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In considering the title for her talk at the Women in Medicine & Science Awards Luncheon at the AAMC Annual Meeting in November 2012, former American Bar Association president and partner in the law firm of Holland and Knight, Martha W. Barnett, noted the different message communicated by: "Gender Matters?", "Gender Matters!", or "Gender Matters."

***Stated another way: Does gender really matter in today's world? Yes, gender most definitely matters! Simply put: gender matters, period. End of discussion.***

In this issue of GWIMS Watch, our theme is gender equity. The 2011–2012 Benchmarking Report included in this issue highlights the persistent inequity in leadership roles in academic medicine, as does the [recent article](#) in the AAMC Reporter (Leigh Page).

The articles highlight approaches important to our next steps aimed at truly achieving gender equity. They emphasize awareness, strategic development, being a proactive sponsor, and the importance of institutional culture.

We are very pleased to introduce a new content area, "[Inspirations](#)," which will feature original contributions related to the humanities or the art of medicine. We invite readers to submit original narratives, poems, artwork, photography, or other expressions of creativity.

Most sincerely,

Rebecca Rainer Pauly, M.D., FACP  
Chair, AAMC Group on Women in Medicine & Science; Associate Vice President, Health Affairs, Equity & Diversity; Vice Chair, Department of Medicine, Medical Student Education;

## Advancing Women's Careers Through a Focus on Writing

### Why Should Writing Matter to Women in Medicine

*By: Regina Barreca, Ph.D., professor of English at The University of Connecticut. She is the bestselling author of eight books and editor of 17 others. She has lectured worldwide on women, humor, politics, and power. She writes regularly for several major media outlets. Her Web site is: <http://www.qinabarreca.com>*

What is the first thing physicians and other medical practitioners ask patients to do? Tell them a story.

Every time you ask someone, "What happened," "What's wrong," or "What brings you here today," you're proving that the ability to construct a narrative is essential.

Learning to master the art of writing, in all forms, is mastering the art of narrative and is therefore essential for any woman with a career in medicine.

Your skill, training, and knowledge have prepared you to act; you know how to handle events. But if gender equity, especially in governing,

policy-making, and organizationally significant leadership positions in medicine is to become a reality, women will also need to learn and practice the skill of explaining those events and justifying those actions—or proposals for future action—in writing.

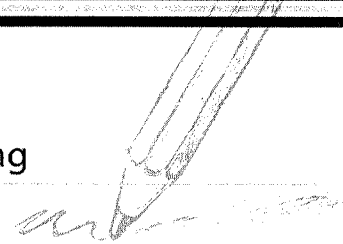
Learning to write well increases our ability to think well; it forces us to become aware of the need to put abstract impressions into specific language. In organizing our ideas and experiences and then putting them into words, we become adept at selecting the precise details necessary to convey our specialized knowledge of the patient, case, study, and subject. We learn to provide readers with a sense of proportion and context. We illuminate our understanding of the underlying principles.

The more effectively we learn to write, the sharper our powers of observation and articulation become; the more adroitly and persuasively we craft our arguments, the more convincing our point of view becomes. The more authoritative our position, the more reputable our position becomes in the profession.

Writing well is not easy, but it is simple: it's crucial to observe, listen, and structure the details coherently so that they reveal a pattern of significance that is discernible to others who were not present. The best writing reflects, although rarely insists upon, the writer's own perspective. With so much else professionally immediate and imperative to take in, soak up, and wade through, why should the study of writing matter to women in medicine?

To create an accurate and effective gauge of a situation, it's necessary to reduce it to a sequence without misrepresenting either its complexity or diminishing one's own distinctive viewpoint: in other words, it's important to tell your story about it. To be of consequence, every narrative you construct—from notes on a case, to letters, reports, articles, grant proposals, and books—should not merely be a catalogue with scattered pieces of information, it should, in contrast, be a meaningful chronicle.

A word, when used eloquently, should be like a scalpel: it should have an edge and leave an impression. When used efficiently by savvy and experienced professionals in any field, writing can also help to reveal, improve, heal, and discover. ♦



## New Section!

### Inspirations

This new section will feature original contributions related to the humanities or the art of medicine. We invite readers to submit original narratives, poems, artwork, photography, or other expressions of creativity.

