

Resident Column: The Everyday Mentor

By Kyra Reed, MD, PGYIV, Indiana University Emergency Medicine/Pediatrics

**DR. REED IS ONE OF OUR WINNERS OF
THE 2016 AWAEM RESIDENT TRAVEL
SCHOLARSHIP AWARD!**



Kyra Reed was recruited heavily to Indiana University after completing the Rural Medicine track at IU. She is a 4th year in a combined EM/Peds Residency at Indiana University and has recently been elected to be Chief Resident. Kyra's commitment to patient care was clear. Her Letter of Recommendation conveyed

to us how she connected with patients – including her drawing out medicine regimens for an entire week's worth of care for patients who were illiterate or overwhelmed. Her program was in awe of her tireless advocacy from chairing the Advocacy Track at Indiana University to running the vulnerable patient track. She spends a good portion of her extra time in didactics that speak to health equity and health care access. Kyra was described as the “whole package” kind, smart, perceptive and hilarious. Kyra was someone who AWAEM could help stoke her fires and keep them burning brightly.

As a purple toy stethoscope is placed on my chest, a pair of small eyes look back at me with sheer joy. I am the patient of my three-year-old niece, Lily, who is playing “Dr. Eye-wa”. Admittedly, “Kyra” is difficult to say for toddlers. An ear-to-ear smile is firmly planted on my face as a full check up is underway by my tiny physician, complete with “notes” scribbled on her sticker-laden notepad. As the eldest of three girls, I chuckle at memories of my younger sisters going through the “Eye-wa” stage and imitating my every move. Whether intended or not, as an older sibling and aunt I have inherently been a role model.

Similarly, every crucial moment in my life I reflect on, there have been influential people shaping my perception of what I

can become. Growing up in a rural Indiana community with limited resources, my parents worked diligently at their multiple jobs to insure my sisters and I were given opportunities never afforded to them. It was reinforced that hard work, perseverance, and leading by example will allow achievement of one's goals. This mindset led me to Emergency Medicine and to serve the underserved. As an EM/Pediatrics PGY-4 resident at Indiana University, I am surrounded by a variety of incredible leaders that encourage involvement, collaboration, and leadership.

As a current Academic EM hopeful, the tremendous opportunity to attend SAEM through the AWAEM Travel Scholarship was incredibly exciting news. At the Faculty Development Workshop – “Building Your Brand: Tools To Develop A Successful Career,” we practiced our “elevator speech,” put together a timeline of goals with specific steps by which to achieve said goals, and met with a variety of incredible female leaders that provided invaluable personalized feedback on achieving these steps. The enlightening theme of how to advocate for yourself and clearly express individual strengths successfully infused each session, which was empowering. At the “Hybrid Careers – The What, Where, When, and How To” session, we were privileged to be taken through the variety of journeys that lead to successful paths to unique careers. Finally, at the AWAEM Luncheon, our table discussion regarding women leaders in EM was particularly inspiring and filled with useful tips and thoughtful discussion. The discourse elucidated how developing female mentors in EM is a crucial step in cultivating retention of women in academic EM and, importantly, leadership positions.

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FemInEM Feature Article Interpersonal Violence

By Esther Choo, MD

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I lecture regularly about partner abuse. During one talk, I polled the audience, asking who had ever experienced partner abuse or had a close friend or family member who had experienced it. Nearly two-thirds responded positively. I then asked who asked their patients regularly about partner abuse. About one-third responded in the affirmative. Finally, I asked who regularly asked their colleagues, friends, or family members if they were experiencing partner abuse. Not one person did this. I was not surprised; I myself do not do this. Asking remains uncomfortable, taboo. We physicians – this articulate, outspoken group – are rendered silent by the prospect of asking the simplest of questions: Are you safe in your relationship? Is anyone harming you? Can you tell me what's going on?

Expecting victims to announce their abuse spontaneously is optimistic. We must be more than receptive; we must do active surveillance for abuse within our communities. And based on the known epidemiology of partner abuse, we should expect to find it regularly and to offer assistance, emotional and moral support, and [referrals](#) to the best of our ability. There is no simple solution to partner abuse: it has been with us since the beginning of mankind and is here to stay. What can change is our willingness to face it head on.

A version of this article appeared on the FemInEM online blog on March 13, 2016

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This experience highlighted that AWAEM clearly embodies an extensive network of female leaders, and this provided a wealth of opportunities for personal and professional mentorship. The multiple sessions and discussions opened my eyes to how this vast support system cultivates career satisfaction. It is also apparent that the AWAEM mission aligns with the spirit of advocacy and mentorship that makes up the backbone of my personal and professional interest in academic medicine. The inspiring women leaders in AWAEM that have laid the groundwork for future generations motivates me to give back by being the best physician, leader, and mentor possible. In order to achieve this goal, I wish to learn more about the unique challenges that face women in EM and how to make a difference on a larger scale. It is clear to me that with such leadership comes societal responsibilities and accountability to others. After attending SAEM, I am invigorated with purpose and eagerly desire to join the efforts of my mentors and other women leaders to shape behaviors, attitudes, and the future of emergency medicine. I will strive to pay it forward by being a mentor and role model not only for women, but all budding physicians, because progress for women is a universal success.

Mentorship, therefore, is an everyday state of being – whether as an older sibling, aunt, or leader in EM. My niece, Lily, may never question being a physician due to gender in her generation, because her aunt is Dr. Eye-wa, and I myself have had incredible female mentors placing me into arenas in which I can become successful. This is all thanks to the trailblazers that came before us. Societal change starts with advocating for equality and diversity to alter perceptions. The AWAEM sessions provided the tools to continue to work towards this end, and I am exceedingly grateful for the opportunity to have learned from our female leaders at SAEM 2016. Thank you for this opportunity!