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literary

amwa

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contents

6 Patient in Room 4

By Chika Nwosu
Florida International University
Herbert Wertheim School of
Medicine

10 Lift

By Joana Andoh
Yale School of Medicine

12 This I Believe

By Shelby Reimer, M.D.
Family Medicine
OhioHealth Riverside Methodist
Hospital

14 La Verdad

By Liana Meffert
University of Iowa Carver College of
Medicine

16 Show Me a Hurricane

By Rosanne Zandvliet
Alabama College of Osteopathic
Medicine

20 One-Way Mirror

By Julia Meade, M.D.
Pediatric Hematology/Oncology
Children's Hospital of Pittsburgh

contents

21 **Pregnancy Brain:
Mothers in Medicine**

By Madeline DeWane
University of Connecticut School of
Medicine

26 **The Superwoman of my
Mother's Dreams**
By Fariha Siddiquie
Chicago College of Osteopathic
Medicine

29 **Shoulder to Shoulder**

By Melissa Hill
Icahn School of Medicine at Mount
Sinai

patient in room 4

BY CHIKA NWOSU

"Your next patient is in Room 4," the doctor quickly said to me as he grabbed my computer, scanned the name and age of the patient, and headed towards the room.

"58 years old... This shouldn't be too bad," I thought as I opened the door. I had had a number of complicated patients that morning, and I was looking forward to a patient who would make for an easier encounter.

As I laid my eyes on my patient, my first thought was that she looked significantly older than 58. She was hunched over, her sweater wrapped tightly around her. Her thin legs were dangling from the bench, and she had a grimace on her face. I was surprised by her fragility, but I smiled and introduced myself as I started to open up her chart on the computer. "Hi Catherine, so what brings you in today?" I said. It was

my routine opening line.

"I'm here for a follow-up," she whispered to me. This was the routine answer I was expecting, and I prepared myself to go through the motions of pulling up lab results and providing counseling about the importance of a healthy diet to lower cholesterol. But then my eyes stumbled upon the words on my screen: *Lung cancer, metastatic to the bone* stared back at me. I caught my breath. Before I had a chance to react, Catherine quickly thrust a piece of folded paper into my hands. "I got an MRI last week of my brain; here are the results." Still shocked by the discovery of my patient's history, I slowly opened the paper. Nothing could have prepared me for the words that I saw.

"Metastatic lesions to brai-" I had begun to read out loud, but my voice trailed off as I came to the realization of what I was saying. "This can't be

happening,” my mind quickly raced. Sure, we had had so many workshops and sessions over the past three years, all meant to prepare us to discuss bad news. But no one had told me that I would actually have to do this in real life. As I was fumbling and trying to read the report, Catherine started to cry.

“What do you do when you get your results and you find out you have BRAIN CANCER,” she sputtered out through the tears. It wasn’t until I felt the wetness of my own tears that I realized that I had also started to cry. I didn’t know what to do. I felt my feet take me to my patient’s side and my arms envelop her. “It’s going to be okay,” I found myself saying, even though I wasn’t sure if I believed that myself. “We are going to be on this journey with you, you don’t have to do this by yourself,” I whispered as I continued to hug her and sat there crying. I felt light-headed as I continued to ask her about her support system – her daughter who worked nights and slept during the day – and how she was feeling – unbearable bone and nerve pain and excruciating migraines. As she continued to open up to me and let her guard down, she confided in me about her fears. She shared that she had just finished her second round of chemotherapy, and

her appetite was non-existent. She had lost 10 pounds in the span of a month since her last visit.

“Have you tried any appetite stimulants? We can prescribe some for you.” She shrugged, and I quickly found the medication and sent it as a prescription.

“They told me to start drinking Ensure,” she said. I nodded and asked her if it was working for her. Our eyes locked and she seemed to shrink once again. “I went to the store to look for it, and it was too expensive. I am on government aid, I couldn’t afford it.” Her voice wavered. I felt a pit hit the bottom of my stomach. I thought about the sandwich I had consumed just an hour prior, and how I had taken it for granted.

