

AMWA Connections

The Vision and Voice of Women in Medicine

VOLUME XXVI, NUMBER 6
NOVEMBER, 2004

Leadership Diamond® develops leadership literacy

AMWA Annual Meeting keynote focus on Violence Against Women: Death in the Workplace

Trimble L. Bailey Spitzer,
MSIV, Eastern Virginia Medical School

At the AMWA Annual Meeting, Marcella Fierro, MD, will present the keynote presentation *Violence Against Women: Death in the Workplace*. According to the Bureau of Labor Statistics, homicide is a leading cause of death in the workplace. Workplace violence, including assault and suicide, accounted for 15% of all work-related fatal occupational injuries in 2002. Thirty-one percent of women who die at work are killed as a result of an assault or violent act.

"It is a silent threat, unacknowledged and unanticipated," says Dr. Fierro. "It catches a woman and wounds her mortally in a place where she should be safe from hazards other than those inherent in her work. It is more than just a violation of the woman, it is hazardous to her colleagues."



Marcella
Fierro, MD

Violence-related fatalities are just the tip of the iceberg.

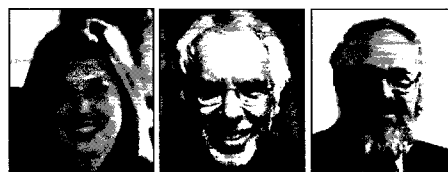
According to the Department of Justice, one million individuals are victims of violent crimes each year while working or on duty. A half million employees miss 1.8 million workdays each year, resulting in over \$55 million in lost wages.

Recent data indicates that hospital workers, especially women, are at higher risk for experiencing this violence. Successful prevention programs include environmental changes, clear administrative policies, and staff training. As an expert in violence against women, Dr. Fierro will provide an in-depth analysis of violence towards women in the work setting and help attendees consider strategies for prevention.

Achieve greater success in your medical career. Develop your leadership literacy using the Leadership Diamond®. Join Peter Block, MA, Katie Hurley, and Peter Koestenbaum, PhD, at the AMWA Annual Meeting symposium, "Developing the Will to Lead," on Sunday, January 30, 2005.

Leadership begins by understanding what it means to be a person. We ask, how does the history of ideas or of civilizations describe the way we think? The answer lies in four different orientations towards the world or ways of being intelligent: *values, boundaries, imagination, and will*. We call these points of the mental compass **Ethics, Reality, Vision, and Courage**, respectively. They are clusters of ideas that help organize, simplify, and manage the chaos of existence. Historically, they have appeared in the social order as the church, commerce, universities, and rulers (or the army).

Leadership uses this mind to get the right things done through other people. This definition of leadership places *character and ethics* at the pinnacle of the human enterprise. It means to trigger these four mental functions as a checklist in everything we do: (1) Are we compassionate, principled, and service-oriented (Ethics)? (2) Are we factual; can we manage the hardness of life, and do we know how others perceive us (Reality)? (3) Do we get the big picture; do we practice high-quality analytic as well as systemic thinking; have we tapped the unconscious to stimulate our creativity (Vision)? And, finally, (4) Do we take initiative, manage our anxiety, and claim our freedom of will (Courage)?



Katie Hurley Peter Block, MA

Peter
Koestenbaum
PhD

Presenters Peter Koestenbaum, PhD, and Peter Block, MA, authored a book on Diamond leadership methodology, *Freedom and Accountability at Work* (Jossey-Bass, Pfeiffer). The model is used to address leadership issues in the U.S. and abroad in medicine, education, business and government.

In search of balance

Julia Files, MD, Chair, Division of Women's Health-Internal Medicine, Mayo Clinic Scottsdale, Arizona

Anita Mayer, MD, Associate Chair for Staff Development, Department of Medicine, Mayo Clinic Scottsdale, Arizona

Janis Blair MD, Chair, Division of Infectious Diseases, Mayo Clinic Scottsdale, Arizona, Mayo Clinic Hospital

Women in medicine are uniquely challenged to find a balance between the demands of career and family. Our collective search for balance has led us to conclude that perfect balance is a dynamic process and may be difficult to attain, and nearly impossible to maintain. Perfect balance eludes us at every turn of the road! A constant focus on this elusive goal may lead to dissatisfaction. Rather than focusing on the arrival at this goal, we propose to focus on the process, which will allow enjoyment and fulfillment during the journey.

We surveyed many successful women professional staff at Mayo Clinic Scottsdale and collected their strategies for excellence. We discovered that, although important, balance is more than time management. Our colleagues showed us the importance of all of the following: 1) Finding a mentor: much can be learned from other women who have been successful in personal and professional lives. 2) Positioning yourself: women can choose various career tracts that can be aligned with their lifestyle. 3) Locating in geographic proximity to the workplace simplifies the day. 4) Setting goals and maintaining accountability. 5) Planning for pregnancy and breastfeeding realizing that there is never an ideal time to have a child. 6) Selecting excellent, reliable, and stable childcare is a prerequisite for a successful career. 7) Keeping children the highest priority. 8) Getting help and learning to delegate. 9) Getting organized to reduce unnecessary steps and accomplish more in less time. 10) Living with margin: a space between our limits and ourselves. 11) Taking care of you.

Most importantly, through this process, we discovered how important friendships, collaborations, and associations are elements to help women achieve satisfaction and a sense of working balance.

Join Drs. Blair, Files, and Mayer, at the AMWA Annual Meeting in January 2005 as they share other helpful strategies to survive, excel, and enjoy the journey.

