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of EVMS

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A survey by Harvard Business Review found that 37 percent of women who work in science, technology, engineering or math — fields collectively known as STEM — have been mistaken for either administrative or custodial staff at least once. A study published in the Journal of the American Medical Association found that men who introduced female speakers at grand rounds used their professional titles 49 percent of the time, while women who introduced male speakers used their professional titles 95 percent of the time.

These data are offensive and disturbing by any measure. Academic medicine, EVMS and I can and must do better. At EVMS, we strive to create a culture of inclusiveness, equality and respect. Yet despite our best intentions, unconscious bias is present in all of us. We need to be more self-aware and purposely vigilant.

The accomplished professional women of EVMS, a cross section of whom are featured throughout these pages, have all materially contributed to the success of EVMS, academic medicine and the health professions. As role models and mentors, they have served as leaders in their fields to improve the culture of equality, collegiality, respect and inclusion. We all join them in this goal.

Another JAMA study found that female physicians, on average, work fewer hours than their male physician life partners to maintain better work-life balance. If we are to retain our female leaders and stem the longstanding outflow of women in the academic leadership pipeline, we must embrace changes in the workplace to provide more support and opportunities for developing female leaders. At EVMS, the steps we have taken to address the attrition of these leaders are innovative and multifaceted. Learn more in the feature story on page 16.

Soon, I hope, a special edition of EVMS Magazine highlighting women in science, medicine and the health professsions will no longer be necessary. Until that day, please join me in recognizing these world-class leaders for their remarkable contributions to EVMS, our community and their professions..

Sincerely,

Richard V. Homan, MD

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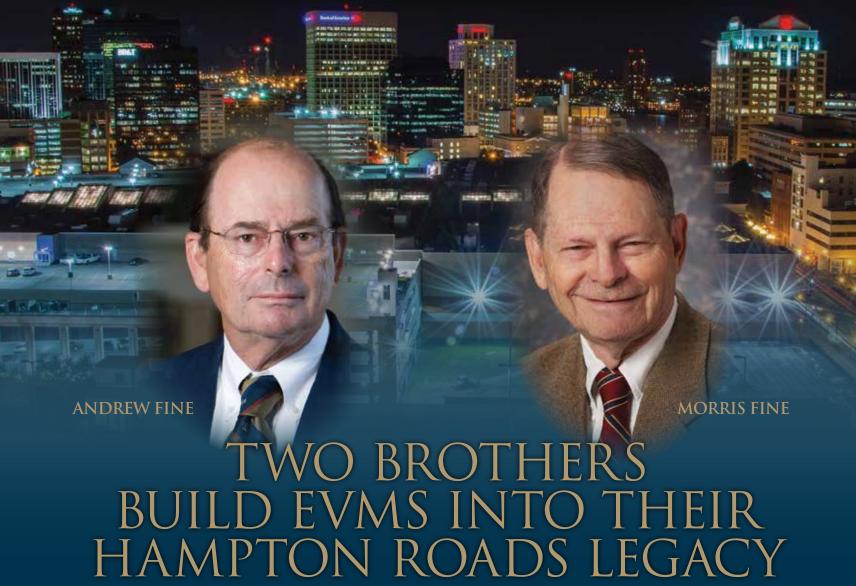
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## A FINE FOUNDATION



Through the real-estate development of The Runnymede Corporation, the Fine family has built a remarkable legacy in Hampton Roads over 70 years. Even more important, though, is their long history of community service.

For example, brothers Andrew and Morris Fine have led or served on the boards of the region's most impactful nonprofits.

Yet they proudly maintain that EVMS is their highest philanthropic priority. And their commitment to the school over the last quarter-century is evidence.

From serving on EVMS leadership boards and supporting capital campaigns to establishing an endowed professorship and a student scholarship, the Fine family has helped secure EVMS' unshakeable foundation. For that, we are profoundly grateful.

Congratulations to Andrew Fine and Morris Fine on being named the 2017 Outstanding Philanthropists by the Hampton Roads chapter of the Association of Fundraising Professionals.

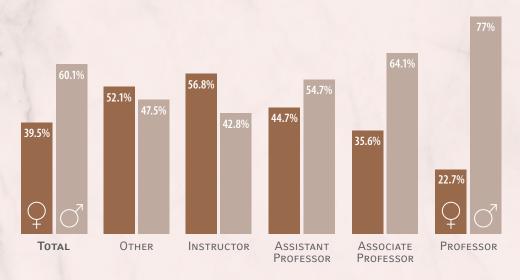


## WOMAN'S WORK

Studies show that some women who work in science and medicine face gender-related challenges. In the field of academic medicine, women start strong, making up more than half of all instructors at U.S. medical schools. But the pipeline still leaks. At the rank of full professor, fewer than one-fourth are women.

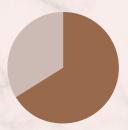
### $\left\{ \text{ IT'S AT THE TOP } \right\}$

Distribution of U.S. Medical School Faculty by Sex and Rank as of December 2016\*



\*of those reported. Unreported data attribute <1% of those surveyed within each rank.

### IT'S REAL & IT'S NOT PRETTY



Two-thirds of female researchers surveyed for a 2016 study by the Journal of the American Medical Association (JAMA) said they experienced gender bias while trying to advance in their careers.



One in three female biomedical researchers said they had experienced sexual harassment according to the same JAMA study.

Sources: Association of American Medical Colleges, Journal of the American Medical Association.



## Community support for EVMS research

The community came out in force to support three annual events that raise funds and awareness for EVMS.

Wine, Women and Fishing, the largest billfish tournament on the East Coast for female anglers, saw 40 boats take part, with the post-tournament dock party drawing more than 600 guests. The Heart of Ghent 10K and Kids Fun Run drew hundreds of runners and volunteers to support the Strelitz Diabetes Center at EVMS, and the 10th annual Coach Ray Barlow Memorial Golf Tournament sold out in support of prostate cancer research at EVMS.