I felt my eyes begin to sting once again. “Well – I mean, what about coupons? Have you tried coupons? They must have some online,” I stammered.

“I am incompetent when it comes to the internet, I don’t even have a computer,” she responded. My mind raced as we sat in silence. Suddenly, an image flashed in my head. My mind went back to that very morning, when I saw the clinic’s

physician assistant walk out of the sample closet with her hands full of Ensure. My heart started to race as the words began to spill out of my mouth. “I GOT IT! I think we might just have some samples of Ensure in the back, and I’ll go pull up some coupons and print them!” As my words hit her ears, her face lit up and the corners of her mouth began to turn upwards. “Really? You really mean it? That would be . . . I don’t even know . . .” I quickly shot up and ran out the door, turning to her and telling her I would be right back.

I ran to the hall, and I found the PA. “QUESTION! I saw you with Ensure this morning. Do we have any more?”

“I actually used the last of it this morning-” I stopped in my tracks, but she continued, “But the drugs reps literally just came 15 minutes ago and dropped off a whole new shipment.” This was a sign. I quickly explained the situation to the PA, and I asked her if it was okay if I grabbed a whole bunch of Ensure. She smiled and nodded, then went to the drawer and pulled out two bags. She handed them to me and said, “Go crazy.” For the first time since I had encountered Catherine, I smiled.

I ran to the sample room and laid my eyes upon the Ensure bottles,

glistening and all lined up in a row. I stretched my arm out and swept the whole collection into my bags. To my delight, I saw a stack of Ensure coupons lying on the counter. I grabbed the stack of coupons and stuffed them in the bags. As I struggled to loop my arms through the bags and carry them to the room, my attending walked in. I froze. We stared at each other, and he asked me slowly, “What are you doing . . .” I was silent, and suddenly words spilled out. “MY PATIENT HAS CANCER AND IS DYING AND CAN’T AFFORD ENSURE AND I DIDN’T KNOW WHAT-“

He raised his hand to stop me. “Put the bags down.” As I slowly set the bags down, he could sense my disappointment. “We will still give them to her; I just need to figure out what’s happening.” He escorted me back to the patient room.

As we sat in the room with Catherine and I relayed everything to my attending, I could see him thinking. As Catherine sat and listened, he turned to me and said, “Go get the bags. And go get all of the coupons.” My heart began to swell as I skipped out of the room to grab the bags. When I returned, I showed her all of the different flavors of Ensure – strawberry,

caramel, chocolate – eyes welled up with tears... but this time, they were tears of joy. She whispered to me that she had just run out of food stamps and this was a blessing. The rest of the visit was a blur – my attending was able to register Catherine for free Medicaid meals to be delivered to her home, and we found more resources for her.

As she walked out, I held the bags and asked her if she needed help. Her teeth shone through her grin, as we embraced, “I have cancer, but I’m not done yet.” For the first time, I could hear a new strength in her voice. I watched her grab the bags and walk out the door. I finally understood what it meant to treat the patient, not just the illness. My cheeks hurt from smiling, and as I watched her walk through the window, I heard my attending call out to me, “Your next patient is ready for you in Room 4”.

lift

BY JOANA ANDOH

Machine, suction, IV, airway...
Steady octaves, the cadence of an EKG,
Becomes a sort of white noise.
Test of four,
One twitch, proceed.
The brief burn of a Bovie knife,
Wafts a smell you get,
Too used to,
Too quickly.
A port set to sail.
Barely recognizable,
The clearance of depth.
Projects images on a screen,
Something, so universal, something,
Within us all.
Cerulean hues of sterility,
Isolate the body parts,
You'd almost forget what was underneath.
The crank of a neck reveals,

continued from the previous page

A ratio, 10:1.
Timed out for recognition,
And confirmation,
And dedication.
For a being,
Whose family waits at the fork of the hallway.
For the being,
Who will soon wake from a deep stupor.
For *this* being,
A new mother, a daughter, a beloved partner.
A patient,
The patient,
Our patient.

