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

RAISING PRITZKER SCHOOL OF MEDICINE TO GREATER HEIGHTS
AN INTERVIEW WITH HOLLY HUMPHREY, MD, MACP, RALPH. W. GERARD PROFESSOR IN MEDICINE AND DEAN FOR MEDICAL EDUCATION, PRITZKER SCHOOL OF MEDICINE, UNIVERSITY OF CHICAGO

In 2003, Dr. Holly Humphrey bid goodbye to a beloved clinical practice and residency program leadership to take the helm as Dean of the Pritzker School of Medicine (PSOM). It was a difficult decision to make, but one that she has never regretted. A University of Chicago lifer, she graduated with honors from PSOM in 1983, finished residency and chief residency in Internal Medicine, and completed a fellowship in Pulmonary and Critical Care. After a 14 year tenure as Director of the Internal Medicine Residency Program, she faced the challenge to take her alma mater, PSOM, from its US News and World Report ranking of 24th in the nation, back to the best in the US, where it had been during her medical school days.

Dr. Humphrey learned the elements of being a good doctor from the faculty and her peers at PSOM. When she accepted the position of Dean of Medical Education, she discovered that the solid foundations were still present at Pritzker, but they were not properly aligned. Her first step was to gather faculty, students, and staff to rewrite the Pritzker mission statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.” This statement formed the basis for the new curriculum ideas testing, which culminated in “The Pritzker Initiative: A Curriculum for the 21st Century.” This included the Scholarship and Discovery Program that created a 1:1 mentorship for every medical student, offering 5 distinctive tracks, ranging from basic research, clinical/translational research, global health, community health to medical education. Another step taken was the introduction of merit-based scholarships in addition to need-based scholarships. Additionally, the new Pritzker mission became a litmus test for new admissions, allowing students to align personal aspirations with it. These efforts have attracted the best of the best students from diverse backgrounds and propelled PSOM to the top 10 medical schools in the US by 2012.
In addition to revitalizing PSOM, Dr. Humphrey has launched numerous programs, including the Roadmap to Professionalism initiative to support and enhance the highest professional standards in the learning environment, the Pritzker Advising and Mentoring Societies in support of student life, and the Academy of Distinguished Medical Educators in support of faculty teaching and scholarship. She also created the MERITS Fellowship Program in medical education, and led the creation of the Bowman Society, which explores issues of health care disparities and provides mentoring for minority students, residents, and faculty. She is a prolific writer, has received numerous awards and has held numerous national leadership positions, including the Chair of the American Board of Internal Medicine and the President of the Association of Program Directors in Internal Medicine.

During Dr. Humphrey’s medical school days, women made up about 25% of the medical school students. At the present time, the gender distribution is practically even, a testament to more women seeking a career in medicine. As the total number of medical school applications increased, so has the proportion of female applicants. Of note, there has also been an increase in female doctors entering male-dominated specialties, likely largely due to the time limits placed on duty hours. As part of its curriculum, PSOM offers a summer program for an intimate group of female medical students, consisting of a skill-based leadership course that addresses public speaking, negotiations, leadership skills, strategic planning and the like.

The editors of Women at the Forefront (WF) sat with Dean Humphrey (HH) for a chat one afternoon, and here is part of the conversation:

WF: How would you describe a Pritzker medical student today?
HH: Today’s medical students in general have a realistic perspective of how to balance professional and personal lives. They aim for a balanced life that is healthy, and they are authentically connected to their purpose. They are also incredibly smart!

WF: What has been the impact of female doctors in the culture of medicine?
HH: Women are more likely to be the recipient of unprofessional behavior in medicine even up to the present time, but when women are in the field, they are more likely to call out unacceptable behavior. Women bring specific skills, talents, and observations that impact the entire group in a positive way.

WF: What part of your work do you love the most?
HH: Working at the juxtaposition of vulnerable young doctors and vulnerable sick patients gives me passion. This is my source of energy to be creative and to continue to move forward.

