To develop and enhance an excellent academic environment for women faculty and trainees through networking, mentorship, professional development, and advocacy.

Committee Mission Statement

FALL/WINTER 2016 ISSUE

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PAVING THE WAY FOR CURRENT AND FUTURE LEADERS

An Interview with Deborah Burnet, MD, MA, Section Chief, General Internal Medicine and Vice–Chair for Faculty Development, Department of Medicine

In 1993, Dr. Deborah Burnet started her career as a faculty member at the University of Chicago with a clinical and research focus on inequities and disparities in health services – an interest that lingered from her previous career in social services as a foster care case–worker on the South Side of Chicago.

She graduated from the Pritzker School of Medicine in 1989, and stayed at the University of Chicago to complete a combined Medicine–Pediatrics residency in 1993, and subsequently, a master’s degree in Public Policy at the Harris School of Graduate Studies in 2003. She served as the Director of the Medicine–Pediatrics Residency Program for six years before she was appointed as Chief of the Section of General Internal Medicine in 2003 and as Vice Chair for Faculty Development in the Department of Medicine (DOM) in 2005.

As Vice–Chair, she organizes and leads faculty development activities for more than 300 faculty members; she also supports initiatives of the DOM Women’s Committee and Diversity Committee. During her tenure, she has seen a gradual increase in the number of women holding major leadership positions in the Department, including 3 women section chiefs at present and four women faculty who make up half of the DOM Executive Committee.

In her leadership positions, she recognized the unmet needs and undeveloped potentials of junior and senior faculty in negotiation, communication and leadership skills. In response to this, she launched leadership development and mentoring programs not only locally, but also regionally and nationally. In 2012 and 2013, she successfully conducted negotiation skills and assertive communication workshops at the Society of General Internal Medicine regional and national meetings, which she has also brought back and taught to colleagues, trainees and medical students in our institution. In 2014, she founded the LEAD program of the Society of General Internal Medicine with colleague April Fitzgerald, MD from Johns Hopkins. LEAD is a year–long leadership development program for mid–level academic general internists that now boasts 25 national scholar graduates. (Continued)
DEBORAH BURNET. CONTINUED

Her most recent endeavors include a five–year program funded by U.S. Health Resources and Services Administration, the Leading Urban Primary Care Education and Transformation (LUCENT) training program for residents and faculty in primary care leadership, which is aimed to strengthen their clinical skills in primary care and to prepare them for leadership and teaching roles in urban primary care settings. This year, she adapted the University of Chicago Medicine Foundational Leadership Program and piloted this for 70 faculty and executive staff throughout the Biological Sciences Division (BSD). She is currently exploring possible collaboration with the University of Chicago Booth School of Business to develop a longitudinal leadership training program.

The editors of Women at the Forefront (WF) had a conversation with Dr. Burnet (DB) after her inpatient rounds one afternoon, which included these topics:

WF: What makes a good leader?

DB: A good leader has the ability to envision the future of her group. She needs to have good relationship skills to be able to listen and understand her group, and incorporate the group’s input into her own vision by finding a common ground that aligns the interests of all parties. Good leaders make their institution better in all aspects, and diversifying the workplace makes for a healthier environment for us to learn from each other.

WF: How did you develop your own leadership skills and style?

DB: When I was appointed as a Section Chief in 2003, I was the only woman section chief in the Department. I turned to colleagues in the Association of Chiefs of General Internal Medicine (now known as the Association of Chiefs and Leaders in GIM) for guidance and mentorship on how to be a good leader. I learned a lot from then ACGIM President, Dr. Mark Linzer, who taught me the ways to lead, how to recruit, and how to help the section develop. I then became deeply involved in the ACLGIM’s mission and activities, and later served as its President in 2012. Over time, I have mentored and developed leadership skills in younger colleagues, and have created my legacy of leadership training in the society – the LEAD program.

WF: How do women compare with men in seeking leadership positions?

