

Fall 2019

RESIDENT & FELLOWS

Quarterly Newsletter

In this issue:

- President's Welcome.....1
- Meet your Leaders.....2
- MWIA Centennial Highlights.....3
- MWIA Poster Winners.....4
- Advocacy in Action.....8
- Moment for Mentorship.....8
- Annual Awards Update.....5-6
- Get Involved.....8

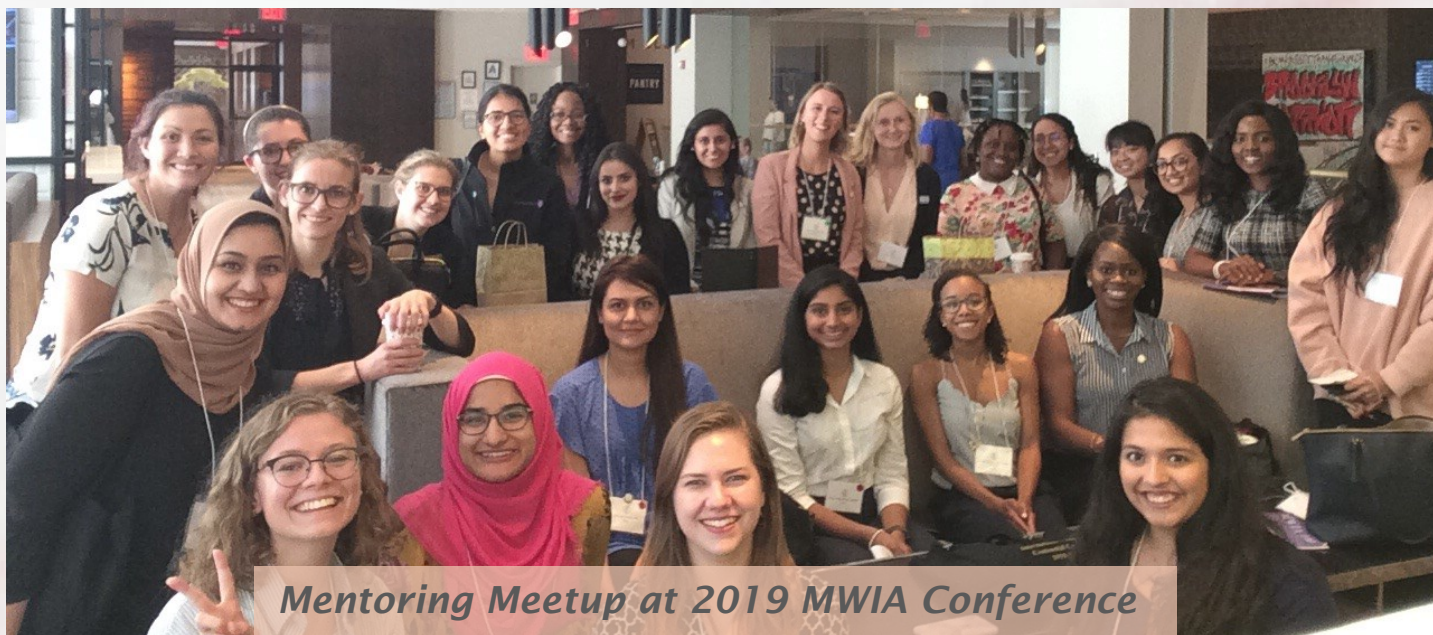
President's Welcome

A warm welcome to all AMWA resident members! We're very excited to update you on events happening this fall and highlight the recent Medical Women's International Association conference this past July! This year, the goals of the resident division center on financial wellness, mentorship, building a strong network, and a lasting membership base. I hope you enjoy the pieces on advocacy and mentorship throughout this quarterly newsletter. We always welcome hearing your thoughts on these and any other issues. Enjoy!