One,
Two,
Three...
Lift.

this I *believe*

BY SHELBY REIMER, M.D.

After caring for the full-of-life woman before me, I could only muster a four-word sentence, but I knew she wouldn't hear anything else after that anyway. I closed the door and turned around to find her kind eyes searching mine for the answer she already knew.

“Your cancer is back.”

I grew up watching the ladies of *Grey's Anatomy* battle their way through residency. With their flawless pores and fashionable post-call wardrobes, they survived the long hours and railed against the patriarchy in medicine. Dramatic, feel-sorry-for-you music welled up when their patients died. And then they moved on.

I knew that actual residency was going to be hard when faculty at my medical school graduation shot each other knowing looks at the mention of “intern year,” but I still

underestimated the road ahead. Despite my best efforts to be the bright-eyed person I was just one year ago, the days started to blend together. I put my head down, I got work done, and I tried to keep moving. I learned to harden myself, just a little, because you can't fall apart when everything is falling apart for your patients.

What they didn't tell us at graduation, however, was that instead of music, there would be such penetrating silence that sometimes it physically hurts to sit in that moment with your patient. Sometimes you don't feel it until you get in your car and realize that the silence has followed you there, too, and this time you don't have to put on a brave face as you drive away from the hospital.

There it reveals itself, bubbling to the surface like oil desperate to escape water. Back again despite

squashing it into a box somewhere within, intentionally buried under beeping pagers and hunger pangs and stained white coat pockets filled with spare pens and to-do lists. I hoped the wash of warm July air rushing through the windows would make it go away, but it didn't. I felt pain, because I couldn't fix her pain. I felt anger, because no, she wouldn't live to celebrate that diamond jubilee with her boyfriend. And I felt guilt, because I still don't understand why I went home to a normal evening when she had her dreams evaporate with one sentence.

Even as a doctor, I don't have all (or even most) of the answers. I don't really know how long she will have or what that time will look like. But what I do know is that I have been blessed to have witnessed what happened after those four words: she paused, took a deep breath and with a soft chuckle, she hugged me. She told me not to be sad. Amused at my surprise, she revealed that she, too, worked in healthcare. She recanted her years of calling overhead code blues and answering hospital operator calls, guiding timid interns and veteran attendings alike. She was the steady voice on the other end, helping others in invisible, unassuming ways, and this was no

different.

I believe that my greatest weapon against death and disease is not an encyclopedic knowledge of pathology or prognosis, but the strength to be vulnerable enough to experience this messy, unpredictable, strangely fragile thing called "humanity" with my patients. It might hurt sometimes, and that's okay. In the right space, I'm learning to give myself the grace I afford my patients who often react with the same anger and frustration I feel. I believe that this road to becoming a family physician is hard, and will always find new ways to challenge me, but more than ever I also believe that real healing is found in that pause, those quiet moments of the day shared between two people.

la verdad

BY LIANA MEFFERT

There's no translator I can find to explain
in a language that's been curdling
my tongue like it's never known
my name
why being sick
doesn't mean you get help
from those that can give it—
these scraps of speech pieced together
like magazine clippings for a ransom letter
to your body this is what
your surgery will cost
which is just a number, really, meaning more
imaginary things—

continued from the previous page

I watch the corners of your eyes crinkle
when we talk about your wife
your hands spread wide
to show just how much you can carry,
the careful stitch of calluses across palms.
So when you unbutton your pants without pause
to show me where it hurts
your trust exposed in the relief of
leafy green office plants & quickly
shrinking in the ventilated air
it is me exposed
with this zipper on my lips:
this summer with no escaping
what the Rio Grande can swallow
& nothing to be promised.

show me a *hurricane*

BY ROSANNE ZANDVLIET

Sunday, October 7, 2018 – I get a text message from a friend, joking that next week will be “a good one for surfing.” I laugh because he always does this, and it’s always nothing. He knows I’m still new to Panama City, my clinical clerkship site as a third-year medical student. I’ve only lived in Florida for a few months but am already well used to the locals’ jovial attitude toward hurricanes. These few raindrops will likely be just as laughable as the usual offhand and inaccurate comments about Florida weather. This isn’t the first time I’ve been warned about a storm that never came. “Alright,” I respond, “show me a hurricane.”

