



Florida
Chapter

Governor's Newsletter



George D. Everett, MD MS MACP, Governor
Manning H. Hanline, Jr., MD FACP FACEP, President/Governor

September 2020

CELEBRATING WOMEN IN MEDICINE



Michelle L. Rossi, MD MACP

As September ends, we close the chapter on another *Women in Medicine* month. Therefore, we like to celebrate some of OUR wonderful women in medicine. The women of the Florida Chapter ACP.

We are your friends, colleagues, mentors, trainees, early career physicians and

leadership. Women to bring a warmth and quiet dignity to what we do, how we serve. Even when confronting controversy or navigating a pandemic, we strive to do so with grace.

Collected for you are a handful of photos, stories and perspectives. If so moved, please feel free to write your own story and send to Dawn Moerings at dmoerings@floridachapteracp.org, and you will be included in one of our future newsletter! Featured women were asked to write about almost anything - the joys or challenges of medicine, how she approaches balance, a touching story, imposter syndrome, self-care, and/or a little bit about herself. This year in particular, we asked women to share how they keep grounded during the pandemic.

As you know, the Chapter's 52nd Annual Scientific Session has been rescheduled to December and will be in a virtual format. That means that you can still nominate a candidate for Florida Chapter's Outstanding Contributions to Advancing the Careers of Women in Medicine. This prestigious award was modeled after the Blackwell Award given by the College and honors a special woman who has helped "pave the way" for her sisters in medicine.

Unfortunately, the conversion to an online format and compressed schedule resulted in the need to postpone the

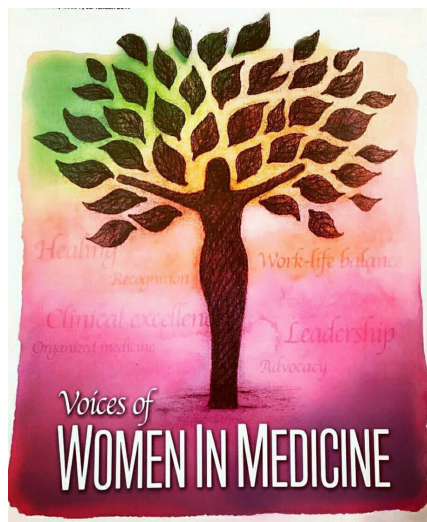
half-day Women in Medicine / Special Sessions. The WIM task force looks forward to bringing you programming in 2021 that will include panels, interactive sessions, and opportunities to connect in an informal setting. Please stay tuned and stay engaged for this sure-to-be-exhilarating experience!

We hope you enjoy this newsletter, find motivation or inspiration in the following pages. Our fellow members are remarkable physicians, leaders, teachers, parents, wives, daughters... women who add vibrancy and diversity to our Chapter. We celebrate each of you!

I leave you with a photo that I took. I was struck by the beauty of nature and wanted to capture the image. For me, this photo invokes wonder, hope; a sense of renewal and resilience. I hope that it moves you as well.

*Michelle L. Rossi, MD MACP
Chair—Women in Medicine
ACP Florida Past Governor*





JOYS & CHALLENGES OF MEDICINE

I am honored to have been asked to share in the newsletter, and to be able to highlight my personal story with my peers. We are blessed to be physicians and be an integral part of the lives of our patients.

One of the joys we should hold on to, is really staying connected with patients, and not just going through the routine components of a visit. We establish relationships over time, on a personal level. Our role becomes more meaningful, as we do more than manage hypertension, or another chronic medical condition, but somebody's mother, wife, father or husband with an illness. We get to peer into their lives and share their life's journey in a motivational way. The best way we can be present is by actively listening and helping them to come up with their own answers. Another fulfilling part of my career is interacting with colleagues, and not taking them for granted. We spend much time with them, and we share "war stories" and bond, and whether we realize it or not, we help each other to cope with the daily struggles, by really saying "you are not alone". I also enjoy teaching and coaching residents, watching them mature into independent physicians.

Navigating the health care system for the under-served, especially in the primary care setting, while obtaining prior authorizations, trying to obtain referrals, re-scheduling missed appointments for high risk patients are administrative tasks which pose challenges. Yet another recent obstacle has been coping with COVID-19 with social distancing while maintaining staff safety. I recognize the focus of this article has been to highlight women in medicine. If we continue to remain vocal and specific in addressing our needs, such as family and medical leave, negotiation for leadership roles, and respecting diversity and cultural awareness, we will continue to remain strong advocates for change in practicing medicine in this challenging time.

As I transcend the years of my career, I have recalled meaningful stories, not just from patients, but from

junior colleagues, whom I have mentored, and received kind words such as "thank you for holding it down as always like a superwoman". I don't always feel that way, but it is touching to know how others view you, when you seem to keep working with the system daily, with a positive attitude.