Protecting ourselves against reproductive hazards in the health care environment

Hind Benjelloun, MSIV, Eastern Virginia Medical School

According to the National Institute for Occupational Safety and Health (NIOSH), reproductive hazards are the sixth leading cause of injuries and illnesses in the work place. Specific to the health care environment, an estimated 4 million women employed by hospitals are potentially exposed to reproductive hazards, and this number continues to rise.

Research in this area has increased in part by a major demographic shift in the workforce with an exponential rise in employed women, in particular in the health care sector. The prospect of damage to an already existent embryo has remained the main focus of research in this area. Menstrual irregularities or dysfunction, infertility, and loss of libido are less studied perhaps because they are complicated to document or because they are less of an immediate danger. The presence of a fetus is not required for reproductive hazards to occur, however.

Several studies confirm a general connection between employment in hospitals and the increased risk of adverse reproductive hazards, specifically spontaneous abortion. For example, NIOSH has established the association between exposure of female operating room personnel to waste anesthetic gases and spontaneous abortions and birth defects. Furthermore, the Occupational Safety and Health Administration (OSHA) is more recently concerned with the potential reproductive hazards of several pharmaceutical drugs and antineoplastics circulating in the hospital environment – those include azidothymidine, ganciclovir, and acyclovir; the sex hormones estrogen and testosterone; the antiestrogen tamoxifen; and various immunosuppressive agents.

According to the Center for Disease Control, the following agents are considered to be mutagenic or teratogenic in the health care environment:

Biological agents: Rubella virus, Cytomegalovirus, Hepatitis B virus

Chemicals: Ethylene oxide, Organic solvents

Pharmaceuticals: Anesthetic gases, Antibiotics, Cytotoxic drugs

Physical agents: Ionizing radiation

The effects of reproductive hazards are dependent on the time of exposure. For example, exposure to a teratogen or mutagen during the first 3 months of pregnancy may result in a birth defect or miscarriage. During the final 6 months of pregnancy, exposures to reproductive hazards are found to delay the development of the fetus, effect the maturation of the brain, and potentially cause premature labor. However, it is difficult to establish whether a reproductive hazard will result in a spontaneous abortion or defect; studies have determined that it is a question of individual susceptibility.

Currently, there are no general standards that govern reproductive hazards in the health care environment. The single specific standard that exists regards the prevention of exposure to ethylene oxide. There are however, very effective control measures that are in place to protect us as women against reproductive hazards.

Immunization against biological agents is the best defense. Health care workers should specifically be vaccinated against rubella, varicella, and hepatitis B. Women in medicine who intend to become pregnant should plan ahead and determine possible risks prior to conception.

Equipment and devices like drug preparation hoods, enclosed sterilizing systems, gas-scavenging systems, and personal productive equipment like gloves, gowns, and goggles serve as essential control measures.

Monitoring of the work environment by a qualified industrial hygienist will allow health care workers to understand possible reproductive hazards.

References:

Kooker, BM. 4 million female hospital workers face reproductive health hazards. *Occup Health Saf* 1987;56(4):61-64.

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Office of Science and Technology Assessment. Controlling occupational exposure to hazardous drugs. In: OSHA technical manual. www.osha-slc.gov/dts/osta/otm/otm_vi_2.html. Retrieved on October 2, 2004.

Insuring Women's Health

Trimble L. Bailey Spitzer, MSIV,
Eastern Virginia Medical School

Solving the problem of our nation's uninsured must become top domestic policy in the upcoming year. Many experts see the health care system in a broken financial state as the number of Americans without medical coverage hit an all time high of 45 million, increasing 1.4 million in one year alone. At least 20 million working Americans are uninsured and millions more have marginal or inadequate coverage.

"Health insurance premiums paid by U.S. workers have risen nearly three times faster than average earnings in the past four years, eroding the income of average Americans," according to federal data recently reported by USA Today.

Women are the majority of part-time workers, and most are dependant on employment-based insurance to cover the cost of their health care needs. However, as costs surpass the rate of general inflation, employee insurance health coverage steadily declines. A study by Kaiser Family Foundation found the portion of workers receiving health insurance from an employer dropped from 65 to 61 percent in only three years and five million fewer jobs now come with health care coverage.

Faced with ongoing premium increases, Mercer Human Resources projects a 9.6 percent increased cost per employee in 2005. Such trends drive companies to scale down their coverage benefits, leaving gaps in preventive care. Women are the primary caregivers to our nation's children and dependant elderly; therefore, this lack of health coverage translates into a lack of coverage for entire families.

Uninsured adults are less likely to have a personal physician, and women are less likely to receive preventative services such as PAP smears, mammograms, or STD screening. This results in later diagnosis, advanced pathology, and a greater burden on the health care delivery system. Seventy two percent of emergency physicians say that the number of uninsured patients they treated rose in the past year, and 79 percent believe it is likely to increase again (American College of Emergency Physicians).

As the national debate moves forward, AMWA is committed to ensuring that the needs of women patients are met under health care reform. Any reform plan must guarantee coverage of the full range of reproductive health services needed by American women. As health care professionals, we must push for continued incremental policy reform to provide women with the health care they need regardless of where they live, where they work, or what they earn.

AMWA's annual meeting is shining a light on the workplace

Women at Work

Diane Helentjaris, MD

Do you subscribe to the best journal addressing the occupational health risks faced by women? Remember that medical school lecture that explained why the number one cause of death for women in the workplace is homicide? Have you bought the book yet on the ergonomic challenges women face as employees?