Sunita Dodani, MBBS, PhD

## Improving health in Hampton Roads

As founding director of the EVMS-Sentara Healthcare Analytics and Delivery Science Institute, Sunita Dodani, MBBS, PhD, brings impressive credentials to her role in this new program. Dr. Dodani has executivelevel leadership experience in research management and extensive expertise in creating innovative models of health promotion.

#### Girl, Interrupted

The adage "I think, therefore I am" may have more to do with the gender gap than most people imagine. According to a study published in *Science*, by the age of 6, girls were more likely to put boys in the "really, really smart" category and begin to avoid subjects like math and science that they deem are for the "really, really smart" people. It's a cultural mindset that we need to help break, say experts in EVMS Psychiatry and Behavioral Sciences.





## Breaking ground as a student leader

Amanda Miller, MPA Class of 2018, is breaking ground at EVMS. She is the first female President of the Student Government Association and first health-professions student to lead the organization. Learn more about this leader who is blazing trails at the school.



Alison Dobbie, MB, ChB

## New leadership in family medicine

Alison Dobbie, MB, ChB, once a rural family physician in her native Scotland, recently took over reins of EVMS Family and Community Medicine. She comes to EVMS from the Ross University School of Medicine in Miramar, Florida, where she most recently was Associate Dean of Curriculum and Education. Dr. Dobbie has had a long and successful career in academic medicine. Before joining the faculty at Ross, she spent six years at the University of Texas Southwestern Medical Center at Dallas — a top 25 U.S. medical school in both research and education. There she served as a tenured Distinguished Teaching Full Professor and as the Perry E. Gross MD Distinguished Chair of Family and Community Medicine.

#### Healthy holiday tips

The holidays typically are filled with family, fun and lots of food. The latter can be a problem for many of us who are tempted to overindulge at the dinner table. Phyllis Woodson, a certified dietician at the EVMS Strelitz Diabetes Center, offers guidance about how to make choices in the kitchen that translate into healthy holiday options.



#### Type 1 diabetes in the crosshairs

EVMS scientists have discovered key molecules and proteins involved in the development of type 1 diabetes. The discovery could help pinpoint people at risk for developing type 1 diabetes and encourage the development of new ways to treat the disease or even prevent it. Type 1 diabetes requires patients to take daily injections of insulin to stay alive.



#### Haunted hallway

A medical school is not the first place that comes to mind when you think of a trick-or-treat destination at Halloween. But for hundreds of costumed kids from underserved communities in Hampton Roads, EVMS is the ideal destination. EVMS students savor the annual event that mixes healthy treats with a healthy dose of fun.



#### Be a booster

Car crashes are the leading cause of death for children. Booster seats dramatically reduce injury, but some parents might not realize that their growing child still needs a booster seat. A dramatic new video promoting the "Boost 'Em in the Back Seat" campaign, developed by Kelli Will, PhD, Professor of Pediatrics at EVMS, educates parents about the guidelines — and the risks.

Check your EVMS Pulse daily. Read these stories and more at evms.edu/pulse.



## Center guides HIV and AIDS patients to local resources

Jerome Cuffee was only 21 when he learned the news. With no symptoms, living in denial that he was HIV positive was easy. He even threw out his medicine.

When his symptoms started five years later, it was time to come to terms with his condition. Along with addressing his physical condition, Mr. Cuffee's new doctor referred him to the HIV/AIDS Resource and Consultation Center at EVMS.

"I definitely went through some mental health issues by suppressing my feelings," he says. After being treated for both his physical and mental health, he completed the center's five-week training to become a peer educator. Nearly a decade later, he still speaks throughout the community to educate and empower other people who have AIDS in the same way EVMS empowered him.

Established in 1989, the HIV/AIDS Resource and Consultation Center at EVMS is one of three centers in Virginia that not only educates and trains healthcare providers and students but also helps people with HIV access resources. Tanya Kearney, PhD, MPA, has been the center's director since 1999.

"If any program at EVMS is community focused," Dr. Kearney says, "it's ours because we're out in the community every day." Working with healthcare clinics, government agencies, professional associations and faith-based organizations, the center's six-person staff fosters partnerships for the benefit of people with HIV and AIDS.

"The center is essential for services that my clients can access," says Toni Brown, HIV Medical Case Manager and Early Intervention Specialist with the Urban League of Hampton Roads. "When it comes to training our employees, I don't know what the Urban League would do without them."

Irma Hinkle, Programs Director for the LGBT Life Center, agrees. "The center's staff provides critical training to both our staff and peers who work in HIV prevention and care services," Ms. Hinkle says. "We are fortunate to have such a qualified provider in our back yard."

In 2014, the center became the education arm of EVMS Infectious Diseases, a division of EVMS Internal Medicine. "By assessing patients before diagnosis, bringing them to medical care at EVMS and following them

long-term, the resource center is an essential component of HIV prevention and management in the area," says Nancy Khardori, MBBS, PhD, Professor of Internal Medicine and Director of Infectious Diseases.

The Virginia Department of Health reports that as of December 2016, 24,396 Virginians were living with HIV or AIDS.

Of those, 7,464 were in the Eastern Region, which includes Hampton Roads and the Eastern Shore. That accounts for 31 percent of

all Virginians

World AIDS Day Gala Friday, Dec. 1 Lester Hall, EVMS

Campus AIDSWalk

Saturday, Dec. 2

HIV/AIDS Resource and Consultation Center Starts at:

Smith-Rogers Hall, EVMS

with HIV or AIDS — more than any of the other four health regions in the state. Between 300 and 350 cases are diagnosed in the region annually.

"When people are first diagnosed, it's a very vulnerable time for them," Mr. Cuffee says, explaining why he continues to help his peers. "I'm getting good healthcare from EVMS, so I'm a success story. But if it wasn't for EVMS, I'm not sure how I'd be doing right now." □



On campus, Drucie Papafil, Director of Continuing Medical Education, manages EVMS' education programming for healthcare providers. Off campus, she manages one of the area's most recognizable event and dining establishments, the Pagoda in downtown Norfolk.