- Dr. Anna Zelivianskaia

"It took me quite a long time to develop a voice and now that I have it, I am not going to be silent"

-Madeleine Albright



Mentoring Meetup at 2019 MWIA Conference

Meet Your Current Leaders

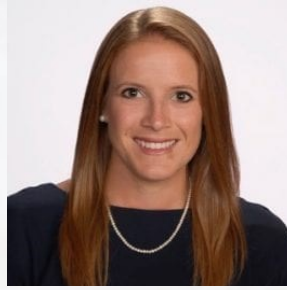
Find out more at: <https://www.amwa-doc.org/residents/leadership-2/>



Anna Zelivianskaia, MD
President



Chung-Sang (CS) Tse, MD
President-Elect



Alicia Corwin, MD
Treasurer



Veronica Sudekum, MD
Secretary



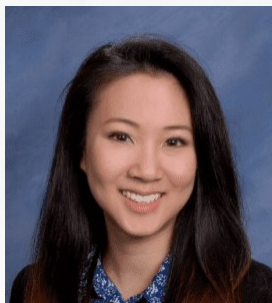
Brette Harding, MD
Advocacy Chair



Alexandra Goodwin
Conference Co-Chair



Zainab Farzal, MD
Conference Co-Chair



Monique Mun, MD
Membership/Recruitment Chair



Madeleine G. Manka, MD
Awards Chair



Kerri Vincenti, MD
Mentorship Chair

”

“WHILE WE MAY BE
INDIVIDUALLY STRONG,
WE ARE COLLECTIVELY
POWERFUL.”

— RAKHI VORIA

Mentoring Moment

The concept of mentorship is not new in the specialty of radiology, especially as it pertains to women in the field. In the last 10 years or so, sponsorship has also become a buzz word that many people speak of. So what's really the difference, and why do we need both?

Understand the Roles

Q: What makes a mentor?

A: Mentors are personal coaches. They listen, give advice and feedback, offer guidance and impart words of wisdom. A mentor's goal should be to support you in your interests and endeavors.

Q: What makes a sponsor?

A: Sponsors are advocates on behalf of those they believe in. They don't just focus on interests but understand an individual's strengths and potential. They not only support but actively push/praise. They often are in positions of power to influence and introduce key stakeholders.

...Continued on Page 12

“

How important it is for us to recognize and celebrate our heroes and **she-roes!**

-Maya Angelou

Advocacy in Action

It is well known that women don't ask. A recent study at Hewlett Packard showed that women only applied for jobs when they met 100% of the qualifications, rather than the men who applied when they met only 60% of the qualifications. This has been attributed to a confidence gap between men and women. This is anecdotal evidence, but the women I have had the honor of working with over the years perform just as good, or even better, than the men. They only need to recognize it. I hoped to do my small part to help solve this problem by providing some advice on how to advocate for yourself to get more opportunities you desire.

First of all, advocating for yourself starts with believing in yourself. This first step is imperative. If you don't believe that you deserve what you're asking for, who else will? If you are reading this, then you are a resident or fellow physician. You have made it through a grueling undergraduate pre-medical school, countless hours studying an insurmountable amount of knowledge throughout medical school, and plenty of late nights throughout your residency/fellowship.

...Continued on Page 11

Medical Women's International Association

July 25 – 28, 2019

HIGHLIGHTS



I am a Navy OBGYN resident and was attending with a fellow Navy OBGYN resident. After a morning session, we spotted a few women in Navy uniform. A bit hesitant, we walked over and introduced ourselves and immediately were enveloped by their kindness and excitement in meeting other female Navy physicians. We quickly exchanged information, are now going to be more active in the AMWA Military and Veteran's Chapter and have plans to meet up at the next conference ! ...

...Women from all over the world coming together to speak about HPV Vaccine uptake, to gender inequity to heart disease. The enthusiasm was palpable. I walked away from the sessions with a renewed sense of determination to better my practice and a profound pride to be in the same field as these incredible speakers.

- Amanda Cain, MD

MWIA CONFERENCE HIGHLIGHTS



Medical students and residents benefited from a dedicated track for trainees, which includes sessions on building career skills and procedural proficiency — including a panel discussion on succeeding in academic medicine and grant writing, a hands-on ultrasound workshop, and lectures on refining presentation skills for clinicians, building resilience, and mentorship. A residency fair with program representatives from around the United States were present to engage with the attendees.

