



American Medical Women's Association
The Vision and Voice of Women in Medicine since 1915

AMWA RESIDENT QUARTERLY Spring 2014



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AMWA Residency Division Board

Another year, another March, and another successful AMWA RD Board Election! Here is your updated AMWA Leadership Board for 2014-2015.

2014-2015 American Medical Women's Association Leadership Board:

President: Dr. Tara Renna
 President-Elect: Dr. Heather Leisy
 Secretary: Dr. Vanessa al Rashida
 ARQ Editor-In-Chief: Dr. Claire Roden
 Treasurer: Dr. Arthy Saravanan
 Awards Chair: Dr. Dana Bonaminio
 Recruitment Chair: Dr. Marissa Orenstein
 Conference Chair: Dr. Parin Patel, Dr. Kanani Titchen
 Advocacy Chairs: Dr. Shalena Garza, Dr. Angeline Wang, Dr. Heather Foreman
 Global Health Chairs: Dr. Meredith Clement, Dr. Dyani Loo, Dr. Mary Rysavy
 Director, Region 1: Unfilled
 Director, Region 2: Dr. Brittany Jackson
 Director, Region 3: Dr. Ekemini Akan
 Director, Region 4: Dr. Heather Foreman
 Director, Region 5: Dr. Brandie Williams

2014 American Medical Women's Association Resident Susan L. Ivey Courage to Lead Award: Dr. Erin Lessner
2014 American Medical Women's Association Resident Eleanor T. Christiansen
Altruism Award: Dr. Heather Leisy
2014 American Medical Women's Association Resident Charlotte Edwards Maguire
Outstanding Mentor Award: Dr. Kanani Titchen

Agenda for 2014-2015: Updates from AMWA Leadership

A new year means new goals and new agendas

Update from Conference Chairs

Parin Patel, MD

Kanani Titchen and Parin Patel are excited to be Co-Conference Chairs for the 100th Annual AMWA Conference. We look forward to working with the Conference Committee, planning, and delivering the best conference yet with exceptional speakers, activities, and of course, phenomenal AMWA members. Additionally, we are always looking to strengthen the Residency Division and hope to exceed our membership and initiative goals for this year.

Update from AMWA World Health Division

Dyani Loo, AWHS Co-Chair

Apply for an AWHS Community Project Grant

In 2014, AWHS in partnership with the AMWA Resident Division will be soliciting applications to fund a new type of grant geared towards residents. These grants are focused on community engagement and are available for the following medically-related endeavors:

- (1) Community-Based Research
- (2) Sustainable Community Service Projects
- (3) Community Advocacy/Education

The primary goals of the Community Project Grants are to:

- Engage residents in partnering with under-served communities
- Increase community outreach and resources
- Improve access to or quality of care for at-risk populations
- Maintain community self-reliance by focusing on sustainability
- Promote awareness of issues with medical care access, resources, disparity
- Plan for long-term solutions by empowering residents to explore innovative ideas in addressing these issues

Project grants will be in the form of grants not to exceed \$500, and will be awarded based on criteria including sustainability, benefit to community, engagement of community members, and educational value.

Our application will be available on our website at:

<http://www.amwa-doc.org/our-work/american-womens-hospital-services/community-project-grants/>

For more information or questions please email me at AWHS@amwa-doc.org.

Applications will be accepted on a rolling basis with committee selection occurring quarterly.