#### What sparked your interest in Norfolk's Pagoda?

Actually, The Pagoda Foundation contacted my husband to see if he was interested in opening and running the restaurant. Our lease was about to run out at The Norfolk Grille, and it seemed to be a good time to make this move. As far as the Pagoda itself, what an iconic building in Norfolk! A gift to the city from the Taiwanese government in the 1980s, the building alone is a piece of artwork. But then you add the beautiful surrounding Asian gardens, its location on the waterfront next to the USS Wisconsin, and it's just a great setting.

#### What is your role at the Pagoda?

I feel I've done everything since we opened. Planned and designed the menu. Developed new recipes. Played sous chef. Shopped, shopped, shopped. I've even cleared tables and run the dishwasher — all, of course, after EVMS hours.

#### Where did you learn how to cook?

Definitely from my father and grandmother. The first dish I made for my dad was chicken cordon bleu when I was 12. I didn't know basic culinary skills, so it was a mess. But he said it was delicious. As my grandmother was getting older, I sat with her one summer and learned to cook Greek dishes and pastries. That's when I learned I hate to bake.

#### Do you see any connection between being a restaurateur and your work at EVMS?

Absolutely! You can only be successful if you have a good work ethic. You have to have a passion for what you do and love what you're doing.

#### What are you most passionate about in your work at EVMS?

That I may make a difference. If your job is just a job, what do you have to show for it when it's done? I also oversee our CME accreditation process. I'm proud to say that not only were we reaccredited this year, we also received Accreditation with Commendation, which is the highest form of CME accreditation offered.

#### Why did you choose EVMS?

EVMS chose me. I graduated from college in North Carolina in 1975 and moved to Norfolk. My first interview was with Dr. Mason Andrews. He hired me on the spot, and my next few years were exciting ones as he was intimately involved in the development of EVMS. He took me along for the ride. I watched the first graduating class come through their OB-GYN rotation. I still get excited when I see those "young faces" around today supporting our school — although many are ready for retirement.



# Surgery chair leads national study with \$2.5 million NIH grant

In the early 1960s, Dr. Martin Luther King Jr. called disparities in access to healthcare "the most shocking and inhumane form of inequality."

More than a half-century later, the nation continues to wrestle with making healthcare accessible to everyone. Now an EVMS expert is on a mission to find solutions — starting with the field of surgery.



L.D. BRITT, MD, MPH, the Edward J. Brickhouse Chair in Surgery, the Henry Ford Professor of Surgery and Professor and Chair of Surgery, was recently awarded a \$2.5 million grant from the National Institutes of Health (NIH) on behalf of the American College of Surgeons to address healthcare disparities.

The research project is ambitious. But its genesis was small, involving a focus group of one family: that of Dr. Britt, Principal Investigator for the grant. Growing up in the segregated South, the Suffolk native experienced the problem first-hand.

"When my mother, father or aunts had to go to the doctor," Dr. Britt says, "we would pack a lunch or supper. It took eight to 12 hours to get in to the doctor and once you did, you were seen for only a few minutes. And I said to myself even back then, something is wrong with this."

And that "wrong" divides healthcare access into two distinct camps: the haves and the have-nots. The chasm widens every year. "And more money will not fix it," Dr. Britt says. "We already spend more on healthcare than any other nation, and yet we are 68th in health and wellness outcomes."

The answer? "Leadership. We need a Steve Jobs in healthcare — somebody who can innovate, cut through the red tape and get things done."

This NIH grant will facilitate just that kind of initiative. It evolved from a challenge Dr. Britt posed to the American College of Surgeons when he served as its president from 2010 to 2011. "We can't talk quality if we don't have access," he told the organization. And it resonated. The ACS put together a task force called

"This school, with our integrated community focus, has addressed healthcare disparities since the beginning. When patients have no insurance, no resources, where do they go to get healthcare? Here, to our college and our residents."

-L.D. Britt, MD, MPH

the Committee on Health Care Disparities, which Dr. Britt chaired.

Partnering with the NIH is the perfect way to tackle this enormous challenge, combining the best research minds in the country with the nation's largest repository of surgical data. The research outcomes can then be applied anywhere in the country and eventually across all disciplines.

"Surgery is leading the charge," Dr. Britt says. But he wants this to be a template for any specialty that wants it. "There are no patents and no copyrights — we welcome everyone. The goal is to level the playing field across the board for all patients."

The three-year study will be conducted in phases, starting with an examination of disparities to learn who's at risk and to what extent. The core of the study will develop a set of metrics for surgical care and access that will mitigate the disparities. Ultimately, this research will be used to develop best practices, information that can be replicated anywhere across the surgical landscape.

Dr. Britt views the project as an intrinsic part of the EVMS mission. "This school,

with our integrated community focus, has addressed healthcare disparities since the beginning," he says. "When patients have no insurance, no resources, where do they go to get healthcare? Here, to our college and our residents." EVMS is already one of the best centers in the country for evaluating, researching and addressing healthcare disparities, he says, and this project will raise the school's profile even higher.

Dr. Britt is quick to underscore the importance of this research by noting that more than 45,000 people die each year because they don't have access to healthcare. And he believes that number may be low. Hence, the need for this research.

"It's hard to be a physician and see that," he says. "You know we are a better nation than to let that happen. So this is something I needed to do for myself, our community and this school. At the end of it, I think we'll make a real difference, and it'll be hard to find anybody who doesn't know EVMS and our work in this critical area."



At home on her farm, surrounded by green pastures, Leslie McPherson, MD, takes her time tending to the horses, the garden and her family. As a resident physician at EVMS Ghent Family Medicine, she brings that same patient, yet purposeful, approach into the exam room.

Dr. McPherson grew up in a small town in northeastern North Carolina. After college, she became a teacher, got married and had two children. She was happy. But everything changed when her newborn daughter developed serious health problems.