Probably not. Not enough journals, lectures, and books exist on this topic. For now. But you can help change this.

The science of women in the workplace has gone a-begging. Yet, the majority of women, including you, work outside the home. The emergence of women's health issues as a popular topic has made it very clear that we are different in many ways from the 50 (or was it 60?) kilogram man. We metabolize drugs differently, develop heart disease on a different trajectory, and, of course, have the whole reproductive thing going for us.

Even with all the press attention to women's health and to the continued expansion of women in the workplace, the interaction between the two is pretty sketchy. Was the miscarriage related to the solvents used at the plant where she works? Is it OK to let my teenage daughter work at the mini-mart? I'm pregnant – can I push chemo when I rotate through the oncology floor? Is the work history important when working up multiple UTI's? What are the gender-specific risks of various occupations? Does anyone know? Why doesn't the government publish more gender-specific data? The questions can go on and on.

Let AMWA help you get some answers! AMWA has for ninety years led the way on critical matters affecting women's health and the lives of women physicians. This year AMWA is shining a light on the workplace with its Annual Meeting, *Women at Work, the Xtra X Factor*. Coming up this January 27-30 in Washington, DC, this meeting is a "must-do" for medical women and others involved in women's workplace issues. Whether you're a resident, medical student, or physician, you need to know more about the role of the workplace in your life and that of your female patients. You will have the opportunity to learn from national experts. Environmental exposures, health hazard prevention strategies, workplace violence, and the unique issues faced by women physicians are just some of the knowledge to be shared.

Be sure to attend! Network with your peers, enjoy our nation's capital, and learn. This is the year to upgrade your expertise in women's workplace health issues then, you can help make sure that our future includes those books, articles, lectures, and journals we all need.

Diane Helentjaris, M.D.

Women
at
Work
The Xtra X Factor

January 27-30, 2005
Washington, DC

**4 days
that will forever
change the way
you look at
women's health!**

Information & online registration www.amwa-doc.org

President's perspective



Diane Helentjaris, MD
AMWA President



Woman to Woman is a collaborative online mentoring program between the American Medical Women's Association and Duramed Pharmaceuticals, Inc., a subsidiary of Barr Pharmaceuticals, Inc., which provides an unrestricted educational grant for this endeavor. The current online topic for mentees is Academic and Clinical Experience.

We encourage you to visit our Web site and register to become mentors: www.woman2womanmentoring.com/

***Interested in gaining support
from other women physicians?***

***Want to help make a difference
in the lives of the next generation
of women in medicine?***

***Be a part of the
Woman to Woman
Mentoring Program!
(www.woman2womanmentoring.com)***

JOURNAL ONLINE
of the **AMERICAN MEDICAL
WOMEN'S ASSOCIATION**

THEME ISSUE
***Living Better.
Living Longer.***

www.jamwa.org

Hind Benjelloun and Trimble Spitzer completed a medical publishing 4th year elective with JAMWA and AMWA Connections during October 2004. They learned the editorial process: how to review and edit a manuscript, and to develop ideas and write manuscripts worthy of publication. Each wrote articles for AMWA Connections and book reviews for JAMWA. Ms. Benjelloun plans a residency in psychiatry and Ms. Spitzer in obstetrics & gynecology. We offer appreciation for their contributions to this issue.

Invest time to understand and build better relationships

Women at work: Physicians and nurses

Mary Jo Hessert, MSIII, University of New England College of Osteopathic Medicine,
Student Newsletter Editor

The theme of the upcoming meeting of AMWA, which I hope everyone will attend, is *Women at Work: The Xtra X Factor*. An important component of the work environment for practicing physicians is their interaction with nurses, as described recently in *Academic Medicine*¹. Relationships formed with co-workers are worthy of examination as they have the potential to render a job enjoyable, fruitful, and rewarding, or stressful, aggravating, and counter-productive.

The hierarchical aura of the medical field has multiple components including: level of training, years of experience, specialization, and gender. Being a woman physician and resident has positive and negative ramifications. Women physicians' interactions with women nurses can be a source of alliance, through camaraderie, commonality, and respect – or liability, for increased competition, discrimination, and aggression.

The most significant factor in workplace relationships is likely personality. Relationships between women physicians and nurses have created different hierarchical roles, as has the evolving medical relationships of female physicians and male nurses. Women physicians have had only male models to form these patterns of interaction; however, now women are setting new styles of relating, managing, and supervising.

Wear and Keck-McNulty's article¹ is worth reading for its information and insight into one's own relationships. The manuscript's highlights include a review of related literature, an explanation of focus group methodology, and a scrutinized study of medical specialties and job positions.

With concerns regarding the national nursing shortage, the authors advise not taking physician-nurse interactions for granted, but investing time to understanding and build better relationships with the help of a third-person perspective that may improve the work atmosphere for everyone.

1. Wear D, Keck-McNulty C. Attitudes of female nurses and female residents toward each other: a qualitative study in one U.S. teaching hospital. *Academic Medicine*. 2004;79(4): 291-301.

AMWA leadership retreat meets challenges

The AMWA Leadership Retreat was held October 9-11, 2004, in Tucson, Arizona. Leaders met to discuss AMWA's future vision as the organization renews its focus and charts new directions for its 90th anniversary in 2005. Those attending included: Members of the AMWA Board of Directors, AMWA Foundation Board of Directors, AMWA Committee Chairs and members, AMWA Past Presidents, AMWA Branch Presidents, and members-at-large.