WF: What is your advice to women who seek leadership positions?
HH: I attribute the success of my entire career to my mentors, Arthur Rubenstein, MD, Larry Wood, MD, PhD and Jesse Hall, MD. I edited a book, “Mentoring in Academic Medicine” in 2010, where I devoted a chapter to “Lessons from My Mentor: Advice for Living and Learning in Academic Medicine.” Here are the lessons I learned, that I am also passing on as advice:

1. The secret of the care of the resident is in caring for the resident.
2. Confront the uncomfortable.
3. Correct misbehavior promptly and decisively.
4. Don’t take credit for other people’s work.
5. Motivate followers and create a team.
6. Show respect and kindness – for all.
7. Choose your words carefully and tend to the barometric pressure.
8. Know what to do when a colleague dies.
9. Manage faculty – their coming and their going.
10. Remember the primacy of family.

The Editors
Dr. Alexandra Dumitrescu received her medical degree from the University of Medicine and Pharmacy Carol Davila in Romania. She subsequently earned a doctorate in Human Genetics from the University of Chicago, where she also completed residency in Internal Medicine and a fellowship in Endocrinology. Dr. Dumitrescu is now a physician-scientist in the Section of Endocrinology, Diabetes and Metabolism, who studies the pathophysiology of thyroid diseases both ways - from phenotype to genotype and back to phenotype. This bidirectional approach allows a rapid application of the acquired insights from research into clinics and vice versa.

She studies inherited thyroid disorders, and has discovered the genetic cause for two new human syndromes. She identified a defect in the X-linked monocarboxylate transporter 8 (MCT8) gene, a transmembrane transporter of thyroid hormone. This defect results in a severe psychomotor and development delay in males known as Allan Herndon Dudley syndrome. This is the first inherited disorder of the thyroid axis in humans that has been linked to thyroid hormone transport into cells. To study the mechanisms underlying the complex phenotype of MCT8 defect, she generated a Mct8KO mouse model, which has become a useful research tool for ongoing studies in different laboratories. Recent studies with this model have led to the novel finding that thyroid hormone secretion from the thyroid gland is partially regulated by Mct8. A thyroid hormone analog, DITPA, has been shown to bypass the Mct8 defect and to improve parameters of thyroid hormone action in brain. This analog is currently used in several patients with MCT8 gene mutations, as trials of thyroid hormone treatment did not produce clinical improvement.

Dr. Dumitrescu’s investigations on another novel thyroid phenotype led to the identification of mutations in the selenocysteine incorporation sequence binding protein 2 (SBP2). This is the first report of mutations within the selenoprotein synthesis machinery. A fundamental defect in selenoprotein synthesis such as SBP2 deficiency is expected to affect an entire class of proteins acting on multiple physiological pathways. Thus, patients manifest a complex phenotype with congenital myopathy, developmental delay, sensorineural hearing loss, infertility, a metabolic phenotype and immune deficits. This discovery has received particular attention in the scientific community, as it revealed that inherited selenoprotein synthesis defects have consequences on growth and thyroid function at young age. New families with SBP2 mutations were later identified based on the unusual thyroid phenotype she described.

In her quest to answer the many questions raised by the diagnosis of patients with SBP2 deficiency, she created a mouse model of global Sbp2 deficiency that replicates the human syndrome. To bypass the early lethality of complete Sbp2 deficiency, she used a Cre-ER /loxP approach to generate tamoxifen-inducible Sbp2 null mice. This mouse model has allowed her to elucidate the mechanisms of selenoprotein-mediated pathology that lead to the development of the pathognomonic thyroid phenotype. As importantly, the thyroid hormone status of specific tissues play regulatory roles in the observed metabolic and muscular phenotypes of this disease, and the implicated tissues such as liver, adipose tissue and muscle are at the interface of this intricate cross talk. Dr. Dumitrescu’s research on the global Sbp2 deficiency mouse model offers a unique opportunity for the advancement of our understanding of the role of selenoproteins in thyroid hormone homeostasis and cellular metabolisms that are in turn, relevant to fundamental physiologic pathways and functions. This knowledge can then be translated next into clinically relevant information that can potentially change patient outcomes.