Update from AMWA Advocacy Division

Shalena T. Gallagher-Garza, BSN, MD

1. Roberta Gebhard, DO and Shalena T Gallagher-Garza, BSN, MD are conducting a pilot study on workplace bullying among family medical physicians, with the assistance of Linda Rausu, PhD for statistical analysis. Florence Doo (medical student) plans to participate by writing this up for publication. Later, we would like to collaborate with other members nationwide to expand this survey to include multiple specialties. This data will be used to increase public awareness and pressure on legislators to support laws that make workplace bullying illegal, namely the Healthy Workplace Bill
2. We will increase our emphasis on advocating for equal pay laws and anti-bullying laws. We have to put increased pressure on those who continue to make the argument that our civil rights laws already protect us from unequal pay. Women who make complaints or file complaints suffer severe consequences due to retaliation in the form of workplace bullying
3. We plan to continue the work of Linda Brodsky by also conducting surveys about how female physicians work. This data is important in order to create arguments for shifting workplace policies in order to better harness the talents of women
4. We have new ideas for research about the public perception of female doctors
5. We also have plans to work on a documentary about the gender inequity among physicians
6. We would like to increase public exposure of the GETF of AMWA by releasing public statements regarding injustices that are widely publicized on social media
7. We would like to create a "reporting" aspect of the women in crises gender equity tab online so that we can collect stories, network and increase membership
8. We would also like to write and obtain a grant in order to assist us with carrying out these research and advocacy projects

Update from AMWA Resident Quarterly

R Claire Roden, MD

The AMWA Resident Quarterly (ARQ) is actively looking to expand; and to do that, we need writers. Our upcoming projects include:

1. Expanding the amount of regular contributors to the ARQ. We currently have very few regular contributors, but the first step in increasing our content, and hopefully increasing sponsorship, is having more regular authors. *We would like to offer the position of Staff Correspondent to 1-2 AMWA members.* Obligations include writing an article of 400-600 words on the AMWA- or medical-related topic of your choice 4 times a year
2. A brief history of AMWA in time for our 100th Annual AMWA Conference, to be held in Chicago, IL. We would like to offer the opportunity to write this article to one writer/researcher, who would have approximately one year to complete the assignment
3. Articles discussing interesting medical cases that our members have seen
4. Including illustrations or photography made by members of the AMWA RD

If you have any interest in any of the above opportunities, please contact Claire.roden@gmail.com.

99th Anniversary Meeting of AMWA Women in Medicine: Successfully Facing Future Challenges and Advances

By Vanessa al Rashida, MD
Secretary of the Residency Division of AMWA

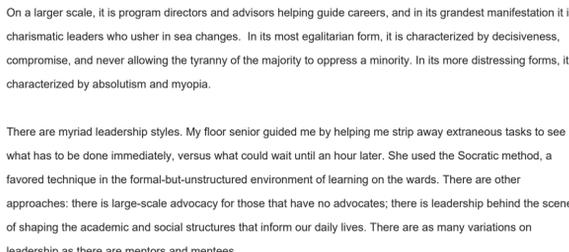
The annual AMWA meeting was held on March 13-16 at the Ritz-Carlton in Washington, D.C. The topics at hand were to discuss the importance of women in medicine, how technology will advance the field of medicine, and how women can advance themselves not only in their respective fields, but also through more representation in politics. As we approached the 99th Anniversary of AMWA, I was excited to see what would be presented at the meeting.

Friday started off the official first day of the conference. After Dr. Tourismis welcomed the members, a moment was taken to honor Dr. Linda Brodsky for her devotion to supporting the principles of AMWA. She devoted her life to the equality of women in the medical field and from personally knowing her through AMWA and other organizations. It was with a heavy heart that I heard of her passing. She will be missed by all that knew her and were affected by her teachings. Other topics that were discussed on Friday involved an introduction to Women's Health, Breast Cancer, how the Affordable Care Act influences America, and the importance of alcohol cessation and its molecular effects on the heart. The day concluded by a lecture with the Godmother of Title IX, Dr. Bernice Sandler. She shed some light on how women presenters are viewed differently than men presenters. It saddened me that despite the important issues that women bring up, they tended to be overshadowed, ignored, or at times, stolen by their male counterparts. Dr. Sandler was able to provide ways to stand up against situations such as these.