While she had the same questions for her daughter's physicians any mother would have, she didn't believe she was being heard or getting the answers she needed.

In addition, her daughter required

frequent trips to specialists more than an hour's drive away. "Before my daughter was born, I didn't even realize the lack of medical specialists in my area."

The discovery inspired her to apply to medical school.

She enrolled at St. George's University School of Medicine in Grenada, with a plan to eventually practice in her hometown. While taking her Step 1 exam, she had stroke of luck, she says, when she met a doctor from Ghent Family Medicine, who invited her to tour the practice. The people she encountered there were personable and passionate about medicine. "They put their patients first and listened to them," Dr. McPherson says. "I immediately knew that this was the place for me."

During her residency at Ghent Family

Medicine, Dr. McPherson has seen countless patients and believes in showing them that she cares. "If the trust isn't there, then I won't be able to help them."

She finishes her residency next year and plans to open a clinic in her hometown. "I'm going to offer as much time as each patient needs," she says. "If they can't pay with cash, maybe we can barter. Everyone deserves quality medical care."

While at times Dr. McPherson doubted her journey, especially being away from her children, she felt it was worth it. "I decided it was important for my children to see my struggle and push through to come out successful on the other side."



#### Behindthe Bench



For diabetes researcher Maggie Morris, PhD, her work in the lab often is the easy part.

"The ideas don't take that much time to generate because you're doing the research in the lab," says Dr. Morris, Associate Professor of Internal Medicine. "You know where you want to go. You know what you want to test."

Her challenges are related to paying for the research.

Like most scientists around the country, Dr. Morris is responsible for finding grant funds to support her work.

There's the sales pitch — enticing the potential funding agency to take a chance on her idea. Then there's the seemingly endless paperwork. And every funding agency has different requirements and guidelines. When collaborators are involved, their home institutions can be slow to provide needed details. She reads constantly to keep up with the latest research findings.

"I'm not in the lab as much as I would like to be," she admits.

Whether behind the bench or behind the computer, Dr. Morris is focused on type 1 diabetes. In type 1, people depend on insulin injections to stay alive. Type 1 develops suddenly and often attacks children and young adults.

Dr. Morris is part of a worldwide research consortium testing the theory that a virus causes type 1 diabetes.

"We see evidence of a virus in patients," she says, "but we don't know if that virus is actually causing the disease. Or are

patients with diabetes just more susceptible to be infected with these viruses? That's one huge question that remains right now."

Dr. Morris is working to understand the mechanism that causes type 1 diabetes and then piece together the sequence of its progression. "That's the end goal. Where can we intervene to prevent the disease? Can we intervene to halt the disease or reverse it?"

If it turns out that a virus is to blame for instigating type

1 diabetes, Dr. Morris believes a vaccine will be the most effective way to stop it.

She finds motivation in her many friends affected by the disease and in her innate curiosity about how the body works. "We see evidence of a virus in patients, but we don't know if that virus is actually causing the disease. Or are patients with diabetes just more susceptible to be infected with these viruses? That's one huge question that remains right now."

— Maggie Morris, PhD

"It's the people, and it's the science, too," she says. "It's that question of what's going on, the challenge of coming up with these ideas and then being able to test them."



#### Dr. Jones' Milestones

1936: As a medical student, she was the first to demonstrate that the pregnancy hormone arose from the placenta rather than from the pituitary, as was commonly thought.

**1938:** She was named the first full-time reproductive endocrinologist at a medical school.

**1939:** With future husband Dr. Howard Jones Jr., she established a Division of Reproductive Endocrinology at The Johns Hopkins Medical Institutions.

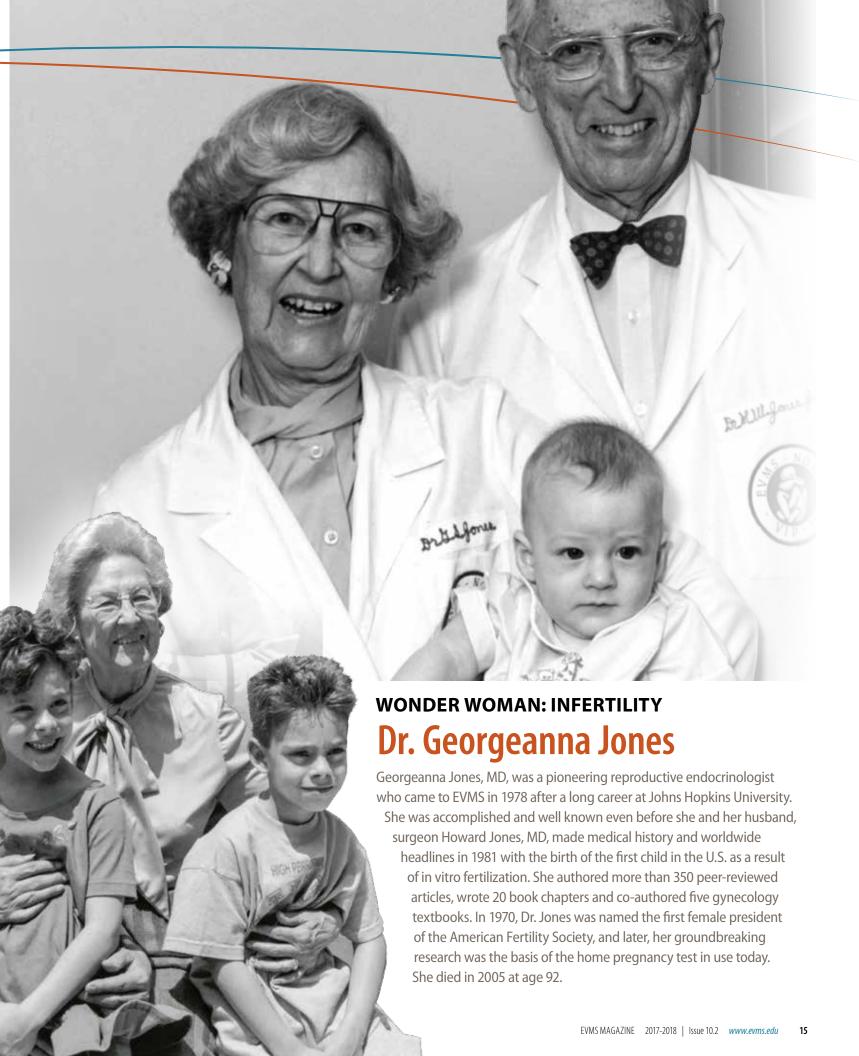
**1957:** She was appointed Associate Professor of Gynecology and Obstetrics at Johns Hopkins University School of Medicine, a position she held until she was forced to retire in 1978.

