

Nearly half of all the female physicians, 47.7 percent, reported ever experiencing gender-based harassment; 36.9 percent reported sexual harassment. Sexual harassment was most commonly reported by the most recent medical school graduates. Both types of harassment were more common during medical school and the training years than in active practice, which was a particular concern for the authors who commented; "...Some may believe that the problems of harassment will disappear in time, that they are simply a function of older, sexist physicians still in practice. However, our data suggest that this is not the

problem's only source, and that attrition is unlikely to solve it. Whereas our data may reflect younger women's greater sensitivity to harassment, they certainly do not suggest that the training milieu is improving; in fact, it may be getting worse..."

AMWA offers some assistance with our Gender Equity Information Line. Counseling and advice are available to women physicians, residents, and students experiencing gender discrimination and/or sexual harassment. The Gender Equity Information Line can be reached by dialing the AMWA National Office (800-995-AMWA).

What has your experience been? I'd like to know.

ACS and AMWA's Foundation Enter Into Joint Venture on Breast Self-Exam Video

For many women, breast self-examination (BSE) can be confusing, frustrating, and anxiety provoking. When should you examine yourself? What position is medically recommended? What is normal tissue? Many women won't do a simple exam because they just don't know how.

For the first time, The American Cancer Society and AMWA's Foundation are teaming up to produce a new BSE video to encourage women to properly examine their breasts each month. The video will show the most medically up-to-date method for self-examination and will also provide important information about mammography. Though appropriate for all women, the major marketing effort for the self-exam video will be directed to senior citizens, African-Americans, and Hispanics who are among the highest risk groups for breast cancer. Spanish and English versions will be released this fall in time for National Breast Cancer Awareness month in October.

The medical advisor for the project is Laura L. Morris, MD, Assistant Professor at the Michigan State University Department of Surgery, Chair of AMWA's Breast Cancer Sub-Committee, director of an extensive AMWA training program for primary care providers in state-of-the-art techniques for breast cancer screening, detection, and diagnosis. The BSE tape will stress the three-pronged method endorsed by AMWA and ACS, which encourages mammography, clinical exams, and BSE.

Wide dissemination of the tape is expected through organizational marketing such as AARP's *Modern Maturity*, other non-profit organizations, sponsors, and public health departments. To order copies of the tape for \$9.95 per copy, contact the producer, CRW Enterprises, at 4784 Pearson Drive, Woodbridge, Virginia 22193.

For more information, contact Ellen Morgenstern at the AMWA Foundation.

STUDENT SENATE

NSC's Message

Ellie Hirshberg, National Student Coordinator:
Ellie.Hirshberg@m.cc.utah.edu

Despite great advances in women's access to higher education and increased acceptance and matriculation to medical schools, there remain inequalities between women and men at all levels of medical education and practice. One of the greatest barriers to achieving balance in the medical community is the wide perception that there exists no gender-related problems. Problems exist in academia, curricula, salary, promotions, career development, family management, and leadership. The reasons for these differences involve a combination of isolation, sexism, cultural stereotypes, and difficulties combining family responsibilities with professional demands. The truth is women's issues are becoming our issues as a society and we must face these issues together as a unified voice for women with support from men.

On average, there are only 17 women full professors, versus 158 men full professors per medical school. In 1995 the AAMC found that 66 percent of women and 44 percent of men graduates felt the coverage of gender differences in pharmacokinetics, to be inadequate. Twenty-five percent of female and 3 percent of male fourth year medical students reported being subject to offensive sexist remarks directed at them personally. A California survey found 87 percent of women and 62 percent of men physicians with children reported experiencing role conflict between family and career.**

In the face of managed care, AMWA steps forward to help women learn the skills necessary to negotiate with a business by forming an alliance with The Simmons Graduate School of Management. With guidance from AMWA physicians, AMWA student members continue to speak out for women in medicine. In line with our goal of increasing communication, we have created two important student liaisons. The first with the AMSA-Women in Medicine committee, and the second with the AMA-Medical Student Section. We are confident these partnerships will cement our goals and broaden our reach to better the climate for women's health and women in medicine. As a corollary to increasing communication I thought it would be beneficial to highlight a few AMWA positions with regard to political, ethical, legal, and emotional issues pertaining to medicine, medical education, and health issues of the time.

