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## FROM YOUR PRESIDENT

*Ewa Kuligowska, MD, FACR*

### LIVING IN A HALF CHANGED WORLD— MUCH PROGRESS, BUT A LONG WAY TO GO

Dear fellow AAWR members:

I am deeply honored to serve as the 23rd President of the American Association for Women Radiologists (AAWR). It has been a great privilege and opportunity for me to work for the AAWR as a member and officer for the past twenty years. AAWR is an organization dedicated to improve, educate and enable women radiologists to realize their professional and personal goals.

Although women have made progress in medicine, there is need for their gains to be expanded, especially in the field of radiology. Women are minimally represented in the boardrooms of business, and they are under-represented on medical school faculties. Women constitute only 28% of the faculties of American medical schools and only 11% are full professors; compared to 31% of men who are full professors. While they now constitute 50% of all entering medical students, only 25.7% of entering radiology residents were women in 2003, and this proportion has actually declined since 1992, when 26.4% of all radiology residents were women. Radiology is clearly behind compared with the recruitment of women to other specialties over this 10-year period in which the proportion of women rose from 31% to 38%.

### Why is Radiology Behind in the Recruitment of Women Physicians?

A misconception prevails that radiology is only a technology-based discipline when in fact it offers many opportunities for close contact with patients during diagnostic and therapeutic procedures. However, male predominance persists in radiology. One would think that radiology would be more appealing to women, due to reasonable work hours and call schedules during residency. Furthermore, after training, it is possible to successfully balance work with personal interests and family.

Biases against women have been identified which may have also contributed to the relative paucity of women in radiology. Cathy Ann Trower, a senior researcher at the Harvard Graduate School of Education identified four biases against women:

- Qualifications of men are often given more respect than qualifications of women.
- Men are taken more seriously than women by both male and female senior faculty.
- Senior faculty are more likely to pass on important information to men than women to preferentially boost their careers.

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- Men are more likely to be identified as rising stars and groomed for success than women.

Trower observed that women are often put off by combative conversation. They may resent the climate of individualism and are perceived as less aggressive and not so self-promoting in the pursuit of career success.

## What is the Role of AAWR?

For the past 22 years, the AAWR has helped women in radiology to achieve their professional goals. It provides an excellent network within which members learn and share experiences and support towards career development. It sponsors programs, workshops, and a broad range of resources. It facilitates informed career decision-making by facilitating contact with effective role models and potential mentors. Lastly, it fosters professional communication, friendships and support.

In 1983, Gretchen Gooding, M.D. reported in *Radiology* that women radiologists were under-represented (1.7%) on the editorial boards of major radiology journals and in the upper echelons of radiological societies. She stated that the newly formed AAWR could act as a conduit to identify talented women radiologists to play an active role in local, state and national radiological societies. She also noted as the 1985 AAWR President that men had moderated most scientific sessions at the annual meetings and scientific assemblies of radiological societies for many years. Abstract presenters were usually men, even if the work had been first-authored by a female colleague. Few women were selected to serve on key committees of radiological organizations, and women were excluded from selection to serve as officers in our societies.

The goals of the AAWR were set to address these major inequities and after almost two decades there has been real progress.

## Leadership Roles of Women Radiologists in 2003

- Women radiologists constitute 22% of the editorial board members of the major radiological journals.
- The upper echelon of radiological societies includes 48 women who have been presidents of 26 radiological societies.
- Peggy G. Fritzsche, M.D., President of the RSNA in 2003 was also President of the AAWR in 1990. The RSNA Board of Directors includes two other women who are AAWR members.
- At the present time, seven women serve as chairs of academic radiology departments, and all of them are

AAWR members.

“The future of the AAWR – is – you” said Carol Rumack, founding member and first AAWR President. Unfortunately, many young women radiologists assume that gender equity has already been achieved, and they are reluctant to belong to a “women’s” organization. To acquaint them with its mission, the AAWR provides free membership to all women radiologists for the duration of their training. Many of them, however, choose not to continue membership without realizing the real and potential barriers on the road to successful practice and personal fulfillment.

Many young women radiologists assume that their hard work speaks for itself and wait to be rewarded. They often are not aggressive in promoting themselves in the early phases of their careers at a time when they may be preoccupied with juggling their many roles as physician, wife and mother. They become isolated and feel as though they are out of the mainstream of achievement in academia and/or clinical practice.

The goals of the AAWR for 2004 are to stress the importance of AAWR membership to these younger women radiologists. Providing mentorship and role models is our priority. We will continue to encourage women students and residents to share in the excitement of our discipline and our knowledge of radiology.

We need to document the satisfaction of women radiologists and make it public. The appointment of women radiologists to influential committees should be aggressively promoted to ensure the visibility and influence of women in the upper echelons of radiology.

“How can we find the best fit” and the “right balance between professional and personal goals?” Kimberly Applegate, M.D. the 2003 AAWR President asked. We can begin to answer her question by broadcasting that *Radiology is a great career for women.*

It is possible to successfully balance work with personal interests and family. This can be achieved by exploring a variety of career opportunities within radiology, by part time and flexible hours. The new 24/7 nature of patient care and the use of PACS, open up many flexible options for work, part-time, from home, as members of diagnostic teams, and as specialist consultants. Furthermore, the rapid growth of Women’s Health Services is opening many opportunities for women radiologists.

Radiology is a great choice for women. It is up to us to make it known among our students and among women who have started out in other career tracks and are considering a switch to radiology. The AAWR will highlight the roles of successful women in radiology to help younger women realize that it is an attractive career and one not just restricted to men.

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# THE AAWR 2003 MARIE CURIE AWARD

By James H. Thrall, MD, FACR

*On 1 December 2003, Theresa C. McLoud, MD, FACR received the Marie Curie Award from the American Association for Women Radiologists. James H. Thrall, MD, FACR, Radiologist-in-Chief, Department of Radiology, Massachusetts General Hospital, supported Dr. McLoud's nomination and presented the award.*

Theresa C. McLoud is truly one of the outstanding radiologists of our time. She is known worldwide for her expertise in thoracic imaging and for her leadership in professional organizations that support the specialty of radiology. Indeed, few people have attained the excellence and balance exemplified by Dr. McLoud's career across the full spectrum of activities that define academic and professional accomplishment.

