NOT ON A SCHOOL NIGHT, OR THE PATH TO LEADERSHIP

FEMALE MED STUDENTS WONDER WHAT’S NEXT FOR THEM

BY HATTIE FLETCHER
ally Carty's first reaction on being invited to talk about women leaders with University of Pittsburgh medical students at a recent dinner program was, "But that's a school night!" Carty, Pitt professor of surgery and UPMC section head for endocrine surgery, is also the mother of a 9-year-old.

"I'm ruthless about my schedule," she told the aspiring surgeons who had gathered at her table to hear her advice.

The freewheeling dinner conversation was proof (if anyone really needed proof) that women still struggle to balance work and family in the effort to "have it all." "Because that's the thing, right?" Carty said, leaning forward intently. "You want to figure out a way to do both well." She observed that the vast majority of women surgeons marry other surgeons: "You want to be able to discuss your work with your spouse. And also, it's just such a weird lifestyle."

"Women in Medicine: Discovering Your Path to Leadership," presented by Pitt's branch of the American Medical Student Association, was a chance for female med students to chat with Carty and approximately two dozen other women—including deans and department heads—about the experiences and decisions that have shaped their careers.

Anne Docimo, the chief medical officer of UPMC Health Plan and medical director of corporate care management for UPMC, was also at Carty's table. "Hi," Carty said, introducing herself. "I'm Hope's mom." The two had never met but knew of each other through their children as well as their professions.

An evening with professional women talking about their kids and husbands might not have been what the students had anticipated. In that respect, the evening was instructive, especially for the first- and second-year students, many of whom are single and focused primarily on the work part of the work-family equation. They were interested in picking up pointers, sure, but most of the talk around the appetizer buffet concerned first blood draws and the first big test. Indeed, as members of classes that are at least half women, students might have been excused for thinking, as one student later admitted she had, that "nothing more needs to be done" and that all she would need to do to succeed would be to follow the path forged by women who came before her.

"As an epidemiologist," said keynote speaker Kathy Helzlsouer (MD '79), "I get nervous about focusing on one story, but as a clinician, I know there's a lot to learn from a case history."

Helzlsouer's "case history" provided reminders of how much medicine has changed in a relatively short period of time. Director of the Prevention and Research Center in the Women's Center for Health and Medicine at Mercy Medical Center in Baltimore and formerly a professor of epidemiology and oncology at Johns Hopkins University (where she was one of only three women to hold that title in an epidemiology department of more than 80 faculty), Helzlsouer remembered being asked in a medical school interview (not at Pitt). "Why should I give a space to you? You'll just get married and have babies and drop out." When applying for a fellowship she decided, though not married or planning to become pregnant at the time, to ask about the maternity leave policy. The answer: "We've never thought about that."

Of course, much has changed in the past 30 years. Women still struggle to time their maternity leaves well, but they can generally assume that policies are in place.

In fact, students' questions and comments during a panel discussion following Helzlsouer's "case history" provided reminders of how much medicine has changed in a relatively short period of time. Director of the Prevention and Research Center in the Women's Center for Health and Medicine at Mercy Medical Center in Baltimore and formerly a professor of epidemiology and oncology at Johns Hopkins University (where she was one of only three women to hold that title in an epidemiology department of more than 80 faculty), Helzlsouer remembered being asked in a medical school interview (not at Pitt). "Why should I give a space to you? You'll just get married and have babies and drop out." When applying for a fellowship she decided, though not married or planning to become pregnant at the time, to ask about the maternity leave policy. The answer: "We've never thought about that."

"Do you have any advice about how we can help men support us in our careers and our efforts to become leaders?" asked Otuodita "Enyinne" Ejiasa (Class of '09), one of the program organizers.

"Maybe it's idealistic of me," Ejiasa said later, "but men are our colleagues, too, and it seems like it would be easier to get the things we need or want with their help." The chief planner for next year's event, it should be noted, is Matthew Stull (Class of '10), who organized this year's meeting with Ejiasa.

"I hope to bring more males around to understand that gender equity in medicine is not just a problem women should face alone," he said.

Women still lag significantly behind men in attaining full professorships, administrative positions, chairs, and directorships at academic medical centers nationally. That small number is due, in part, to women's relatively recent entry into academic medicine, said Ann Thompson, Pitt professor of critical care medicine and pediatrics and associate dean for faculty affairs in the School of Medicine. But the rate of increase is lower than the number of women in medicine would suggest. Additionally, she said, the number of women reaching the rank of professor is particularly low.

At Pitt, 40 percent of assistant professors are women; for associate and full professors, the percentage drops to 30 and 20, respectively—numbers almost perfectly in line with national trends, Thompson explained.

Since his arrival at Pitt in 1998, Arthur S. Levine, dean of the medical school and senior vice chancellor for the health sciences, has established several initiatives to support women's professional development. Five women now chair departments (none had previously in the school's 120-year history). He has also changed the tenure-track system for clinicians, making it more transparent, flexible, and realistic for women to advance.

In recent years, Pitt has provided more networking opportunities, including a Sunrise Series for junior women fellows and faculty), a Women in Surgery group (at the last meeting, Carty told her table with pride, no one talked about men at all, for the first time ever), and events like this student-initiated conference.

"This is great," said Kelly Wanamaker in the dessert line. (Wanamaker was visiting for a year from Drexel University.) "I've never gotten to hang out with women surgeons before."

"Hanging out," "networking"—whatever you call it, the evening supplied plenty of opportunities for it. And well after the presentations wrapped up and the tables were cleared, women lingered to finish their conversations, even though it was a school night.