The week starts out as they always do. I trail behind my preceptor, helping him run codes and looking

up lab results. I check in on the ICU; one patient’s family has been here all week, and we’ve gotten to know each other. I know them as the three who sit by his side and look at me hopefully every time I walk in. They know me as the clueless student who smiles a lot and ends every statement with a shrug and “. . . but we’ll see what the doctor thinks.” I’ve gotten used to not having enough answers.

My email tone chimes; I sneak my phone out in the hallway to check it. “Mandatory storm meeting tonight. All students attend.” That evening, we discuss who will volunteer in the upcoming days. We plan to show up on Tuesday evening and expect to go home Thursday morning with the day off to catch up on sleep. Somehow, I

still don't believe this will be anything more than an exciting sleepover.

Tuesday evening, I stall to shower and get back to the hospital for lock-in; I always cherish my rare moments to relax at home. I pull the couch another foot away from the window and text my Floridian classmate to ask how far to move my houseplant. "Move it farther," he replies. It looks useless to me but I take pictures anyways. I might need these for insurance, I tell myself. What insurance? I don't even own a flashlight. I fill the cats' bowls to the brim and cuddle them once extra before closing the bathroom door behind them. I see my elderly, single neighbor on the way out. She asks me to check on her when I come back, to promise I'll make sure she made it. I promise. That night, four classmates and I stay in our designated student center. We pretend to study but mostly just talk. We sleep on air mattresses and cots. But really, we just lie there.

At 11:00 am on Wednesday, October 10th, Hurricane Michael makes landfall on Panama City, Florida.

The wind tries to take down all

seven police officers struggling to hold up the sliding doors to the emergency department as water rushes in underneath, bringing storm debris with it. I stand in the middle of the ER waiting room, gloves in my hand and feet planted firmly, eager to contribute. My classmates and I have been standing like this for hours, waiting for the eye of the storm that never comes. The bus full of patients we anticipated from a nearby hotel after the windows blew in never gets its chance to drive to us. There's been nothing to see outside except water and wind for hours now. Once in a while a tree branch whacks a window, sticking for a few seconds before being torn away by the next gust of wind. Someone's loud voice draws my attention. She calls out, "There's an RV flipped in the parking lot." How do we know that? I look out the window again and can't make out anything. I notice three people move towards the rear entrance. Where is this RV? I begin to follow them. As I join their stride down the hallway, I ask, "Are there people inside of it?" "Yes." We start to run.

Stepping out the back door of the hospital, the rain hits my face so hard it feels like someone is throwing rocks at me. Running in

knee-deep water through the parking lot, I spot the RV on its side in the distance. Fiercely banging on its windshield, I can barely see inside. I climb onto an overturned pick-up truck to get to the RV's skyward-facing side wall, its surface slick and the wind so strong that someone's grasp on my scrub top is the only thing keeping me there. Gripping the shattered window frame tightly, my view switches between the two bloodied faces looking up at me and the trees around the parking lot snapping like toothpicks.

Nothing in anatomy lab could have prepared me to suture facial anatomy exposed to the bone. My lectures didn't outline how to extricate people from their devastated homes. More help arrives, and we form a force of rescuers prepared to take on tasks we were never trained for, and together we bring our patients to safety. Although I don't ever learn their names, I will always remember their faces.

