Greetings from your Co-Chairs!

Hope you all had happy and restful holidays.

WFC kicked off the 2013-2014 academic year with a discussion on using social media to connect WFC members. Rachel Gerstein graciously agreed to develop both a Page and a Group on Facebook for WFC members. The Page is a public space, open to all Facebook users, for publicizing WFC events and accomplishments. In contrast, the Group is private, facilitating WFC discussions and document sharing – posts will be seen only by other group members. The link for joining the Group is https://www.facebook.com/groups/469190009868083/.

In addition, several speakers joined our last two meetings. In November, we heard from Len Levin, Manager, Education & Clinical Services from the library, who spoke about the library’s Women’s Health Grant from the National Library of Medicine. The goal is to highlight women’s health for students, clinicians, and researchers. The library is interested in including WFC members’ work – including presentations and manuscripts – in its repository, and would like to work with WFC members on the Women’s Health Event program and other projects. We also heard from Rebecca Lundquist, MD, Assistant Professor of Psychiatry and Joanna Cain, MD, Director of Talent Management and Professor of Ob/Gyn, who spoke about the recently developed UMMS part-time guidelines for both school and clinical faculty. The OFA website has a summary of the guidelines. Our December speaker was Layli Maparya, PhD, Executive Director of Wellesley Centers for Women, who spoke on “The role of research in social change for women and girls: Connecting the dots,” where the dots include funders, researchers and research institutes, service providers, and advocacy groups.

Our tasks for the rest of the year include modifying WFC bylaws to be consistent with the recently approved UMass-wide governance document, as well as re-starting our various subcommittees.

We look forward to continuing our collaborations!

Best,

Ann Salerno and Sybil Crawford
Luanne Thorndyke, MD, FACP, graduated from Duke University with a major in religion. She studied medicine at University of Nebraska, College of Medicine. Growing up in a small town in rural Nebraska she saw first hand how the lack of good primary care could devastate a community. She chose to specialize in Internal Medicine in order to “give medical care to those in need when they need it most”. Shortly after completing her residency training, she joined a fellow resident and started a community based practice in rural Philadelphia which grew into a thriving practice.

A family move induced her to join the Pennsylvania State College of Medicine and she transitioned into an academic and administrative role which propelled her to the level of Associate Dean for Professional development. She established a model for mentoring and faculty development. She credits her undergraduate training in ethics and public policy as being “influential in cementing values of justice, equity, and respect for others” in inspiring her “interest in helping women and others who are vulnerable and are striving to advance their lives”.

Today, Dr. Thorndyke is the Vice Provost for Faculty Affairs at UMass. She has quickly established a wonderful mentoring program for our faculty. The American Council on Education recognized her efforts and UMass was one of only five schools in the country to be awarded the Alfred P. Sloan research foundation grant for innovative work on career flexibility for academic faculty. In November 2013, she was presented with the Individual Leadership Development Award by the Association of American Medical Colleges (AAMC).

We interviewed Dr. Thorndyke on behalf of the Women’s Faculty Committee and the full story is at Women’s Faculty Committee Website http://www.umassmed.edu/Content.aspx?id=62180&linkidentifier=id&itemid=62180.

She gives us very useful advice on how to balance our family life and our careers by recognizing the importance of both, selecting specific tasks that can be accomplished and negotiating with others in our life to help achieve a balanced lifestyle.

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**Tech Talk**

Constance Nichols

So you got a new phone or tablet for the holidays and now you are wondering "What can I do with this besides text and play Angry Birds?" There are thousands of apps for both i-devices and Android based devices, also Microsoft Surface is attempting to crack the market. How do you find useful apps? Word of mouth is one way and hopefully this section will provide some helpful hints in the future.

This month, clinical apps. A great clearinghouse for lists of top ten free and paid apps is a site called iMedical Apps. Check this site for reviews, introductions and general recommendations about clinical apps. www.imedicalapps.com

Any questions or suggestions please email me! Constance.nichols@umassmemorial.org.
Black women have higher rates of high blood pressure

Based on a study that was published in the journal Circulation black women in the United States are much more likely to have high blood pressures than black men or white women and men. In this study about 70,000 individuals in 12 southeastern states known as “stroke belt” were examined. Overall rate of hypertension in the study subjects was 57% but it was 64% in black women.

http://newsroom.heart.org/news/black-women-have-higher-rates-of-high-blood-pressure

Sleep problems common among middle-aged women

A study from Finland has found that almost a quarter of middle-aged women before menopause report their quality of sleep is less than good. Sleep problems were tied to poor quality of life, chronic illness and medication use