Dr. Mary Hammes received her bachelor’s degree from Winona State University and her medical degree from Texas College of Osteopathic Medicine. She completed residency training in Internal Medicine at Loyola University Medical Center, and fellowship in Nephrology at the University of Chicago Department of Medicine. She subsequently was recruited to the faculty in the Section of Nephrology, and has served as Medical Director of Woodlawn Dialysis Center since her appointment. In this role, Dr. Hammes has had the unique experience of following a cohort of in-center hemodialysis patients for over 20 years. She appreciates the struggles that this patient population endures, of which the most significant is placement and maintenance of vascular access. She has published studies that show the frequent occurrence of venous stenosis in the cephalic arch of patients with upper arm fistula access. This problem is difficult to treat, leads to access failure, and contributes to morbidity and mortality for this patient population. The search for better ways to prevent complications and loss of permanent access has led to research funding to improve the outcomes for patients with brachiocephalic fistula access.

Dr. Hammes is the recipient of an NIH R01 award, which has enabled the development of a team of expert access surgeons, interventional radiologists, bioengineers, and cardiologists to comprehensively carry out a clinical and translational plan to improve vascular access. The current investigation has shown that increased blood flow velocity leads to low wall shear stress through the curved cephalic arch with resultant decreased diameter of the vein and subsequent cephalic arch stenosis. Future direction includes a proposed clinical trial that will limit blood flow velocity after fistula maturation and before the onset of predicted cephalic arch stenosis.
**New Faculty**

**New Faculty**

**Arlene Chapman, MD (Nephrology)**

**Jeanne DeCara, MD (Cardiology)**

**Yu Ying He, PhD (Dermatology) – with tenure**

**Minoli Perera, PhD (Genetic Medicine)**

**Silvana Pannain, MD (Endocrinology, Diabetes & Metabolism)**

**Recent Promotions**

**Tenure**

Arlene Chapman, MD (Nephrology)

**Professor**

Jeanne DeCara, MD (Cardiology)

**Associate Professors**

Yu Ying He, PhD (Dermatology) – with tenure

Minoli Perera, PhD (Genetic Medicine)

Silvana Pannain, MD (Endocrinology, Diabetes & Metabolism)

**New Leadership Appointments**

**University**

Lucy Godley, PhD (Hematology/Oncology) - UChicago Director of the Chicago Biomedical Consortium
Although some progress has been made, much work remains to enhance the benefits of diversity among students, faculty and staff. 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 educational, clinical, and research environments in academic medical centers. The data in this report indicated that:


https://www.aamc.org/members/gwims/statistics/
GENDER MATTERS…STILL

Science Faculty’s Subtle Gender Biases Favor Male Students
Corinne A. Moss-Racusin, John F. Dovidio, Victoria L. Brescoll, Mark J. Grahama, and Jo Handelsman
PNAS 2012;109(41):16474-16479

There is a significant gender disparity within academic sciences that is often attributed to inherent biological sex differences, lifestyle or family choices, and women’s personal preferences. This article evaluates the role of faculty gender biases against women in academic science. In this double-blind study, 127 science faculty members from research-intensive universities rated the applications materials of a student randomly assigned a male or female name for a laboratory manager position.

Despite having identical application contents other than the student gender, there were differences found in the ratings of male and female students’ applications. Male applicants were deemed significantly more competent, more hireable, and were more likely to be mentored by academic faculty members than female applicants (Fig. 1). In addition, male students were also offered a significantly higher starting salary (Fig. 2). Faculty gender did not influence the bias, and female faculty participants did not rate the female student as more competent or hireable than did male faculty. Female applicant was less likely to be hired than the identical male because she was viewed as less competent overall. Preexisting subtle gender bias of the faculty participants undermined support for the female student, but was unrelated to perceptions and treatment of the male student. Overall, female applicants were more likeable than male candidates; however that did not translate into positive perceptions of competence, job offers, increased salary or career mentoring.