Dr. McLoud is a native Bostonian and began her career in higher education at Boston College and then ventured north to attend medical school at McGill University in Montreal, Canada. The climate must have agreed with her because she stayed in Montreal for internship and then residency in diagnostic radiology at the Royal Victoria Hospital. She completed her training as a Winchester Fellow in chest radiology at Yale University where she was invited to join the faculty. After two years Dr. McLoud returned home to Boston where she joined the Department of Radiology at Massachusetts General Hospital (MGH) and was simultaneously appointed as Assistant Professor of Radiology, Harvard Medical School.

To say that Dr. McLoud's career has flourished since her return to Boston is a magnificent understatement. She was appointed as Chief of Thoracic Radiology at MGH in 1982 and Chief of Thoracic and Cardiac Radiology in 1996. She was promoted to Professor of Radiology, Harvard Medical School in 1993. She therewith holds the distinction of being both the first woman to serve as a section chief in the MGH Department of Radiology and the first woman in departmental history to hold professorial rank, career accomplishments of the first order.

Dr. McLoud's many contributions to the science and practice of radiology defy easy summary. Perhaps it would be most accurate and fair to simply say that it is highly likely that anyone practicing thoracic radiology will use information and knowledge created by Dr. McLoud every day in their practice whether they are trying to classify the type and severity of the patient's interstitial lung disease, diagnose

lung cancer or perform a lung biopsy. Indeed Dr. McLoud has published well over 200 original papers, reviews and book chapters and has helped shape contemporary thinking in thoracic imaging in a major way.

In light of these accomplishments, it may be surprising to some that Dr. McLoud's real passion is radiology education. She chairs the Education Committee of the MGH Department of Radiology and also serves as Residency Program Director. She is author and editor of *Thoracic Radiology: The Requisites*, a highly popular and widely read introductory text to the subspecialty, and she is sought after as an invited speaker at educational programs around the world. Characteristically these activities reflect the same excellence and commitment that are the hallmarks of everything Dr. McLoud does.



Theresa C. McLoud, MD, FACR

It is only natural that someone with Dr. McLoud's dedication to radiology contribute to the organizations that support the specialty. Dr. McLoud has served as President of the New England Roentgen Ray Society, the American Roentgen Ray Society, the Fleischner Society and the Society of Thoracic Radiology. She serves on the Board of Directors of the Radiological Society of North America and will become President of the RSNA in 2008. She has previously served as Chairman of the Program Committee of the RSNA. These remarkable leadership positions only come to people after they have given years of effective service to the respective organizations. Dr. McLoud's selection reflects the high opinion of her contributions and capabilities by her peers.

From my perspective as a colleague of Dr. McLoud at MGH, I can only say that I wish everyone in our specialty were as diligent, dedicated and capable as Theresa McLoud. She is truly a stalwart and a star at the same time. We are all better in radiology for having her in our midst.

Theresa C. McLoud, M.D., outstanding radiologist, teacher and leader, it is an honor to introduce you as the 2003 recipient of the AAWR's Marie Curie Award.



## Alice Ettinger Award 2003

By Lynne Steinbach, MD, FACR

*On 1 December 2003, Gretchen A. W. Gooding, MD, FACR, received the Alice Ettinger Award from the American Association for Women Radiologists. Lynne Steinbach, MD, FACR, Past AAWR President and Professor of Radiology and Orthopedic Surgery and Chief of Musculoskeletal Imaging in the Department of Radiology, University of California San Francisco presented the award to Dr. Gooding.*

I am pleased to present Gretchen Ann Wagner Gooding, MD, winner of the 2003 AAWR Alice Ettinger Award. I have known Dr. Gooding for approximately 20 years. She was my first mentor when I arrived at the University of California San Francisco (UCSF) 19 years ago and is directly responsible for my active involvement in the AAWR. I owe her a debt of gratitude in this regard. During this time I have seen Dr. Gooding assume the position that she has until now held for 16 years as Chief of Radiology at the Department of Veteran Affairs (VA) Medical Center, Professor in Residence at UCSF, and Vice Chair of the Department of Radiology at UCSF.

Dr. Gooding was born in Columbus, Ohio. She received a BA from the College of St. Mary of the Springs (magna cum laude) where she served as Student Governor and Student Council President. She was AOA and graduated cum laude from Ohio State College of Medicine and Public Health in 1961; one of five women in her medical school class. Following graduation, she married Charles A Gooding, MD, whom she had met on the first day of medical school. Following an internship at Ohio State University Medical center, she received fellowship training in virology at Boston City Hospital and Boston University under an NIH Training Grant. Dr. Gooding worked part-time following the birth of two of her children. After spending a year in Europe during which Charles served under a Harvard Fellowship at Great Ormond Street in London and the Karolinska Institute in Stockholm, the Goodings moved to San Francisco where Charles joined the UCSF faculty after serving as chief of service at Letterman Army Hospital during the Vietnam War. By then, Gretchen had three small children and was a full-time mom. She then completed her diagnostic radiology residency training at UCSF in 1975, at the age of 40. She became a Clinical Instructor at the VA/San Francisco and has continued to work there throughout her illustrious career.

Dr. Gooding developed the ultrasound program at the VA/San Francisco and has trained 272 fellows and visiting fellows, a multitude of residents and a cadre

of medical students. Dr. Gooding has been a pioneer in the field of venous ultrasound and has contributed to the development of ultrasound for the diagnosis of deep venous thrombosis, the localization of foreign bodies and the diagnosis of subclavian venous obstruction. With Dr. Edward Grant, she spearheaded the inaugural Vascular Ultrasound Accreditation Program of the American College of Radiology.