AMWA faces challenges, as do many non-profits. However, the AMWA Leadership embraced these opportunities and voted to "right size" our administrative operations and spotlight our focus for the near future: Advocacy and Communication. Additionally, members attending the retreat renewed their commitment to build stronger liaisons between AMWA National and AMWA Branches.

The AMWA of tomorrow will ensure no missed opportunities. AMWA maintains its extraordinary voice for women in medicine and for women's health by continuing to make change regarding issues that affect our nation and by contributing to the personal and professional excellence of women physicians. Since 1915, AMWA's rich 90-year history reflects women physicians' abilities to adapt to change and thrive.



The Vision and Voice of Women in Medicine

Candidate Statements

The following AMWA Members are candidates for the positions of officers of the American Medical Women's Association, Inc. for 2005. The elections will be held at AMWA's 2005 Annual Meeting, January 28, 2005, at 4:30 pm, in Washington, DC.

AMWA Members may vote for the candidates of their choice in person at the Annual Meeting, or vote by Proxy by completing the enclosed Proxy Envelope and returning it to AMWA. Proxy votes must be received by January 2, 2005.

For more information visit the AMWA Web site at www.amwa-doc.org, or contact AMWA, 801 N. Fairfax Street, Suite 400, Alexandria, VA 22314-1767. Telephone 703-838-0500. Fax 703-549-3864.

Vice President of Communications



Melissa A. Merideth, MD, MPH
Gynecologist and Medical Genetics
Fellow, National Human Genome
Research Institute, National Institutes
of Health

AMWA has been an important part of my life since I became a member during medical school. As this stage, it is critical that we examine the mission and focus of AMWA. I am interested in becoming more involved in the leadership as we face this exciting yet challenging time.

My leadership positions within AMWA include serving as a National Student Coordinator on the Board of Directors, participating on the Program Committee and serving as Branch I President. I also serve as the Liaison from the American Association of Public Health Physicians to the AMA's Women Physicians Congress. My current position at NIH allows me the time to dedicate to this position as well as a proximity to the national AMWA office.

For nearly 90 years AMWA has served an important role in the lives of women in medicine and with women's health issues. From the education and training programs to women's health advocacy projects, AMWA is a crucial leader in advancing women in medicine and improving women's health. I look forward to working with AMWA leadership, staff and members if given this opportunity to serve in a one-year position as Vice President of Communications.

President-Elect

Susan L. Ivey, MD, MHSA

Associate Professor, Adjunct Institution University of
California, Berkeley School of Public Health
Family Medicine/Emergency Medicine

AMWA has a long history of fighting for a woman's right to practice medicine with equal opportunity and for the rights of patients to high quality, well-informed medical care. Achieving a diverse and culturally competent work force allows women of all colors to bring their special vision to both health care and patient advocacy. We have a well-timed opportunity for transition to a donor based organization. AMWA never focused solely on women physicians; our history always included service.

The AWHs and advocacy on women's health issues, reproductive choice, and universal access to health care have given us a reach greater than our membership. This distinguishes us from other member organizations. I promise during my term as President-Elect to help leadership transition from 501(c)6 to 501(c)3, to work to balance our budget, and to work to attract donors not just from women in medicine but from all who work for equitable access to health care and equitable life opportunities for all women. My work in the national office, my work in other small organizations, and my advocacy for women will be a great combination to move us forward. I will work hard for AMWA the next two years.

Vice President of Finance



Clair M. Callan, MD, MBA, CPE
Lake Forest, Illinois
Anesthesiology

AMWA is at a crossroads in its long history. As we move to a consolidated organization we have an opportunity to position AMWA as a catalyst for change in healthcare. I would like to have the opportunity to continue to work with AMWA leadership to strengthen our financial position to ensure the organization's success.

I have been involved with AMWA for a long time and have held a variety of leadership positions. This is the most challenging, and it has the greatest opportunity for success. I would appreciate your support.

Vice President of Membership

Jill Braverman-Panza, MD
Braveman-Panza Medical Group
Internal Medicine

In this era of declining membership in all professional organizations it is vital that AMWA become more attractive to new members. In the present economic climate, Physicians with declining resources are limiting their membership to one or two organizations. We need to be one of those organizations. This can best be accomplished by capitalizing on our roots as a women's organization. Our focus should be women's health issues as well as our lives outside of medicine. We also need to address practical issues that apply to office, hospital, and academic based medicine. To reach this goal, we need to develop innovative approaches to keep our current members, attract new members and cultivate our student members. This is a tall order with our limited funds, but I propose forming a "think tank" in order to find new ways to bolster our membership. I am new to the AMWA leadership, which means I come with a fresh approach to old problems. One idea is to establish a network of women's professional medical organizations with common goals and offer a dual membership at a reduced rate. I believe in AMWA and would like to be a part of building its membership to ensure AMWA's future.



Roberta E. Gebhard, DO
Family Practice with Obstetrics

I am honored to be nominated for the position of Vice President of Membership. I joined AMWA as an attending physician in 1993 when I went to my first national AMWA meeting, and I was hooked. Since then, I have served as Local Branch

President, Ohio State Director, on most national committees. I am presently chair of the Program Committee.

