HIGHLIGHTS FROM AMWA’S 105TH ANNUAL MEETING

Day 1: President’s Welcome & Keynote Speakers

Roberta Gebhard, DO, FAMWA
AMWA Immediate Past President 2020 - 2021
First day of the conference started off with a big welcome from AMWA’s president, Roberta Gebhard, DO, FAMWA. She is the founder and current chairwoman of AMWA’s Gender Equity Task Force. She graduated from University of New England College of Osteopathic Medicine in 1986. She completed an Osteopathic Rotating Internship at Normandy Osteopathic Hospital’s in 1987, and an Allopathic Family Medicine Residency at Mid-Hudson Family Medicine Residency Program in 1990 where she received the LITZ Foundation Award for Outstanding Participation in Community Practice at graduation. Dr. Gebhard is active politically and advocates in Washington, DC for women’s rights and gender equity, as well as funding for women and girls throughout the world.

Then we heard from both of our keynote speakers. Dr. Patrice Harris MD, MA addressed the impact of COVID-19 on the healthcare system, and Dr. Darilyn Moyer, MD, FACP discussed creating a more "JEDI" (just, equitable, diverse, and inclusive) healthcare environment for women in medicine.

**Day 2 Highlights:**

**Gender Equity in Healthcare and Leadership**

* Nancy D. Spector, MD; Michael S. Sinha, MD, JD, MPH; Shikha Jain, MD, FACP*

- 18% of dean of medical schools are women.
- 13% of CEOs of healthcare corporations are women.
- Dr. Shikha Jain gets lots of interest from medical students and residents about getting involved in her research regarding gender inequities in healthcare, to which she encourages them to TAKE ACTION - for example, do an implicit bias training and administer a survey before and after, and report findings.
Effective Communication for Healthcare Leadership
Margaret M. Hopkins, PhD; Elizabeth A. Rider, MSW, MD, FAAP, FACH; Karen Valencic, ME; Elise C. Carey, MD, FAAHPM, FACP
• Tips for effective communication:
  ○ When having to give feedback, first ask the other person "how do you think that went?" Often times, they are aware of what they need to improve on.
  ○ A more non-confrontational way to give feedback to a colleague or peer is to ask, "would it be helpful if I gave you some feedback?"
  ○ When resolving a conflict with another colleague or peer, step back and ask yourself, "what do I want to get across to them?" That can help guide the conversation.

Social Media for the Medical Professional
Jennifer Gunter, MD (author of The Vagina Bible)
• Tips for social media use for medical professionals:
  ○ Dr. Gunter goes by the rule of "3 degrees of separation" to protect patient information when talking about her job on her social media accounts.
  ○ Think of your social media account as your resume, because it is.
  ○ If you're interested in making an anonymous social media account, never assume anonymous is anonymous - there is always a way for people to identify you either through the people you follow or your location.
• IDEA FOR RESEARCH STUDY: It would be interested to look at medical students' social media accounts and usage, in relation to residency acceptance.

Day 3 Highlights
Last day of the conference included more talks about leadership essentials for women in medicine, as well as maximizing the power of social media.

It was followed by presentations about hot topics in medicine:
• HPV Vaccination and the Elimination of Cervical Cancer
• Vaping Lung Injury
• The Fastest Route to Strengthen Women Physicians’ Resilience
• Endometriosis
• Genetic and Environmental Factors Contributing to Breast Cancer Risk
• Anesthesia and Contraceptives
• Obesity Treatment: a look at the USPSTF guidelines
• Addressing ED in a Relationship
RESIDENT POSTER WINNERS

Congratulations to all! And thank you to all those who participated!

See all the posters here: https://bit.ly/AMWAVIRTUAL

Hepatitis B and the Opioid Epidemic: Opportunities to Increase Adult Hepatitis B Vaccination within the Primary Care Setting
Rita K. Kuwahara, MD, MIH,1 Jeffrey Caballerio, MPH,2 Asha Marhatta, MD, MPH,1 and the Association of Asian Pacific Community Health Organizations3

Introduction

Hepatitis B is a viral infection in the United States: • Up to 2.2 million people living with chronic hepatitis B in the U.S. • 20% of adults with chronic hepatitis B are unaware of their infection in the U.S. • An estimated 1.3 million adults with chronic hepatitis B do not receive care, treatment, or vaccination

Methods

- Primary Care National Ambulatory medical records and data from a Connecticut Community Health Center
- Concluded a series of focus adult hepatitis B vaccination practices
- Attended sessions on current hepatitis B vaccination guidelines
- Concluded a prompt access to determine that anticipated practice changes in adult hepatitis B vaccination

Purpose

To determine primary care physicians’ awareness of current adult hepatitis B (Hepatitis B) vaccination rates for the U.S.

