MEET ARLENE CHAPMAN, MD, PROFESSOR OF MEDICINE, CHIEF OF THE SECTION OF NEPHROLOGY AND DIRECTOR OF THE CLINICAL RESOURCE CENTER

On March 30, 2015, Dr. Arlene Chapman arrived at University of Chicago, Department of Medicine, as Chief of Nephrology and Director of the Clinical Resource Center. Dr. Chapman is a graduate of the McMaster School of Medicine and completed her internal medicine residency and nephrology fellowship at Georgetown University School of Medicine. She then pursued a year of clinical research fellowship at the University of Colorado School of Medicine, where she stayed on as a faculty member for 9 years. Thereafter, she moved to Emory University for the next 17 years, where she became the director of the Hypertension and Renal Disease Research Center and the Clinical Research Network of the Atlanta Clinical and Translational Science Institute.

Her professional life has been multifaceted, encompassing clinical practice, research, education, leadership and administration. Her early research work focused on the physiology of the kidney during pregnancy. Later, she investigated genetic factors that governed response to antihypertensive agents. With continuous NIH funding over the past 18 years, she has focused on measurement of disease progression early in the course of autosomal dominant polycystic kidney disease (ADPKD) through MR imaging. These efforts are paving the way for novel therapies to be tested in this disease. She is an active member in many federal review and advisory committees, and has sat on editorial boards of prominent medical journals. A testimony to her teaching skills is the fact that she has been a two-time recipient of the Emory’s Golden Apple Teaching Award.

The editors of the Women at the Forefront (WF) chatted with Dr. Chapman (AC) to discuss her career and her perspectives on the challenges of women in academic medicine.
WF: How would you summarize your career path in academic medicine?
AC: One has to have a long-term vision and accept that delayed gratification is often necessary. I measure my accomplishments not in years, but in decades. I spent the first decade of my career in Denver, under the mentorship of nephrology giants, Dr. Robert Schrier, Dr. Patty Gabow, and Dr. Stuart Linas. I spent the last 16 years at Emory establishing a PKD center of excellence. One of the things I learned from Dr. Gabow, who was one of the earliest female nephrologists of national prominence, was that having a productive academic career and raising a family are never separate from each other. It is important to take the pressure off one’s career while raising small children, and resume the pace once the children have grown.

WF: What are the challenges that women seeking leadership roles in academic medicine commonly encounter?
AC: There is paucity of women role models in academic leadership, and finding mentors is more difficult for women than men. Also, through early acculturation and societal norms, tackling career advancement may come more naturally to men. Men know how to negotiate, and they may be better received when doing it. Women have had work negotiation experiences over fewer generations and I think are just now becoming comfortable with negotiations. I think it is also fair to say that in the work culture, the behavior of men in negotiations is perceived more positively than similar behavior in women, i.e., are we proactive or pushy? Actually, motherhood teaches strong negotiation skills, and transferring these skills to the workplace is a wonderful strategy.

Career paths for men and women may differ whether they raise a family or not. Family or elder care responsibilities require that women have had work negotiation experiences over fewer generations and I think are just now becoming comfortable with negotiations. I think it is also fair to say that in the work culture, the behavior of men in negotiations is perceived more positively than similar behavior in women, i.e., are we proactive or pushy? Actually, motherhood teaches strong negotiation skills, and transferring these skills to the workplace is a wonderful strategy.

WF: Was it complicated to move your family here, and when is a good time to do it?
AC: Having a supportive spouse and moving when the kids are just at the right age are really important. Our youngest daughter is a rising high school senior, and she is ready for the challenge of meeting new classmates and trying out college-like life in a way, and still have the backup of coming home every night. Our middle daughter is an undergraduate student here at the University of Chicago, which made the decision to move even easier.

WF: How would you describe a successful section?
AC: Section members have to be proud of themselves and their section. Great sections thrive on goals and inner energy, which help them move forward despite challenges encountered along the way.

WF: What can you share about yourself outside of work environment?
AC: I was a squash player and runner, and an injury led me to discover Bikram Yoga. I am delighted to find great trainers in Chicago!
As a physician-scientist with both research and clinical responsibilities, Dr. Lucy Godley seeks to understand disease on a molecular level and to bring that perspective to the care of her patients. Her laboratory is studying the molecular drivers of the abnormal DNA methylation and 5-hydroxymethylcytosine (5-hmC) patterns that characterize cancer cells, which has demonstrated the critical role that these modified cytosines play in the normal differentiation of the hematopoietic stem cell. The balance of 5-methylcytosine (5-mC) and 5-hmC is disrupted in a variety of myeloid malignancies with mutations in TET2, IDH1/2, and WT1, all of which result in global hypermethylation.