I am passionate about membership because the only way the "New AMWA" will be strong, is by increasing the number of constituents that support our mission. The "New AMWA" as defined at the Leadership Summit in Tucson, AZ October, 2004, will expand our membership beyond the traditional women medical students, residents and attending physicians. The new VP of Membership will guide the Membership Committee as we transition to be a more inclusive organization, and my participation at the AMWA Leadership Summit optimizes my ability to lead.

AMWA has so much to offer in all stages of your career from medical student to retired physician. If elected, I will use my experience in academics, working with medical students, residents and young physicians to recruit and retain members so they can benefit from AMWA throughout their careers.

If you have any questions please contact me at docgebhard@msn.com

Director of Residents



Claudia Morrissey, MD, MPH
Deputy Director, Center for Research on Women and Gender
National Center of Excellence in Women's Health
University of Illinois at Chicago

AMWA's falling membership requires that we re-evaluate our relevance to women physicians in today's context. Medical specialty societies are no longer closed to women. Women physicians now access CME and career networking within their chosen disciplines. AMWA must offer something unique and offer it early in a woman physician's career before all her professional loyalty adheres to a specialty society. AMWA membership extends special benefits: camaraderie with other women physicians trying to balance their lives and livelihoods; advocacy for improving the health of women and their families – domestically and internationally; commitment to expanding reproductive and women's health educational opportunities.

As Director of Residents, I will work to carry the message of AMWA's unique mission to our future colleagues. I will undertake an analysis of AMWA's current outreach efforts at academic medical centers. Based on this information, I will work with AMWA leaders, staff, and student/resident representatives to build effective outreach programs. We must be proactive; we must be welcoming; we must be successful for AMWA to survive.

Additional Candidates

RESIDENT REPRESENTATIVE

Ayesha Khalid, MD
Palmyra, Pennsylvania

REGIONAL DIRECTOR NORTHERN

Susan Black, MD, FAAFP
Family Practice/Private Practice
Tewsbury, Massachusetts

REGIONAL DIRECTOR SOUTHERN

Rachel Ann Schonberger, MD
Internal Medicine
Decatur, Georgia

REGIONAL DIRECTOR WESTERN

Madeline Jean White, MD
Hematology, Medical Oncology
Denver Colorado

Speaker of the Meeting of the Members

Janet E. Freedman, MD

Mt. Kisco, New York

Physical Medicine and Rehabilitation

The members of AMWA meet for only a few hours of the year to discuss the business of the organization. Much needs to be done at these meetings and the position of the Speaker of the Meeting of the Members is crucial to allow the business of AMWA to proceed and allow the voice of the members to be heard.

I have been an AMWA member since medical school (more than twenty years ago), have attended many national meetings and understand the needs of the organization to conduct these meetings well. I will do my best if elected Speaker of the Meeting of the Members.



Carolyn Coker Ross, MD, MPH

Graduate Fellow Program in Integrative Medicine, University of Arizona; Head of Eating Disorders Program, Sierra Tucson Rehabilitation Center, Tucson, Arizona

I have spent the past 25 years focusing on women's health. I founded one of the first women's centers in 1990 in San Diego, California and one of the few that offered primary care and office gynecology to women as well as the best of conventional western medicine and complementary alternative medicine. I am a founding member of the American College of Women's Health Physicians and have served on the board of the National Assn of Women's Health Professionals.

As an officer of AMWA, I feel I can contribute my experience and leadership skills to continue forwarding the advancement of women's health and the support of women's physicians. The future of women's health lies in continuing to decrease the fragmentation of care for women. As well, a large challenge that affects women – both physicians and patients – is mental health issues. Depression, anxiety, etc. affect women more than men causing a ripple effect on the family structure. If I am elected to be on the Board of AMWA, I would like to see AMWA become a leader in educating physicians and patients about mental health as part of women's health and reducing the stigma that keeps so many from receiving treatment.

Vice Speaker of the Meeting of the Members



Beatrice Desper, MD

Mandeville, Louisiana

Obstetrics and Gynecology

I have been a member of AMWA since being a medical student at Tufts and have held many positions in AMWA. I feel that this position will be a new challenge for me. I have always enjoyed observing the parliamentarian at all of the meetings. She has quite an important role which I am eager to do.

Now, about me. After marrying at a young age and having five children, becoming divorced and finishing medical school at the age of 36, I moved to Connecticut to do my residency and spent the next 20 years in private practice. Last year, being unable to negotiate a new contract with my local hospital, I closed my practice. After a very difficult 8-9 months and 2 moves, I have relocated to Louisiana and have joined a practice of just gynecology. I am constantly amazed at how happy I am in my new home and in my new practice.

I have also been an active member of the League of Women Voters, a member of the 99s (women pilots) and the FPA (flying physicians assn). As you can see I have balanced my private and professional lives. I know that I can continue to contribute to AMWA if elected to this position. Thank you for your vote.



Katherine G. Keller, DO

East Lansing, Michigan

Family/Private Practice

I have been an AMWA member since my first year of medical school. I have been privileged to serve AMWA over the years as Regional Student Coordinator, Resident Representative to the Board, Local Branch President, State Director, and now Vice Speaker of the Meeting of the Members. I believe in AMWA. Some of my most important leadership opportunities and lifetime friendships have come to me through AMWA. I want to see AMWA healthy and strong. Whatever small contribution I can make, I want to make. The role of Vice Speaker is a good one for me, as it requires knowledge of AMWA's bylaws and organization as well as its members. A well-ordered, smooth meeting of the members is crucial to the ongoing success of AMWA. I would be very happy to serve in this role for another year. Thank you.