To identify opportunities to increase adult hepatitis B vaccination and vaccination within the primary care settings

Results

Hepatitis B Vaccination Coverage (≥3 doses among ≥16-age group) by site

- Hepatitis B vaccination coverage among adults 18 years and older
- Vaccination coverage among adults 16 years and older

Conclusions and Next Steps

- There are significant opportunities to increase adult hepatitis B testing and vaccination
- Commonly cited barriers to increasing hepatitis B vaccination include lack of resources, insurance limitations, and limited knowledge among clinicians at all levels of training, as well as in the community

References

- American Association for the Study of Liver Diseases: Guidelines for Testing and Vaccination of Adults
- Centers for Disease Control and Prevention (CDC): Recommended adult hepatitis B vaccination in the United States
- World Health Organization: Global epidemiology of hepatitis B and hepatitis C viruses

Earliest outbreak of hepatitis B infection in the United States

- 40% of patients with chronic hepatitis B have liver cancer
- 50% of patients with chronic hepatitis B have liver cancer

Advocacy Phase

- Explored advocacy techniques and coalition building strategies to increase awareness of the need to increase adult hepatitis B vaccination rates in the setting of the opioid epidemic
- Collaborated with Members of Congress to introduce a Resolution H.Res. 387, the U.S. House of Representatives and U.S. Senate to designate Apr. 19 as National Adult Hepatitis B Vaccination Awareness Day
- U.S. Department of Health and Human Services (DHHS): National Adult Hepatitis B Vaccination Awareness Day

Dapsone Induced Methemoglobinemia and Hemolytic Anemia in a Single Patient

Rina Yadav, D.O., Jonathan Aeschleman, M.D., Linda Huang, M.D., Jennifer Mordell, M.D.

St. Vincent Hospital, Indianapolis, IN

Introduction

- Dapsone is an anti-bacterial and anti-inflammatory drug
- It is used to treat leprosy, rheumatoid arthritis, sarcoidosis, and a variety of other conditions

Clinical Course

- 47-year-old Caucasian female who presented to the hospital for 2 weeks on dapsone for rheumatoid arthritis
- She was admitted on dapsone for 2 weeks for pain control
- She was noted to have rash, hepatitis, and hemolytic anemia

Case Presentations

- The patient was diagnosed with dapsone-induced methemoglobinemia and hemolytic anemia
- She was hospitalized for observation and was treated with dapsone
- She was discharged without further complications

Discussion

- Dapsone was first studied as an antibiotic in 1927
- Dapsone use for leprosy treatment began in 1943
- Since Dapsone’s establishment, it has been used to treat a variety of medical conditions, including rheumatoid arthritis
- Dapsone can cause methemoglobinemia and hemolytic anemia

Pathophysiology

- Increased oxygen saturation and decreased oxygen availability
- Oxygen saturation is decreased
- Oxygen availability is decreased

Adequacy & References

- The manuscript was submitted to the American Medical Association
- The manuscript was reviewed by the American Medical Association
- The manuscript was accepted for publication

ACKNOWLEDGMENTS & REFERENCES

- This manuscript was funded by the American Medical Association
- The manuscript was reviewed by the American Medical Association
- The manuscript was accepted for publication

- Dapsone should be considered for dapsone-induced methemoglobinemia and hemolytic anemia
- Commonly cited barriers to increasing hepatitis B vaccination include lack of resources, limited knowledge among clinicians at all levels of training, as well as in the community
- Explored advocacy techniques and coalition building strategies to increase awareness of the need to increase adult hepatitis B vaccination rates in the setting of the opioid epidemic
Addressing Abuse Histories in Dyssynergic Defecation

Harini Gurram, MD • Darren M. Brenner, MD
Department of Medicine, Division of Gastroenterology and Hepatology, Feinberg School of Medicine, Northwestern University

### Case
- 47-year-old female who presented to gastroenterology clinic for chronic constipation
- 3-4 year history of bowel dysfunction exacerbated by 2 years of sexual trauma
- Previously underwent 4 years of intensive therapy therapy
- Prior use of multiple antidepressants without relief
- New onset pelvic floor physical therapy (PFPT) or biofeedback (BF) due to distress from sexual abuse

### Physical Exam
- Notable for intermittent anxiety and irritability

### Prior Workup
- Unremarkable serology, imaging, and a negative colonoscopy

### Diagnostic Testing
- Anorectal Manometry
- Increased resting anal pressures (90-125 mmHg)
- Type 1 manometric spike pattern
- Rectal hypersensitivity
- Failed balloon expulsion study

### Background
- **Dyssynergic Defecation (DD):** inability to coordinate abdominal and pelvic floor muscles to effectively evacuate stool
- **Common symptoms:** straining, incomplete evacuation, passage of hard stools, decreased frequency
- **Constipation:** female:male ratio 2:1
- **Associated with increased psychological distress and decreased quality of life**

### Treatment Mainstays

### Biofeedback Therapy
- Instrumentation
- 70-90% effective
- Success also depends on patient motivation

### Biofeedback Techniques
- Rectal evacuation
- Simulated defecation with solid sensory training
- Improvement with pelvic floor exercises
- Biofeedback
- Prolonged hold, squeeze, longest time possible

### Pelvic Floor Physical Therapy
- Assessment: visual inspection, rectal and digital palpation
- Training involves manual motor techniques and exercises to improve pelvic floor function

### Abuse Associations
- **Prevalence of sexual abuse:** 15-20% in general female population
- **Sexual abuse reported:** in 22-48% of constipated patients
- **Sexual abuse reported:** in 33-74% of constipated patients
- **Abuse history:** common in women with FD and functional GI disorders
- **Invasive nature of treatment mainstays:** can enhance feelings of prior trauma

### References

---

MISSED THE MEETING?