**1969:** She was the first to identify and describe "ovarian resistance syndrome" and showed that stimulation of menstruating women with menopausal gonadotropin increased the number of eggs available for in vitro fertilization.

1978: With Dr. Howard Jones Jr., she relocated to Norfolk to co-found EVMS Obstetrics and Gynecology and was appointed Associate Professor of Obstetrics and Gynecology at EVMS.

1981: With the birth of the first in vitro baby in the U.S. as the result of her research, she co-founded the Jones Institute for Reproductive Medicine at EVMS.





# 1 / Onder / Omen





## Meet the leaders breaking barriers and mentoring the next generation of women in science and medicine.



These female faculty and staff leaders number among the hundreds of wonder women at EVMS. From left: Dr. Cynthia Romero, Dr. Rebecca Britt, Dr. Ann Campbell, Ms. Helen Heselius, Dr. Julie Kerry, Dr. Tina Cunningham, Dr. Linda Archer, Dr. Beverly Roberts-Atwater, Ms. Deborah Taylor and Dr. Shannon McCole.



#### DON'T BREATHE. NOT ONE SINGLE BREATH.

With elbows pressed on the cold stone bench, the fledgling first-year graduate student held perfectly still, a pipette grasped between her delicate hands.

Don't speak. Not one single word.

The 20-something researcher did her best to preserve the experiment she had worked so hard to prepare — an experiment that had her in the lab on a hot Saturday afternoon because microorganisms don't know the days of the week. A more senior male colleague hovered too closely behind her, his hands unwanted and ill-placed on her back, her hip, before he laughed and walked away.

She still didn't breathe.

"It was a much different world back then, and I was a lot more naïve because I didn't realize they were treating me differently because I was a woman," says Ann Campbell, PhD, Associate Dean of Student Affairs and Professor of Microbiology and Molecular Cell Biology. "Thankfully, times have changed and women are not only welcome, they are the ones holding open the door."

As both a research scientist and faculty member, Dr. Campbell has seen the acceptance of women in the lab and in medicine change during her career. She also has seen the number of women entering medical school grow by leaps and bounds. At EVMS, she has seen colleagues and former students rise in rank — some ascending to positions as program and institute directors, department chairs, vice deans and even vice president.

Still, as she heads into retirement this year, she worries that not enough women are considering academic medicine and science for their futures. ven at just 4-foot-9, Cynthia Romero, MD (MD '93), can command a room. She's been called fearless, passionate and powerful. She's also been called "lady doctor."

A former Virginia Health Commissioner, an EVMS-Sentara Endowed Chair for Academic Leadership

Advancement, Associate Professor of Family and Community Medicine and Director of the M. Foscue Brock Institute for Community and Global Health at EVMS, Dr. Romero is no stranger to championing change — from healthcare access to healthcare bias.

And yes, she says, she does fight like a girl.

"My mom was a physician, and she introduced me to the doctors and organizations where I could step in and step up," Dr. Romero says. "She was behind me every step of the way, encouraging me to break through every ceiling I could."

And Dr. Romero did.

She didn't see herself as the woman in the room. She was a doctor with a seat at the table. She served on boards and committees. She was nominated to local and regional societies. Then she was elected president of the Medical Society of Virginia, representing over 10,000 physicians, residents and medical students.

For a moment, she forgot she was alone.

But during a visit to the society's headquarters in Richmond, she found herself standing at a wall of portraits. Each frame featured a past president, stoic and proud. Sadly, she was one of only three women to have served in that role since the organization's founding in the 1820s. Looking down the empty corridor where future portraits will hang, Dr. Romero had a sobering revelation — no female candidates are in the pipeline.

And the problem is even bigger, she says. It's academic medicine as a whole. Pursuing full professorship had never really been a goal for Dr. Romero. But a few months ago, she changed her mind. She sees it as an obligation.

"I want to prove to other women that it can and should be done," she says. "I want to look to my left and to my right and see just as many women as men at the table."





ABOVE: When she started in academic medicine, Dr. Ann Campbell often was the only woman to serve on committees and boards. Today, she is proud to see so many women being asked to serve in leadership positions and expects the trend to continue.

LEFT: Dr. Cynthia Romero says there are many women at EVMS who merit the Wonder Woman label. Julie Stoner, Associate Director of the M. Foscue Brock Institute for Community and Global Health, is one woman whom Dr. Romero looks up to on campus.







omen are falling out of the pipeline to leadership in alarming numbers. "It's not a slow and steady flow, it's gushing in some places," says Kim Templeton, MD, Professor of Orthopedic Surgery

at the University of Kansas in Kansas City and the immediate past President of the American Medical Women's Association.

"We've been successful at drawing women in to traditionally male-dominated fields. It's getting them to stay and rise into leadership positions where we see the problem."

Figures from the Association of American Medical Colleges (AAMC) show no shortage of women entering medical school today. In fact, in 1966 women represented only 7 percent of medical school graduates. In 2014, that climbed to almost 48 percent.

In 2017 at EVMS, female students make up half of the entering MD class. Women also are gaining ground in all EVMS residency specialties, including traditionally male-dominated areas like surgery, ophthalmology and radiology.