Find out more at: <https://www.amwa-doc.org/news/mwia-centennial-congress-report/>

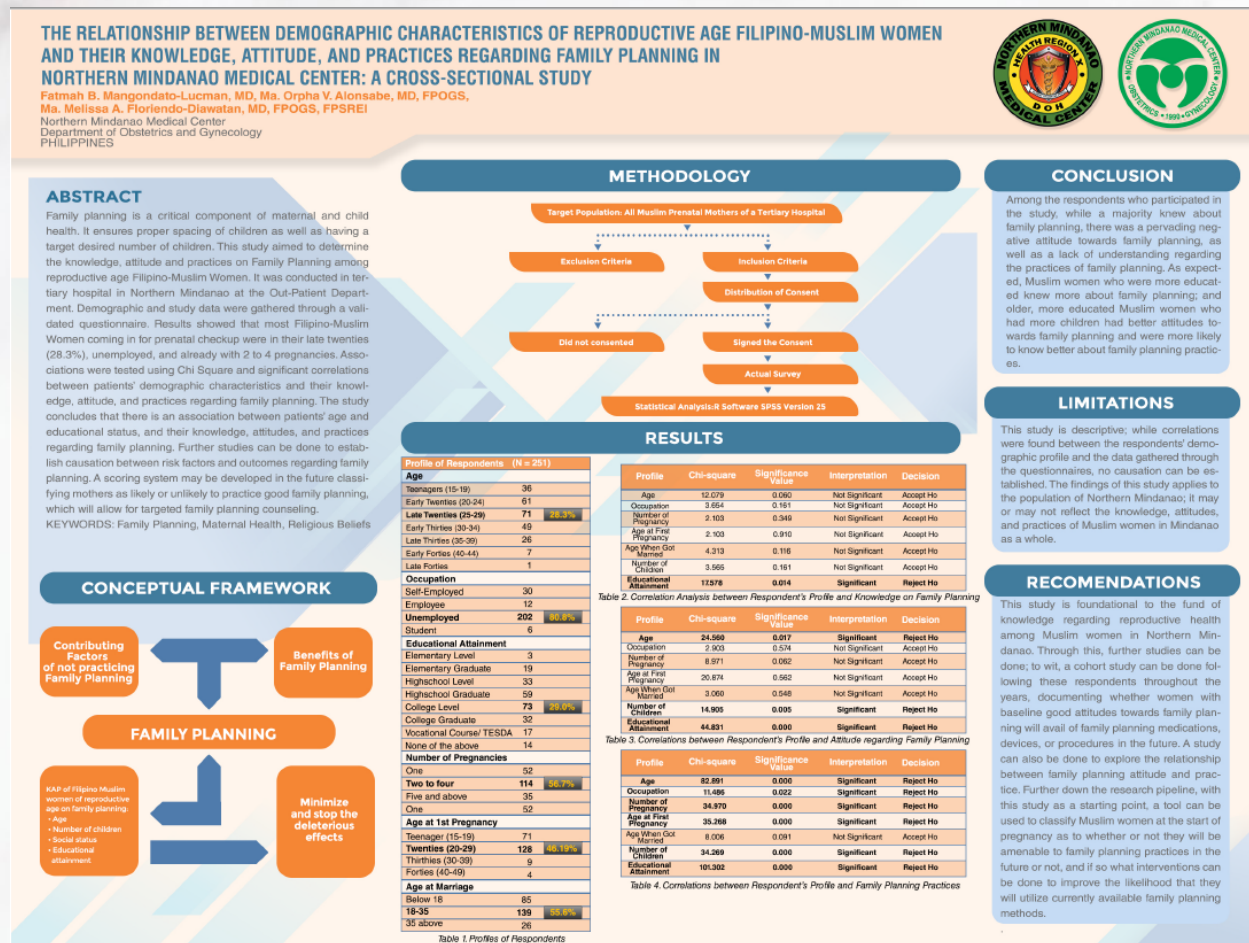
MWIA POSTER WINNERS

First Place

TITLE: "The Relationship Between Demographic Characteristics Of Reproductive Age Filipino-Muslim Women And Their Knowledge, Attitude, And Practices Regarding Family Planning In Northern Mindanao Medical Center: A Cross-sectional Study."