This study’s results suggest that interventions geared towards addressing faculty gender bias may be crucial in allowing an increase in the participation of women in science.

THE BALANCING ACT:
HOW DO WOMEN BALANCE ACADEMIC SUCCESS WITH HOME AND PERSONAL LIFE? WHAT ADVICE WOULD WOMEN GIVE OTHER WOMEN?

Neda Laiteerapong, MD
The Balancing Act: Clinician, Researcher, Educator, Wife, Mother

Professional Accomplishments
Dr. Neda Laiteerapong is an Assistant Professor in the Section of General Internal Medicine. She graduated from Boston University School of Medicine and the University of Chicago Internal Medicine Residency program, and completed a General Medicine Fellowship, during which she obtained a Masters of Science for Clinical Professionals. In 2014, she was appointed as the Associate Director of Clinical Outcomes for the Center for Translational and Policy Research of Chronic Diseases. Her research focuses on getting the right care to the right person at the right time in their lives. As such, she has an NIDDK K23 grant studying how to individualize treatments for patients with diabetes and improve mental health care for patients with chronic disease. She recently was awarded a UCM Innovation Award to improve and study the mental health care for patients receiving care in the Primary Care Group.

Work-Life Balance
Work-life balance exists on average in my life, but at any given moment, it feels like there is a preponderance of work-life imbalance. Probably the key to my work-life balance is having a supportive husband, who understands and respects my work. I am married to Dr. Mark Roberts, a hematopathologist at Ingalls Memorial Hospital, and we have two delightful, very busy children, ages 3 years and 9 months. We split the household duties: he cooks and runs errands; I do the laundry, the household organization, and the finances; and we both clean. We have excellent support, some of which we buy — an amazing in-home day care, cleaning service, Amazon Prime, Google Express, Peapod, and Stitchfix (clothing stylist). We are also lucky enough to live near my parents, who come and watch our children 1-2 days a week.

As the planner in the family, I’ve found that it's important to schedule time to make family time truly special. It's a scary fact that my children spend more wake time at daycare than with me. So every weekend, I make sure we are doing things that are important to us, most of which is spending time with each other, family, and friends.
Advice to Women Faculty and Trainees

1. Balancing what you want at work and life will be difficult, since you probably want many things. Therefore, develop skills to become more efficient. Read the book “Getting Things Done” by David Allen. It will teach you how to delegate, defer, delete, and do things more efficiently. Then read “Time Management from the Inside Out” by Julie Morgenstern, who will teach you how to respect the limits of time and your abilities.

2. Be present. Your email and Epic inbox will always be there and will always be filling up. When you are home, be with your family. When you are at work, be with your inboxes.

3. Wake up early or stay up late. When everyone’s sleeping, an espresso (coffee, tea, etc.) never tasted so good.

4. Ask for it! Read Linda Babcock and Sara Laschever’s book with this title if you don’t know how.

5. Understand that your situation is not as unique as you may think. Ask for help from your colleagues for the big problems (“How did you get that awesome grant?”) and small problems (“Who cleans your house?”). Life is easier if you don’t have to come up with all the solutions yourself.

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Milda Saunders, MD, MPH
The Balancing Act: Clinician, Researcher, Advocate, Wife and Mother

Professional Accomplishments

In my professional life, I am a hospitalist, a health services researcher, and a patient advocate. My research examines socioeconomic and health system barriers that prevent patients with CKD from receiving high quality care. I recently received an NIDDK K23 grant to develop a hospital-based patient education and referral program for patients with advanced CKD. I serve as a patient advocate within the Medical Center. I am the Living Donor Advocate Physician for the UCM Transplant Center. I see potential donors in clinic and work with a multi-disciplinary team to help them make an informed decision. I attend on the Clinical Ethics Service and serve as a Research Subject Advocate for the Institute of Translational Medicine.