Over in the School of Health Professions, female students dominate programs like Surgical Assisting, Physician Assistant and Art Therapy and Counseling. Plus, the number of women entering typically male-led fields, like biomedical sciences, is also at all-time highs.

So where is the leak?

At the top, Dr. Templeton says.

A 2014 Women in Medicine and Science survey by the AAMC showed that while the number of women applying to medical school is increasing, only about one-third of full-time academic medical faculty are female with underrepresentation persisting at the ranks of associate and full professor. Even after adjusting for age, years since residency, specialty and measures of research productivity, men were substantially more likely than women to be full professors.

Female faculty were far less likely to be awarded adequate start-up funding for research projects — the kind considered most likely to help launch faculty careers. Men were awarded 67.5 percent more funding than women. And women hold only a small fraction of the department chair and dean positions at schools accredited by the Liaison Committee for Medical Education.

Yet even when they do ascend the ranks and earn titles similar to that of their male counterparts, research shows that women in medicine nationwide make nearly \$20,000 less a year in salary.

The "pipeline," Dr. Templeton says, springs a leak somewhere between assistant and associate professor. This is where women's academic medical and science careers are likely to stall. The numbers at EVMS reflect the national trend. Among full-time, part-time, salaried, non-salaried and community faculty, male professors outnumber female professors nearly 2 to 1.

lza Mylona, PhD, MBA, Vice Dean for Faculty
Affairs and Professional Development and
Professor of Internal Medicine, says EVMS has
placed a strong emphasis on increasing access to
opportunities for development and advancement,
especially for female faculty. Faculty Affairs is working with
department chairs to identify faculty who have been at the same
rank — specifically assistant professors — for a long time, to help
them develop strategies for promotion.

"I spend a lot of time working with female faculty one-on-one as they prepare their dossiers for promotion, making suggestions of how to present the work they have done so they can receive the credit they deserve," Dr. Mylona says. "It is difficult at times for them as they underestimate the impact of their work."

Still, EVMS has boasted a 100 percent success rate on promotions for the past two years.

The institution has also made Professional Enrichment Grants, AAMC seminars for women and minorities, and other professional development activities more readily available. And EVMS officials recently re-established the Women in Medicine and Science (WIMS) group as a way to encourage female faculty to support, mentor and sponsor each other. Recent WIMS workshops have focused on graceful self-promotion, assertiveness, leadership presence and team temperament.

Joining a women's group, attending workshops, finding a mentor and reaching out to female colleagues are all important ways for women in medicine and science to navigate their way, she says.

"Recruiting and retaining a talented, diverse faculty for academic medicine and science are essential for us to successfully

OPPOSITE TOP: Julie Kerry, PhD, is the EVMS Foundation Distinguished Professor in Biomedical Sciences and Professor and Chair of Microbiology and Molecular Cell Biology. Dr. Kerry knew by age 12 that she wanted to be a researcher and says the word "calling" is an apt description of her work. Not only was she fascinated by biological systems, she also was attracted to the prospect of changing lives for the better. OPPOSITE BOTTOM LEFT: Dr. Elza Mylona is proud of what EVMS is doing to ensure fair and unbiased promotional practices. She works with female faculty members to encourage them in the portfolio-building process. OPPOSITE BOTTOM RIGHT: Dr. Tina Cunningham has often found herself to be one of few women in the room in her chosen field. In graduate school, she says, the men studying mathematics definitely outnumbered the women.

achieve excellence in all mission areas — educational, clinical and research," Dr. Mylona says. "Strong participation of women will only increase our opportunities to think innovatively about transforming systems of healthcare delivery, discovery and, of course, training."

Still the roadblocks for women on the path to full professorship are complex and vary from program to program, institution to institution. To seek out promotion, most faculty are required to serve on committees, lecture, write and publish, and conduct research. But often times, Dr. Templeton says, female faculty are asked to teach instead of being given the time to pursue those other requirements. And when they are balancing a family and work life, even the times of committee meetings can be an obstacle.

Other factors come into play, too, says Tina Cunningham, PhD.

"Women are often busy at home and at work with their nose to the grindstone and don't stop to think about or ask for a promotion," says Dr. Cunningham, Director of the Center for Health Analytics and Discovery, as well as Director of the Master of Healthcare Delivery Science and Master of Healthcare Analytics programs. And women are often reluctant, she says, to speak up about opportunities and advancement the way a man would.

An Associate Professor, Dr. Cunningham says she has been asked by colleagues why she waited so long to seek promotion while her male counterparts were moving up the ladder.

"I just assumed that they would ask me when they thought I was ready, which is silly when you really think about it," she says. "We as women have to get over that reluctance to advocate for ourselves."

verything about Rebecca Britt, MD, screams no nonsense. For 10 years Dr. Britt (MD '98, Surgery Residency '04), an EVMS-Sentara Endowed Chair for Academic Leadership Advancement and the Robert L. Payne Chair in Surgery, was the only full-time female faculty member in EVMS Surgery. Today, she is one of three. Testament, she says, to the change in the way women and men see her specialty.

"Surgery has never been seen as the most family-friendly

specialty, but that perception is changing," Dr. Britt says. "As more women go into the specialty, they are demonstrating that we can do the hours and be moms and have a life outside of work."

Dr. Britt oversees the EVMS General Surgery Residency Program and a mentoring program through the American College of Surgeons. She is involved with state and national mentoring programs for the Association of Women Surgeons. She also is the mother of three.

"The biggest lesson I learned is that you don't have to do it all, to be all things," Dr. Britt says. "It's OK to ask for help, to build a support system and to let others help you when it's needed."

That might mean a sitter to assist with before- and afterschool care for your children, a lawn service to mow your grass or a cleaning service to help straighten up the house.

"It's about finding balance," she says.

In her role with Student Affairs, Dr. Campbell says she has seen more and more young women like Dr. Britt entering medicine and science with the belief they can do anything they set their minds to.