DB: Men tend to predominate in leadership positions, often applying for new positions without hesitation, while women tend to wait to seek out leadership positions until they fulfill every single requirement. Hence, proactive outreach is necessary to find developing women leaders who may not actively apply for a leadership position but clearly qualify.

WF: What are your goals for the future?

DB: I want to continue to develop leadership skills and harness leadership potentials amongst our faculty and other academicians, and I want to build a leadership academy here at the University of Chicago!
Following residency, Dr. Glick joined the faculty at Washington University, St. Louis and was Director of the Ambulatory Medicine Clerkship. She then moved to Stanford University where she worked as a clinician educator. She subsequently directed the Women Veterans Comprehensive Health Center and served as residency program site director at University of California San Francisco. In 2005, Dr. Glick received an NIH-sponsored K07 Cultural Competence and Health Disparities Academic Award to develop curricula that would improve the ability of practicing and future physicians to care for patients who come from diverse backgrounds. Dr. Glick found a home for her work as she joined the faculty in the Department of Medicine in 2005.

Since then, Dr. Glick has participated in Department’s tripartite mission of clinical care, education and research. As a clinician, Dr. Glick is particularly interested in patient–centered care, in complex and undifferentiated medical illness, and in team–based care, which she coordinates across the full range of medical and surgical specialties. As an educator, Dr. Glick is known for her rigorous, practical, hands–on approach to medical education that integrates both the old–fashioned art and modern science of clinical medicine. Together with Dr. Michael O’Connor, she developed and implemented the Foundations in Clinical Medicine course to transition second year medical students to the clinical years. She is currently pursuing a Master of Health Professions Education at the University of Illinois at Chicago. As an investigator, Dr. Glick is particularly interested in physician education to improve teaching, learning and clinical care. She is currently conducting a systematic review of the literature to determine the outcomes of the flipped classroom and has developed a conceptual framework to better understand the flipped classroom model of instruction. She is also working on a project to assess self–directed learning.

Erica MacKenzie, MD
Resident (Internal Medicine)

Dr. Erica MacKenzie received her bachelor’s degree in Biology and International Studies from the University of North Carolina at Chapel Hill and her medical degree from the University of Chicago Pritzker School of Medicine. She stayed at the University of Chicago to complete her Internal Medicine residency training where she is currently a PGY–3.

Dr. MacKenzie’s research interests focus on long–term functional outcomes of ICU survivors. She presented a project at the American Thoracic Society 2016 conference on cognitive outcomes amongst ICU survivors who received early physical and occupational therapy. She is currently working on a project examining the long–term outcomes of adult respiratory distress syndrome (ARDS) patients who received non–invasive ventilation via helmet, a novel respiratory support device. Dr. MacKenzie also has a strong interest in medical education and has served as a teaching assistant for several medical student courses through the Pritzker School of Medicine.

Dr. MacKenzie has been selected to serve as chief resident after she completes her residency training next year. She then plans to pursue a fellowship in Pulmonary and Critical Care Medicine thereafter.

Jyoti Patel, MD – Professor (Hematology/Oncology)

Dr. Jyoti Patel received her medical degree from the Indiana University. She completed an Internal Medicine residency and chief residency at Northwestern–McGaw Medical Center, followed by a Medical Oncology fellowship at Sloan–Kettering Cancer Center and a Medicine fellowship at Weill Medical College of Cornell University. In April 2016, she joined the faculty of the Department of Medicine where she currently serves as Director of Thoracic Oncology, overseeing lung cancer clinical and research activities. She aims to develop personalized multidisciplinary treatments for lung cancer to effect better outcomes.