AUTHORS: Lucman FM, Alonsabe MOV, Diawatan MMF.

PRESENTER: Lucman



"This is a descriptive cross-sectional study among the Filipino-Muslim women in reproductive age done in Northern Mindanao Medical Center regarding their Knowledge, Attitude and Practices towards Family Planning. Filipino Muslim Women in Mindanao had the highest maternal mortality rate for the previous year. One of the top reasons for maternal mortalities was postpartum hemorrhage, which was secondary to uterine atony for grand multiparty. The study aimed to know the relationship of the demographic profile of the respondents and their knowledge, attitude, and practices on family planning. Results showed that most of them were at their late twenties, unemployed but reached college level. They had two to four pregnancies, got pregnant at age 20 to 29 years old and married between 18 to 35 years old. Most of the respondents were knowledgeable about family planning but had a negative attitude and practices on family planning. Furthermore, the more educated the respondents are, the more knowledgeable they are on FP. The more advanced the age, the higher the educational attainment and the [greater] number of children, the more positive attitude and more likely to practice FP. Thus, the author recommends a cohort study on the follow up of patients who are knowledgeable yet with a negative attitude and practices on FP. And incorporate, education on FP of the partner during prenatal check-up." -Lucman

MWIA POSTER WINNERS

Second Place

TITLE: "A Decade-Long Analysis of Gender Parity in Gastroenterology Fellowship Programs' Leadership, Trainees, and Applicants in North America from 2008-2019."

AUTHORS: Tse CS; Nguyen H, Hinds P, Shaliesha K,* Haq M, Moss S, Bhagra A.

PRESENTER: Hinds P



A Decade-Long Analysis of Gender Parity in Gastroenterology Fellowship Programs' Leadership, Trainees, and Applicants in North America from 2008-2019

Chung Sang Tse, Hang P. Nguyen, Shaliesha K. Hinds, Marya Haq, Steven F. Moss, and Anjali Bhagra



Rationale

Women comprise 18% of current practicing gastroenterologists. According to aggregate data from the ABIM 32% of 2017-18 gastroenterology (GI) fellows are women, which is similar to rates in 2009¹. Prior research has shown disparities within leadership positions as well, particularly that women were less likely to hold leadership positions in GI fellowship and that women who held leadership roles had lower ranked positions than their male counterparts².

Information about gender disparities in GI fellowship were available in the early 2000s. As the 20th century progresses we should better evaluate whether any intentional attempts to recruit female applicants to GI fellowship have succeeded.

This study aims to better characterize the GI leadership roles occupied by women and the trends of female applicants to the specialty along with any associations between the two.

Hypotheses

We hypothesize that:

1. A low percentage of practicing GI docs can be traced to a low percentage of female GI applicants.
2. There has been little change in percentage of applicants over time.
3. There is an inverse relationship between male leadership within a program and the percentage of women who apply to the program.

Methods

Data on the internal medicine departmental chair, GI fellowship program directors, associate program directors, and program coordinators were obtained from publicly available data.

Information on gender of applicants for GI fellowship from 2009 to 2018 was obtained from the American College of Gastroenterology (ACG) and Association of American Medical Colleges (AAMC).

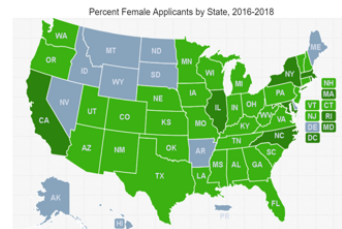
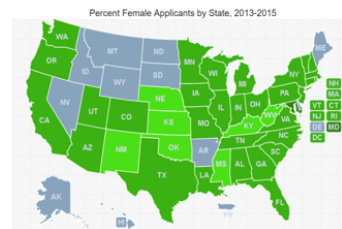
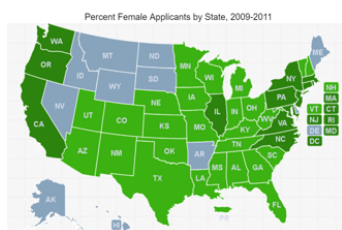
The data was then assessed using chi-squared and t-tests to find any statistical differences between the above variables and any association among them.