Covalent cytosine modifications are a central component of the cellular hypoxia response. Hypoxic conditions are associated with a variety of physiologic responses, some of them mediated by epigenetic changes, including alterations of 5-mC. Her lab team unexpectedly found hypoxic conditions caused a dramatic increase in 5-hmC in aggressive neuroblastomas, with gains across the gene bodies of many genes transcriptionally induced by hypoxia. This demonstrates that the tumor microenvironment provides important signals that mediate some of the epigenetic alterations seen in tumor cells.

Dr. Godley’s team has investigated the use of aberrant cytosine modification distributions to predict chemotherapy response in patients with acute myeloid leukemia and with different ethnic background. They also studied gliomas, where the expression of O6-methylguanine-DNA-methyltransferase (MGMT) is associated with resistance to temozolomide. Here, they demonstrated that pretreatment with decitabine, an FDA-approved hypomethylating agent, lowered cytosine modifications across the MGMT gene body. This approach can lead to potential pre-treatment of glioma patients who lack MGMT promoter methylation with decitabine, a change that would constitute a major advance in the treatment of brain tumors.

Familial predisposition to solid tumors is a central component in the clinical evaluation of breast, ovarian, and GI malignancies. Her team has enrolled more than 300 families with hematopoietic malignancies into a research protocol where normal skin fibroblasts as well as samples of affected peripheral blood and bone marrow have been collected and stored. They can now determine the predisposition allele in about 10% of individuals/families. This work has led to the proposal for the inclusion of germline predisposition by the WHO in its new classification scheme of hematopoietic malignancies.
NEW FACULTY

Arlene Chapman, MD – Professor of Medicine, Section Chief (Nephrology)
See cover story.

Audrey Tanksley, MD – Assistant Professor of Medicine (General Internal Medicine)
Dr. Audrey Tanksley received her medical degree from Southern Illinois University School of Medicine, and completed her residency in general internal medicine at University of Illinois at Chicago/Advocate Christ Medical Center where she also served as chief resident. She then pursued a two year medical education, research, innovation, teaching and scholarship (MERITS) fellowship at the University of Chicago. Dr. Tanksley’s academic interests include healthcare disparities, communication, professionalism and resident supervision. She has worked on improving patient safety through resident supervision in the ambulatory environment, and she is currently conducting an analysis of a novel curriculum that teaches residents how to obtain informed consent using a culturally sensitive approach.

Joyce Tang, MD – Assistant Professor of Medicine (Hospital Medicine)
Dr. Joyce Tang received her medical degree from our own Pritzker School of Medicine, and completed her residency in internal medicine at the University of Chicago. She served as a chief resident in internal medicine at McNeal Hospital before pursuing a fellowship in health care studies at Northwestern University, where she also received a master’s degree in public health. She is interested in developing patient-centered approaches to improve population health. Her research focuses on understanding how primary care providers and healthcare systems can: 1) prevent the development of chronic diseases, with a focus on the identification and counseling of patients who are at increased risk (i.e., patients who are overweight, who have gestational diabetes, or prediabetes), and 2) prevent the development of complications among medically complex patients. Her research integrates both quantitative and qualitative methods to understand the perspectives of patients, providers, and other stakeholders.

Kimberly Trotter, MD – Assistant Professor of Medicine (Rheumatology)
Dr. Kimberly Trotter is a graduate of the University of Maryland before coming to the University of Chicago for residency in internal medicine. She stayed on for a fellowship in rheumatology, and has now joined the faculty as an assistant professor of medicine. She is interested in teaching medical students and residents and fellows, and she conducts joint injection workshops to train medical residents in this procedure. Her research interest is in systemic lupus erythematosus, where she is conducting her own investigator-initiated research and participating in multi-center clinical trials that evaluate drug management of lupus. She is also co-managing the University of Chicago Lupus Database.

Bhakti Patel, MD (Pulmonary/Critical Care)
Dr. Patel earned her medical degree at the University of Michigan and completed her internal medicine residency, chief residency, and fellowship in Pulmonary/Critical Care at the University of Chicago. Her translational research aims to illuminate the mechanisms by which early mobilization in the intensive care unit improves insulin resistance in critical illness, and as a result, prevents neuromuscular weakness. Her long-term goal is to identify patient care interventions that mitigate the complications of critical illness and elucidate the mechanism of their benefits, bringing her observations at the bedside back to the bench to identify potential therapeutic targets.