Laura Frye, MD – Assistant Professor (Pulmonary/Critical Care)

Dr. Laura Frye obtained her medical degree and completed her Internal Medicine residency training from the University of Kansas. She completed her Pulmonary and Critical Care fellowship and additional training in Advanced Lung Disease at the University of Pennsylvania and recently finished an Interventional Pulmonary fellowship at the Cleveland Clinic. Dr. Frye’s clinical research is focused on benign airway disease particularly on airway complications following lung transplantation and airway disease associated with rheumatologic conditions.
NEW FACULTY, CONTINUED

**Lauren Gleason, MD – Assistant Professor (Geriatrics/Palliative Medicine)**
Dr. Lauren Gleason is a graduate of the University of Buffalo School of Medicine and completed her Internal Medicine residency at the University of Rochester and fellowship training in Geriatrics at Beth Israel Deaconess (Harvard). She earned her master’s degree in Public Health, specifically in Clinical Effectiveness, from Harvard’s T.H. Chan School of Public Health. Prior to joining us, Dr. Gleason served as instructor in medicine in the Division of Aging at Brigham and Women’s Hospital. Dr. Gleason’s primary interests are in co–management, frailty, delirium, and polypharmacy in the geriatric population.

**Hae Kyung Im, PhD – Assistant Professor (Genetic Medicine)**
Dr. Hae Kyung Im received a master’s degree in Physics from the Balseiro Institute, Argentina and in Financial Mathematics from the University of Chicago, where she also proceeded to obtain a doctorate degree in Statistics. Dr. Im’s research centers on statistical methods that can be used to sift through the vast amounts of genomic and other high dimensional data, to understand the biological mechanisms that drive complex diseases with the ultimate goal of making discoveries that can be translated into improving the health of people. She focuses on methods that predict and dissect complex traits using data from multiple heterogeneous sources.

**Adena Rosenblatt, MD, PhD - Assistant Professor (Dermatology)**
Dr. Adena Rosenblatt received her medical degree and PhD in Molecular and Cellular Pharmacology from the University of Miami. She completed her pediatric internship at University of California San Francisco and is a graduate of our Dermatology residency program. She most recently completed her Pediatric Dermatology fellowship training at Northwestern/ Lurie Children’s Hospital. Dr. Rosenblatt’s goal is to build a comprehensive pediatric dermatology clinical practice, to teach residents and medical students, as well as pursue collaborative research projects.

**Jennifer Rusiecki, MD – Assistant Professor (General Internal Medicine)**
Dr. Jennifer Rusiecki received her medical degree from the Medical College of Georgia. She completed residency in Internal Medicine and a fellowship in Women’s Health at the University of Pittsburgh, where she also received a master’s degree in Medical Education. Dr. Rusiecki is interested in women’s health and patient–center communication. She plans to develop a women’s health curriculum for Internal Medicine residents and to teach shared–decision making and use of decision aids, using curricula that she has developed.

**Nitasha Sarswat, MD – Assistant Professor (Cardiology)**
Dr. Nitasha Sarswat received her medical degree from Northwestern University, and completed her residency training in Internal Medicine at New York University. This was followed by fellowship training in Cardiovascular Disease at the University of Medicine and Dentistry of New Jersey and in Advanced Heart Failure and Transplantation at Montefiore Medical Center and Massachusetts General Hospital. She has a particular expertise in cardiac amyloidosis, pulmonary hypertension, mechanical circulatory support and cardiac resynchronization therapy. She is interested in investigating ways to improve the treatment and management of heart failure.

**Catherine Bonham, MD – Instructor (Pulmonary/Critical Care)**
Dr. Catherine Bonham received her medical degree and completed residency in Internal Medicine at the University of Michigan. She then pursued a fellowship in Pulmonary and Critical Care Medicine at the University of Chicago. Her research focuses on determining how changes in some patients’ immune systems lead to pulmonary fibrosis and more effective diagnosis and treatment strategies for persons with pulmonary hypertension.