The second day of the conference was filled with poster sessions and many lectures. There were studies presented by many students, residents, and attending physicians from all over the United States. Studies ranged from topics on human trafficking to the use of perfusion imaging to assist in the diagnosis and treatment in patients with acute ischemic stroke. The lectures that day included discussions on the progress the NIH has made to advance treatment in neurological disorders, how women can shape the future of medicine from Dr. Ardis Dee Hoven (the current President of the American Medical Association), gender differences in cardiovascular disease through the eyes of both a vascular surgeon and a cardiologist, prevention of HPV and AIDS, and how to take care of yourself while doing great things. I appreciated hearing about not only how can Cardiology better treat women with cardiovascular disease, but learning that at the end of the day, if you are not taking the time to nurture yourself, you will not be able to go forth to help others. The day ended by a spectacular gala and black tie dinner, with the presidential award presentation provided by Adrianna Huffington, Chair, President, and Editor-in-Chief of the Huffington Post Media Group.

For the final day of the conference, mentorship was fostered amongst the medical students and attending physicians. The final lectures of the conference involved discussing the issue of food shortage and emphasizing women's health in third world countries, followed by helpful advice on developing and maintaining a business in medicine. At the end of the conference, there was a summary of AMWA programs and initiatives which provided to those in attendance what were the next steps in making AMWA better than before.

The conference was full of invaluable information and stepping-stones on how to excel in various fields within medicine. I feel confident in what the future brings and what we as women can do to better it, especially in medicine. This conference was a great way to also introduce information about the 100th Anniversary Meeting in Chicago, IL, which I am sure will highlight the greatest achievements in medicine amongst female physicians. I am looking to seeing you all at this upcoming meeting in Chicago!



The Hindu god Krishna teaches his disciple Arjuna the existing philosophies of schools and thought in the *Bhagavad Gita*

Resident Voices

The Spirit of Medicine

By Savitha Bonthala, DO/MPH
Staff Correspondent

As I stepped foot into the hospital on January 19, 2014, I had no idea what lay ahead of me. After seeing my first patient, I heard overhead, "Code Blue, room 556." I made my way to the room to find an African American male in mid-cardiac arrest.

After 20 minutes of unsuccessful ACLS the patient was declared dead. As I gathered myself outside of his room on the fifth floor I heard a chilling scream that made every person in the ICU stop in their tracks. The scream was so loud that people on the sixth floor heard it. One scream was followed by another, and then another, and another. I walked outside of the ICU to the elevators to see the patient's wife, collapsed on the floor crying out in shock and agony. Three nurses lifted her up, placed her on a chair, and rolled her into the family waiting room. They held her in their arms until she calmed down. I took her head in my hands, looked her in the eyes, and asked, "are you ready for me to talk about what happened to your husband?"

She shook her head yes, and I told her. "I only I stayed with him last night," she replied. We stayed to reassure the grieving widow.

I left the room later, still in a daze and still in shock at her reaction, but focused on my task at hand. I finished seeing my patients and writing notes. I rounded with the attending in the afternoon and was assigned three more patients to see who had just been admitted from the ER.

Overhead I heard, "Code Blue room 256." I started toward the room unsure of who this person was, but as I entered the room and looked at the computer screen, I realized it was one of my newly assigned patients.

He was admitted for diffuse abdominal pain with unremarkable labs and a non-specific CT scan. His vitals were stable when he got to the floor and he even walked to his bed. He was left alone in his room for 10 minutes and when the nurses returned to his room, he was found unresponsive on the floor. The code had already begun when I entered the room, so I immediately got his next of kin on the phone. By the middle of our conversation, the patient was declared dead. For completeness and medical records I still had to complete a history and physical exam on my deceased patient.

After everyone left the room, I re-entered it to see my patient with leads across his chest, a pale blue face, and lying in complete stillness. I pulled out my stethoscope and listened for heart- and lung sounds, which were absent. I opened his eyes to look for reactive pupils, and they were fixed and lifeless. I pushed on his soft abdomen and inspected his extremities. There was something so incredibly distinct about his body, lying on the bed; lifeless. You could describe the patient in medical terms but there is something more to be said. There was an additional element or innate quality missing from his body. That element was spirit.