How do I balance work with home? I have a supportive spouse, and I recognize my strengths and my limitations. I do the best I can to establish boundaries, so I can prioritize the family and spend quality time with them, and find pleasure in simple tasks such as watering the plants, feeding the fish, date night with my husband or reading with my youngest. I cherish myself as a whole person, not just viewing myself as a doctor, I am more than my job. Feed the mind, heart and spirit. If you don't take time to care for yourself, you will not be able to care for others.

I was born in the island of Jamaica, where the vibe is "no problem man". It really emphasizes that no matter what the problem is, there should be an invoking of a positive attitude. I grew up in a family with parents in healthcare, so that is what I knew, and I have no regrets in choosing medicine. I enjoy traveling, spirituality and spending time with family. My personal motto is, "every day I get to learn something new or teach something as if it is new".

Ingrid C. Jones-Ince, MD FACP



VOICE OF A RESIDENT



In medicine, everyone has their journey. I was a little late getting started. I remember working very hard to be competitive in school so I could escape from my small college town in Idaho; dreaming about a future in medicine. However, this dream felt unreachable when I graduated and realized I couldn't afford medical school applications and

interviews without working multiple jobs. This was my detour for two years until I finally received my medical school acceptance letter. That day I ran through the bookstore aisles showing coworkers and customers the letter, ecstatic that life was finally beginning the way I wanted it to.

Currently I am in my third year of an internal medicine residency program that I love. I will be chief resident next year and then will apply for an endocrinology fellowship. I have grown a lot as a physician and a person and have taken note of the admirable women around me since I realized a different kind of struggle being in medicine. We are all aware

of the disadvantages that women physicians face both academically and personally, especially now there is little national dialogue about the exacerbation of gender inequity during the COVID-19 crisis.

Even as I live my dream of being in medicine, I've come to understand that my journey is lifelong. . At my laboratory a male colleague who was also applying to medical school was offered time off for interviews while I was expected to continue shifts. In medical school I don't know when certain patients will stop calling was constantly called me a nurse when while I standing next to a male colleague or resident. I don't know residency I have been called if I'll ever stop being too quiet to some or too then aggressive to others. Little did I know that this was something I had to deal with through my career, and all I know is that I'm not alone.

As woman in medicine I hope to challenge this burden and celebrate our successes moving forward.

*Madeline Fasen, DO
Resident Physician PGY-3
University of Florida Jacksonville Internal Medicine*

ALTERNATIVE CAREERS AND LEADERSHIP



The decision to enter medicine is complex. For me, I knew I could leverage my passion for science and service to create a successful career - one that would provide security and fulfillment. I grew up with a single mother who struggled to advance in her career, despite having an MBA. She was always looking for the next opportunity, never believing she could be promoted from within an organiza-

tion. Now I appreciate how I internalized that fear.

After eight years with my last employer, I realized my worry was not unfounded. Despite receiving accolades from external community organizations while also pursuing a master's degree in public health, advancement opportunities were slim. This galvanized my 5-year search for an organization that would recognize my worth. My journey ended when a contact connected me to an opportunity in managed care. Today, I'm proud to say I work for a large national publicly-traded insurance company that administers commercial, marketplace, Medicaid, Medicare, and Part D plans. And, opportunities for advancement are plentiful.

Of course, it was scary to leave clinical medicine. What if I lost all my clinical skills? Or if I hated my new job? What if my colleagues looked down on me because I "went to the dark side"? Leaving clinical medicine also meant leaving a secure job. No longer the widget mover, I could become dispensable. Would I end up like

my mother, always looking for a backup plan?

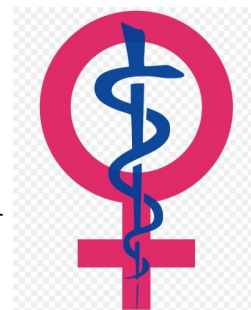
Even more of a challenge was learning a new way to function. I was trading in my white coat for a black blazer and taking on the role of an executive businesswoman. This meant learning to go through a day of business meetings, projects, and managing a team of other physicians. Could I do it?

I certainly didn't think so. I had never been the clinical SME for a large department, and I'd never managed another physician. But, I was wrong. I took things one step at a time. I read books to fill gaps, reached out to mentors for support, and - most importantly - I acknowledged my mistakes. When I was recently promoted from within my organization, all of those small steps I took turned into a big leap forward.

In the future, I solemnly predict board rooms will continue to lack significant female representation. Despite equality at the medical school level, few hospital systems are

female-led. But, there is hope. Women like Ruth Bader Ginsburg have blazed the trail and set forth a motion that we need to keep moving. I hope the lessons I have learned and the risks I have taken will inspire other women to do the same. Our daughters need us.