Dr. Gooding is an internationally recognized speaker on vascular ultrasound. She served as President of the American Association for Women Radiologists and established our prestigious Marie Curie Award. She has received numerous awards and honors including:

- Fellow of the American College of Radiology, the American Institute of Ultrasound in Medicine (AIUM), the Society of Radiologists in Ultrasound, and the American Association of Emergency Radiology.
- Distinguished Alumnus Award of the Ohio Dominican College, the Ohio State University College of Medicine and Public Health, and the Department of Radiology, UCSF.
- Presidential Recognition Award of AIUM.
- President of the San Francisco Radiological Society and the VA Chiefs of Radiology.
- Honorary Membership in the Cuban, Hungarian, and Pakistani Radiological Societies.
- First UCSF woman to achieve the rank of Professor in Radiology.

Dr. Gooding has three wonderful children who are now established in their careers. Gunnar is a lawyer in Newport Beach, California, Justin an interventional radiologist in San Diego, and Britta, a cross sectional imaging radiologist in San Francisco. She also has three beautiful grandchildren. Gretchen Gooding is a leader in her field and an inspirational role model for other women radiologists. She has certainly earned the prestigious AAWR Alice Ettinger award.

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## GRETCHEN A. W. GOODING, MD, FACR

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Thank you, AAWR members, for this marvelous award. Thank you, Lynne Steinbach, for nominating me. Thank you to my husband Charles who has for the 42 years of our marriage been so supportive of me and my career aspirations and a supporter of all women in radiology.

This is a happy day for all of us, a day to reflect on the historical achievements of those women who have blazed the trail before us, women such as Alice Ettinger and Marie Curie, a day to celebrate today's awardees and my congratulations to each of them, a day to reflect on what the future path of our members' distinct contributions will be to the community of radiology.

I am deeply honored to be recognized today, by you, my colleagues and friends. You have nurtured me and encouraged me. We have laughed together at our foibles and cried with our disappointments and frustrations, but we have moved forward in our struggle for awareness of our uniqueness and our strengths and made visible our contributions to the whole of radiology.

Awards are important. To the individual, they bring recognition of work well done and bring joy to family and friends. To those just starting out in their career, they direct the individual from early promise to future achievement. To those near the end of their work, they bring personal satisfaction, and the awardees provide visible mentors and role models of multifaceted ways to develop a career. To the AAWR, awards highlight the diversity and the accomplishment of the group and raise awareness of the multitude of worthwhile endeavors of our members, which like a mirror reflect well on all of radiology and bring attention to those outside the AAWR. Since awards are such an important part of our mission, the yearly call for nominations should be a serious responsibility of each of us, to consider those women who have made a difference in our lives or who have been leaders, researchers, educators, or clinicians of note, professional women to emulate and follow.

This is indeed a happy day. Thank you, AAWR, for this distinguished award.

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Above All Else, Don't Feel Guilty

*Don't feel guilty for working*

*Don't feel guilty for not working*

*Don't feel guilty for having kids too young*

*Don't feel guilty for waiting to have kids*

*Don't feel guilty for never having kids*

*Don't feel guilty for divorcing*

*Don't feel guilty for staying single*

*Don't feel guilty for feeling guilty*

And, don't be afraid to take roads less traveled -

*Two roads diverged in a wood, and I—*

*I took the one less traveled by,*

*And that has made all the difference.*

Robert Frost  
"The Road Not Taken"

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Sig Atkinson. Women! Join the guilt of the month club!! 5/2/02.

# NEGOTIATION IN ACADEMIC CAREERS

*The Significance of Negotiation in Academic Careers was presented during the AAWR Resident's Luncheon at the RSNA annual meeting in Chicago, Illinois on 2 December 2003 by Phyllis L. Carr, MD*

Phyllis L. Carr, MD is Dean for Student Affairs at Boston University School of Medicine

"Junior faculty don't have much experience in negotiation. People in medicine, throughout their training, have been given jobs that don't require negotiation. Physicians are ill-prepared for negotiation... [They need] to be better prepared to at least reach the level of preparation that the average person would have. They need to know how to assess their own goals. What do they want to get out of this? They need to understand the importance of negotiation. You don't get what you deserve you get what you negotiate."

A junior faculty woman in medicine made the above comments.

Negotiation is a strategy to resolve differences in situations where there are both divergent and convergent interests. It requires effective communication of goals, needs and preferences. Effective negotiation has been considered critical to the success of individual careers in the professions and business. The process of quality improvement in medicine also requires the use of negotiation skills to achieve better outcomes. Individual careers and medicine as a whole will gain by greater attention to, and training in the skill of negotiation.

By their professional propensities physicians may not be optimally prepared for prevailing in the negotiation process. Certain characteristics of physicians, useful for doctoring but arguably maladaptive for negotiation include a competitive orientation, a professional assumption of autonomy, an emphasis on equanimity with a limited emotional expressiveness and a significant predisposition not to ask for help. Conflict management by physicians in negotiation may be particularly difficult, because they tend to be averse to confrontation. Finally, a strong emphasis in medical training is given to gathering data to develop "the one right answer." Negotiation is a process, which contemplates that there is no one right answer, only multiple points of view.

Medical school faculty members are insufficiently aware of the significance of negotiation. In addition, there is a misperception of opportunities for negotiation beyond the initial stages of a medical career. Faculty members do not consistently recognize that negotiation skills need to be learned.

There are gender differences in the importance of negotiation. Women perceive negotiation as less important in an academic career than men. Women tend to have lower expectations, goals for salary and to feel less successful even when they use similar behaviors as men.

There are gender differences in the process of negotiation. These have been cited as a cause for lower salaries and slower advancement of women in academic medicine. Women tend to behave more cooperatively and less competitively than men. Women may perform better when they identify with negotiation skills perceived to be positive and masculine (assertive, rational, decisive).

Negotiation in medicine is impeded by institutional and individual barriers, particularly with regards to vertical (up the hierarchy) communication.

The perception of secrecy, mystery and powerlessness in large academic institutions may constitute a barrier to negotiation. Faculty may feel excluded from important information. Clarification of departmental goals by senior faculty can enable individuals to align their goals and expectations with those of the institution. Faculty development workshops on promotion, negotiation and publishing can be helpful in addressing barriers to advancement in academic medicine. Deborah Kolb identifies strategies that can guide the individual in the negotiation process in her book, *The Shadow Negotiation*.