♦AMWA continues to support a woman's right to choose abortion without governmental intervention and without restrictions placed on her physician's medical

judgment or conscience...1989

♦AMWA supports and encourages AIDS education in schools throughout the country...1987

♦AMWA functions shall foster a spirit of cooperation and tolerance so that our "unity-in-diversity" can truly make a difference to women in medicine and to women's health care in this country...1994

♦AMWA encourages each medical school/residency program to offer quality child care services for the children of its students, house officers, and faculty...1992

♦In order to achieve prevention of the lifestyle diseases, AMWA must promote health education in the schools from primary to university, and advocates teachers to promote the mandatory health education in all school's curriculum...1991

♦AMWA joins its physician colleagues and vigorously opposes the concept of expenditure targets in the Medicare program...1989

♦AMWA supports non-coercive programs that encourage and enable medical students to choose primary care careers, and supports programs that utilize a team approach to care that may include the skills of physician assistants, nurse practitioners, and certified nurse midwives in primary care...1993

♦AMWA supports and respects the privacy inherent in patient physician discussions of end-of-life issues, and AMWA encourages those physicians uncomfortable discussing end-of-life issues with patients to refer such patients to those providers more comfortable addressing those issues...1996

♦AMWA supports the declaration that physicians and patients have a right to discuss in the context of a physician-patient relationship the potential benefits and risks of medical use of marijuana...1997

Please contact your RSC or NSC and work with us to help our communication and increase AMWA's support network.

***Figures taken from Bickel, J., et al., Enhancing the Environment for Women in Academic Medicine: Resources and Pathways. Association of American Medical Colleges, 1996.*

Quality Care Symposium

The center for Clinical Quality Evaluation (CCQE) will hold its 13th Annual Symposium, Quality of Care: Meeting the Needs of Diverse Populations, on October 28-30, 1998 at the DoubleTree Hotel, Pentagon City, Arlington, VA. CME credit will be issued by CCQE. For more information, please contact Lisbeth Stark at 800-833-3046 or lstark@ccqe.com. Information can also be found on their Web site at www.ccqe.com.

The First International Advanced Curriculum Brings Together Health Care Providers from 16 Countries

Physicians from 16 countries traveled to Miami, Florida in March to participate in AMWA's Advanced Curriculum on Women's Health - First International Conference. They spent four intensive days in CME sessions on all aspects of women's health. With more than eighty educational workshops offered for over 300 registrants, the medical conference was the most successful women's health curriculum in AMWA's history. Similar gatherings were held in 1993 and 1994 but were targeted to an American audience.

"We were thrilled by the turn-out and the audience response to the high caliber of the sessions," said Conference Chair Lila A. Wallis, MD who conceptualized the meeting and developed its international outreach. "And we renewed friendships with many colleagues from around the country and established new medical relationships around the globe."

The keynote address, given by Judy Woodruff, Prime Anchor & Senior Correspondent CNN, focused on the frequency of medical/health news and the challenges in reporting complex issues in limited broadcast time slots. A veteran of more than 20 years in broadcast journalism, Woodruff was candid when she admitted that, "... I don't believe I'm wrong about undercovering health news in the sense that we don't do a very good job of putting it in perspective. . . our stories often contradict each other or they don't reflect the bigger picture." She urged those in attendance to play a proactive role in improving the media's coverage of health issues.