Two days later, hospital security finally allows us to leave. I find my car windshield shattered and my apartment's ceiling vanished. I use a borrowed truck to return stranded

hospital patients to their homes, dodging power lines while helping them search for family members. On Friday, the hospital evacuates completely. The national guard has opened the city limits and we caravan back to school's campus in Alabama. As we drive, we pass miles of first responder vehicles on their way down to what's left of what we briefly called home. My eyes fill with tears as I allow myself to feel the overwhelming combination of sadness, hopelessness, but most of all, gratitude. I feel humbled by the strength and unity of the people of Panama City and Gulf Coast Regional Medical Center in past days. I feel lost, leaving behind patients and colleagues. But with my cats safely in my lap, and the phone number for my neighbor's son in hand to reassure him as soon as I get service, I feel so grateful to be alive and to be whole.

My education enabled me to be someone that I never thought I would have been prepared to be without hesitation. It wasn't just lab hours and lectures that trained me as a physician. Somehow, while I was focused on the next exam or assignment due, it was the little things along the way that shaped me to embrace and overcome the

unexpected. While perfecting physical exam skills, I adopted language that allowed me to comfort a patient as I pushed her wheelchair to a makeshift helicopter pad. Beyond memorizing electrolyte absorption, I gained the resourcefulness to assess patients without the ability to run basic labs. By offering to work late or stay on call to impress my preceptors, I built the stamina to push past mental and physical exhaustion. All this time I've spent looking towards a degree, but it's the journey that holds the real value.

one-way mirror

BY JULIA MEADE, M.D.

Darkness,
silence in the house
but for the faint song
of lullaby music
guiding me, magically
up the stairs
to the room
where my children sleep ---

I stand, finally, home with them
pearls of sadness
shatter on the bare floor
like a broken necklace
falling from my neck
for the moments
I lost with them.

continued from the previous page

This day, one of the many
I watched my children's lives
play out in photos and videos
dancing across my phone
watching them
through a one-way mirror
from afar.

Tonight, my hand in their hair
appreciating the realness
of their presence
--- still unaware of mine,
the collateral damage
of my choice to become
a physician-mother.

pregnancy brain

mothers in medicine

BY MADELINE DEWANE

WINNER
OF THE 2019 LINDA BRODSKY ESSAY CONTEST

“Absolutely not.” This was my answer – without hesitation – when my male colleague (who has a daughter around the same age as mine) asked a couple of weeks ago if I was bringing my 2-year-old to our department holiday party. I think I actually startled him with the force of my answer.

“Are you bringing yours?” When he said he was thinking about it, I mused aloud, “You definitely should. People love seeing dads with their kids.” The corollary of this, which I did not say aloud but was entirely my reason for not wanting to bring my daughter, was that people at academic department parties don’t love seeing moms with their kids. A dad with a rambunctious toddler at a department party might get, “Wow, what a great dad. Isn’t it wonderful

that he’s so involved?” While a mother is more likely to get, “That kid is out of control. She looks frazzled.”

Of course, no one has ever actually said these things to me, but somehow during my medical school career I’ve internalized them. And when I eventually did share my reason for not bringing my daughter to the holiday party with my colleague, he wasn’t surprised. Instead he said, “You’re completely right.” So where along the way did I learn that being a parent is an asset for a man in medicine and a liability for a woman?

One of my earliest lessons came during my second week of medical school. I spent a Saturday morning

shadowing a female OBGYN at a local free clinic. We were chatting about my rather circuitous path to medicine, and when she learned that I was interested in critical care and that my husband was a 2nd year surgical resident she stopped the conversation. Swiveling around in her chair she stared at me incredulously, and with an accusatory tone she asked, “Who do you think is going to raise your kids?” In the moment I laughed and muttered something flippant about a nanny, but I thought about her question for the rest of the day. I was taken aback and especially hurt because my husband and I were actually hoping to get pregnant. I was suddenly jolted from feeling that I had finally “made it” into the world of medicine to feeling like I didn’t belong in the place I had worked so hard to reach.