T-Test was used to compare GI fellowship gender from the period of 2009-11 to the period of 2016-18 as well.

Percentage of female applicants were also averaged per state and trended over time.

RESULTS

Figure 1: Proportion of Female Applicants to Gastroenterology Fellowship Programs in the United States from 2009-2018, divided by quintiles



Programs in the Northeast (NY, NJ, MA, RI, MD, DC) and West Coast (CA, WA) have the highest proportions of female applications (Figure 1).

The vast majority (83%) of GI fellowship leadership positions continue to be held by men, while 96% of the administrative positions (i.e., program coordinator) were held by women in 2018 (Table 1).

Canada has statistically more female internal department chairs compared to the U.S. (38% vs 16%; p=0.04) (Table 1). Institutions with female internal medicine departmental chairs were significantly more likely to have female GI Division Chiefs (31% vs 11%, p=0.0059) (Table 2).

Table 1: 2018 Gastroenterology Fellowship Program Leadership Gender Distribution

	Female Leadership, N=189 (%)	All United States, n=176	Canada, n=13	p-value
IM Dept Chair	17	16	38	0.04
GI Division Chief	14	15	31	0.17
GI Fellowship Program Director	23	23	31	0.51
GI Fellowship Associate Director	31	31	N/A	N/A
GI Fellowship Program Coordinator	96	96	100	0.46

Table 2: Association of Female Leadership with Diversity Office and GI Fellowship Applicants

	Diversity Office, p-values	IM Dept Chair Gender	Female GI Applicants
IM Dept Chair	0.14	/	0.46
GI Division Chief	0.60	0.01	0.59
GI Fellowship Program Director	0.68	0.82	0.25
GI Fellowship Associate Program Director	0.42	0.21	0.18
GI Fellowship Program Coordinator	0.30	0.96	0.06

Discussion

- Female applicants to GI fellowship have been in the minority for years and this has remained the same from 2009-2018.
- Few women hold leadership positions in GI Fellowship Programs. This suggests that there is a complex web of few applicants and few leaders in the field to encourage and mentor applicants and fellows. This contributes to the low percentage of women currently practicing gastroenterology.
- Notably, the gender of the Internal Medicine Department Chair has an association with the gender of the GI Division Chief. Unfortunately, there is no clear association between IM or GI fellowship leadership being female and the percentage of women who apply to that fellowship.

Conclusions

- Female leadership in Internal Medicine should be encouraged, as this has an association with female GI Fellowship leaders.
- The leadership in GI fellowships continues to be majority male. Future goals should include methods of encouraging and assisting women to take more leadership positions in the field.
- Further, pointed initiatives are necessary to close this gap of applicants as this may be the cause of the low percentage of practicing GI doctors.

Future Research

- Exploration of Internal Medicine Residency Program Director gender and the proportion of female residents from their residency that apply for GI fellowship.
- Investigating methods to encourage female residents with an interest in GI to apply to GI fellowship.
- Evaluating association between gender of fellowship leaders and the gender distribution of trainees within their program as well as how this changes over time.

References

1. ABIM Data: <https://www.abim.org/about/statistics-data/resident-fellow-workforce-data/first-year-fellows-by-gender-type-of-medical-school-attended.aspx>
2. Woodward, Zibing, et al. "Gender Disparities in Gastroenterology Fellowship Director Positions in the United States." *Gastrointestinal Endoscopy*, U.S. National Library of Medicine, Oct. 2017, www.ncbi.nlm.nih.gov/pubmed/28153570.