Regional Director Northern



Diane M. Nugent, DO
Primecare Physician Associates
Family Medicine

I have attended the National Meetings of AMWA for nine years now, and rather than view important changes from afar, I feel it's time to get more involved as a leader. I have been a voting delegate for years (remember when the House of Delegates existed?); a member of the Membership Committee and the Program Committee and have recently joined the Career Development Committee. AMWA is an important organization to keep alive, for its uniqueness in total commitment to women physicians' well-being and to their patients. I make a point of attending the annual meeting and attended the interim meeting this summer in Washington. My commitment to AMWA is obvious and I'm ready to provide my ideas and leadership.

I work full time as a family physician in Kennebunk, Maine and am the Physician advisor to the local school district. I serve on and am the past president of the Alumni Board of the University of New England College of Osteopathic Medicine. I am also a member of the University's Board of Trustees. Additionally I serve the community as a Medical Examiner for the State of Maine. I have been able to maintain a twenty year marriage to a non-physician husband and have recently adopted two girls from Maine. I feel AMWA gave me the confidence to accept many of these challenges and I'd like to give something back to the organization. Thank you.

Regional Director Southern



Deborah Martina Smith, MD, MPH, FACOG
Managing Member, S&H Consulting, LLC, Washington, DC

At this critical time in AMWA's life as an organization I am interested in renewing my commitment to her longevity. Since the early 1990's I have been involved with AMWA programs primarily related

to my professional specialization such as the Reproductive Health Initiative (RHI) since its inception and now Advisory Committee Chair for Evaluation, as well as liaison representative to American College of Obstetrics and Gynecology. I have also served on the "operations side" of AMWA as Branch I President and as member of the AMWA Foundation Board. I consider myself to be a loyal critic or critical loyalist, as the case may be, of AMWA. It is so very important that AMWA continue to be a strong voice for the issues and concerns of women physicians yet it is necessary for us to reassess how, to whom and with what message we represent ourselves. I believe the future of AMWA includes creating opportunities to engage a more diverse network of women in medicine than presently finds a home in the organization. One of my goals as a regional director for the southern states would be to advance that concept. I also believe that the future of AMWA includes a broader interface with the public as consumers of health care information and services. What more secure, authentic and compassionate "voice" might women and their families be "hearing" than that of women physicians representing every facet of medicine and health?!

Regional Director Midwest



Janet Rose Osuch
Professor, Michigan State University
Surgery and Epidemiology

I have been a member of AMWA since the start of my surgical residency in 1979. The organization provided much-needed connection with female physicians, even though at the time, my only participatory activity was reading JAMWA each month. This connection was critically important during the lonely days of my residency, and after I joined the faculty at Michigan State University and began attending the national meetings, the connection became immensely empowering. I have learned from AMWA how to succeed in academic medicine, how to provide leadership in one's medical school and community, how to work with the media, how to be an effective advocate, and last but certainly not least, how to become involved to strengthen and advance women's health. These skills have helped me advance not only the health issue that I am most impassioned about, breast cancer, but my own career as well. I have developed strong and memorable relationships within AMWA that have not been possible within other organizations, and I value these tremendously. Nothing would please me more than to mentor and provide leadership for young physicians, older physicians in transition, and everyone in between. I would be honored to serve as AMWA's regional director.

Regional Director Western



Margaret Aslin Palmquest, MD
Emergency Medicine, Family Medicine
Seattle, Washington

I am an Emergency/Family Physician practicing just outside of Seattle. I enjoy working with other women physicians in developing our potentials. AMWA is an organization that helps me in this capacity. I have been the AMWA Seattle Branch President and currently I am a Regional Governor. I am AMWA's Chair of Career Development and organized AMWA's 2005 post annual conference Leadership Day. I also have been active on our Program Committee and have recruited several speakers (all received excellent reviews). AMWA is unique in being a professional organization for women physicians. I treasure this uniqueness and the friendships that I have made with other women physicians in this organization. Please vote for me for Regional Director so that I can enrich my contribution to this organization. Thank you.

A
lot of
women
are
counting
on us.



- nurtures AMWA's programmatic initiatives, supporting pilot programs, creating of partnerships, and participating in national consortia
- encourages the careers of women in medicine through scholarships, loans and awards
- provides overseas clinical travel grants to medical students
- supports the programs of nine medical clinics for the underserved here and abroad
- honors those who have distinguished themselves in medicine, in their communities and in AMWA

Make a tax-deductible
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1-800-995-AMWA
jdogil@amwa-doc.org

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Exciting Times for the Reproductive Health Initiative

Seeking International Experience in Reproductive Health?

The RHI International Project is currently updating the *RHI Directory of International Reproductive Health Opportunities for Medical Students*, 2nd ed. (Directory), a compendium of sites in over 40 countries that provide clinical and non-clinical services. According to the RHI International Project Chair, Femi Olatunbosun, MD, "The information and resources included in the *Directory* help medical students and others arrange overseas electives in reproductive health, women's health, and family planning services." It is available free at www.amwa-doc.org/RHI/International. For more information about the *Directory*, please contact Susan Alton, MSW/MPH, RHI International Project Manager (salton@amwa-doc.org).