I’ve experienced plenty of unintentional slights about pregnancy and parenthood since then (“Hope you’re not having pregnancy brain!” while I was studying for an exam at 8 months pregnant, or, after sending an article draft to a colleague, “You’re so smart, I never would have guessed you’re a mom.”), but I still bristle most at the memory of that

encounter with the OBGYN so early in my medical career. I was offended by the assumption that figuring out child rearing would be my sole responsibility, frustrated that of course no one ever asked my husband the same question before we had our daughter, and most of all I was terribly disappointed that a female physician I respected and admired had been so unsupportive.

Women now make up 46% of medical school graduates,¹ and a highly publicized study in 2016 demonstrated that patients may actually have better outcomes in the hands of a female physician.² But the numbers of women dwindle as you climb the academic ladder, with women making up only 38% of medical school faculty, 21% of full professors, and 16% of deans, a phenomenon popularly referred to as the “leaky pipeline.”¹ Many factors are believed to contribute to this “leakiness,” including gender bias, lack of female mentorship, and unequal distribution of advancement opportunities,¹ but I think attitudes towards motherhood also play a role. There are plenty of institutional barriers, like lack of formal parental leave policies, inadequate lactation facilities, and the misery that is finding affordable childcare, but the

cultural barriers are equally damaging. The attitude that motherhood is incompatible with a successful career in academic medicine runs deep and reaches medical students and trainees early in their careers. In a 2015 survey, surgical residency program directors were significantly more likely to report that becoming a parent negatively impacted female trainees' clinical work and overall well-being compared to male residents'.³ And women share this concern. In a 2018 study, women were significantly more likely than men to worry that having a child would have negative professional repercussions, even when controlling for medical specialty and parental status.⁴ This lesson – that having children as a woman in medicine is at best an obstacle to overcome and at worst a true professional liability – has become part of the “hidden curriculum”⁵ of social values taught to students and trainees.

All of this brings to me today. I'll start my 4th year of medical school in July, and while I've gained a lot of perspective over the past several years, I still struggle with how to balance motherhood, medicine, and the perceptions of those around me. I'm less bothered by people's offhand

remarks, but I still feel the pressure to stay late, do more, and try twice as hard to prove that motherhood isn't holding me back. I'm lucky to have a solid support system and strong female mentors, and on most days, I'm confident that I'll find a way to be both a great mom and a great doctor. I founded my school's AMWA branch in the hopes of creating an empowering environment for women in our medical school, and I try hard to make myself available to other students who may be considering starting a family, although I certainly don't feel like I've got it all figured out. I remain committed to academic medicine and hope to teach and mentor students and residents myself someday.

Changing the culture of medicine to value motherhood is a huge task, and I wish I had a game plan for how to make it happen (although leave policies and lactation facilities are certainly good places to start). However, if we don't make an effort, medicine's hidden curriculum will continue to alienate women who are sent the message that mothering and doctoring are incompatible. I don't know if my daughter will someday chose to become a physician or a mother. But in the meantime, I'm

committed to being a part of the solution that will make the journey a little easier for her if she does.

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the superwoman of my mother's dreams

BY FARIHA SIDDIQUIE

*PLACING SECOND
IN THE 2019 LINDA BRODSKY ESSAY CONTEST*

I turn the television volume up, so the mindless chatter of women on the home shopping network can drown out the sounds of the ambulance sirens outside. Fixated on the intricacies of the latest blow dryer models, I can ignore reality - I'm eight years old and my mother has attempted to kill herself.

My mom is an uneducated immigrant woman from a small village in Pakistan, born in a world which did not understand her schizophrenia and depression. She was married off to a stranger at a young age, but while leaving her entire world behind, she held her head up high. America was the land of opportunity, with a brand new green card she could change her

story into anything she wanted. But "promised land" was not all she had expected it to be. Her husband was abusive, unfaithful, and financially manipulative. Her family washed their hands of her burden. The language unfamiliar, the culture so different, she had never even spoken in front of strange men before! She worked in a hospital on the seedy side of town, moving up from cleaning toilets to pushing a button as an elevator operator. One day she was very proud of being promoted to a desk job, she was now the front desk greeter! She has spent over 30 years watching people in white coats rush around the hospital, too busy to acknowledge her as she served their lunch or cleaned their trash. She saw residents on their first day grow into

the heads of their departments. She knew how the chief of surgery liked his burger cooked. But he would never know her name. She was not a part of their world, but to her, they were superheroes who fought mythical battles to save lives, living outside her range of comprehension. They were the most noble of all people - the physicians.