RECENT PROMOTIONS

NEW PROFESSORSHIP – ANJULI SETH NAYAK PROFESSOR IN LEUKEMIA
Wendy Stock, MD (Hematology/Oncology)

PROFESSOR
Shalini Reddy, MD (Hospital Medicine)

ASSOCIATE PROFESSORS
Esra Tasali, MD (Pulmonary/Critical Care)
Ann Zmuda, DPM (Endocrinology, Diabetes and Metabolism)

ASSISTANT PROFESSOR
Sushila Dalal, MD (Gastroenterology, Hepatology & Nutrition )

NEW LEADERSHIP APPOINTMENTS

Regional
Julie Oyler, MD (General Internal Medicine) – President-elect for the Midwest Society of General Internal Medicine Regional Leadership Board

University
Eileen Dolan, PhD (Hematology/Oncology) – Council of the University Senate

BSD
Shalini Reddy, MD (Hospital Medicine) – Faculty Advisory Committee Member, Patient Care / Training Category
Mary Strek, MD (Pulmonary/Critical Care) – Faculty Advisory Committee (Alternate) Member, Patient Care / Training Category
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 continued excellence of the educational, clinical, and research environments in academic medical centers. The data in this report indicated that:

NEW GRANTS, CONTINUED

Deborah Burnet, MD (General Internal Medicine) - Human Resources and Services Administration: LUCENT: Leadership for Urban Primary Care Education and Transformation

Kate Thompson, MD (Geriatrics and Palliative Medicine) – Human Resources and Services Administration: Geriatrics Workforce Enhancement Program

Jane Churpek, MD (Hematology/Oncology) - K08: Defining the Role of BRCA1 in Hematopoiesis

Milda Saunders, MD (Hospital Medicine) K23: Patient Referral and Education Program prior to Renal Replacement Therapy (PREP RRT)

Jessica Ridgway, MD (Infectious Diseases) – Subcontract with NorthShore: Anti-infective stewardship using the Wisca tool in the electronic medical record

Anna Birukova, MD (Pulmonary/Critical Care) – R01: Microtubule Control of Septic Inflammation

Anne Sperling, PhD (Pulmonary/Critical Care) – T32: Research training in respiratory biology

Non-Federal Grants

Lucy Godley, MD (Hematology/Oncology) - Mapping the regulation of Wnt signaling with β-Cat-elenon (Cancer Research Foundation) and Identifying germline mutations in young patients with myelodysplastic syndromes (Wells Fargo)

NEW GRANTS, CONTINUED

Olufunmilayo Olopade, MD (Hematology/Oncology) – Genomics, metabolomics and epigenetic regulation in breast cancer (Falk Medical Foundation)

Vassiliki Saloura, MD (Hematology/Oncology) - The role of WHSC1-mediated histone H1 methylation in squamous cell carcinoma of the head and neck” (Cancer Research Foundation)

Rochelle Naylor, MD (Endocrinology, Diabetes and Metabolism) - Increasing diagnosis of Maturity-Onset Diabetes of the Young (MODY) in Racial Minorities (Goldenberg Foundation)

Mai Pho, MD (Infectious Disease) – Patient-focused modeling for hepatitis C (Central Society for Clinical and Translational Research)

Maria-Luisa Alegre, MD, PhD (Rheumatology) – Reduced avidity endogenous graft-specific T cells in transplantation tolerance (American Heart Association)

Fotini Gounari, PhD (Rheumatology) – Mapping the regulation of Wnt signaling with β-Cat-elenon (CCT Searle Funds)

Monica Peek, MD (General Internal Medicine) – Shared Decision-Making Among Vulnerable Populations: The Confluence of Bioethics, Health Disparities and Medical Decision-Making (Greenwall Foundation)

Stacie Levine, MD (Geriatrics & Palliative Medicine) - Hospice and Palliative Medicine Fellowship Program (Coleman Foundation)

GENDER MATTERS…STILL

The Effect of an Intervention to Break the Gender Bias Habit for Faculty at One Institution: A Cluster Randomized, Controlled Trial

Molly Carnes, MD, MS, Patricia G. Devine, PhD, Linda Baier Manwell, MS, Angela Byars-Winston, PhD, Eve Fine, PhD, Cecilia E. Ford, PhD, Patrick Forscher, Carol Isaac, PT, PhD, Anna Kaatz, PhD, MPH, Wairimu Magua, PhD, Mari Palta, PhD, and Jennifer Sheridan, PhD