RHI Working to Enhance Reproductive Health Curricula Internationally

RHI presented a poster entitled *Identifying Strategies for Development of Reproductive Health Curricula in International Preservice Medical Curricula* at the Community-Campus Partnerships for Health and The Network: Towards Unity for Health Conference, held October 6-10, 2004, in Atlanta, GA. The poster highlights the results of the April meeting held in India with the Commonwealth Medical Trust (Commatt), where representatives from developing country medical schools met to discuss strategies for improving reproductive health in medical education. Participants agreed that their greatest need is for accessible and current evidence-based content for reproductive health curricula.

Improving Adolescent Reproductive Health

The Adolescent Reproductive Health Education Project (ARHEP) held its Year One Celebration Dinner and Faculty Training Update on October 15-16, 2004, in Atlanta, GA. ARHEP is a collaborative effort with RHI, *Physicians for Reproductive Choice and Health*®, the Georgia Campaign for Adolescent Pregnancy Prevention, and the Jane Fonda Center. Celebrated guests included Jane Fonda and Judge Peggy Walker, a champion of juvenile justice and rights. Dr. Mimi Ziemian, ARHEP Chair, spoke at the dinner and Alyssa Lederer, RHI Medical Education Coordinator, presented during the faculty update training. The weekend provided attendees with opportunities to network, share experiences, and take pride in the success of the first year of ARHEP.

ARHEP was developed in 2003 to offer needed education to health care providers and providers-in-training to create a network of health professionals who are knowledgeable about adolescent reproductive health care. Unlike other populations, adolescents often face legal barriers and questions of confidentiality when seeking reproductive health care. Providers may be uncomfortable serving this population because of these issues, which can further alienate adolescents from seeking reproductive health care services. ARHEP aims to inform current and future providers about the legalities and realities of providing confidential reproductive health care to teens. To date, partner organizations have presented over 15 programs to more than 500 health professionals in Georgia. As ARHEP enters its second year, plans are underway to expand the program nationwide. For more information on ARHEP, please contact Alyssa Lederer (alederer@amwa-doc.org).

Balancing motherhood and residency

Jennifer Heath, MD
AMWA Board Resident Co-representative

At the time of my last column for *AMWA Connections*, I was still on maternity leave with a six-week-old son. Now I am in my third year of General Psychiatry training on a busy consult service with a seven-month-old son. How time flies when you are a working mom!

Reflecting over the past few months, I realize that I have had to learn the importance of time management, prioritization, and organization. All three traits go hand in hand but are often difficult to do. Upon returning from my maternity leave, I found it somewhat difficult to get back into the routine of residency. I went from eight weeks of only baby and me back into the adult business world. The adjustment varies from woman to woman, but it can be quite a shock.

One way I transitioned back to "normal" was by carefully choosing my after-hour meetings and activities. I try not to work late more than one night a week. Doesn't time management seem so simple? However, when balancing motherhood and career, time becomes a scarce commodity.

Working with psychiatry students and being a residency advisor for the Psychiatry Interest Group serves as a constant reminder of what I love about being a psychiatrist. As a new mom, I have sometimes had to fight the guilt in leaving my child. Staying involved at work has reminded me that my role as a psychiatrist is just as much a part of me as I am being a mother.

My balancing act is not nearly as hard as it could be thanks to a supportive family that has taken on childcare responsibilities; what a relief to know that my son is receiving excellent care. Also, it would also be difficult to be a mother and resident if I did not have such a supportive husband. From day one, my husband has participated fully in caring for our son. He even traveled to Washington, DC, for the AMWA Interim meeting, so we could be together as a family.

Although I feel that I have had it relatively easy compared to other mothers, it can still be tough at times. When I feel that I may not be handling the balancing act very well, I remind myself that no one is perfect and that there is no such thing as Super Mom! As always, if you have any comments, suggestions, or questions about resident issues, please contact me at jennifereheath@hotmail.com.

Are educational activities sacrificed for clerical duties?

A close look at the 80-hour work week

Hind Benjelloun, MSIV, Eastern Virginia Medical School

On July 1, 2003, the Accreditation Council for Graduate Medical Education (ACGME), which oversees more than 7,800 residency programs, adopted guidelines limiting resident duty hours to 80 hours a week, with call no more than every third night, for the nation's nearly 100,000 doctors-in-training. These measures were put into place following persisting concerns that excessive hours clocked by exhausted, sleep-deprived residents may put patients at risk.

Since the enforcement of these regulations began, there are various opinions about the efficacy of this parameter. ACGME Executive Director David Leach, MD, says that the community is taking the issue seriously and believes that the response from residency programs has been positive.

Anecdotal reports from residents point out that educational activities are often sacrificed in lieu of clerical duties to meet the ACGME regulation. In this manner, although most residency programs do abide by the 80-hour workweek policy, they are defying the spirit of the statute. An informal survey administered by the Association of the American Medical Colleges (AAMC) concluded that residents encountered difficulty attending educational activities after finishing a 30-hour call schedule.

It is apparent that many responsibilities of residents are handled by medical students and experienced doctors. In addition, many residency programs are spending millions of dollars hiring nurses, nurse practitioners, and physician assistants to provide the manpower. Other programs have employed night float rotations to accommodate the regulation.

The AAMC, representing more than 400 major teaching hospitals, found in a survey of 488 medical students that half reported finishing clerical work for residents, and a quarter said they completed clinical duties in order for residents to meet ACGME guidelines. Brian Palmer, MD, president of the Medical Student Association concluded that it was "no secret that changing residents' work hours does put a strain on the system in terms of staffing."

There also is rising frustration among attending physicians who currently have no work-hour restriction are forced to take more call and work taxing hours with little sleep. As the residents' work hours have decreased, the attendings are overworked to compensate. This appears ineffective in resolving patient and physician safety issues that were addressed by reducing resident work hours.