As I've developed in my medical school education, I've found strength and courage by returning to my roots. When medicine became hard and I questioned my dedication, I remembered her story. When I underestimated myself or questioned my abilities, I remembered the look of awe in her eyes at my white coat ceremony. I would not have hesitated to send out a fierce reckoning towards anyone who belittled my seat at the table. I did not watch my mother spend her life subdued and silenced, just to stand by and let a male classmate speak over me. This was non-negotiable.

But that boldness only lasted until my first day of rotations in Emergency Medicine. There I was, standing in the doctor's box, a line my mother could never dream of crossing. White coat ironed and hair

tucked in a professional bun, textbooks in one hand and coffee in another. I had spent all night doing flashcards to prepare, wide eyed and eager to prove myself, I was introduced to my attending. As I began to speak, he cut me off to say, "Your name is too hard, I'm going to call you Sunshine."

In the constant movement of the ER, there is no time to reflect or react. Microaggressions build upon themselves until they have strengthened into a norm. Suddenly, I no longer had a name. I no longer had specific talents or qualities. I had been pushed aside as a fierce competitor and the opportunity to nurture my skills was thus eliminated. My job was to stand and smile. No longer was I allowed to introduce myself to patients as "Student Dr. Fariha," as I would get cut off with an "Oh, that's just Sunshine." Laughing along with patients who called me adorable instead of answering my pertinent history questions, I would wonder just how would I get a letter of recommendation from an attending who doesn't know my name?

The nature of a microaggression is such that it makes you question whether you even have the right to

feel marginalized. I'm expected to laugh along when the person in charge of my grade, and therefore my future, not only disregards my intelligence and role in front of the patient, but refuses to acknowledge my existence as a whole. My name was too difficult to pronounce, and thus replaced with a misogynistic, narrow magnification of one aspect of my feminine nature, my pleasantness. I was too ethnic to exist. I was too female to be significant. I began to question whether the strength rooted in my mother's story was in actuality, a weakness. Other students were able to move in this world so fluidly. They were taken seriously, they were given opportunities, their mistakes were eclipsed by the minimum amount of average work they did. They had easier names to pronounce. Maybe I should have muted myself, washed off the smell of tumeric to conform to his tastes until I am small and bland enough for his palate. Maybe I should have stayed focused on the women of the home shopping network.

Yet, the culture of medicine is at a tipping point, and we are a generation of students unafraid of pushing until it all capsizes. We are seeing more women with difficult

names on staff lists of hospitals everywhere. But medicine cannot just stop there. Beyond that, it must recognize that our seat at the table was earned, our contributions are valued, our intelligence is respected. We will be addressed by our appropriate titles despite how difficult it rolls off your lazy tongue. No longer are we just the line cooks, the house cleaning staff, the background token minority. I will shout proudly from inside the doctor's box and say, "I am ethnic, I am female, I am going to be a physician - the superwoman of my mother's dreams."

shoulder to *shoulder*

BY MELISSA HILL

*PLACING THIRD IN THE 2019 LINDA
BRODSKY ESSAY CONTEST*

As a medical student, securing a spot on a transplant surgery is like winning the lottery. Every few weeks, the Transplant Surgery Interest Group student coordinators send out an email to eager first and second year students: “Local donor. Time TBD but earliest 5pm. Meet at the ER ambulance bay on 102nd. First to respond with name and phone number will be selected.” One afternoon halfway through my first year, I was one of two students accepted. I jumped into my bright green scrubs, slipped on a pair of old sneakers, and headed to the ambulance bay.