In chapter two, verse 11 of the Gita, Krishna says to Arjuna: "You speak sincerely but your sorrow has no cause; the wise grieve neither for the living nor for the dead." In Eknath Easwaran's interpretation of the Gita, Arjuna does not want to kill, but Sri Krishna reminds him that it is only the body which is born and which dies: "You and I were never born, nor will we ever die, because our real Self is not limited by our physical body. We are spirit, eternal, infinite, and immutable. The Lord of love tells Arjuna the nature of that which pervades the cosmos. All that we see in life is pervaded by the immortal, immutable, infinite Reality we call God."

This Side of the Looking Glass: On Leadership

By R Claire Roden, MD
ARQ Chief Editorial Officer

When rounds end, my team disperses to the four corners of the ward: the telephone, the conference room, the computers, and the patients' rooms. We each have tasks to complete, and almost always an insufficient amount of time to complete them. It's a miracle anything gets accomplished on our tight resident schedules.

The first Monday of my first floor month as an intern, the 45-minute period between teaching rounds and noon conference overwhelmed me. I flipped through my list of patients to see what room 754 needed, made some phone calls, got interrupted, and then couldn't remember who I was calling about and suddenly I had an exasperated consultant on one end of the line and my embarrassment on the other. After about ten minutes of repeating this cycle, my heart was in my throat and I couldn't decide if my next course of action should be a phone call, a note, or locking myself in the bathroom and hyperventilating.

The astute floor senior noted my desperate paper flipping and shuffling, and stopped me.

"Claire. What exactly do you have to do right now?"

"So the person in 757 needs a procedure but I also have to call the neurologist for the person in 761 because we need an official read on the MRI, and I think 765 can go late today, or was it tomorrow? Also--"

"Claire. Right now. What needs to happen right now, in the next 10 minutes?"

And then I took ten deep breaths, and we figured it out.

This is the most quotidian version of leadership: the floor senior that guides the intern in learning how to prioritize. On a larger scale, it is program directors and advisors helping guide careers, and in its grandest manifestation it is charismatic leaders who usher in sea changes. In its most egalitarian form, it is characterized by decisiveness, compromise, and never allowing the tyranny of the majority to oppress a minority. In its more distressing forms, it is characterized by absolutism and myopia.

There are myriad leadership styles. My floor senior guided me by helping me strip away extraneous tasks to see what has to be done immediately, versus what could wait until an hour later. She used the Socratic method, a favored technique in the formal-but-unstructured environment of learning on the wards. There are other approaches: there is large-scale advocacy for those that have no advocates; there is leadership behind the scenes of shaping the academic and social structures that inform our daily lives. There are as many variations on leadership as there are mentors and mentees.

Ultimately, leadership is why AMWA exists. Women used to be the vast minority in medicine, and we were often isolated from each other. A group like AMWA allows female medical students, residents, and physicians to connect with other women a few rungs further up on the career ladder, so we can have guides as we ascend. In turn, we can return the favor to the women coming up behind us. This small-scale mentorship is invaluable, and on a global dimension the leadership we generate as a group allows us to influence practices and policy toward a more equitable medical climate.

This past March, we AMWA members came together to honor those among us who have shown some exceptional leadership qualities. We honor women who advocate, women who innovate, and women who make something where there had previously been nothing. We exist as an organization to provide mentors, and our annual conference provides the opportunity to make those necessary connections and to highlight the ways in which we excel, as well as the areas where we still need to improve.

AMWA Experiences: Infant Nutrition in Inharrime

By Mary Rysavy MD

Just a few months ago, as fourth-year medical student, I had the opportunity to spend a few weeks back in Mozambique. I had lived in the small town of Inharrime for nearly two years before starting medical school, and it was a lovely homecoming to have the chance to return there and offer some of my medical knowledge toward a program helping better the health of this community that I love.

I worked with *Leite para Crianças* (Milk for Children), a program based at the Laura Vicuña Center, in a rural village in Mozambique. The Laura Vicuña Center provides many programs for social support to the Inharrime community. It is home to 72 orphan girls, many of whom lost mothers or fathers to HIV. The nuns who run the center also host a primary and secondary school, as well as women's literacy classes, a large child nutritional support program, and a bakery that not only trains young people in the work of baking, but also sells delicious bread at a profit to help provide for the needs of the Center.