As of June 15, 2004, during the first year restrictions were in effect, medical residents had lodged 49 complaints with the ACGME of work-hour violations against residency programs.

For now, we have individual opinions. According to Shelby Hill, MD, (a third-year resident in obstetrics and gynecology at Eastern Virginia Medical School) who has experienced residency before and after the 80-hour ruling, "There are pros and cons. There are definitely fewer cases available if you go home post call; comparing case numbers between my class and the one below me confirms this. However, being rested and having the time to read and prepare for cases in advance has improved the quality of education and care residents provide. I believe residents are happier during residency, too."

Time will tell how the 80-hour residency workweek will affect graduate medical education. Opinions vary, but for certain, the old system now has a place in the history of medicine textbooks.

References:

1. Accreditation Council on Graduate Medical Education. Proposed resident duty hours language. Available at: <http://www.acgme.org/new/resHrsLanguage.asp>. Retrieved October 4, 2004.
2. American College of Physicians. Under pressure, medicine revisits resident work hours. Available at: <http://www.acponline.org/journals/news/mar02/resident.htm>. Retrieved October 4, 2004.
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4. Lamberg L. Long hours, little sleep. Bad medicine for physicians-in-training? *JAMA* 2002;287:303-6.
5. Patient and Physician Safety and Protection Act. Available at: <http://thomas.loc.gov/>. Type in bill numbers HR 3236 or S 2614.

AMWA 2004 CME NEEDS ASSESSMENT

1. What is your specialty?

- ☐ Internal Medicine
☐ OB/GYN
☐ Pediatrics

- ☐ Family Practice
☐ Psychiatry
☐ Other: _____

2. What is your practice setting?

- ☐ Private Practice
☐ Academia

- ☐ HMO/Managed Care
☐ Other: _____

3. What is your geographic location? City: _____ State: _____

4. Have you attended an AMWA CME presentation or meeting in the last 4 years? ☐ Yes ☐ No

If so, what year? ☐ 2001 ☐ 2002 ☐ 2003 ☐ 2004

Which CME presentation(s) did you attend? _____

If Yes, rate the usefulness of the program(s) to your practice: Very Useful ☐ Useful ☐ Somewhat Useful ☐ Not Useful ☐

5. a) Indicate whether AMWA meets your needs in these content areas? b) Rate the importance to your practice.

	Yes	No	Very Useful	Useful	Somewhat Useful	Not Useful
Breast Cancer	☐	☐	1	2	3	4
Coronary Heart Disease	☐	☐	1	2	3	4
Hormone Replacement Therapy	☐	☐	1	2	3	4
Depression	☐	☐	1	2	3	4
Arthritis	☐	☐	1	2	3	4
Urinary Incontinence	☐	☐	1	2	3	4
Reproductive Health Initiative	☐	☐	1	2	3	4
Domestic Violence	☐	☐	1	2	3	4
Cardiovascular Disease	☐	☐	1	2	3	4
Obesity	☐	☐	1	2	3	4
Career Development	☐	☐	1	2	3	4
Other: _____	☐	☐	1	2	3	4

6. Please suggest a health topic(s) that you think should be included in a future CME Program? _____

7. Would you participate in any of the following CME programs?

- ☐ Online CME ☐ Recordings of Annual Meeting Sessions ☐ Audio/CD CME ☐ 1 or 2 day CME Seminars

8. Please rate AMWA's CME program in the following areas.

	Very Useful	Useful	Somewhat Useful	Not Useful
Program Content	1	2	3	4
Program Faculty	1	2	3	4
Relevance to Practice	1	2	3	4
Latest Developments in Women's Health Care	1	2	3	4
Career Development	1	2	3	4
Leadership Development	1	2	3	4
Networking	1	2	3	4

Comments:

FAX COMPLETED FORM TO AMWA CME DEPARTMENT BY FRIDAY, JANUARY 7, 2005 • FAX 703-549-3864

AMWA calendar

November 15, 2004

Extended deadline for Poster Presentation submissions

November 26, 2004

Deadline for Proposed Resolutions

December 3, 2004

Deadline for AMWA Foundation General Support Grant — application at www.amwa-doc.org

January 27-30, 2005

AMWA's Annual Meeting — *Women at Work: The Xtra X Factor*

Capital Hilton, Washington, DC **Register online: www.amwa-doc.org**

January 30, 2005

AMWA's Leadership Symposium - *Developing the Will to Lead*

Capital Hilton, Washington, DC

April 30, 2005

Deadline for AMWA Foundation Medical Education Loans and Scholarship — application at www.amwa-doc.org

April 30, 2005

Deadline for Bemmann New Investigator Grant on Violence Against Women

Application at www.amwa-doc.org

Student Loans

The AMWA Foundation offers student loans of either \$2,500 or \$5,000 to medical students. Application deadline is April 30, 2005. Information and application forms may be downloaded from the AMWA Web site under Loans and Scholarships: www.amwa-doc.org.

AMWA branches are encouraged to submit activities and meeting dates for the AMWA Calendar.

AMWA Connections

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AMWA Connections is published six times per year by the American Medical Women's Association (AMWA). All editorial material becomes the property of AMWA. AMWA reserves the right to edit all materials. For a copy of an article or an issue of *AMWA Connections*, contact AMWA, 801 N. Fairfax Street, Suite 400 Alexandria, VA 22314.

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