Faculty can take action to improve their negotiations through the following strategies:

- *Prepare*—Negotiation skills can be learned. Obtain information regarding pay scales and institutional resources. Use a mentor.
- *Know your leverage*—Understand your worth and the quality of your performance as compared to others in your department. Assess your value to the organization. Understand that when you know your leverage, you become aware of other job opportunities and realize that the ultimate leverage necessitates being prepared to leave the institution for career growth and advancement.

- *Know your priorities*
- *Identify your needs*—Decide what are those things that you must have versus those things that you want to have. Identify needs and interests that you may have in common with your institution/department. Anticipation of these common needs and interests is a first step in mastering the negotiation process.
- *Create objectives*—Realize that objectives can be flexible whereas needs are not. Look for the Best Alternative to a Negotiated Agreement (BATNA).

Faculty members must understand the process of negotiation and identify strategies and tactics of negotiation. Present your ideas clearly and succinctly. Look for win-win scenarios and areas of common ground but do not overlook differences. Know yourself and practice comfortable assertive and self-promoting behavior.

Remember that negotiation can be used for conflict resolution as well as for the creation of a more desirable work environment. Anticipate conflict, avoid bias, and consider the use of uninvolved parties as advocates or mentors.

Institutions can facilitate and enhance effective negotiation in the following manner:

- Make relevant information available
- Provide oversight while at the same time establishing a grievance procedure for handling disputes using an impartial mediator
- Empower the faculty to negotiate by educating them through faculty development workshops and mentor networks
- Broaden the network to include more women and minorities

In conclusion: More effective negotiation in academic medical centers can improve the ability of academe to creatively utilize resources and to meet institutional problems with more collaborative and resourceful methodologies. Should individual faculty and institutional leaders embrace and facilitate greater use of negotiation in academic medicine, it would benefit both the institutions and individual faculty.

Abstracted from: Sarfaty S, Carr PL, Kolb D, Barnett R, Szalacha LA, Caswell C, Inui T. Taking root in a forest clearing: A resource guide for medical faculty. Negotiation skills and their use in academic medical careers. Monograph available January 2004 from the W. K. Kellogg Foundation and Boston University School of Medicine.

## An Increase in the Number of Women Applicants to U.S. Medical Schools

The Association of American Medical Colleges reported an increase in the number of applicants to U. S. medical schools. The principal reason for the increase was the number of women applicants (17,672) an almost 7% increase over last year's total.

In the 2003-2004 academic year:

- Women were the majority of medical applicants for the first time ever
- Black women applicants increased by almost 10%

Since 1996, when the number of individuals applying to medical school peaked at 47,000, the total number of medical school applicants has steadily dropped between 1,000 to 4,000 applicants in each subsequent year. This six-year trend reached its lowest point with last year's total of 33,625 applicants.

The sharp decline of males applying to medical schools, a trend that started in 1997, leveled off this year. Male applicants totaled 17,113, about the same as last year's figure of 17,069.

The Association of American Medical Colleges represents the 126 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals, including more than 70 Veterans Affairs medical centers; more than 105,000 faculty in 96 academic and scientific societies; and the nation's 66,000 medical students and 97,000 residents. Additional information about the AAMC and U.S. medical schools and teaching hospitals is available at [www.aamc.org/newsroom](http://www.aamc.org/newsroom).



## ENCOURAGING THE ADVANCEMENT OF WOMEN

By Janet Bickel, MA

On 2 December 2003, Janet Bickel, MA delivered the AAWR-sponsored refresher course at the RSNA entitled "Encouraging the Advancement of Women." Janet Bickel is Associate Vice President of Institutional Development and Planning and Director of Women's Programs at the American Association of Medical Colleges in Washington, DC. [www.janetbickel.com](http://www.janetbickel.com)

A client of mine, the highest ranking woman in her large department at an Ivy League medical school, told me about the marathon she recently ran. Afterwards, she said to her son who had accompanied her: "I don't understand why I finished in the middle instead of in the top 10 the way I usually do." He replied: "Mom, duh. You ran the men's race; the women's started at the other parking lot." So accustomed is she to succeeding in male-designed and "male-run" organizations that she did not even notice she was the only woman in the race.

If women had designed the tenure system, would the clock directly conflict with the prime child-bearing years? Would women so strictly counter pose and separate work and home? Would they build pyramidal organizations run by "lone cowboys" who garner all the credit for work carried by large invisible teams?

In addition to offering food for thought on these questions, I have designed the presentation to cover the following questions:

- Why address the development of women and minorities?
- What have we learned about sex differences in physicians' professional development?
- How can institutions better develop and capitalize on women's (and men's) intellectual capital?
- How can women increase their own "career capital"?

### Why Address the Development of Women and Minorities?

Following are a few of the major reasons why medicine needs to more systematically address the development of women as well as ethnic minorities:

- Given so many gaping institutional and societal needs, academic medicine requires all the leadership talent it can develop, but the leadership potential of many women and minorities is being wasted.
- Diverse teams outperform homogenous ones, producing improved creativity, agility and problem-solving, better use of talent and enhanced marketing strategies. Since restricted gene pools are vulnerable, diversity also enhances sustainability.

- Diversity is an indispensable strategic instrument for improving America's health care delivery system, especially care to women and minorities.
- To the public, organizational credibility begins with how an organization looks.
- By 2005, 85% of new entrants to the workforce will be ethnic minorities and women.
- Fortune 500 companies with the most women and minority executives deliver more earnings than firms with the fewest.
- Because women are the primary decision-makers for most purchases, it is economically shortsighted to overlook this market. Also women tend to make connections everywhere they go, with the core unit being "we" rather than "me," so selling to one woman, is selling to many.

What have we learned about sex differences in physicians' professional development?

I read the incorporation of women into medicine as an unfolding drama. The Prologue consisted of Isolated Trailblazers enduring multiple insults but behaving as if honored to be "allowed in." Act 1 was "we're here!" or "add women and stir." Act 2 was the "pipeline dream"—we fantasized that simply increasing the numbers of women would result in equity. Unfortunately, because of the "visual aid" of these numbers, many men and also many young women assume that gender equity has been achieved. But institutional improvements do not develop out of the coping mechanisms of isolated individuals.

