

# Ways to tackle challenges facing women physicians in pandemic

SEP 28, 2020

**Sara Berg**

Senior News Writer

Women physicians are facing unique challenges during the COVID-19 pandemic. From navigating family care at home during the age of remote learning to finding ways to complete research and avoid burnout, it's a balancing act for women physicians. Learn about some ideas that could help ensure that women in medicine don't see a rollback on progress.

"The pandemic has changed all of our lives in such profound ways—personally and professionally—and the stress, the anxiety that results from these changes brings unique challenges and adds urgency to this conversation," said AMA President Susan R. Bailey, MD, in a webinar hosted by the AMA Organized Medical Staff Section and co-sponsored by the AMA Women Physicians Section and the American Medical Women's Association (AMWA).

"Nobody needs to suffer in silence in this pandemic," said Dr. Bailey. "We may be physically distant from each other, but we're still very much connected by our emotions and our shared experiences during this unusual and very difficult time."

## Address licensure questions

In a previous study, about half of women physicians "thought that at some point during their career they had met criteria for a mental health condition but had not sought treatment, and that's concerning," said AMA member Kimberly J. Templeton, MD, professor and vice chair of diversity in the orthopaedic surgery department at the University of Kansas and past-president of the American Medical Women's Association. "Women physicians face additional challenges, given their responsibilities at work and at home."

The choice to forgo treatment is often due to "a stigma-related issues, including concerns raised by questions physicians would have to answer for their state medical board," said Dr. Templeton. Prior to the pandemic, she started an initiative with her state medical board to change the language in

licensure applications and renewals to focus “on current impairment, not past or present diagnoses.” This was adopted by the Kansas State Board of Healing Arts in October 2019.

“Addressing questions on state licensure applications is even more critical now because physicians who are under additional stress from the pandemic should not need to avoid seeking care because they’re afraid of the impact of this help seeking on their medical licensure status,” said Dr. Templeton. “My goal with the work in Kansas was to hopefully expand this to other states in the country. I’m currently helping to lead a group within AMWA that is assessing language on state medical licensure applications, with the goal of working at a state-level to effect change, so that language is more in line with what the Federation of State Medical Boards has suggested.”

AMA policy urges state medical boards to refrain from asking about history of mental health or substance use disorder diagnosis or treatment and focus on current impairment.

## **Consider a faculty developer**

“We recognize that the COVID-19 pandemic has changed the way that we do things, but perhaps then it can change it in a not so bad way,” said AMA member Theresa M. Rohr-Kirchgraber, MD, professor of clinical internal medicine and pediatrics at Indiana University (IU) in Indianapolis.

One recommendation is to consider a faculty developer “who is your mentor and is your sponsor,” said Dr. Rohr-Kirchgraber, a past president of the AMWA and executive director of the IU National Center of Excellence in Women’s Health. “It could be a variety of different people, but the idea is we can’t just keep doing things the way that we’ve been doing.

“We have to look across departmental lines, division lines, even within different schools to develop, perhaps, new projects,” she added.

## **Recognize behind the scenes**

One of Dr. Rohr-Kirchgraber’s medical students helped put together an article “about superheroes behind the scenes of COVID-19, recognizing that being on the front lines is great and we appreciate all of that, but there are a lot of people doing things behind the scenes,” she said. “There was a woman who was the chair of cardiology who helped to turn a lobby into a hospital ward, and she actually was pushing around the beds.”

“We had others who learned how to do virtual care in an instant and learned how to actually supervise residents all virtually,” said Dr. Rohr-Kirchgraber. “There are so many different ways that our physicians were superheroes, even if they weren't on the front lines.”

Learn from AMA President Susan R. Bailey, MD, about how we can't allow the pandemic to set back women physicians' advancement.

## **Establish peer support**

“If we look at what's happening now, it really has unveiled a problem that has been present for a long time—the work-life imbalance,” said AMA Director of Practice Redesign Marie T. Brown, MD. However, “women physicians do not have trouble balancing competing demands any more than men. It's simply a more common expectation.”

With the added stress of the pandemic, physicians might hear a colleague say, “I could have, I should have, I wish I had,” said Dr. Brown. “Those are calls of distress and when we hear our colleagues, we have an opportunity to provide some peer-to-peer support.”

Every September, the AMA celebrates women physicians, residents and medical students during Women in Medicine Month. In 2020, the pandemic has posed another set of challenges for women physicians to surmount. This September, the AMA is thanking and recognizing women physicians tirelessly advancing equity and creating change.