Women’s health top stories of 2013

Dr Andrew Kaunitz, NEJM Journal Watch Women’s Health Editor-in-chief has announced the following studies as their top 10 stories of 2013:
- Preventing the first cesarean delivery: how best to change current practice: A retrospective study sought to delineate the factors that underlie the high rate of cesarean delivery in the US.
- Pelvic inflammatory disease (PID) after intrauterine device placement is rare: A retrospective study showing that rates of PID was similar whether or not women had been screened for sexually transmitted diseases during the year before IUD placement.
- Postmenopausal estrogen therapy: Advantages of transdermal delivery: Transdermally delivered estrogen may be safer than oral preparations as regards to deep vein thrombosis rates.
- What’s old is new again: Paroxetine for hot flashes? First non-hormonal medication that has been approved for relieve of hot flashes by FDA.
- HPV vaccination: Just do it: HPV vaccination rates have remained low.
- Most OB/GYNs perform pelvic examinations routinely: Survey about bimanual pelvic examination in annual bases in healthy women who do not need Pap smears.
- Criteria for diagnosing early pregnancy failure: New consensus statement from the Society of Radiologists in Ultrasound for determination of location and viability of pregnancy.
- MDs vs. NPs in primary care .... The conflict continues: The controversy about the role of advanced-practice nurses in primary care delivery in the US.
- Has the “Breast is best” campaign gone too far? A physician’s personal experience illustrates the shame and guilt that policies promoting breastfeeding can cause.

When and why did you decide to become a psychiatrist?
I decided on psychiatry at 18 but I had little idea what that meant. I credit my mother, a psychiatric nurse, with allowing me to stand on her shoulders and see who I might become. Her parents were hard-working people with little education who though they gave her many life tools, did not know how to help her with education and career. She made the bold decision to go to college and figured it out for herself. I also admire my father, who made a career of teaching engineering to undergraduates. Both of my parents were adamant that my gender would not determine my career path. They communicated this to me so completely that any contrary information was drowned out. Our daughters still need this. We are not in a post-feminist era.

What do you like about being in Academic Medicine?
I did not consider an academic career until I fell into one. Once I started doing clinical teaching, I stopped being able to imagine myself working in a place where I could not do that. With help from lots of people, I have been able to advance as an administrator. Directing the outpatient psychiatry clinic allows me to spend my days helping providers and patients solve difficult problems and remove barriers to care. Working with perinatal women is fun because of the chance to help families from the very start. When mom is well, babies thrive! Developing and expanding women’s mental health services is something I’m proud of because the clinic serves more women than I would be able to see on my own. It will be my legacy.

Do you think we spend less time focusing on life accomplishments at work?
People around me need to know that I have important things going on outside of work. That way, we can respect that everyone needs flexibility. I also think it’s important for my daughter to understand that I love my work and that she’s not the only fulfilling aspect of my life.

There are two important challenges we face daily: Family and personal time interrupting work, and work interrupting family and personal time. How have you dealt with situations that have crossed these boundaries?
It can be really hard. Last week, my daughter had three school events I had to attend and I had at least two crises at work that required my attention at times when I’m usually with my family. My husband and I work together on this and I’m also blessed that my in-laws help too. I have found that openly sharing these dilemmas with the people I work with and with my family is essential.

Are you for the most part able to effectively integrate work and life?
I do think the key is to try to not have the expectation that things always be in balance.

If you were to look back over situations in the last two years versus when you received your first faculty appointment have you changed the way you deal with these situations?
I was single and had no children fifteen years ago. I regularly stayed at work until after 9 p.m. That doesn’t work for me now.

What advice would you give other women faculty who struggle with the choices they have made?
Academic medicine and science and kids and families are messy but worthwhile businesses. Choose to do some of what you love most and try to find a way to let the rest fall away.
This past semester UMass Medical’s AMWA chapter held five Dinner with Doctors events hosted by physicians and faculty. Over 50 medical students were able to attend these events, with students from the 1st, 2nd and 3rd year classes taking advantage of this valued opportunity. Many remarked that it was useful to get an honest perspective of what it means to be a woman in medicine. If you’re interested in hosting an event or know a colleague who is, please have them contact us- UMassAMWA@gmail.com.

Dinner co-hosted by Dr. Luanne Thorndyke and Dr. Joanna Cain in November

Promotions:
Gisela Banauch, MD, Medicine, Associate Professor
Mary-Elise Manuell, MA, MD, FACEP, Emergency Med, Associate Professor
Wendy Marsh, MD, Psychiatry, Associate Professor
Ann Salerno, MD, Pediatrics, Clinical Assoc Professor

Awards:
Kimberly Fisher, MD, Faculty Scholar Award

Leadership:
Vivian Budnik, PhD, interim chair of Neurobiology

Website: http://www.umassmed.edu/Content.aspx?id=54436&linkidentifier=id&itemid=54436
Newsletter Archives: http://www.umassmed.edu/Content.aspx?id=62180&linkidentifier=id&itemid=62180
Facebook Page: https://www.facebook.com/pages/Womens-Faculty-Committee-of-UMASS-Medical-School/722709504425444
Facebook Group: https://www.facebook.com/groups/469190009868083/
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