**Emily Curran, MD – Instructor (Hematology/Oncology)**
Dr. Emily Curran received her medical degree from Stanford University School of Medicine, and completed residency training in Internal Medicine at the University of Chicago. She served as Chief Resident in Internal Medicine at MacNeal Hospital before pursuing fellowships in Hematology/Oncology and Clinical Pharmacology/Pharmacogenomics. Dr. Curran’s research is focused on investigating mechanisms of immune resistance in leukemia. She utilizes murine models to identify therapeutic strategies to enhance anti–leukemia immunity, with the goal of translating these findings to clinical trials in humans.

**Cara Hrusch, PhD – Instructor (Pulmonary/Critical Care)**
Dr. Cara Hrusch received her bachelor of science from Kent University and her doctorate degree in Biomedical Science from the University of New Mexico Health Sciences Center. She then completed a postdoctoral scholarship here under the mentorship of Anne Sperling, PhD. She is currently investigating the role of type 2 immunity in the lung in the context of allergy, fibrosis, and acute injury. Her current research focus is acute respiratory distress syndrome (ARDS), where she is studying how the type 2 immune response can be activated in order to repair the damaged lung tissue associated with the disease.

**Vanessa Leone, PhD – Instructor (Gastroenterology, Hepatology & Nutrition)**
Dr. Vanessa Leone received a bachelor of science and a doctorate degree in Animal Science from University of Wisconsin–Madison. She then completed Postdoctoral Scholarship in the laboratory of Dr. Eugene Chang here at the University of Chicago and has recently been appointed as Pathways to Independence Instructor. Dr. Leone’s work examines the influence of the gut microbiome on complex disease development. The goal of her current studies is to determine how the diurnal patterns of diet–induced gut microbiota influence the host circadian system in the context of diet–induced obesity that could lead to development of new strategies to prevent and treat obesity.
Although some progress has been made, much work remains to enhance the benefits of diversity among students, faculty and staff at academic medical centers. Work must continue to increase the full and successful participation of women in all roles in academic medicine.

The percentage of permanent women department chairs (15%) and deans (16%) at U.S. medical schools remain low. Underrepresentation persists for full–time women associate and full professors (34% and 21% respectively) in academic medicine. Women make up a little more than one third (38%) of full–time academic medicine faculty.

Although the number of women applying to medical school (n=48,014) has increased since the last report in 2012, their proportion of the applicant pool (46%) has decreased. Recruitment and retention of a talented and diverse faculty for careers in academic medicine are crucial to the continued success of educational, clinical, and research environments in academic medical centers. The data in this report indicated that:

HONORS AND AWARDS, CONTINUED

University Appointments/Elections
Anne Sperling, PhD (Pulmonary/Critical Care) – Elected to University Senate
Helen S. Te, MD (Gastroenterology, Hepatology and Nutrition) – Appointed to UChicago Women’s Leadership Council

Biological Sciences Division (BSD) Elections, Honors and Awards
Eileen Dolan, PhD (Hematology/Oncology) – BSD Distinguished Educator/Mentor (Basic Sciences Award)
Gini Fleming, MD (Hematology/Oncology) – BSD Distinguished Clinician (Senior Award)
Emily Landon, MD (Infectious Diseases/Global Health) – BSD Distinguished Leader in Program Innovation (Junior Award)
Lisa Vinci, MD (General Internal Medicine) – Elected to Faculty Advisory Committee

Pritzker School of Medicine (PSOM) Appointments
Diane Altkorn, MD (General Internal Medicine) – Appointed as the PSOM Ombudsman

Department of Medicine 2016 Awards
Susan Glick, MD (General Internal Medicine) – Medical Resident Teaching Award
Olwen Hahn, MD (Hematology/Oncology) – Postgraduate Teaching Award
Patricia Kurtz, MD (General Internal Medicine) – Medical Resident Teaching Award
Bhakti Patel, MD (Pulmonary/Critical Care) – 2016 Parker B. Francis Fellowship
Wendy Stock, MD (Hematology/Oncology) – Arthur Rubenstein Mentorship Award
Esra Tasali, MD (Pulmonary/Critical Care) – Leif B. Sorensen Faculty Research Award
Helen S. Te, MD (Gastroenterology, Hepatology & Nutrition) – Outstanding Clinical Service Award
Mara Terras, MD (General Internal Medicine) – Patient Visit Productivity Award