"I want them to know they can pursue the specialty they love most, that they can have the family and they can become a professor or vice president or a dean," Dr. Campbell says. "They can even wear the cute shoes. It doesn't have to be one or the other, all or none."

For her, the wonder women on campus today are the younger physicians and scientists who seem to balance work, family and everything else so effortlessly. She hopes they will continue to rise in rank and serve as mentors to the still-younger generation of female students preparing to enter the workforce.

"Julie Kerry, Maggie Morris, Jessica Burgess, Becky Britt, Aurora Kerscher, Amy Tang, Elena Galkina, Cynthia Romero, Tina Cunningham, Marissa Galicia-Castillo — I could go on and on," she says, rattling off names until she runs out of fingers on which to count. "They have families and active lives. They are involved in their communities, and yet they are still publishing, teaching, directing programs and writing NIH grants. These women inspire more wonder than I ever could." ■

OPPOSITE TOP LEFT: Dr. Abby Van Voorhees is a national leader in her field. She is the first female chair of National Psoriasis Foundation's medical board, medical editor of *Dermatology World* and a role model for up-and-coming female dermatologists. OPPOSITE TOP RIGHT: "We are lucky here at EVMS that the faculty support each other," surgeon Dr. Rebecca Britt says. "I've never had to worry that I was being treated differently at EVMS because I am a woman." OPPOSITE BOTTOM: Linda Archer, PhD, Vice Dean of Graduate Medical Education, has seen a shift in the acceptance of women in medicine, especially in leadership positions. But it's not because women have changed, she says, it's that men have. More male residents ask questions about work-life balance, she says, and they're more aware of demands that take them away from family and other activities.











# A Woman's Place

VMS has no lack of strong, female physicians and scientists on campus. At the start of the fall semester, two women joined the upper ranks at EVMS, one as Chair of EVMS Family and Community Medicine and the other as Founding Director of the EVMS-Sentara Healthcare Analytics and Delivery Science Institute.

Currently, EVMS leadership includes three female vice deans and vice presidents, six female department chairs and institute directors, and six female program directors.

Richard Homan, MD, President and Provost and Dean of the School of Medicine, has made it a practice to recruit and retain female physicians and scientists in leadership roles.

"His vision and strategy for each of the organizations he has led have included not just the right words, but the right

actions to advance women in medical leadership," says Diane Magrane, MD, Director Emerita of Executive Leadership in Academic Medicine at Drexel University College of Medicine. "I observed him strengthen his team at two medical schools — Texas Tech and Drexel — by tapping women with talent for leadership, even before they themselves were aware of what they had to offer, and then mentoring them to success."

Long before the term "sponsorship" became used in relation to a top-level executive who advances others, she says, it already was part of Dr. Homan's way of operating.

"Clearly," Dr. Magrane says, referring to how inclusive leadership strengthens an organization's nimbleness and innovation, "Dr. Homan already 'gets it' when it comes to including women in his leadership team."



#### **GENDER PARITY**

## The Next Generation

Consider the following scenario and try to picture it in your mind:

You're a patient waiting for your new doctor to do an evaluation. Someone comes in, likely a nurse, and checks your blood pressure, and then fills out a form about your family history. On the way out of the room, the nurse turns to you and says, "Dr. Smith will be in shortly."

What does Dr. Smith look like?

Chances are, you pictured a man. Kim Templeton, MD, a Professor of Orthopedic Surgery at the University of Kansas in Kansas City and the immediate past President of the American Medical Women's Association, certainly did.

"It's amazing how many implicit biases we actually have, even those of us who consider ourselves to be so aware," she says. The 16th woman in the country to earn tenure as a full professor in orthopedic surgery, Dr. Templeton has focused much of her career on effecting change for women in academic medicine and science. "But when you say work or office, I picture a man, and when you say family, I think of women. It's something deeply ingrained in our culture."

So much so, she says, that when screening applicants for residency, gender biases are detectable in letters of recommendations. Letters for male candidates often talk about how much they have accomplished, Dr. Templeton says, while letters for female candidates tend to talk about how nice they are and that they are team players.

And biases are present even when we are introducing someone, she says. A recent study of Mayo Clinic Grand Rounds showed that male introducers used professional titles for female doctors only 49 percent of the time on first reference but introduced male doctors by their titles 72 percent of the time.

Shannon McCole, MD (Ophthalmology Residency '97), Chair and Associate Professor of Ophthalmology, knows

first-hand the struggles with titles. During her residency and subsequent early years at EVMS, she was the only female faculty member in her department. She was called "the girl doctor" or "Miss McCole" more often than not.

"You would work so hard to demonstrate that you were on par with the men and that you had earned the title, but you also didn't dare correct anyone," she says. "Thankfully, things have changed."

Except in some ways, they haven't. Occasionally, patients still think she is a nurse and are confused when she explains she is the doctor. Tall, even without her high heels, Dr. McCole sometimes catches male physicians off guard when she introduces herself for the first time.

Women are growing in representation in fields like ophthalmology, although Dr. McCole is still in the minority as a Chair in her specialty. She looks for ways to mentor other women and to encourage students to consider academic medicine as a viable path.

"Women aren't asking if they can do it anymore," Dr. McCole says. "They are asking how to best accomplish it. Kids, marriage, family and career balance — these are not seen as preventative anymore. They are seen as manageable."

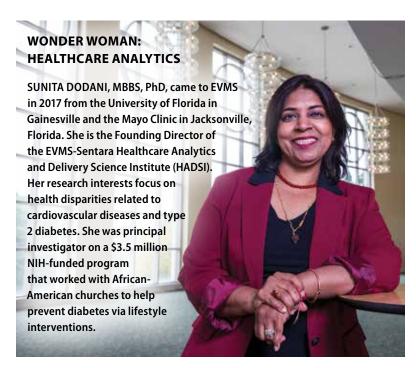
Abby Van Voorhees, MD, Chair of EVMS Dermatology, couldn't agree more.