The Advanced Curriculum was supported through registration and exhibit income, corporate sponsorship, and

foundation grants. A very special thanks to the following companies for their generous support of the program:

Wyeth-Ayerst Laboratories, Inc.
Pharmacia & Upjohn
Eli Lilly and Company
Pfizer Inc.
The Open Society Institute
Bristol-Myers Squibb Company
Searle
Procter & Gamble Pharmaceuticals
Unipath Diagnostics Company
Women's Health USA
University of Miami School of Medicine
The Global Fund for Women

The conference was organized and taught on the Life-Phase Model: Adolescence, Young Adult, Midlife and Advanced Years. Plenary, break-out, and "hands-on" workshops covered topics including reproductive health, cardiovascular health, breast and cervical cancer, management of chronic pain, weight control, and many others. A special AMWA Task Force worked for almost two years planning the sessions and identifying and securing the distinguished faculty.

"This was AMWA's first international program and we are very gratified at the response," stated Sharyn Ann Lenhart, MD, AMWA's President. "We look forward to facilitating more AMWA programs for an international audience," she said.

MWIA CONGRESS TO BE HELD IN BRAZIL

The MWIA Executive Committee has deferred Nairobi, Kenya as the venue for the 24th International Congress and has selected Sao Paulo, Brazil, October 8-13, 1998. The theme is "Women's Health in the 21st Century" and it will be held in conjunction with the 1st Latin American Regional Congress already scheduled for that time. Brochures for the Congress will be available at the beginning of July or soon after. Discounted hotel accommodations and tours can be arranged through Jenny Karmali at Wagonlit Travel: (toll free: 1-888-256-0479). Transportation arrangements need to be made on an individual basis. A visa is needed for travel to Brazil.

Please contact Marie Glanz at the National Office or Estherina Shems, MD, MWIA National Coordinator, at 610-649-0697 to express continued interest in being a Delegate or your wish to be deleted from the Delegate list.

Abstracts are due in mid-August and should be submitted to: MWIA Secretariat, Herbert-Lewin-Str. 1, 50931 Cologne, FED. REP. GERMANY (E-mail: mwia@aol.com).



CNN's Judy Woodruff, with Drs. Clarita Herrera, Lila Wallis, and AMWA President, Dr. Sharyn Lenhart at the first International Advanced Curriculum on Women's Health.

WHAT'S HAPPENING IN MEMBERSHIP

The Key To AMWA's Success

Congratulations to the following AMWA Members who have been busy recruiting members as a part of the 1998 Member-Get-A-Member (MGM) Campaign.

Krishna Anchala
Anne E. Bernstein, MD
Allison Batchelor, MD
Jill Beavins
Michele Bloch, MD
Leslie Bryan
Sharla Bryan
Caroline Cheng
Nancy Church, MD
Debra Cunningham
J.S. Cunningham, MD
Debra Davenport, MD
Lynn Diamond, MD
Elizabeth Downing, MD
Nancy Dunbar
Carmelita Eburuche
Beverly Fauman, MD
Susan Feeney
Pat Heim, MD
Clarita Herrera, MD
Eugenia Jarrell
Debra Judelson, MD
Catherine Yim

Rose Marie Jones, MD
Anjali Kumar
Alison Lauber
Juliane Lee
Jennie Leslie
Teresa Lura, MD
Cheryl Lugenbill, MD
Sally Marvack
Drs. Meller & Toeff
Donnica L. Moore, MD
Lesly Mega, MD
J.R. Meyer
Kathleen Schick
Felicia Smith
Susan Stewart, MD
Marjorie Sirridge
Jennifer Taylor
Holly Thacker, MD
Cheryl E. Weinstein, MD
Jane Winston
Tanya Warwick
Shelley Wu

The key to AMWA's success is you. You are vital to AMWA's recruitment efforts. To participate, contact Member Services and request MGM applications to distribute to your non-member colleagues. Start recruiting today to be eligible for prizes. This year's top winners will win a complimentary Annual Meeting registration to the 1998 Annual Meeting in New Orleans or a one-year AMWA membership.

AMWA Membership Directory and Survey

AMWA is making plans to produce a Membership Directory this year which will be distributed to all members. To ensure that our records are correct, current members will receive an information sheet which will include information presently in your record. Corrections to these sheets should be sent back to the National Office.