The latest program coming out of Laura Vicuña, and the focus of my rotation, works to address a grave need related to infant nutrition in the community. The local hospital in Inharrime commonly diagnoses infants with failure to thrive. The same medical criteria apply as in the US: when an infant's growth falls off a normal curve, something is clearly wrong. While the capable health workers at the hospital can find these problems, they lack the resources to provide the nutrition necessary to help the children get back on track. Many infants in that situation don't live past the first few months of life.

Several years ago, with the help of a grant from a large European company, the volunteers at the Laura Vicuña Center started the Leite para Crianças program to help these children with failure to thrive have a better chance at survival.

The Leite program provides support for:

- Orphaned infants, or infants whose mothers have abandoned them
- Mothers who are unable to produce milk, who are first examined at the hospital for remediable causes
- Infants at least 6 months of age whose mothers are diagnosed with HIV (in accordance with WHO recommendations)
- Children are extremely malnourished, even with mother's milk
- Twins (or multiples) whose mother's milk is insufficient for all children.

When an infant enrolls in the Leite program, the child's guardian receives instruction on appropriate preparation of formula milk, including water boiling and bottle sterilization. The program provides all necessary equipment.

During the month I spent with the program, I helped evaluate the health of children coming for weight checks. I was glad to observe true improvement in the children who were able to receive supplementation.

At an infant's first visit, a chart is created with the child's medical history. Children are weighed and guardians provided with milk to last two weeks. Guardians return with infants every two weeks to be weighed and to receive additional formula milk. When infants reach 4 months of age, the Leite program provides powdered baby food and instructs guardians how to introduce soft foods to their infants' diets. Most infants graduate from the Leite program after 6 months and continue to follow-up at the Center Laura Vicuña to ensure that they are growing well. However, some—particularly orphans, or those whose mothers are unable to provide any breast milk—remain in the program for the first year of life.

I worked with the volunteers who weighed babies and gave out milk, as well as with the nurses and social workers at the hospital to identify ways in which the program could be improved. We found that better follow-up was needed to be sure that infants continue to have strong growth after leaving the program, and I helped design a system to check in on the graduates of the program and set them up with additional resources if they have continued growth problems after finishing supplementation.

As a medical professional, I enjoyed working with and strengthening a program that would make a long-term difference in the health of the children who were identified and provided nourishment. I recognized that as much as my clinical skills in identifying the medical needs of the children were useful in this setting, my ability help those running the program to provide better care in an ongoing manner was even more valuable. I hope that both my work and this program contribute to the health of a whole community by strengthening the most vulnerable infants at its base.

For more information or to support this or other work in Inharrime: <http://www.friendsofinharrime.org>

Let your voice be heard!

Have something to say? An experience to share? A unique perspective on research, residency, or healthcare? We're all ears!

The AMWA Residency Division Quarterly is a journal for AMWA Residency Division members, and we want to hear your voice and publish your words. We are actively seeking submissions from our members on a range of topics, from your personal experiences in education to opinions about virtually anything connecting to medicine. This is a non-peer-reviewed publication of first-person writing, and we want to give you a place to publish your pieces. We are interested in short essays, poetry, photography, and illustrations.

We are also interested in offering the position of "Staff Correspondent" to 1-2 AMWA RD members. Your only obligation is writing a 500-700 word article four times a year, and you get a great title for your résumé. To apply, please send a 200-500-word scholarly writing sample on the topic of your choice to Claire.roden@gmail.com.

For the history buffs among us, we would also like to offer the special opportunity to research and write a long-form article on the history of AMWA in time for our 100th Annual Meeting in April, 2015. To apply for the line and opportunity, please send a 200-500-word scholarly writing sample (with appropriate citation) to Claire.roden@gmail.com. Excerpts from larger works are acceptable; writing samples from the humanities and social science are greatly encouraged.

If you have a thought about medicine, we have a forum to publish it.

A little bit of fine print: Deadline for the June-July issue is 11:59pm on May 31, 2014. There is a limit of 400-600 words.

Please send all submissions and questions to Claire.roden@gmail.com.