"I was part of the first generation of women who thought we could have it all — kids and a career," Dr. Van Voorhees says. "We just thought it must be possible, but female students now know that it is possible. And with that comes expectations for job environments to change and adapt. Male students have also come to want many of the same things. In this way, medicine has become a better place for all, both men and women."

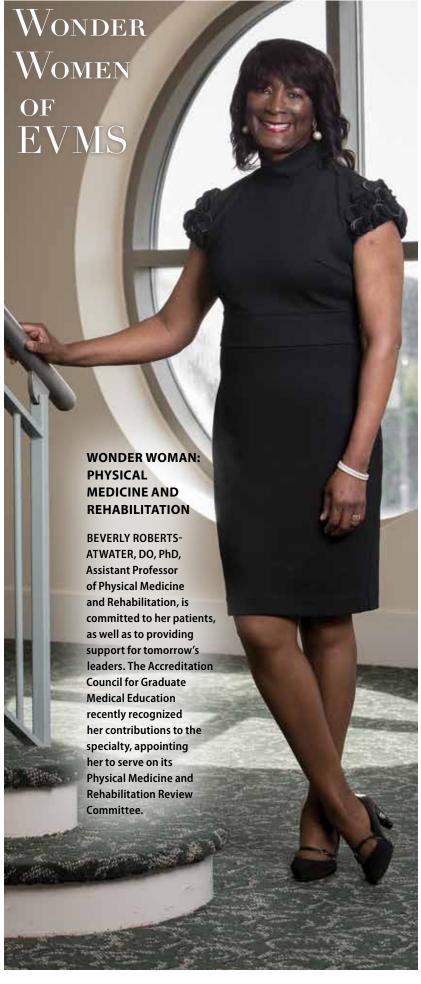
And as a parent to five children, she says, she wouldn't want it any other way.

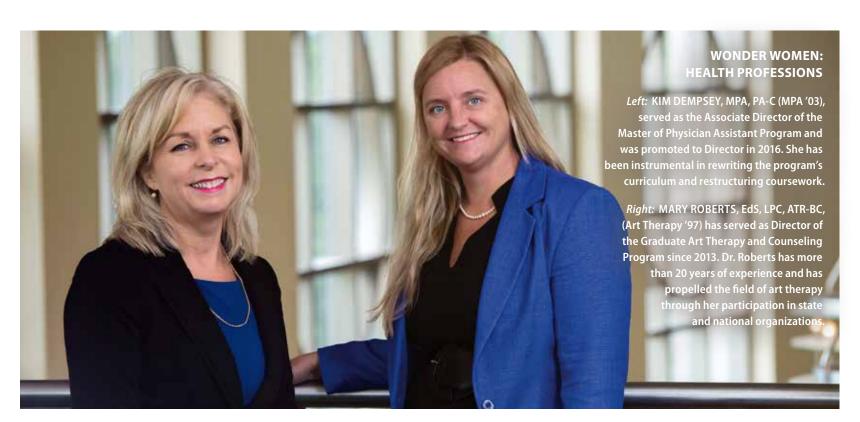


Learn more about these and other EVMS Wonder Women at evms.edu/digitalmagazine



















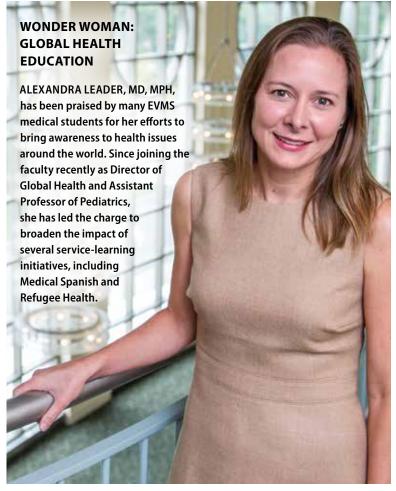












#### alumni Connections



## Dermatologist pays it forward at EVMS

For Molly Smith, MD, two things take up most of her free time: Coldplay concerts — she's been to six — and Eastern Virginia Medical School.

Dr. Smith (Biomedical Sciences '97, MD '01, Dermatology Residency '04) was introduced to EVMS during a summer internship in the school's biochemistry lab. She had always been attracted to science though she didn't plan to be a physician — she thought her interests would lead her toward research.

But during her internship, she talked with medical students working in adjacent labs about their experiences. And that changed her course. Today, Dr. Smith is a partner in Pariser Dermatology in Hampton Roads, where her focus is general dermatology and dermatopathology. Whether she's helping a teen suffering with acne or an adult

who's embarrassed to go to the beach because of psoriasis, Dr. Smith enjoys giving patients a new outlook on life.

"Dermatology can dramatically change how people feel about themselves," she says. "I love that. I feel like I ended up in a field that makes me very happy. My relationship with my patients has been so rewarding."

In 2013, Dr. Smith was voted "Best Dermatologist" by *Hampton Roads Magazine* (now *Coastal Virginia Magazine*), an accolade she credits to EVMS.

"I had such a great experience with my training at the school," she says. "I got a very well-rounded education — a lot of hands-on experiences with patients, plus different physicians to train with. And I feel like the staff did a great job of preparing me to enter the real world."

Over the years, Dr. Smith has

given back to the school that did so much for her. She helps train future dermatologists, serves as clinical faculty and allows residents to rotate with her at Pariser. She also is a member of the 1973 Society, which honors alumni for their philanthropic commitments, and a former member of the alumni board. She currently volunteers with the school's student-run HOPES Free Clinic and the Mock Interview program, which helps prepare students for residency interviews.

The best part of her involvement, she says, is watching dermatology graduates start practicing. "And then they do what I do — help teach new dermatology residents. It's been fun to see that circle of life, where they also feel the need to give back. I like to think I help encourage that by demonstrating how much I enjoy doing the same thing." □



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