Members will also receive a survey with their information sheet. The Membership Committee would like to offer new benefits and improve the present benefits. This is your opportunity to get involved. Please take a few minutes to answer the brief questionnaire and return it to Member Services. We look forward to hearing from you.

If you have any questions regarding membership, member services, or dues, please contact Member Services (phone: 1-800-995-AMWA or email: member@amwa-doc.org).

Have You Paid Your 1998 Dues?

We value you as an AMWA member. Please do not miss out on the values that AMWA has to offer you as a woman physician. Mail your 1998 membership dues today to be included in the new AMWA Membership Directory that will be distributed in the Fall of 1998. The directory will include all current members and complimentary copies will be distributed to all members (a \$50 value). If you would like to pay your dues by phone (Visa or Master Card payments only), please contact Member Services (1-800-995-AMWA).

Calling All Student Branches

The Membership Committee challenges all student branches to participate in the Branch Member-Get-A-Member Campaign. The branch that recruits the most new members by September 30, 1998, will receive a complimentary 1999 membership to give away at their fall Branch meeting.

TOP 10 Branches:

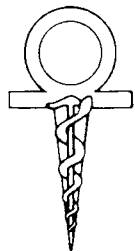
1. OK College of Osteopathic Medicine
2. NY College of Osteopathic Medicine, Old Westbury
3. MO School of Medicine, Columbia
4. Oregon Health Science School of Medicine
5. MO School of Medicine, Kansas City
6. University of Nevada School of Medicine
7. NY Mt. Sinai School of Medicine
8. Washington School of Medicine
9. North Carolina Eastern Univ. School of Medicine
10. South Carolina Medical University

Robert Wood Johnson Foundation Makes Scholarships Available for Generalist Physician Faculty

The Robert Wood Johnson Foundation's (RWJF) Generalist Physician Faculty Scholars Program offers 4-year career development awards to outstanding junior faculty in medical school departments/division of family practice, general internal medicine, and general pediatrics. This program is intended to improve scholars' research capacity while maintaining their clinical and teaching competencies. Twelve to 15 awards will be made in each of the next 2 years. Four-year grants of up to \$240,000 will be made to sponsoring institutions to cover salary and research costs. Applications are due September 15, 1998. Please see the RWJF Web site at www.rwjf.org for more information or call Evan Charney, MD, at 508-845-2641.

WHAT'S HAPPENING IN

AMWA



AMWA

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Calendar

October 8-13—MWIA 24th International Congress
Sao Paulo, Brazil

November 18-22, 1998—AMWA's 83rd Annual Meeting, New Orleans Marriott, New Orleans, LA

Members in the News

If you have news to share with your colleagues in AMWA, please send it to Kelli Mills at the National Office, 801 North Fairfax Street, Suite 400, Alexandria, VA 22314. We will make every attempt to fit all articles into upcoming issues.

Mentoring in Academic Medicine, continued from p. 2

that does not work out. She said that problems can be alleviated if one monitors the situation and has a quick replacement if it doesn't work with a particular mentee.

At a workshop on "How to Establish Institutional Support for a Mentoring Program," Emma Stokes, PhD, Lead Organizational Development Consultant for Johns Hopkins University, said that we need to look at what's going to get in the way. This requires the ability to read between the lines. She discussed the need for planned changes and said that one needs to identify what changes are required, encourage those changes, communicate findings and recommendations to targeted individuals and groups, network and build coalitions, and have the leadership and constituencies monitor what's going on. She also stressed the importance of methods of assessment.

Dr. Dickstein gave the audience some practical advice on preventing problems and dealing with ones that may arise in a mentoring relationship. Her suggestions are:

1. To avoid differences in expectations between the mentor and mentee, set up clear ground rules at the beginning of the relationship.
2. If a mentee encounters an injustice, suggest possibilities for actions she can take but let her make the decisions.
3. Refer emotionally needy mentees to other departments such as psychiatry.

Most importantly, Dr. Dickstein told the audience to "not let perfect get in the way of good!"