"Although, the percentage of women in Internal Medicine Residency is around 40%, only 18% of practicing gastroenterologists are female. The path to changing this disparity lies in understanding why it exists. We have known about these numbers for over 10 years and today we can look back at data collected over that time to better understand what changes could help to increase the number of women in gastroenterology. In this study we look at the problem in two ways. First, we look at leadership in gastroenterology and the gender differences there. Are there any connections between female leadership in a GI fellowship program and the internal medicine residency program? Is there an association between the presence of a diversity office and increased female leadership in GI? Secondly, we look at the percentage of female applicants and how this changes over time. Have there been less women applying to GI? Finally, we evaluate whether there is an association between female leadership in a GI fellowship program and the percentage of women who apply to that program. Answering any of these questions would guide targeted intervention that could increase the percentage of women in gastroenterology leadership and in gastroenterology in general." - Hinds

MWIA POSTER WINNERS

Third Place

TITLE: "A Decade-Long Analysis of Gender Parity in Gastroenterology Fellowship Programs' Leadership, Trainees, and Applicants in North America from 2008-2019."

AUTHORS: Tse CS; Nguyen H, Hinds P, Shaliesha K,* Haq M, Moss S, Bhagra A.

PRESENTER: Hinds P, Shaliesha K,



HEAD AND NECK INJURIES OBSERVED IN VIOLENCE AGAINST WOMEN

NGNIEE TAFO GN1, KONE FI2, DIARRA Y3, TIMBO SK2

Affiliation author: 1. Reference Health Center) of Commune I in Bamako, Mali (CSREF C1)
2. Hospital Gabriel Touré of Bamako (CHU),
3. CRVJ victims of Bamako

Corresponding author: Neully Ghislaine NGNIEE TAFO, [Email: tafoneully@yahoo.fr](mailto:tafoneully@yahoo.fr)

INTRODUCTION

Violence against women is a public health problem, according to WHO. Injuries of the ENT sphere during this are multiple; responsible for physical and psychological damage that can alter the social and professional life of women.

AIM

map the ENT and head and neck injuries observed during domestic, conjugal or family violence.

MATÉRIEL ET MÉTHODES:

Our retrospective study, conducted from January 2017 to December 2018 at the CSREF (Reference Health Center) of Commune I in Bamako, Mali, collected 15 files of female victims of violence.

RESULTS

The prevalence of violence was recorded in 20% of cases in 75 cases of women suffering from trauma. The average age was 24 years old with extremes of 12 to 42 years, students/pupils represented 33.33% of cases. Married women accounted for 66.67%. The perpetrator was the spouse or partner in 73.33% of cases. The mode of aggression was the slap in 86.67%, the punches in 13.33%. The predominant functional and physical signs were respectively otalgia (60%) and tympanic perforation (26.67%), and residual perforations in 13.33%. Transmission-type hearing loss was assessed in 13.33% of case at 45 dB.

Tableau I

Fonctionnels signs	Effective	Percentage
Otalgia	9	60
Hearing loss	8	53,33
tinnitus	4	26,67
TMJ pain	2	13,33
otorrhagia	1	6,67
otorrhoea	3	20
nosebleed	1	6,67

Tableau II

physicals injuries	Effective	Percentage%
Perforated eardrum	4	26,67
Inflammatory eardrum	2	13,33
Inflammatory EAC	3	20
rétro auricular injury	1	6,67
Endonasal injury	1	6,67
Normal Otoscopy	4	26,67
Total	15	100

CONCLUSION:

ENT injuries during violence against women are otological and facial. Sequelae remain auditive and psychological. These traumas affect a population of varying socioeconomic status, relatively young, posing a problem of psychological care and integration of women within socio-professional activities vector of economic independence.