### What Have We Learned About Sex Differences in Physicians' Professional Development?

I'll get to Act 3 of this drama in a bit, but for now let's turn to where radiology stands in relation to other specialties. In terms of representation on medical school faculty, while the national average is now 30%, only 24% of radiology faculty are women. More serious is the fact that radiology is the only specialty in which the percentage of women residents actually decreased between 1992 and 2002: from 26.4 to 25.7% (when the national average across specialties rose

from 31% to 38%). I understand that a survey of medical students is underway to shed light on this concerning phenomenon.

In general, the research conducted over the last two decades about sex differences in professional development boils down to three primary barriers:

1. Without being conscious of their “mental models” of gender, both men and women devalue women’s work and allow women a narrower band of assertive behavior
2. Women face many more challenges than men in obtaining career-advancing mentoring
3. Isolation reduces women’s capacity for risk-taking, often translating into a reluctance to pursue professional goals or a protective response such as perfectionism. All in all, women face many more cumulative career disadvantages than men, with many more off- than on-ramps.

The first of these barriers, in particular, deserves emphasis. The concept of “mental models” is helpful in examining how assumptions act as filters through which we continuously select data from the stimuli surrounding us. These “shortcuts” exact a price. “Mental models” of gender deny individuals the opportunity to be appraised positively on the basis of their unique traits. Indeed, men or women who act “against type” tend to be dismissed or marginalized: a man who displays more sensitivity than is culturally normative risks derision; assertive women are often perceived as “uncaring.” Outdated mental models persist, in part, because individuals, especially dominant personalities, tend to ignore information discrepant to their stereotypes: “the eye cannot see what the mind does not know.” Nonetheless, most physicians believe that they work in a meritocracy and that they are not influenced by stereotypes. Another challenge here is that the higher they climb, the more women (especially minority women) face the stress of “surplus visibility;” when they make mistakes they are less likely than men in similar circumstances to be given a second chance.

With regard to the second barrier, all studies find that women gain less benefit from the mentor relationship than men do. Since women tend to be more modest than men about their achievements and less apt to see themselves as qualified for top positions even when their credentials are equivalent to, or superior, women actually have a greater need for mentoring than men do. If every department head initiated a conversation with every woman in his/her department to learn what she needs for her career progress and to encourage and support her development, that would go a long way in addressing this need.

With regard to the third barrier, isolation, I applaud AAWR as designed to help women overcome this problem. Your 20+ years of offering a variety of programs and support so that more women set and achieve their professional goals is of huge significance. I encourage you to become

even more engaged in strategic coalition-building—supporting each other, building on successes, connecting your sources of power.

## Good Work Practices (That Will Also Develop Women)

We currently find ourselves in Act 3—unnerving times when organizations do not yet reflect the changing sex breakdown and other changing characteristics of physicians. Many practices are inhibiting the development of both women and men, for instance, penalizing individuals for taking time for self-care and family responsibilities. Given the “24/7” nature of patient care, adding flexibility is indeed a complex challenge, but dualistic thinking has robbed us of our creativity (i.e., either you’re fully available during your 20s and 30s to work, or you’re uncommitted and will never be worthy to lead). Generations ‘X’ and ‘Y’ and the Millennial Generation are intent on “working to live” (rather than “living to work”). Without more flexible options, many promising young physicians will not enter academic medicine. Moreover, assisting employees to integrate work and family can improve work effectiveness and build long-term commitment.

Other good practices include:

- Evaluate relational competencies of administrators, including “emotional intelligence”
- Link administrators’ compensation to achievement of diversity goals
- Regularly assess attrition, including direct and indirect costs of turnover, and modify systems to reduce these costs
- Reward interdisciplinary team achievements since performance is increasingly driven by Cross-Functional Teams.

## Accumulating Career Capital

I close with a bit of advice to individual women on building their own Career Capital. Knowing how (that is, your accumulated technical expertise and skills) is just the beginning. Also needed is:

- knowing whom (network, relationships, sources of information)
- knowing why you are doing what you’re doing (source of energy, values)
- knowing when (adaptability, attuned to action)

With regard to “Why” it is important to take the long-view of career development; women often shortchange themselves by adopting a narrow, monogamous “job” focus.

*Encouraging continued on page 10*

*Encouraging* continued from page 9

Writing a vision statement and short-term, mid-range, and long-term goals are key.

Most women professionals must work at developing a style that is “adequately aggressive” but not so aggressive that others become uncomfortable with you. While independent action is clearly within the scope of expected “male” behaviors, boldness puts women at odds with the role society expects.

Observe the styles of women who are successful in getting their ideas implemented and in achieving influence. But realize that a style will not be effective if it is not authentic.

Many women also suffer from the illusion that their work speaks for itself and will gather the credit it is due. In fact, each individual is responsible for “tooting her own horn” and needs to become skilled at strategic self-presentation. So, practice telling your “career story” with enthusiasm and conviction, emphasizing specific accomplishments and goals. Everyone can use an “elevator” (i.e., 1 minute) version and longer versions for use in networking conversations and job interviews.

## Conclusion

The current loss of women’s intellectual capital is unaffordable given the need to diversify leadership teams in medicine. The long-term success of any academic health center is inextricable from its development of women professionals. As AAMC President Jordan Cohen stated: “Cultivating diversity in our faculty and in our leadership is an indispensable strategic instrument for meeting the challenges that academic medicine faces in the 21st century. Grooming women for leadership positions and eradicating the barriers currently impeding their success are essential components of this strategy. Those institutions that fail to seize the advantages offered by elevating talented women to positions of power are destined to be eclipsed by those that do.” It is thus “good business” as well as “good medicine” to support the advancement of women.

Among the specific challenges facing organizations such as AAWR is building bridges to the next generation of young women who have not yet experienced limitations on their choices. How do we recruit them to join such a useful important network as AAWR provides? Also, how do we prepare young women for the career disadvantages they will face once they leave the protective walls of medical school without discouraging them? How do we help them build the fortitude necessary to achieve their high goals? The continuing efforts of AAWR will be instrumental in recruiting and developing the next generation of women in radiology.