**NEW GRANTS**

**Federal Grants**

Anna Birukova, PhD (Pulmonary/Critical Care) – R01 renewal: Microtubule–associated regulation of acute lung injury

Arlene Chapman, MD (Nephrology) – U01: Identifying genetic modifiers of severity in Autosomal Dominant Polycystic Kidney Disease and subcontract with the University of Kansas (P30): Kansas Polycystic Kidney Disease Research and Translation Core Center

Eileen Dolan, PhD (Hematology/Oncology) – Sub–award with Indiana University: Genetic Susceptibility and Biomarkers of Platinum–Related Toxicities and sub–award with St. Jude’s Children’s Research Hospital: Pharmacognomics of Childhood Leukemia

Megan Huisings–Scheetz, MD (Geriatrics & Palliative Medicine) – K23: Early Frailty Biomarkers: Patterns of Activity and Energy Expediture

Karen Kim (Gastroenterology, Hepatology & Nutrition) – Center for Disease Control: Cook County Colon Cancer Alliance to Reignite and Enhance Screening (Cook County CARES)

Olufunmilayo Olopade, MD (Hematology/Oncology) – Conference and Workshop on New Frontiers in diagnosis, screening and management of inherited cancer syndromes and K12 renewal: Developing an Oncology Workforce for the 21st Century

Anne Sperling, PhD (Pulmonary/Critical Care) – S10: Fluidigm CyTOF–2 Mass Cytometer and R21:Human Lung T cell subsets in Disease

**Non–Federal Grants**

Vineet Arora, MD (General Internal Medicine) – Value, Improvement, Safety, and Team Advocates (VISTA): Curriculum & Culture Change to Cultivate Physicians for the Future (American Medical Association)

Vineet Arora, MD (General Internal Medicine) & Jeanne Farnan, MD (Hospital Medicine) – Accelerating Change in Medical Education Grant to improve training in healthcare delivery sciences at Pritzker School of Medicine (American Medical Association)

Michelle Josephson, MD (Nephrology) – Preparing patients for a successful transplant by achieving weight loss (Gift Hope Organ & Tissue Donor Network & the IL Transplant Society).

Dana Edelson, MD (Hospital Medicine) – Identifying At–Risk Patients and Predicting Deterioration of In–Patients Using Continuous Heart Rate, Respiratory Rate, and Movement Monitoring (EarlySense)

Teresita Hogan, MD (Emergency Medicine) – Developing a National Collaborative to Improve Emergency Department Care of Older Adults (Hartford Foundation/American Geriatrics Society)

Rong Stephanie Huang, PhD (Hematology/Oncology) – Whole Genome Expression Based Drug Repurposing in Metastatic Breast Cancer (Avon Foundation)

**NEW GRANTS, CONTINUED**

Sonali Smith, MD (Hematology/Oncology) – A Combination of BTK and HSP90 Inhibition in Relapsed NHL/CLL (Lymphoma Research Foundation)

Teresita Hogan, MD (Emergency Medicine) – Developing a National Collaborative to Improve Emergency Department Care of Older Adults (Hartford Foundation/American Geriatrics Society)

Rong Stephanie Huang, PhD (Hematology/Oncology) – Whole Genome Expression Based Drug Repurposing in Metastatic Breast Cancer (Avon Foundation)

Sonali Smith, MD (Hematology/Oncology) – A Combination of BTK and HSP90 Inhibition in Relapsed NHL/CLL (Lymphoma Research Foundation)

**GENDER MATTERS…STILL**

Two decades later, gender salary disparity still persists


Salary inequities disadvantaging female faculty in academic medical careers compared to their male colleagues have been well described in the past 20 years. This article sought to determine whether gender inequities in faculty compensation have decreased or persisted over time. The authors conducted a 17–year follow–up to the National Faculty Survey that initially sampled full time faculty from 24 US medical schools in 1995. Covariates that were studied included race/ethnicity, retention in academic careers, department type, effort distribution, marital and parental status, academic rank, and the number of years since first academic appointment. Any leave or part–time status of >2 months were also analyzed.