Cynthia Miller, MD, MPH, FACP



COVID-19 Through the Eyes of My Kids: Stories, Lessons and Dr Seuss

Dedicated to Eli, Ari and Alex: Thank you for bringing love, joy and wisdom to my life.



Living the surreal experience of the COVID-19 pandemic challenges us on multiple levels. As a physician, I feel the responsibility to understand the magnitude of the situation and implement the best measures to protect my patients, trainees, myself and my family. I experience the fear of getting sick or losing a loved one and the sadness and frustration of seeing millions of lives affected by

illness, desperation, and death.

COVID-19 has challenged me even more in my role as a mother. Living the quarantine with two energetic boys has transformed motherhood into an emotional rollercoaster. The combination of COVID-19, taking care of two boys, and continuing working has at times been overwhelming, even while having the support of my wonderful husband. I have found myself being absorbed by the challenges, almost forgetting the positive things that still surround me.

“You’ll miss the best things if you keep your eyes shut” - Dr Seuss.

Luckily, my sons and Dr. Seuss brought me back to the positives, teaching me new lessons and reminding me of some others, allowing me to see COVID-19 through their naive and kind eyes.

Story 1: “Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.”- Dr Seuss.

While my kids were running around, we learned about the increasing number of cases and deaths, and the fear of doctors getting sick due to lack of resources. My four-year-old suddenly asked for a pen, paper, and some coins. “Why?” I inquired. Ari answered: “I want to send a letter to the president asking him to take care of the doctors and give the coins to the doctors so they can buy masks”. This took me by surprise. I didn’t realize that he was listening, much less that he knew that something was wrong. For him, the solution was simple, and he was ready to fix the problem right there and then.

Lesson: Be socially aware, acknowledge what happens around you and do something about it. Don’t wait for others to bring solutions. Even if we don’t have yet a cure or vaccines, we have the power to reduce the spread and diminish deaths. Proactive education and encouragement of best practices to avoid COVID-19 transmission could save many lives. Be a leader, a role model.

Story 2: “A person’s a person, no matter how small”- Dr Seuss

One night, Eli, my six-year-old, started crying. I thought it was another attempt to stay awake longer or to come to my bed. But this was a different situation: “Please go to another house. Leave”. I asked Why?”. Eli answered full of tears: “I don’t want to see you dying, it will break my heart forever.” I didn’t know what to say. “I don’t want you to die mommy”. “I won’t” I said, also in tears. I felt embarrassed for complaining all day about them not behaving, not caring or helping. They were more caring and fearful than I was aware of.

Lesson: Don’t underestimate other people’s feelings, and fears. COVID-19 impacts all of us, affecting the most vulnerable even more. Elderly

people isolated from their families are receiving less support. Individuals with mental illnesses are more helpless than ever. Kids are exposed to atypical stressors like using masks, living in seclusion, and homeschooling. Pay attention, be empathetic and inclusive. Offer emotional support to those around you since they may be suffering in silence.

Story 3: “It’s not about what it is. It’s about what it can become”- Dr Seuss

After several weeks of quarantine my patience was running extremely low. “Guys you need to stop!!!”. “Mommy you are very stressed”, Eli said. “Of course, I am, there is a virus killing people” As if it was so simple Eli asked, “So why hasn’t anyone destroyed it?” “Mmmmmm, it is too strong”, I said. He turned very thoughtful before saying. “I have a solution: what happens if instead of killing it we transform it into a lovely virus? so people don’t get sick but instead become nice and kind.” I smiled and gave him a big hug.

Lesson: Do not give up. Ask questions, look for answers. This is our new reality, we don’t need to accept it, but we need to em-



-- Dr. Seuss

DR SUESS *CONTINUED*

brace it. COVID-19 is now part of our lives, and we will need to adjust our lifestyle, behaviors and expectations in order to keep going. Find solutions, innovate, be creative. Reinvent yourself.

Story 4: “To the world you may be one person; but to one person you may be the world”- Dr Seuss.

While working from home, I video-call one of my patients recently admitted to the hospital. I excused myself because of the background noise- my kids playing. In the middle of the conversation Eli abruptly took my phone. “Hello, I am Eli. I know you are sick, don't worry, just have some rest, you will be ok.” The wonderful lady was as surprised as me. She said thank you and smiled back at him. “Such a big heart in such a small body”, I thought.

Lesson: Do not forget the power of pure kindness. COVID-19 is giving us the great opportunity to re-evaluate our priorities, and our role in society as human-beings and as physicians. Talk to your patients, offer support. Ask them about w they feel, be available for them, let them talk. You can make a big differ-

ence, just with some words, even with your empathetic silence.