Academic Medicine 2015; 90:221-230

Despite attempts to bridge the gender gap, ingrained unconscious gender bias in personal interactions, evaluation process and institutional cultures continues to impede women’s career advancements in medicine and science. These authors conducted a pair-matched, single-blind, cluster randomized, controlled study at University of Wisconsin-Madison, where 46 experimental departments were offered a gender-bias-habit-changing intervention in a 2.5 hour workshop, while 46 other departments served as controls. Implicit gender/leadership bias was measured, and participants were surveyed on gender bias awareness; motivation, self-efficacy, outcome expectations to reduce bias; and gender equity action. The faculty also completed a work-life survey before and after all the interventions were completed.

The study reported significantly greater improvements following intervention in the experimental group than the control group on several measure outcomes, including self-efficacy to engage in gender-equity-promoting behaviors (p=0.013). When a critical mass of at least 25% of a department’s faculty attended the workshop, there was a significant increase in self-reported action to promote gender equity at three months after the intervention (p=0.007). Finally, faculty in the experimental departments expressed better perceptions of fit (p=0.024), valuation of their research (p=0.019), and comfort in raising personal and professional conflicts (p=0.025).

The authors concluded that an intervention that promotes an intentional change in behavior can help break the ingrained gender bias habit and improve departmental climate in ways that should be favorable to the career advancement of women in academic medicine, science and engineering.

Table 3

<table>
<thead>
<tr>
<th>Variable</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>p-value</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
<th>p-value</th>
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<td>1st</td>
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<td>0.01</td>
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<td>Bias</td>
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<td>Environmental bias</td>
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<td>0.03</td>
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<td>Motivation</td>
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<td>Internal</td>
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<td>0.08</td>
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<td>GE self-efficacy</td>
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<td>GE outcome expectations</td>
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<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.012</td>
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</tbody>
</table>

Abbreviations: 1st indicates first assessment; GE, gender equity.

* p < 0.05.
** p < 0.01.
*** p < 0.001.

* All models were adjusted for gender and rank.
** All models for all assessments were adjusted for gender, rank, and the general health index.
*** All models for all assessments were adjusted for gender, rank, role, and the general health index.
THE BALANCING ACT:
HOW DO WOMEN BALANCE ACADEMIC SUCCESS WITH HOME AND PERSONAL LIFE? WHAT ADVICE WOULD WOMEN GIVE OTHER WOMEN?

Aisha Sethi, MD

The Balancing Act: Clinician, Educator, Wife, Mother

Professional Accomplishments
Aisha Sethi, MD is an Associate Professor of Medicine (Dermatology) whose clinical interest is in tropical and traveler’s dermatology, as well as global infectious diseases with dermatologic manifestations. She addresses global access to medical care, and collaborates with educational institutions in developing countries to improve the availability and quality of medical training and dermatologic therapies. Dr. Sethi serves as volunteer liaison of the American Academy of Dermatology (AAD) to the Regional Dermatology Training Center in Tanzania, and is a member of the President’s Circle of the Chicago Council for Global Affairs. She is also a member of various national dermatology societies.

Work Life Balance
At home, I am a mom to a beautiful 15 month-old baby girl, Aliya Sofia, whom we adopted last year. She is the joy of our lives and it’s such a treat to go back home from work and be greeted with absolute delight when she sees us enter through the door. I also have two adorable stepsons, Sami, who is 9, and Nabeel, who is 6; they come and spend the summer, spring and winter breaks with us. My in-laws live nearby which is a blessing - juggling clinic workload, sometimes rushing home to be back in time to relieve the nanny and coordinating daily “things to do” with my husband, Shaad, are a near everyday ritual. I am very blessed to have a husband who is very supportive of my career aspirations and is a very involved father. I also had a foot injury this last year, which forced me to take a pause and reflect on my work/life balance and see how family members and work colleagues are such blessings when they came together and supported me in difficult times.

