

Rhea Manohar

St. George's University School of Medicine

M3

AMWA Member Since: 2024

Insight, Center Stage

Prompt 1: Dr. Linda Brodsky often drew strength from powerful words and quotes to sustain her during moments of struggle. If you had to choose one word that captures your vision for gender equity in medicine, what would it be? In your essay, share the word you chose and explain why it resonates with you. Tell a personal story from your life or training that illustrates the meaning of this word and reflect on how it connects to Dr. Brodsky's mission of helping women physicians "get the jobs they want, be paid what they deserve, and have it all." Conclude by describing how you will carry this word with you as you continue your career in medicine.

Characters: 888/1000

Ding. Ding. The lights dimmed across the auditorium as I peered from behind the curtain wings, ready to hit my mark on the stage. As a child, the stage was my place of comfort where the music's lyrics, dance's movements, and musical's stories ran free and flowed from within me. With each performance, I learned to not only inhabit a character, but also to perceive the world through lenses colored by experiences that differed from my own. "Insight"—what first served as a tool for getting into character—gradually became a driving force in my own journey through medicine. Much like Dr. Linda Brodsky, my passion for gender equity in medicine has been shaped by learning both in and outside of the clinic, and by sharing insight as an educator and advocate to help others see what systems often obscure.

Stepping onto the next stage, as a premedical student, I came face-to-face with the inequities faced by women on both sides of the clinical encounter, from communication barriers and socioeconomic disparities to obstacles in accessing care. This growing insight opened my eyes to amplify my voice as an empathetic communicator and merge my pre-medical and public health backgrounds as a health educator. I remember standing before my students, my new audience, who were divided into two clusters across the room, each holding a card with a single word. I asked them to position themselves along a spectrum from "mentally well" to "unwell" based on how they interpreted their word. When one student stepped forward to explain why she placed herself where she did for the word "isolated," I began to pose "what if" questions that gently dismantled her assumptions about mental health. With each exchange, other students reconsidered where they stood both physically and in perspective. In that moment, insight became action: foundational knowledge transformed into awareness, and awareness into empowerment. Looking back, this experience affirmed that in creating clarity around inequity and filling gaps in understanding, insight is a necessary starting point for advocacy; a principle that also defined Dr. Brodsky's vision in establishing the AMWA Gender Equity Task Force.

My computer's camera blinked as I began, "Thanks for joining me today. My name is Rhea, and I am a health communication researcher at Fors Marsh Group." Before medical school, my camera connected me with diverse patient and physician communities across the country. I worked to increase participant inclusivity in Alzheimer's research at the NIH, recommended improvements to American Indian/Alaska Native pregnant and postpartum care, and provided insights on LGBTQ+ STI knowledge to the CDC. Through a nod or comforting look, I actively listened to my participants' experiences and beliefs. Utilizing the duality of my background in both medical sciences and public health, I observed and tailored my interactions, always striving to meet individuals at their level while accounting for barriers, history, and preferences. Combing through the data, I pieced together stories that brought clarity by illuminating why a community held certain beliefs, what shaped their health-related decisions, and how practitioners and institutions could better reach them. By intentionally stepping back from my own assumptions and unconscious biases, each focus group and analysis offered me insight into the realities of those who receive care, not just those who provide it. That same commitment to insight, which is grounded in data, expanded by awareness, and sustained through community, lies at the heart of Dr. Brodsky's mission to help women physicians "have it all." By equipping women with evidence to name inequities, confidence in the boundlessness of their professional capabilities, and a safety net found in one another, insight becomes not only a way of seeing the system clearly, but a means of changing it.

The curtains are now fully drawn back, and I stand in the spotlight at center stage as a medical student eager to take on my final act as a physician. Each of these experiences has provided me with the keen insight and conviction to be deliberate and mindful with my voice. I aim to provide compassionate care, empower through education, and fiercely advocate for my patients and peers, just as women physicians like Dr. Brodsky have done before me. That commitment has taken form through my work with the AMWA Gender Equity Task Force, where I have led the blog subcommittee in producing data-driven, evidence-informed pieces that examine the inequities faced by women physicians and patients across the medical spectrum. Through our podcast, *Our Voice, Our Future*, I have also helped amplify the lived experiences of women making meaningful impact in medicine and beyond. Through both the blog and podcast mediums, I strive to work with my peers to transform insight into dialogue and dialogue into collective momentum within gender equity in medicine. For me, insight is more than understanding; rather, it is the ability to recognize inequity, to name it with data and lived experience, and to respond with intention rather than silence. It is what allows women physicians to see beyond imposed limitations, demand what they deserve, and support one another in doing so. As I continue my career in medicine, I will carry insight with me as both a guide and a responsibility by using it to illuminate disparities, expand possibilities, and contribute to a future in which women physicians are empowered not only to succeed but to have it all.

Rhea Manohar, MPH, MS3



Rhea Manohar is a third year medical student from St. George's University. She has a Masters in Public Health with a concentration in Maternal and Child Health from George Washington University Milken Institute of Public Health and a Bachelors of Science in Microbiology & Immunology, and Public Health from the University of Miami. She served as Co-VP of OB/GYN Education for St. George's University's Women in Medicine chapter where she developed hands-on workshops to further reproductive health issues and navigating challenging physician-patient communication scenarios. Prior to medical school, she was a Research Associate for Fors Marsh Group, where she led qualitative and quantitative public health research and campaign development for federal agencies (e.g., CDC, NIH, DHHS, CPSC). She is also a member of the AMWA Gender Equity Task Force. When she is not pursuing medicine, you can find her reading, exploring artistic passions, and spending time connecting with friends and family.