### Table 3

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Model 1* Parameter estimate</th>
<th>Model 1* 95% Wald confidence limits</th>
<th>p value</th>
<th>Model 2* Parameter estimate</th>
<th>Model 2* 95% Wald confidence limits</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman</td>
<td>$–16,982$</td>
<td>$–32,954$ to $–3,010$</td>
<td>$&lt; .001$</td>
<td>$–35,991$</td>
<td>$–62,495$ to $–7,487$</td>
<td>$&lt; .001$</td>
</tr>
<tr>
<td>Race minority vs. white</td>
<td>$–3,342$</td>
<td>$–6,671$ to $–1,016$</td>
<td>$&lt; .001$</td>
<td>$–5,288$</td>
<td>$–10,317$ to $–717$</td>
<td>$&lt; .001$</td>
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<tr>
<td>Academic position</td>
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<td>$640,257$ to $661,596$</td>
<td>$&lt; .001$</td>
<td>$636,991$</td>
<td>$624,249$ to $647,733$</td>
<td>$&lt; .001$</td>
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<tr>
<td>Professor</td>
<td>$651,114$</td>
<td>$641,901$ to $660,327$</td>
<td>$&lt; .001$</td>
<td>$657,873$</td>
<td>$644,631$ to $671,110$</td>
<td>$&lt; .001$</td>
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<td>Department</td>
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<td>Basic sciences</td>
<td>$–14,910$</td>
<td>$–38,373$ to $15,553$</td>
<td>$&lt; .001$</td>
<td>$–16,486$</td>
<td>$–39,817$ to $6,440$</td>
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<td>$62,936$</td>
<td>$49,699$ to $75,973$</td>
<td>$&lt; .001$</td>
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<td>Surgical specialties</td>
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<td>$54,910$ to $69,024$</td>
<td>$&lt; .001$</td>
<td>$68,656$</td>
<td>$55,775$ to $81,561$</td>
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<td>Effort distribution, for each % increase in the category</td>
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<td>Clinical</td>
<td>$425$</td>
<td>$96,681$ to $879$</td>
<td>$&lt; .001$</td>
<td>$428$</td>
<td>$962$ to $872$</td>
<td>$&lt; .001$</td>
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<td>Teaching</td>
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<td>$–4,410$ to $–540$</td>
<td>$&lt; .001$</td>
<td>$–1,098$</td>
<td>$–563$ to $–635$</td>
<td>$&lt; .001$</td>
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<tr>
<td>Research</td>
<td>$–524$</td>
<td>$–888$ to $–161$</td>
<td>$&lt; .001$</td>
<td>$–553$</td>
<td>$–915$ to $–192$</td>
<td>$&lt; .001$</td>
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<td>Part-time or leave of absence</td>
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<tr>
<td>Intercept</td>
<td>$102,327$</td>
<td>$86,644$ to $154,011$</td>
<td>$&lt; .001$</td>
<td>$131,974$</td>
<td>$97,378$ to $166,569$</td>
<td>$&lt; .001$</td>
</tr>
</tbody>
</table>

Data sources: Longitudinal survey of faculty from 24 randomly selected medical schools in 1995, with follow–up data in 2012–2013 from survey. Table includes those faculty who were full–time employed at both the baseline (1995) and follow–up (2012–2013) surveys.

Model 1* adjusted for gender, race/ethnicity, academic setting, academic rank, department, and effort distribution. Model 2* adjusted for gender, race/ethnicity, academic setting, academic rank, department, effort distribution, marital and parental status, academic rank, and the number of years since first academic appointment. Any leave or part–time status of >2 months were also analyzed.