Advice to Women Faculty and Trainees
Read the article “Why women still can’t have it all” by Anne Marie Slaughter in “The Atlantic”. It was eye opening for me, and does such a stellar and honest job of explaining the choices and struggles high-achieving women face. Here is the link: http://www.theatlantic.com/magazine/archive/2012/07/why-women-still-cant-have-it-all/309020/

Otherwise, my advice is that support each other at the workplace strongly and vocally as women, make yourself heard and listened to at work and at home, don’t take on too much on your plate, and prioritize well (and if you have a partner, make sure they are involved with your home/career decisions). And last, but not least, take out quality time just for ‘you’! You deserve it - do something fun just for yourself every week and consider it a time out for reflection and rejuvenation. I was once at a talk on women’s issues in Africa given by the ex-President of Malawi, Joyce Banda, who is quite an amazing lady, and she said, “To all of you men in the crowd, beware of the power of us women! You just for “you”! You deserve it - do something fun just for yourself every week and consider it a time out for reflection and rejuvenation. I was once at a talk on women’s issues in Africa given by the ex-President of Malawi, Joyce Banda, who is quite an amazing lady, and she said, “To all of you men in the crowd, beware of the power of us women! You

Amita Singh, MD

The Balancing Act: Fellow trainee, Wife and Mother

Professional Accomplishments
Amita Singh, MD is a fellow in the Section of Cardiology at the University of the Chicago. She completed her internal medicine and chief medical residencies at NYU Hospital Centers, as well as a fellowship in cardiovascular disease prevention before arriving at the University of Chicago to pursue her cardiology training. She was the chief fellow for the cardiology fellowship in her second year. Now in her third year of fellowship, she plans to complete an advanced imaging fellowship here with multi-modality training in echocardiography and cardiac CT and MRI.

Work Life Balance
In the midst of my busiest year of fellowship, I became pregnant with my first child. As happy as I was, I felt anticipatory anxiety on how this would impact my career after investing years into training. While the busy work days (and call nights) were a challenge during pregnancy, they went by quickly, and our son Leo arrived healthy and happy in February 2015. I am still learning how to navigate being a mother and a full-time physician; truthfully, some days are more difficult than others. Balance is never a perfect 50-50 split per day, and though life seems more complicated with my new role, there is also more joy in it now. Although guilt about the demands of my job lurks in the back of my mind, I derive a great deal of intellectual and personal satisfaction from caring for my sick patients. Maintaining that dimension to my life makes me a more empathic and well-rounded parent and spouse at home. I am fortunate to have a husband who understands the demands of medicine, and the means to afford full time childcare, which alleviates some of the stress of daily life. On difficult days, I remind myself that trying to be a good parent and a good physician sets an example for Leo, showing him that it is important to build my career and make contributions to the world around him.

Advice to Women Trainees
1. Whatever you choose to do in life, it is rarely easy; this is not a reason to avoid pursuing what you want. This holds true for personal and professional choices. I initially shied away from cardiology because it was so male-dominated, and how would I ever fit in as a woman? I thought it would be wise to defer starting a family during training because I worried - would it detract too much from my work? But my accomplishments as a female trainee have taught me to follow my ambition, and becoming a parent during fellowship has taught me I am tougher than I gave myself credit.
2. Seeking out advice – practical and personal – from female attendings in my section was an immense help. There are other women who have come before you and faced these challenges! Use their wisdom, it can save you a lot of stress and create a support network when you need it most.
3. Working in a predominantly male world can be a challenge, but I would encourage women to avoid the temptation to “fit in” or gain “credibility” by conforming to a certain behavior (however that may be defined in your field). Part of feeling fulfilled and happy at work is by doing so while being yourself.
4. Learn to delegate, whether at work or at home. Trying to be the person who “does it all” is a set up for feeling overwhelmed. Building ways for others to help you – whether they are a spouse, co-worker, or nanny – involves letting go of control, but will allow you to achieve a more balanced lifestyle.
DOM Morning Report: The Challenges of Women in Medicine
by Karen Dugan, MD (Fellow, Pulmonary/Critical Care)

As I advance further into my residency, I realized the prevalence of implicit bias against women in medicine. Psychologists Hancock and Rubin showed that in everyday communication, women are interrupted more often than men – a pattern that I also noticed during our morning report. I wanted to find a way to discuss this type of bias that is oftentimes difficult to explain to my male friends and colleagues. So at the end of my third year of residency, I decided to have a discussion-based morning report with Dr. Julie Oyler, in which both female and male residents discussed topics regarding issues facing women in medicine. These included:

• the frequent interruption of women over men in verbal communications

• the likeability penalty: likeability and success are positively correlated for men but negatively correlated for women

• the lack of women full professors and the perceived ambition gap: only 20% of section chiefs in the department of internal medicine are women at University of Chicago Medicine

• the confidence gap: women sound less sure of themselves even when they know they are right, as compared to men when they think they could be wrong.

Overall, the morning report brought about good discussion amongst my female and male colleagues regarding some of the difficulties that women face in medicine, as well as ways to overcome them.