### Life, Work, and Poetry

*Johanna Shapiro, Ph.D., Professor, Department of Family Medicine; Director, Program in Medical Humanities & Arts, UC Irvine School of Medicine*

In my generation, there was a saying, “The personal is the political.” It meant that nothing that happens to us as individuals is only about our small, singular lives; rather, our private lives also reflect and comment on events occurring on a larger stage. I would extend this to include the possibility that the personal can also be the academic, in the sense that what affects us in our personal lives can also profoundly influence how we engage as academicians and scholars. This was certainly true for me.

I have written elsewhere about several medical events that gave me “a brush with mortality.” (*The Inner World of Medical Students*, postscript, 2009; *Writing Rings around Death*. <http://www.litsite.org/index.cfm?section=Narrative-and-Healing&page=Perspectives&viewpost=2&ContentId=989>) Although initially I approached my situation as a technical glitch in the physical mechanism and diligently searched the scientific

literature for solutions, nothing I discovered there was in the least consolatory. It was only when I began reading (and ultimately writing) poetry about illness, doctors, and patients that I discovered both insight and healing. Poetry showed me the infinite possibilities embodied in things that once seemed implacably fixed by parameters of anguish.

These small, personal experiences ultimately led to my shifting my professional focus (for 15 years I worked as a behavioral scientist in academic family medicine) in the direction of the medical humanities. If I had developed such breadth and depth of understanding from literature and the arts, maybe they could teach my students as well to apply both a more critical and a more compassionate lens to health care interactions and relationships. I started by organizing a first-year elective, “Patients’ Stories/Doctors’ Stories,” in which three students were enrolled. It was one of the most wonderful and inspiring experiences of my life. Over the next 15 years,



that class expanded into elective and required curricula across all four years of my medical school training. Now I (and many of my physician colleagues) use theater, reflective writing, poetry, and the arts to help learners reflect on the human condition, the nature of suffering, and the role of the physician in modern society. I would like to think that they will be better doctors because of this work.

### Bach Cantata

*By: Johanna Shapiro, Ph.D., Professor, Department of Family Medicine; Director, Program in Medical Humanities & Arts, UC Irvine School of Medicine*

Maybe it was because a Bach cantata  
was playing in the background

I am on the pre-op surgical floor  
stashed away in a curtained cubicle  
awaiting my turn in the morning's surgical line-up

The cubicle next to mine  
is full

The same people are in it  
a husband caregiver  
and a wife

awaiting her turn in the morning's surgical line-up

The curtain divider  
is only a thin piece of cloth  
(it has yellow butterflies and green dragonflies  
on a blue background)  
and I can hear them chatting indistinctly  
a funny story about one of the grandkids  
(we are telling those too)  
a whispered endearment.  
They seem nice.

His wife is called first  
I see her wheeled past  
supine on the gurney  
her hands folded across her chest  
maybe in prayer  
maybe to prevent her elbows getting scraped  
as the team navigates the narrow corridors

For a moment suspended in time  
there is nothing more  
Then I see her husband  
walk past my cubicle  
He is alone  
I am alone  
(my husband is looking for coffee)

He hesitates, then makes eye contact  
and smiles at me  
Our eyes are full  
He doesn't stop, but continues to follow  
his wife  
wherever her new path will lead  
I am heartbroken  
Maybe it was the Bach cantata ♦

## Relevant AAMC Meetings

May 2–4, 2013

### Executive Development Seminar for Interim and Aspiring Leaders

AAMC  
Washington, D.C.

July 13–16, 2013

### Early Career Women Faculty Professional Development Seminar

The Inverness Hotel and Conference Center  
Englewood, Colo.

August 9–11, 2013

### Group on Faculty Affairs Professional Development Conference

Hilton Minneapolis  
Minneapolis, Minn.

September 20–23, 2013

### Minority Faculty Career Development Seminar

New Orleans, La.

November 1–6, 2013

### 2013 AAMC Annual Meeting

Philadelphia, Pa.

December 14–17, 2013

### 2013 Mid-career Women Faculty Professional Development Seminar

AT&T Executive Education and Conference Center  
Austin, Texas