A total of 490 faculty participated in this study. In unadjusted analyses, women earned a mean of $20,520 less than men (p=0.03), translating to women making 90 cents for every dollar earned by their male counterparts. When adjusting for covariates, the difference was reduced to $16,982 (p=0.04), and to $15,159 (p=0.06) after adding the leave or part–time status.

The authors concluded that the continued gender gap in compensation can not be accounted for by metrics used to calculate salary. They recommended institutional actions to address these disparities be implemented, such as initial appointment and annual salary equity reviews, training of senior faculty and administrators to understand implicit bias, and training of women faculty in negotiating skills.
THE BALANCING ACT:
HOW DO WOMEN BALANCE ACADEMIC SUCCESS WITH HOME AND PERSONAL LIFE? WHAT ADVICE WOULD WOMEN GIVE OTHER WOMEN?

Shannon Martin, MD, MS
The Balancing Act: Clinician, Educator, Wife, Mother

Professional Accomplishments
Dr. Shannon Martin is an Assistant Professor of Medicine in the Section of Hospital Medicine. She is a 2011 graduate of the Internal Medicine residency program at the University of Chicago, and stayed on to complete a dual fellowship as a Hospitalist Scholar and in the Medical Education Research, Innovation, Teaching and Scholarship (MERITS) program while earning her master’s degree in Health Studies. Her clinical interests are in general internal medicine, in hospitalized patients, as well as perioperative consultative medicine. In July of this year, she assumed a new role as Associate Program Director for the Internal Medicine residency program, where her academic focus is on assessments in graduate medical education, clinical supervision in residency training, and improving trainee communication skills in consultative medicine.

Work Life Balance
My husband Michael and I welcomed our son, Harry, in May of 2015. He is now a happy, goofy 14-month old with a ton of energy and an amazing belly laugh that keeps us smiling every day. My husband is non–medical and thankfully has regular hours, which helps immensely in organizing our busy schedules. We share a nanny with a nearby family that has allowed us to have the flexibility of having a nanny as well as the wonderful ability for Harry to socialize with his little buddy. At home, we keep things running (mostly) smoothly by developing a fairly clear division of labor based on our strengths. Michael is the chef of the family, so he takes care of all the food prep and cooking, while I do bath time, books and bedtime with Harry. Since we both fail miserably at housekeeping, we outsource that as much as possible.

Advice to Women Faculty and Trainees
Plan ahead for rough patches. It is very predictable that when I go on service, much of my time and energy is dedicated toward my patients and my team. As a result, lots of other things tend to fall by the wayside – academic deadlines, writing, and housework. I try to proactively arrange my schedule to minimize extraneous meetings or busy work that is not time sensitive to keep my focus on my patients and my residents and students. And on the home front, we’ve found that when we take the extra effort to organize the house, stock the fridge and do the laundry before a busy block starts, it makes all the difference and helps us to feel semi–relaxed after work rather than chronically behind.

Utilize FaceTime PRN. I will never complain about having a baby who is an excellent sleeper (we are so lucky!), but it was on Harry’s terms – he established his bedtime at the early hour of 6pm during his first year! As a busy junior faculty member with occasional late meetings or shifts, I had to come to terms with the fact that there may be times where I barely see him. If I am still at the hospital or at another professional obligation, I try to duck out to take a minute and do FaceTime before he goes to sleep. Though certainly not a substitute for being home, it means the world to me to be able to see his little face every day, even if just for a few minutes.

Cut yourself some slack. We are all accustomed to being perpetual overachievers, but the first year of life with a new baby is just as rough as everyone says. I naively thought that after returning to work that my academic productivity would immediately resume to pre–baby levels. It took me quite some time to figure out how to adjust my expectations for realistically completing the items on my to–do list given the new demands on my time. Once I was a little more patient with myself, it felt a lot better to have a more doable and smaller list rather than have so many chronically unchecked boxes.

