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Laura Schweitzer leads school's campaign to boost the number of women leaders in academic medicine

by Dale Greer

When Laura Schweitzer, Ph.D., first entered the male-dominated world of academic medicine 22 years ago, women leaders were exceedingly rare. Nationwide, less than 25 percent of medical students were women in 1979, even fewer stayed on to become faculty, and female administrators were virtually non-existent.

But Schweitzer was fortunate to have had a strong woman mentor during her four years as a post-doctoral neuroscience fellow at Duke University. The experience, she says, helped shaped her future.

"To have a woman in that role was something of a rarity at the time, and I was very lucky to have her," recalls Schweitzer, a professor of anatomical sciences and neurobiology in UofL's School of Medicine. "That type of role model was important to me, as it is to most women because it gives them something to aspire to."

Indeed. Today Schweitzer also is associate vice president for health affairs, associate dean for faculty affairs, interim dean of the School of Allied Health Sciences and a former dean of medical students.

Schweitzer's involvement in almost every aspect of academic medicine provides her with a unique understanding of the roles women play in this sphere, as well as the problems facing institutions like UofL that wish to address current gender inequities.

Schweitzer gives the school high marks for making the recruitment and promotion of women leaders a top priority, but the road has not been an easy one.

Schweitzer says the academic promotion system needs modification so that qualified women aren't overlooked.

For example, just three years ago the national average of women promoted to full professor stood at 25 percent. At UofL, the figure was zero. For 2001, however, the university's figure spiked to 30 percent, exceeding the static national average by five points.

Schweitzer attributes the gain to a mentoring program that eliminates obstacles which prevent women associate professors from becoming full professors. The program, administered by the office of faculty affairs, has turned up some surprising findings.

"I met with all the women who were eligible for promotion based on the amount of time they had spent as associate professors," Schweitzer says, "and I reviewed their curriculum vitae to see what they needed to accomplish to be promoted to full professor.

"Interestingly, several of the women already had the credentials to become full professors, but-unlike the men-they were not willing to self-nominate for promotion. Some would say, 'I'm not ready yet. I have to write one more paper. I have to write one more grant.'

"I literally had to push them and say, 'You are ready. Let's meet with your department chair, review your credentials and move you forward.'"

Schweitzer notes that the resistance of many women to serve as advocates for their own progress is an ongoing problem in academic medicine. It's had an especially deep impact on the search for qualified women to chair departments.

"Getting women into chair positions has just been so very, very difficult," Schweitzer says.

"A chair's position is multi-faceted -- personnel issues, budgetary issues, academic issues, research issues, recruitment. It's where the rubber meets the road, and I think it's the most challenging job at an academic medical center.

"As a result, it's getting more and more difficult to recruit chairs in general, regardless of gender. There are only 125 medical schools in the country, and 50 of them are doing searches for chairs of surgery right now. We need such good people in these jobs that it's almost like 'Mission: Impossible.'

"On top of that, you add the issue of women not wanting to come forward for jobs like this and you are faced with a huge challenge."

The answer to that particular challenge may lie in programs that help women develop the skills they need to fill such posts. One such program, called Executive Leadership in Academic Medicine, emphasizes in-depth case analysis, experiential learning through small-group teamwork, financial analysis and budget planning. The year-long, M.B.A.-style course also features training on strategic planning and negotiation tactics.

But programs like ELAM can address only part of the problem. As Schweitzer discovered when she set up the mentoring program, many of the obstacles blocking the promotion of women won't disappear until the promotion system itself is changed.

"When you look at our initial recruitment of faculty, we have a pretty even distribution of women and men," Schweitzer explains. "We also do pretty well at promotions to the next highest

level, the associate-professor rank.

"But then women get stuck in that associate-professor role because they don't self-nominate for promotion and because they tend to take on more service responsibilities than men -- lots of committee work that can derail their progress up the academic ranks because it takes time away from research productivity.

"I think we have to recognize that this is a gender difference that is not necessarily bad, and that if we want women in leadership positions, we have to design the system to get them there.

"We're going to have to do triggered nominations for promotions instead of self-nominations. Instead of just waiting for women to respond to an ad for a vacancy, we're going to have to call them. And we need to make sure women are not overloaded with committee responsibilities so they have time to do the kinds of things I call 'promotable activities.'"

This attitude represents a sea change in academic medicine, Schweitzer notes.

"When I first started in academic medicine, it would have been unacceptable to even talk about these things. Women wanted so much to be treated equally that they weren't even willing to admit that they were different from men. But they are different. We must recognize the differences and embrace them, rather than try to ignore them.

"Today, we can openly speak about how women are different, why those differences are good, and what we need to do to ensure the system responds to those differences."

Schweitzer notes that increasing the number of women leaders in academic medicine has numerous benefits.

Most obviously, it helps boost enrollment of women medical students, which this year for the first time exceeded 50 percent of the first-year class at UofL.

And just as the needs of women are different from those of men, so too are the assets they bring to the educational environment, including a unique perspective on issues and a different style of negotiation based on consensus-building, Schweitzer says.

Equally significant, women leaders have a tremendous impact on the types of research being conducted.

"There is a general feeling that researchers tend to do research on problems they're interested in," Schweitzer says. "Certainly, there are wonderful male researchers working on women's health issues, but women are intimately aware of women's health issues. Until we get women researchers in those positions, we're not going to take full advantage of that."

For Schweitzer, the current state of affairs at UofL is promising.

"When you look at us against the national benchmark, we've got a higher percentage of promotions to women professors, we're right on target with recruiting women into academic medicine and promoting them to associate professor, and we're doing well in our medical school admissions process."

Perhaps most important, Schweitzer says, UofL's School of Medicine is helping set the national benchmark for women leaders at high levels: Leah Dickstein, Carol Lake and Barbara McLaughlin serve as associate dean for student and faculty advocacy, associate dean for continuing medical education, and associate dean for research, respectively.

Women also hold top positions in the university hierarchy, with Carol Garrsion serving as UofL provost and Nancy Martin as vice president for research.

"There is always more work to do, of course," Schweitzer says, "but I think we've come a long way since I first started in academic medicine."

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