REFERENCES:

1. C. Garcia-Moreno, C. Watts La violence envers les femmes: une urgence de santé publique. *Bulletin de l'Organisation mondiale de la Santé* 2011;89:2-2.
2. CASTRO, Talita Lima de et al. Violence against women: characteristics of head and neck injuries. *RGO, Rev. Gauch. Odontol.* [online]. 2017, vol.65, n.2, pp.100-108. ISSN 1981-8637.
3. S. Tam, D. Joyce and al., Head and Neck Injuries in Adult Victims of Intimate-Partner Violence. *J Otolaryngol Head Neck Surg.* 2010 Dec;39(6):737-43
4. FA. (TIERE OZILI), S. DIEMBI NGOUONI and al. Traumatismes orl et violences conjugales. *Annales de l'Université Marien NGOUABI*, 2016 ; 18 (2) : 1-6 . Sciences de la Santé ISSN : 1815 – 4433. www.annalesumng.org

"Head and neck injuries perpetrated against women in domestic, conjugal, or family violence are mainly otological and facial, with resultant physical and psycho-emotional damage impacting women's socio-professional life. Our goal was to make a mapping of these traumatic injuries to the ENT sphere, as seen in the poster. We wanted to dedicate this work to Mariam DIALLO, the ninth victim of violence in our country [Nigeria] who died at the hands of her husband a few years ago."

AMWA Residents & Fellows AWARDS UPDATE

Charlotte Edwards Maguire, MD Outstanding Resident



Emman Dabaja, MD MPH is a 1st year Pediatrics resident at Detroit Medical Center Children's Hospital of Michigan. She graduated from Oakland University William Beaumont School of Medicine (OUWB) and the University of Michigan School of Public Health (UM SPH). Emman served as the former AMWA National Global Health Chair, where she helped select and mentor the Anne Carter Fellows. During her time as the Outreach Chair and Vice President of OUWB AMWA, Emman helped establish a long-term partnership with a Detroit based juvenile facility and foster home for girls, where AMWA members routinely provide health education sessions. Currently, Emman is the Principal Investigator of multiple pediatric public health projects that focus on minority health disparities. She has presented her work at multiple national conferences, including AMWA national conferences.

Susan L. Ivey, MD Courage to Lead

Chung Sang Tse, MD, is a gastroenterology fellow at Brown University. Dr. Tse received her medical degree from Yale University and completed her internal medicine residency at the Mayo Clinic, where she served as the AMWA's Residents' Division AMWA-AMA Liaison and National Conference Co-Chair. Dr. Tse is the president-elect of the AMWA Residents' Division and she is leading a national study on gender parity of gastroenterology fellowship programs in the past decade. Locally, she organizes Endoscopy Simulation sessions for medical students and residents to provide trainees an opportunity to engage with endoscopes early in their medical training.



Elinor T. Christiansen, MD Altruism



Fatima Fahs, MD is a dermatology resident in Detroit, Michigan, in her final year, serving as chief resident. She has been an active AMWA member since medical school, serving in many capacities. Fatima previously served as the national student division president of AMWA from 2015-2016. She helped create the Studio AMWA committee, which is dedicated to highlighting the artistic talents of AMWA members. Outside of residency and AMWA, Fatima spends her free time with her husband and daughter. She is missing the MWIA meeting because she is welcoming the newest addition to her family—a baby boy! She also enjoys blogging on her Instagram account [@dermy_doctor](https://www.instagram.com/dermy_doctor).

AMWA Residents & Fellows AWARDS UPDATE

Vivian E. Shih Graduate Medical Education Scholar



Amanda Xi, MD MSE is an Anesthesiology Critical Care Fellow at Massachusetts General Hospital (MGH). She is a recent graduate of the MGH Anesthesiology residency and was part of the Charter Class at Oakland University William Beaumont (OUWB) School of Medicine. Amanda founded the AMWA branch at OUWB, served in leadership positions within the AMWA National Student and Resident Divisions, and has been part of planning the AMWA Annual Meetings for the last 6 years. Currently, Amanda also serves as the Vice Chair and Chair-Elect for the Accreditation Council for Graduate Medical Education (ACGME) Council of Review Committee Residents. Outside of medicine, Amanda enjoys trying new restaurants, reading, and connecting with others through social media.