Remember the privilege of being a mother and being a doctor. On tough days where it seems like I can barely do either, I try to remember how lucky I am to have both of these roles. Though I may not always succeed, I try to be the best that I can in each role when I am present in that moment, even when it’s at odds with the other one. When taking 30 extra minutes to listen to a frustrated patient in the hospital or have an additional session with a struggling trainee means I might miss seeing my son that night, it’s not always easy to choose to do that, but it’s the right thing to do as a physician in that moment. There are so many people in the world that ache to be either one or both of these things, and I am tremendously grateful that I get to be both a physician and a mother.

Jessica Ridgway, MD
The Balancing Act: Clinician, Researcher, Wife and Mother

Professional Accomplishments
Dr. Jessica Ridgway is an Assistant Professor in the Section of Infectious Diseases & Global Health. She attended medical school at UCSF and completed both her Internal Medicine residency and Infectious Diseases fellowship at the University of Chicago. In addition to her clinical responsibilities, she is also a leader in the Infection Control Program as Associate Hospital Epidemiologist and an active researcher. Her research utilizes informatics and large electronic medical record databases to understand infectious disease epidemiology and to guide infection prevention.

Work–life Balance
My husband Bill and I have three kids, ages 5, 3, and 1. We also have a wonderful au pair who provides live–in childcare. We live in Hyde Park, allowing me an easy bike commute to work. One thing I enjoy about being in academics is the flexibility it allows, so I can attend my kids’ school picnics and ballet concerts, and make up for it by doing some work in the evening. I also feel incredibly fortunate to have a supportive section chief and co–workers. If one of my kids is sick or I have a last minute childcare issue, I can always find someone to cover my clinical duties for me. While some days balancing the demands of work and kids can be tough, I take comfort in knowing that I am providing an example for my children. My oldest daughter June recently told me that when she grows up she is going to be an artist, a doctor, a swim teacher, a yoga teacher, and a mommy — “because you can be lots of things when you grow up.”

Advice to Women Faculty and Trainees
Set professional and personal goals for both the long and short term. These goals can guide your daily “to do” list and help you prioritize what projects to work on and roles to accept.

When you have an important project to complete (e.g., a manuscript or grant application), I find it helps to set aside a large chunk of time, minimize distractions, and even seek out a change of venue. I get the most work done sitting in a coffee shop for several hours, not once opening my email or Epic inbox.

When career and/or home life gets busy and I start to feel burnt out, it helps me to remember why I went into medicine in the first place. As physicians, we have the unique opportunity to make a real impact in people’s lives when they are at their sickest and most vulnerable, which is an enormous privilege.
On April 26, 2016, the Department of Medicine Women’s Committee hosted Dr. Katrina Armstrong as a Grand Rounds speaker on “Disparities in Precision Medicine.” Dr. Armstrong is a Professor of Medicine at Harvard Medical School, Chair of the Department of Medicine and Physician-in-Chief at Massachusetts General Hospital. Before her Grand Rounds presentation, Dr. Armstrong attended Morning Report for the Internal Medicine Residency Program, where she served as the case discussant. Dr. Anisha Chandiramani presented the case, and Dr. Armstrong discussed many valuable teaching points on breast cancer screening & disparities.

FUTURE EVENTS

- **Speak for Success**, featuring Lori Klinka, Speaking Coach and Speaking and Acting Faculty, Columbia College, October 10, 2016, 12 to 1 pm, L–107
- **Department of Medicine New Women Faculty Reception**, October 26, 2016, at 4:30 pm to 6 pm, Center for Care and Discovery 7th floor foyer
- **Leading High Impact Teams**, featuring Leigh Thompson, J. Jay Gerber Professor of Dispute Resolution & Organizations, Kellogg School of Management, Northwestern University, January 23, 2017, 12 to 1 pm, Location TBA

WOMEN AT THE FOREFRONT

Michelle Martinchek, MD
Nicole Stankus, MD
Helen S. Te, MD
Annette Westerberg

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