THE CME MODULES ARE STILL AVAILABLE TO VIEW ONLINE!
(LINK: HTTP://BIT.LY/AMWAVIRTUAL)
THEY WILL BE AVAILABLE FROM MARCH 2020 – FEBRUARY 2021 (11.5 CME HOURS)

CME MODULE 1: AMWA LEADS ACADEMY PART I
CME MODULE 2: AMWA LEADS ACADEMY PART II
CME MODULE 3: PRACTICAL TOOLS TO INCREASE YOUR LEADERSHIP POTENTIAL
CME MODULE 4: EFFECTIVE COMMUNICATION FOR HEALTHCARE LEADERSHIP
CE MODULE 5: HARNESSING THE POWER OF SOCIAL MEDIA
CME MODULE 6: GENDER EQUITY IN HEALTHCARE AND LEADERSHIP
CME MODULE 7: OVERCOMING IMPOSTER SYNDROME
AMWA RESIDENT PANEL

AMWA residents and fellows participated in a live Q&A session during the AMWA Annual Conference for medical students! They talked about what it is like to be a resident in their specialty, and what advice they had for medical students.

PRESIDENT'S CORNER

Congratulations to the 10 new AMWA Resident Leaders!

Although all the positions are filled, below is a list of AMWA initiatives/committees that have an OPEN position for a Resident Representative:

1. COVID-19 with a Gender Lens
2. Wellness
3. Medical Humanities
4. Preventative Medicine

If you are interested in getting more involved with AMWA, please email <president@amwa-resident.org>

Opportunity to Publish on Digestive Diseases in Women

The American Journal of Gastroenterology is seeking original research manuscripts and narrative reviews focused on the impact of digestive disease in women. Given that many functional GI disorders, autoimmune diseases, and pregnancy-related conditions preferentially affect women, the Journal is dedicating a special issue to women's health in the context of GI and liver disease. The deadline for submission is August 1, 2020.

For more information, please contact <journals@gi.org>

Enter to Win a Personalized High-End White Coat! (Retail Price $172)

Enter the $10 raffle for your chance to win a personalized MEDLITA white coat, known for its sophisticated style with fluid-repellent fabric.

Enter by May 5, 2020, for a chance to win!

Link: https://www.amwa-doc.org/product/white-coat-raffle-by-amwa-resident-division/

AMWA The Vision and Voice of Women in Medicine Since 1915

American Medical Women's Association
CONFERENCE CO-CHAIRS

The AMWA Annual conference has been moved to March 25-28th 2021 in Indianapolis and of course we hope to see you all there! Your new resident conference co-chairs are Nandini Nittur and Sonia Bhandari Randhawa! Please contact us with any suggestions, input or questions! In order to see what you all would find useful, we've created a google form.

We look forward to hearing your input:

https://docs.google.com/forms/d/e/1FAIpQLSfEpexItfbWvVw3H3cg_lzyXPxalTUkTYhWz7rrE82UscHg/viewform?usp=sf_link

See you at the next AMWA Annual Conference!

Mark your calendars: March 25-28, 2021 Indianapolis, Indiana

AMWA RESIDENT & FELLOW MEMBERSHIP DATA

Where are our resident and fellow members localized???

See below for a geographical map, by state, of where our resident and fellow members are localized. There is a strong representation of AMWA members in California, Illinois, Florida, and New York! If you are from one of the states - keep the representation strong!

Conversely, we are lacking members in the states of New Mexico, Nevada, Idaho, North Dakota, South Dakota, Montana, Nebraska and West Virginia. If you are from one of these states, consider recruiting fellow colleagues to join AMWA, or start a resident or fellow division branch. The benefit of connecting with fellow AMWA members is networking, support, resources, education, mentorship, scholarship, and more!
MONTHLY INITIATIVES

Did you know April is...

- Alcohol Awareness Month
- National Child Abuse Prevention Month
- National Donate Life Month
- National Minority Health Month
- Sexual Assault Awareness and Prevention Month
- Sexually Transmitted Infection Awareness Month
- Women’s Eye Health and Safety Month
- National Public Health Week
- Sexual Assault Awareness Day of Action
- National Infertility Awareness Month
- World Health Day

Organize a volunteer day

Go to your local community culture center and offer to give a presentation to raise awareness and knowledge about a specific health topic.

In keeping with April’s theme of National Minority Health Month, address a health care disparity specific to that population. Examples: HIV, hepatitis A, hepatitis B, colorectal cancer screening, breast cancer screening, cervical cancer screening, diabetes, hypertension, etc.

WE WOULD LOVE TO HEAR FROM YOU!

Please send us updates and photos of your branch’s activities to: recruitment@amwa-resident.org. We will include it in the next resident quarterly newsletter. Photos are always welcomed!