Susan Love Writing Contest

Brit Trogen, MD is a PGY-2 pediatrics resident at New York Langone/Bellevue Hospital. Prior to attending medical school, she obtained a master's degree in medical anthropology, and worked as a writer and science journalist. She has a strong interest in medical ethics and health policy.

See below for an excerpt from her winning piece and read more at AMWA.org.



.... I soon found myself in a small cluster of students surrounding a tall, imposing alumnus in a dark, tailored suit. The topic quickly turned to everyone's career plans, and I listened with interest as others in the group described ambitions for surgical and medical subspecialties.

"And what are you interested in?" he asked, turning to me. "I'm planning on pediatrics," I answered.

"Oh, really?" Eyebrows raised, his next words seemed intended as part-joke, part-compliment: "What a waste. Well, I'm sure you'll be the best one there." Without skipping a beat, the conversation moved on....

Advocacy in Action

...Continued from Page 2...

I encourage you to reflect on all of these experiences as you think about your merit. You have worked hard, and you definitely deserve it! This should be engrained in your mind. Never doubt your worth when asking for what you want.

Once you know what you are asking for, stick with that plan. Do not, and I repeat, do not, lessen your request to increase your chances of getting it approved. If you don't ask for what you really want, you are assuredly never going to get it. Additionally, while you can get what you ask for, you will rarely ever get more than you ask for. So dig deep for that courage and ask for it all.

And if you ask for what you want, the worst thing that can happen is that you are told "no." If that is the case, then you are no worse than you were before you asked. But if you do get a no, then you need to figure out how to move forward despite this. There is never only one direction toward a final destination. When one road is blocked, find a workaround and take a detour to eventually get there. If you want to learn how to do a procedure but can't find anyone to help you learn, read about it on your own and ask others in different departments who do the same procedure to work with them.

...Continued on Page 12

At the AMWA, we appreciate that many of our recent grads and parents of current students have significant amounts of student loan debt. SoFi offers student loan refinancing, allowing you to refinance your existing private and federal loans and save thousands.

Medical professionals can save thousands by refinancing.

SoFi is offering AMWA members a

0.25% Rate Discount

when refinancing through [SoFi.com/AMWA](https://sofi.com/AMWA)

SoFi offers a range of options to optimize your monthly payments, lifetime cost, or speed of pay off, all in addition to no fees and no catch.

What's not to like? Take a look at this short video to learn more:

<https://vimeo.com/245424640/42607fff39>



Mentoring Moment

...Continued from Page 3...

Q: How can I be a good mentee?

A: Good mentees are honest with themselves and their mentors. There are ways to practice being a good mentee and knowing what to look for in a mentor.

For more info and to find your mentor, please check out:

<https://www.amwa-doc.org/mentorship/>

Q: What can I do to take the first steps?

A: Take a Chance

Others are flattered when you go to them for guidance. If there's someone you want to learn from, just go for it.

B. Be Persistent

If you don't hear back right away (or after a couple attempts), that doesn't mean the person is not interested. She/He is just busy. Being persistent while staying respectful is a must.

C. Don't Just have One

Once you've found a mentor, work towards the goals you set with that person. But don't be afraid to look for more people who can help you. Having different perspectives will also add value to your learning experience and journey. -Dr. Kerri Vincenti

Reach out for more tips at:
mentorship@amwa-resident.org

Advocacy in Action

...Continued from Page 10...

If you have an idea for a research project, keep discussing it with different attendings until someone sees the benefit of the question the same as you. One person's no is another person's opportunity, and you will certainly find someone who is excited to teach you and work with you. You can't give up after the first no. There are numerous reasons for women physicians to be nervous when trying to advocate for themselves. The culture of medicine has forced us to believe that this is a boy's club, that we are lucky to even be invited, and we should accept what is given to us. However, there are even more reasons that outnumber this outdated doctrine for us to stick up for ourselves and ask for what we want to advance our careers. These are just a few suggestions, but it is certainly a great start.

If you have any advice on how to be a good self-advocate, I'd love to hear it. Please share! - Dr. Brette Harding

Reach out at
advocacy@amwa-resident.org

Nevertheless,
she persisted.