Finally, the most important lesson that I am still learning from COVID-19, my kids and Dr Seuss: ***“Life’s too short to wake up with regrets.... If you get a chance, take it. If it changes your life, let it. Nobody said it’d be easy, they just promised it would be worth it.”*** Remember that your words and your actions could change the lives of those that surround you. Be proactive, keep the hope, and stay safe and healthy, because your patients and your loved ones need you more than ever.

Miriam Zylberglait Lisigurski, MD, FACP
Internal Medicine Residency Associate Program Director ,
Aventura Hospital and Medical Center.
Medicine Clerkship Director at Nova Southeastern University's
(NSU) Dr. Kiran C. Patel College of Allopathic Medicine.

Disclosure: This project was supported by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author and do not nec-



TOP 10 THINGS YOU CAN DO TO IMPACT GENDER EQUITY IN MEDICINE

ACP has some specific recommendations for making a difference. As gender equity improves, we are all better!

1. **Advocate:** Advocate for family, maternity and paternity leave. Don't forget about the silver tsunami. Care-giving tasks across the lifespan still falls primarily on women. Advocate for education that supports whole-woman care, including contraception and family planning. Advocate for inclusion of more women in clinical trials. Advocate for institutional requirements for hiring and promotion that address and fix inequities. Advocate for equal gender representation on search committees and in applicants. Advocate for recognition of all types of work, including committees, task forces, and comprehensive, complex patient care, and advocate for payment for all work. Take risks. Speak truth, sometimes gently, sometimes firmly, sometimes loudly. March, make fantastic posters and wear great hats. And don't forget to vote!
2. **Amplify:** When opportunity affords such as when a woman's comment goes unnoticed, amplify what she said before someone paraphrases it and gets the credit. Amplify each other's accomplishments- women are much more likely to be labeled self promoters so show how we lead differently and collaboratively -- help each other out.
3. **Celebrate, Honor, and Support:** Celebrate positive examples and experiences! Celebrate differences! Honor female leaders by promoting them to positions of leadership within your professional community and nominate them for deserving acknowledgements and awards. Find allies with influence. Be an ally with influence. Believe in yourself and in other women. Support each other. No judgment. Support choices that may not always validate our own.
4. **Engage:** Engage everyone, including leadership and men, to make gender equity a priority. Engage minority females to ensure we are looking out for ALL women - African American, Hispanic, Asian American/Native Hawaiian/Pacific Islander, and Native American women as well as LGBTQ and those with disabilities - whose pay gap and leadership gap issues are worse. Demand prompt and non-retaliatory corrective actions in response to gender bias, harassment or discrimination. Insist on gender pay equity.
5. **Help and Sponsor:** Offer to help. Be available. Offer opportunities. Help make connections. Write letters of support and recommendation that overcome gendered language and expectations. Offer to sponsor. Sponsor. Teach negotiation skills. Help by urging women who are busy but uninvolved professionals to join organized medicine in this fight.
6. **Measure:** Make measurement a priority. Insist that institutions include markers to address leadership and pay gaps. Make sure these measurements include under-represented minorities. Measure all types of work, including committees, mentoring, etc... Measure types and complexity of patients cared for.
7. **Mentor:** Look for and be a mentor, be gender blind, occupation and age blind, peek around corners and use peer/near peer mentorship. Learning is so important. We can all learn more about unconscious bias, microaggressions, etc and share our learnings.
8. **Promote:** Promote practices that push away biases and create more equity. Use gender neutral language in position descriptions, conversations, evaluations, promotion criteria. Promote diversity and inclusion for search committees, task forces, and standing committees. Promote gender inequity awareness at meetings by making it an agenda item.
9. **Respect:** Respect the person – regardless of gender, cultural or other identity. Respect the role that the physician has in your organization and/or wants to have. Respect one's ideology. See differences as sacred gifts.
10. **Share and Solicit:** Share insider secrets too. Bond together. Don't divide. So if you negotiate well or find a good place to work etc.. - then share. Be visible and present. Be patient and impatient. Be persistent. Use the bully pulpit if you have one. Share unwritten rules and unspoken knowledge. The hidden curriculum abounds -- be explicit about it to help each other. Solicit female role models to visit your institution as Grand Round speakers and ask them at the end of their talk to comment on gender inequality awareness as an ACP platform. And don't forget to refer to them as Doctor!



We invite you to submit your own story for consideration in future newsletters.
Please email to Dawn Moerings at DMoerings@floridachapteracp.org
Thank you for your service to the profession of Internal Medicine.



2410 Ormsby Circle West, Jacksonville, FL 32210
Phone: (904) 355-0800

Email: DMoerings@floridachapteracp.org
BAnderson@floridachapteracp.org

Website: flchapter.acponline.org
Facebook: <https://www.facebook.com/AmericanCollegeofPhysiciansFloridaChapter/>