The other first year student with me, whom I’ll call Rob, is objectively taller than I am. He is objectively

more blond than I am. He is objectively older than I am (only by 11 months). He is not objectively smarter than I am, nor a more capable student. He is, however, male, and I am not.

The lead resident on the case spoke with confidence and walked with a swagger that implied, “I know I’m good at what I do.” On the ride to the hospital, he talked us through the typical steps of a heart transplant. Occasionally, he’d ask a question. What artery supplies blood to the left atrium? (Left circumflex) What happens to the Frank Starling Curve when you decrease contractility? (Decrease stroke volume) Each time, Rob would jump in first with an answer. Sometimes,

Rob was wrong. Before I could say what I thought was (or knew to be) the right answer, the resident would correct him and continue on with his explanation.

At the hospital, the resident leaned against a patient bed outside the OR suite, and Rob and I stood in the hallway across from him. For roughly 20 minutes, while the resident continued to casually discuss the procedure with us - occasionally going on a tangent to vent about how little sleep he gets - I stared at the resident, willing his eyes to meet mine. He used phrases like “you guys” or “you two” to ask about what we had learned, but his body language belied his words, focusing exclusively on Rob. Even when I asked a question, he would briefly gaze in my direction before looking back to Rob as he answered. Feeling uncomfortable in this moment where my male peer was clearly prioritized, the only thing I could think of doing was to inch my way towards where Rob was standing, eventually landing myself shoulder to shoulder with him and more directly in the resident’s line of gaze. My tactic was to no avail, and the resident continued to engage with Rob, unperturbed.

When the OR was ready, the resident turned to us, finally looked me in the eye, and said, “have you two scrubbed in before?” We both had. Still looking directly at me, the resident emphasized, “take it seriously.” We scrubbed, gowned, and watched the procedure until we were invited to participate. Multiple times during the surgery, I was addressed by staff as “miss.” Normally, this wouldn’t bother me, except that Rob, also a medical student, was addressed at least once as “doctor.” I felt frustrated, but not surprised: a study published in the *Journal of Women’s Health* found that male doctors introduced male speakers at Grand Rounds as “doctor” 72% of the time, and female speakers as “doctor” only 42% of the time (Files et al. 2017).

These micro-aggressions continued subtly throughout the five hours of the surgery. While the educational opportunity might have outwardly appeared equal to anyone else in the room - for example, both Rob and I had the chance to scrub in and hold a beating heart in our hands before the first cut - to me, it felt wholly different.

As I reflect back on the experience

now, maybe I am overreacting. Maybe not. But in that moment, I certainly felt less important, less worthy and less visible. Perhaps the resident did not realize that he was perpetuating the stereotype of surgery as a man's domain merely in the way he held his body and engaged with those around him. These micro-aggressions occur in every field, every day.

I believe that what I experienced that day is symptomatic of the barriers that continue to confront women entering our profession. So how do we, as students and physicians, eliminate those barriers? We need to find a way to educate male physicians and students to recognize such micro-aggressions and realize how that impacts their female peers. And we must call on those males to raise their voices when they witness such discrimination. Months later, when I talked through these reflections with Rob, he was surprised, but understood. Perhaps this is small progress, but it is progress, and maybe Rob will have a better perspective when it is his turn to lead.

Another fundamental way to counteract micro-aggressions and put them in perspective is through

building a relationship with a mentor. As medical students we can seek out mentors - men and women - and learn from them. And hopefully our mentors will learn from us, too, inevitably changing how they see other female professionals. My sister works at a company with a policy that no one is promoted unless they "pull up" someone below them. In medicine, where women comprise just 37 percent of all physicians (AAMC 2015), it's often hard to find a woman to pull you up. That doesn't mean that there is a scarcity of strong women in medicine; I am surrounded by impressive female peers and doctors, and the female physicians I know are amazing in their fields.

Finally, each of us should, without a doubt, find a woman behind us to mentor as well. We can hear her ideas, find out what motivates her, and encourage her to make her goals become reality. If many voices carry the same song, the message reverberates powerfully.