Work-Life Balance

I am a wife and a mother to 2 children, ages 8 and 3. I grew up in Chicago, so my parents and extended family are here which provides wonderful opportunities to participate in family activities and to have additional support, but it also can add additional tasks and obligations. My husband, Seth, and I both work to keep our lives running smoothly. During weekdays we have a set routine with some wiggle-room for the unexpected. We also schedule couple time, family activities, and personal time. This is a work in progress. I try to remember that balance is an active process that changes over time.

Advice to Women Faculty and Trainees

1. Write each task down—then do it, delegate, defer, or delete it. As soon as I hear about a meeting, deadline, playdate, or family event, I put it on the calendar. Having daily tasks written down is important to getting things done. I also try to write down my short-term goals and long-term personal and professional goals. I took a Faculty Development course that advocated making a quarterly strategic plan. Seeing everything I need to do over a 3 month period helps me to realize when I am overcommitted. I can then plan for each of those things, even if it’s just acknowledging that they won’t get done soon (defer), should not get done (delete), or do not need to be done by me (delegate).

2. Make time for your significant other and yourself. My husband and I are fortunate to have a weekly date night courtesy of my mother who babysits. This is a time for us to catch-up—to tell our funny stories, talk over issues, or just spend time together. In addition, I carve out time for myself every evening to read, exercise, or shop online.

3. Look for the joy in the everyday. Sometimes in the midst of a busy day, it is hard to be present and acknowledge the little victories and joys.

4. Get by with a little help from your friends. I have received amazing support and advice from women who are in a similar situation and trying to figure it all out, women who have been in my situation and have figured it out, and people (men and women) who are just looking out for me. I have received important life advice while walking down the hall, sitting in Starbucks, or during parent pick-up.

5. Use Amazon Prime. They deliver all sorts of things to your house within 24 hours.
Resident Women in Medicine Kickoff Dinner

In August 2015, the Women in Medicine group from the Internal Medicine Residency Program hosted a kickoff dinner for the academic year at a Hyde Park restaurant. The event was designed to be an informal networking event and welcome for the year. Women from all residency classes were invited to participate. The event provided an opportunity to get together outside of the hospital setting and to reflect on the group’s goals for the academic year. The group discussed planning for future events such as leadership, career, and negotiations workshops, a morning report focused on Women in Medicine, and additional social events to promote mentorship opportunities.

Annual Janet D. Rowley Research Day 2016, featuring Elaine Mardis, PhD, the Robert E. and Louise F. Dunn Distinguished Professor of Medicine; Professor, Department of Genetics and Molecular Microbiology at Washington University School of Medicine, on “Cancer Genomics: Discovery to Translation,” March 1, 2016.


DOM Women’s Committee Professional Development Event, featuring Linda Ginzel, Clinical Professor of Managerial Psychology, University of Chicago Booth School of Business, on “Negotiation Workshop: Hone Your Skills,” April 1, 2016.

DOM Women’s Committee sponsored Grand Rounds speaker, Katrina Armstrong, MD, Chair of the Department of Medicine and Physician-in-Chief at Massachusetts General Hospital, on “Disparities in Precision Medicine,” April 26, 2016.

Combined University of Chicago and Northwestern Memorial Hospital Grand Rounds, featuring Laurie Glimcher, MD, Dean, Weill Cornell Medical College, May 17, 2016.

Luncheon with Rebecca Sive, author of “Every Day is Election Day: A Woman’s Guide to Winning Any Office, From the PTA to the White House,” who spoke on “Women Who Lead: What They Know and How They Do It,” cosponsored by Department of Medicine Women’s Committee and the BSD Office of Faculty Affairs, on September 25, 2015.

BSD Women’s Network luncheon with Karen Kim, MD and Melina Hale, PhD, who spoke on the Office of Faculty Affairs, on October 8, 2015.

BSD Women’s Network luncheon with Maryam Siddiqui, MD, Peggy Mason, MD, and Helen S. Te, MD, on Combatting Burnout: A Focus on Physician and Scientist Wellness, on January 15, 2016.