## Candidates Sought

The AAWR Nominating Committee is in the process of preparing the 2005 slate of candidates for officers and members-at-large. If you would like to serve on the Executive Committee as an officer or as one of the three members-at-large (diagnostic radiology, radiation oncology, or in-training), please send a letter describing your interests and past AAWR service, if any, as well as a current copy of your curriculum vitae, to Kathleen Ward, Chair of the AAWR Nominating Committee.

### Program Policies & Guidelines for Pregnancy During Radiology Residency...Revisited in the 21st Century

The AAWR and the Association of Program Directors in Radiology (APDR) recently sent a survey to all Radiology training programs in the United States to gather information on their current written policies relating to program modifications, work expectations, support systems, and radiation counseling/education, if any, for pregnant radiology residents.

The survey instrument is presented here (page 11) for your perusal. Please encourage your residency (or fellowship) program director (or program coordinator) to complete and return the survey. We hope to receive as much input from as many programs as possible.

The data will be collected by the AAWR office, and will then be analyzed by an AAWR/APDR ad hoc committee. The committee includes: Co-Chairs: Elizabeth Oates and Ewa Kuligowska; Members: Kimberly Applegate, Meghan Blake (resident), Sandra Fernbach, Janet Strife, Kathleen Ward, and Kay Vydareny.

Our goal is to revisit the issue of pregnancy during radiology residency and to develop a unified set of guidelines, reflecting current practice, for all programs and all residents to access. These drafted guidelines will be reviewed by the leaders of the American College of Radiology and the American Board of Radiology before adoption and publication.

Thank you for your support and comments.

**PLEASE RESPOND TO AAWR/APDR SURVEY! THANKS!****Program Policies & Guidelines for Pregnancy During Radiology Residency**

Dear Friends and Colleagues, Program Directors and Coordinators:

Interest has been expressed on several fronts regarding development of a standard policy—or set of guidelines—for Radiology programs on the issue of pregnancy during residency. The few questions below are aimed at ultimately crafting such a unified approach. Your prompt response will be greatly appreciated.

Ewa Kuligowska, M.D., F.A.C.R. 2004 President of AAWR Professor of Radiology Head of Ultrasound Section Boston University Medical Center 88 East Newton Street Boston, MA 02118 617-638-6604 ewa.kuligowska@bmc.org	Elizabeth Oates, M.D. Residency Program Director Professor of Radiology Head of Nuclear Radiology Section Boston University Medical Center 88 East Newton Street Boston, MA 02118 617-638-6536 elizabeth.oates@bmc.org
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1. Does your program currently have a written policy or set of guidelines, or offer special accommodations, for pregnant residents (e.g., scheduling, rotations)?

YES  NO

*(If yes, please attach to this survey. We will acknowledge your contribution!)*

*(Please comment.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your institution and/or department have a written policy applicable to other pregnant radiation workers (faculty radiologists, technologists, etc)?

YES  NO

*(If yes, please attach to this survey. We will acknowledge your contribution!)*

*(Please comment.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If YES to Question 1 and/or 2, do you provide that information to applicants?

YES  NO

*(Please comment.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have pregnant residents expressed concerns over radiation exposure to the fetus?

YES  NO

*(If yes, please elaborate.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Can pregnant residents receive counseling regarding radiation exposure to the fetus from a medical physicist and/or faculty member at your institution?

YES  NO

*(If yes, please describe.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are limits or restrictions placed on fluoroscopy and/or interventional work for pregnant residents?

YES  NO

*(If yes, please outline.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you employ any means of radiation reduction and/or monitoring (e.g., double lead aprons, extra dosimeter badges)?

YES  NO

*(If yes, please specify.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are pregnant residents expected to complete your training program within 4 years, as required to meet ABR eligibility?

YES  NO

*(Please comment.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you offer part-time or flexible residencies that extend the training program beyond 4 years?

YES  NO

*(Please describe.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you support development of a national “standard” policy—or set of guidelines—regarding pregnancy during Radiology residency?

YES  NO

*(Please explain.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Would you incorporate into your program, either in part or in whole, such a national “standard” policy or set of guidelines?

YES  NO

*(Please explain.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return your responses no later than March 19th to:

Sheryl Trotz, AAWR Account Executive  
Email: strotz@meetingmanagers.com  
Direct Phone: 630-293-0622  
FAX: 630-293-0629

AAWR  
4550 Post Oak Place  
Suite 342  
Houston, TX 77027

**THANK YOU VERY MUCH!**

## AAWR 2003 Distinguished Residents

Distinguished Resident Awards were presented on 1 December 2003 in Chicago, Illinois during the AAWR annual business meeting.



**Pari V. Pandharipande, MD**, received the Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology. Dr. Kimberly Applegate, 2003 AAWR President, presented the award. Dr. Pandharipande received her Bachelor of Arts degree from Cornell University, Ithaca, NY in 1994 and graduated magna

cum laude. She received her MD degree from Cornell University Medical College, New York, NY in 1998 and is currently a fourth year diagnostic radiology resident at the New York University Medical Center. Michael M. Ambrosino, MD, Diagnostic Radiology Residency Program Director and Robert I. Grossman, MD, Louis Marx Professor and Chairman of Radiology, NYU School of Medicine nominated her for the award.

“Pari has been an exceptional resident. She is incredibly devoted, conscientious, careful, intelligent, and kind. She takes the initiative and sets very high standards for herself and sets a new standard for other residents. Her clinical acumen is excellent”. She first-authored two articles published in the AJR; one on the use of MRI to evaluate complications of liver transplantation and the other describing a technique for bolus chase MRA. She has delivered polished and poised presentations at the ISMRM, RSNA and SCBT annual meetings. She was selected to participate in the RSNA/AUR/ARSS Introduction to Research Program in 2000 and received the Roentgen Resident/Fellow Research Award sponsored by the RSNA in 2001. Her long term research interests include the appropriate utilization of screening and diagnostic tests in populations at risk. She will begin a two-year Outcomes Research Training Fellowship at Harvard University in July of 2004.



**Karyn A. Goodman, MD**, received the Eleanor Montague Distinguished Resident Award in Radiation Oncology. The award was presented by Alex Megibow, MD, FACR. Dr. Goodman received her MD degree from the Stanford University School of Medicine in 1999. After completing a medical internship at Stanford she

began her residency training at Memorial Sloan-Kettering Cancer Center in New York, NY and currently serves as Chief Resident for the 2003-2004 academic year. Kenneth Rosenzweig, MD, Radiation Oncology Residency Program Director and Steven A. Leibel, MD, FACR, Enid A. Haupt Chair in Radiation Oncology at Memorial Sloan-Kettering Cancer Center nominated her for the award.

“Dr. Goodman’s work ethic, intelligence and motivation will ensure a productive career in academic medicine. She is without question the best resident I have observed over the past ten years and probably in the top 1-2% of all residents who have graduated from any program over the past five years.” She has authored or co-authored five peer-reviewed publications. She is the recipient of numerous awards and honors including the Albert Hastorf Award for Outstanding Service to Human Biology, the Low-Beer Fellowship in Radiation Oncology at the University of California San Francisco and a Lacher Lymphoma Fellowship at the Memorial Sloan-Kettering Cancer Center. Dr. Goodman is interested in the study of lymphomas, particularly the long-term health outcomes of patients with Hodgkin’s disease.

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## From the Executive Committee

Dear AAWR Members,

This year the AAWR Executive Committee was forced to make a difficult decision to raise annual dues for our Active Members from \$100 to \$125. Increased administrative costs, decreased corporate contributions, and decreased dues collection were the main reasons for the dues increase. Our investment income did diminish with the downturn in the economy, but did better than most, and always showed a net profit. We anticipate better investment growth as the economy and the investment market improve.

We have had to change management companies twice in the past 3 years, as first the American College of Radiology and then the Radiological Society of North America cut back on provision of administrative services for radiological specialty societies. Our current management company, International Meeting Managers, has graciously agreed not to increase our management fee in this our second year with the firm, while continuing to provide a high quality of service with dedicated personnel. Nonetheless, we still are paying more than we did several years ago.

Corporate contributions have decreased in the past several years. Vigorous efforts are being made to ameliorate this situation, and the improving economy should be helpful as vendors have more money to donate.

We have also experienced a decrease in dues collection. Your prompt payment of dues helps the AAWR continue to provide services to you and also diminishes the administrative cost of dues collection. In addition, your tax-free contribution to the Research and Education Foundation helps further some of the missions of the AAWR: to promote research in the radiological sciences by women members and to provide educational programming at national forums.

In the past AAWR membership was free to first and second year residents, with a nominal \$15 fee for residents in subsequent years of training and in fellowships. To promote membership among young women radiologists, radiation oncologists, and medical physicists we now provide dues-free membership for all members-in-training. The additional cost of this is minimal and is largely offset by decreased billing costs. We hope this added exposure to the benefits of AAWR membership will assist in retention of young members.

The AAWR Executive Committee has instituted cost-saving measures. These include providing more services through the web site. Rather than printing a Membership Directory, the Membership Directory is available to members on-line. Our newsletter, the Focus, is transitioning from print to electronic format, and is available on-line, saving

the costs of printing, batching, and mailing. We are also decreasing the frequency of audits and re-evaluating donation and investment strategies.

Fiscal responsibility is a high priority of your Executive Committee. This is the first dues increase since the founding of the AAWR 23 years ago. Considering the changes in cost of living, it is remarkable that a dues increase did not become necessary sooner. We hope you continue your membership and promise to provide the high-quality benefits and programming that you deserve and have come to expect from your organization.

We want to thank those of you who have already paid your dues for 2004, with particular thanks to those who have contributed to the Research and Education Foundation. Please encourage your colleagues and friends to join us.

Sincerely,

*The AAWR Executive Committee*

### 2004 AAWR Programs

SPR 2004, Savannah, Georgia

Thursday, April 29 – Noon Luncheon

*Getting Real with Professionalism*

Janet L. Strife, MD, FACR, Professor of Pediatrics and Radiology, Children's Hospital in Cincinnati, President of the Association of Program Directors

ARRS 2004, Miami, Florida

Tuesday, May 4 – Noon Luncheon

*Leading From the Top: The Importance of Mentoring for Women Radiologists*

Laurie Fajardo, MD, Professor and Chairman, Department of Radiology, University of Iowa

Wednesday, May 5 – 8:00-9:00 a.m.

*Lessons in Leadership: How to Lead, Gain Respect and Retain Loyalty*

Alexander R. Margulis, MD, FACR, Clinical Professor of Radiology, Cornell University School of Medicine

ACR 2004, Washington D.C.

Monday, May 10 – 7:00 a.m. Breakfast for New Fellows

## KUDOS

and

## PLAUDITS



**Anna K. Chacko, MD**, was recently named Chair of Radiology at the Lahey Clinic, outside Boston, MA. Dr. Chacko has a strong military service background and training in internal medicine, diagnostic radiology, and nuclear medicine. She brings to her new position 24 years of outstanding performance in managerial and leadership positions of increasing demand and responsibility in the US Army Medical Department.



**Gail C. Hansen, MD, FACR**, is the current President of the California Radiological Society, the first woman to hold the office. In 2003, she was elected by the American College of Radiology (ACR) Council to a 2-year term on the College Nominating Committee, where she was elected co-chair. A longstanding member of the AAWR, she has worked on several AAWR committees. Currently she is an Attending Physician at Olive View-UCLA Medical Center in Sylmar, California where she is a Professor of Radiology.



**Rosado de Christenson, MD, FACR**, Past-President of AAWR and Co-Chair of the AAWR Public Relations Committee was appointed to the position of Chair of the Instructional Courses Committee of the American Roentgen Ray Society (ARRS) and became a member of the ARRS Executive Council. Dr. Rosado de Christenson was also appointed to the position of Chair of the American College of Radiology's Continuous Professional Improvement Program. She joined the faculty of the Department of Radiology at the Ohio State University on February 2004 as Clinical Professor of Radiology. In 2003, Dr. Rosado de Christenson received the AAWR's President Award from 2003 AAWR President, Kimberly Applegate, MD, MS.



**Carol M. Rumack, MD, FACR**, a pediatric radiologist, is Professor of Radiology and Pediatrics at the University of Colorado Health Sciences Center in Denver, Colorado. She served as the AAWR Councilor to the American College of Radiology (ACR). During her term as Councilor she was appointed to the ACR Council Steering Committee, which meets with the Board of Chancellors to represent the ACR council between annual meetings. She was elected to the ACR Board of Chancellors in 2002 as Chair of the Ultrasound Commission. She has also been very active in the Colorado Radiological Society (CRS), the Society for Pediatric Radiology and the Radiological Society of North America. She is a Fellow of the American College of Radiology, the American Institute of Ultrasound in Medicine and the Society of Radiologists in Ultrasound. Dr. Rumack was appointed to the Radiology RRC by the ACR and is now the Chair of the Radiology Residency Review Committee. Dr. Rumack was the first President of AAWR and continues to provide service and mentoring to the members of the society and to its executive committee.



**Janet L. Strife, MD, FACR**, is currently a faculty member of Cincinnati Children's Hospital Medical Center. This year she is President of the Association of Program Directors in Radiology (APDR) and is a newly appointed member of the American Board of Radiology. She has been a strong advocate for improving education and has been supportive of the new core competencies, particularly those that deal with professionalism, interpersonal skills and communication skills. She contributed to the program in her own department by setting expectations of performance for professionalism, and developed measuring tools which help give feedback to the radiology staff, fellows and residents. This year she will be the featured speaker at the AAWR Luncheon held during the meeting of the Society for Pediatric Radiology will speak on "Getting Real with Professionalism."



**Julie Timins, MD, FACR**, was elected to the Council Steering Committee of the American College of Radiology at the Annual Meeting and Chapter Leadership Conference in May 2003. In June 2003 she was elected Chair of the New Jersey Commission on Radiation Protection. She

was invited to sit on the National Mammography Quality Assurance Advisory Committee of the Food and Drug Administration, with term starting February 1, 2004. Dr. Timins chaired the AAWR Membership Committee from 1997–1999, is a member of the Executive Committee, and currently serves as Treasurer and Chair of the AAWR Finance Committee.



**Beverly Wood, MD, FACR**, Professor of Radiology and Pediatrics at the Keck School of Medicine, University of Southern California will be awarded the Gold Medal of the American Roentgen Ray Society during its annual meeting in May 2004, which will take place in Miami

Beach, Florida. Dr. Wood chaired the ARRS Budget and Finance Committee in 1986, served as Treasurer from 1987 to 1994, as Associate Editor of the *AJR* from 1997 to 2003 and on the Editorial Policy Committee from 1996 to 2004. She currently serves on the ARRS Education and Continuing Medical Education Committee. Dr. Wood was editor of the 1994 edition of the ACRI Pediatric Learning File and has previously chaired the ACR Committee on Education of the Commission on General and Pediatric Radiology. Dr. Wood is a member of the AAWR and serves on its Web Site Committee.

**The American Association for Women Radiologists thanks the following members who volunteered their time and staffed the AAWR Booth at the 2003 annual meeting of the Radiological Society of North America.**

Kimberly Applegate, MD, MS	Ewa Kuligowska, MD, FACR
Jocelyn Chertoff, MD	Zhongxing Liao, MD
Susanne Daye, MD	Jennifer Lim-Dunham, MD
Nancy Ellerbroek, MD, FACR	Katarzyna Macura, MD, PhD
Lynn Fordham, MD	Carolyn Sofka, MD
Gail Hansen, MD, FACR	Janet Strife, MD, FACR
Feng Ming Kong, MD, PhD	Wendy Woodward, MD, PhD

## CLASSIFIEDS

POSITIONS AVAILABLE

### Clear Lake, Texas— Dedicated Mammography Position

Seeking a BC/BE radiologist fellowship trained in mammography, breast ultrasound and breast interventional for a full-time mammography position. To join two other dedicated fellowship trained mammographers. Responsibilities include screening and diagnostic mammography, breast ultrasound, stereotactic and ultrasound-guided procedures, needle localizations, galactography, and bone densitometry. Four LORAD MIV mammography units with HTC grids and one MIII mammography unit, two Phillips HDI 5000 ultrasound units, automated LORAD stereotactic unit, two Hologic bone densitometers. Must have excellent rapport with patients and staff. Competitive salary. No call.

Send CV with references via E-mail to bevdreher@aol.com or by regular mail to Beverly Dreher, M.D., 413 Prattwood Court, League City, TX 77573.



### National Radiology Group, PA (NRG)

There are opportunities for BC/BE Diagnostic Radiologists to work with National Radiology Group, PA (NRG). NRG provides professional radiology services for all modalities covering day, night and weekends. This opportunity provides a unique life style for a radiologist to work in a diagnostic reading center or remotely in a home office or digital center. NRG began providing professional radiology services in 1992. Today NRG reads almost 300,000 multi-modality exams annually. NRG contracts with twelve full and part time radiologists of which four are women. Two of the women work out of their home offices using telerad and the other two in NRG's Dallas center. In addition, NRG's unique application of support services allows the radiologists to focus on reading instead of support services like hanging films, indexing images or dealing with office responsibilities, scheduling and politics. Radiologists read, dictate and go home. Some of the radiologists elect to conduct night call where they use telerad from a home office. NRG's hours of operations in the Dallas center are 10:30 to 4:30 PM with one (1) hour for lunch, Monday - Friday. Operating hours vary for radiologists using telerad that live in other parts of the United States. Generous compensation along with stipends for benefits, CME coverage, professional liability and no call coverage.

For more information contact Conrad Deeter. All inquires are confidential. Conrad Deeter, VP, National Radiology Group. 1909 Hi Line Dr. Dallas, TX 75207 214-389-2435 [cdeeter@radcall.com](mailto:cdeeter@radcall.com)



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Articles for consideration for publication in the *Focus* can  
be submitted to the address above.

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**Editor**

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**Associate Editors**

Aletta Ann Frazier, MD

Lisa H. Lowe, MD, FAAP

We invite the membership to share its ideas and expertise with all of us by  
submitting articles for future publication in the *Focus*

**Editorial Deadlines**

February 1, 2004

June 1, 2004

September 1, 2004

December 1, 2004