

COMMUNITY NEWS



Photos: Vabren Watts

1 Resident-fellow members (RFMs) speak about myths and realities of mental disorders on a morning radio show at WKVM 810 AM in Puerto Rico. **2** Ranna Parekh, M.D., director of APA's Division of Diversity and Health Equity (DDHE), and RFMs sit on panel about the role of psychiatrists at the Colegio San Ignacio de Loyola. **3** Posing for a picture are Hector Colon-Rivera, M.D., Parekh, Elvin Hernandez, M.D., Lisette Rodriguez-Cabezas, M.D., Jose Franceschini, M.D., Vanessa Llenza, M.D., Auralyd Padilla, M.D., Dimas Tirado-Morales, M.D., and Marilyn King. **4** Llenza, Padilla, and Tirado-Morales have a group hug after successfully completing the Mental Health Awareness Tour Puerto Rico.

at Drexel University College of Medicine and a graduate of UCC School of Medicine, when he attempted to treat patients during residency.

"Depending on the situation, I may ask patients to express what it is that is bothering them about me, and maybe we can figure it out," said Tirado-Morales, M.D., who is also an APA/SAMHSA

fellow. "Sometimes I try to educate the patient on racism, because some people do not realize that they are making statements that may be offensive to others."

Lisette Rodriguez-Cabezas, M.D., a psychiatry resident at Northwestern University Feinberg School of Medicine, told the audience that culturally insensitive remarks are also made by colleagues

when treating patients who are different from them.

Rodriguez-Cabezas, a native of Chicago of Puerto Rican descent, noted, "When a patient is being treated for symptoms of mental illness in a hospital or outpatient practice, it is often his or her first time coming to a psychiatrist. We need to make sure that patients feel that they are being heard. ... We have to help them establish trust with psychiatrists and ensure that we are working collaboratively with them in deciding on a treatment plan, regardless of the patient's ethnic background. If we do not practice cross-cultural psychiatry, it is very likely that person will never feel comfortable seeing a psychiatrist again."

She said these basic tenets of practice are especially important when working with medical students. "We have to be good role models for medical students by being professional and compassionate to patients in order for these students to do the same when they are in our position."

APA Will Continue to Battle Disparities

The final day of the mental health tour included a visit to Casa de Niños Manuel Fernández, a nonprofit group

home for boys aged 8 to 18 who are survivors of trauma and have been removed from their homes. The RFMs spoke with the boys about how stress affects the body and behavior and ways to manage stress through friendly interaction with pets, for example, or through engaging in martial-arts activities.

The tour concluded at a shopping mall in Bayamon, where an informational booth about mental illness in Hispanic populations in particular was set up to engage shoppers in conversation.

Ranna Parekh, M.D., who is the director of DDHE and accompanied the residents on the tour, said that the trip was incredible on multiple levels.

"The positive reception that we got from the people at our shopping mall booth, the medical schools, the group home, and the island's legislature was very inspiring," she said. "The people were extremely thankful that APA and the Puerto Rico Psychiatric Society helped fund such an event that recognizes mental health issues and the need to increase mental health services in the Hispanic community. We will make sure that the work that has started in Puerto Rico will continue." **PN**



Vanessa Llenza, M.D.

As part of the Mental Health Awareness Tour Puerto Rico, members of the organization Puerto Rico Therapy Dogs discuss how they help young boys at the Casa de Niños Manuel Fernández group home manage stress through interaction with animals.

EDUCATION & TRAINING

Women Make Progress in Academic Medicine, But Leadership Disparities Linger

Psychiatry ranked sixth among specialties in the number of women residents in 2013-2014 and fifth among the various medical departments in number of women with full-time faculty positions.

BY MARK MORAN

Women continue to make progress in academic medicine but remain underrepresented at key career stages, according to a report from the Association of American Medical Colleges (AAMC).

Despite modest progress in some areas, including an increase in the number of women entering medical school and in the percentage of women in faculty positions, women continue to be underrepresented among senior faculty, department chairs, and medical school deans, according to the report, "The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership." The percentage of women leaving faculty positions also rose, however.

DSM-5 Guide

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and a chapter unto itself—replacing the *DSM-IV* diagnosis of gender identity disorder and reflecting a new conceptualization of individuals who seek treatment for problems related to gender.

Criteria for the new category emphasize the phenomenon of "gender incongruence" rather than cross-gender identification. By separating it from sexual dysfunctions and paraphilias (with which it had been included in *DSM-IV* in a chapter titled "Sex and Gender Identity Disorders"), the *DSM-5* Task Force hoped to diminish stigma attached to a unique diagnosis that is used by mental health professionals but whose treatment often involves endocrinologists, surgeons, and other professionals (*Psychiatric News*, April 5, 2013).

"For many people, their gender is never something to question or a source of conflict for their sense of identity," the chapter begins. "Other people strongly identify themselves as a member of the opposite sex. They have great distress that their physical gender does not match the way they think and feel about them-

The report draws on data from the AAMC's 2013-2014 survey on Women in Medicine and Science (WIMS) as well as 2014 data from the AAMC Faculty Roster.

"Within academic medicine, medical school deans, department chairs, associate deans, and faculty and staff in a range of leadership positions have opportunities to think innovatively about transforming systems of training, discovery, and health care delivery that keep academic medical centers (AMCs) at the forefront of improving patient care and health in the United States," according to the report. "If women choose to leave the academic medicine workforce, their departures may contribute to a decrease in the diversity and talent of the workforce and may ultimately limit organizational success. Conversely, if AMCs can promote equity through sound institutional practices, they can increasingly retain the talented doctors, scientists, and administrators who are so vital to achieving their missions."

When the WIMS survey was administered in May 2014, 129 medical schools were fully accredited by the Liaison Committee on Medical Education. Of these, 117 responded. Here are some findings from the survey:

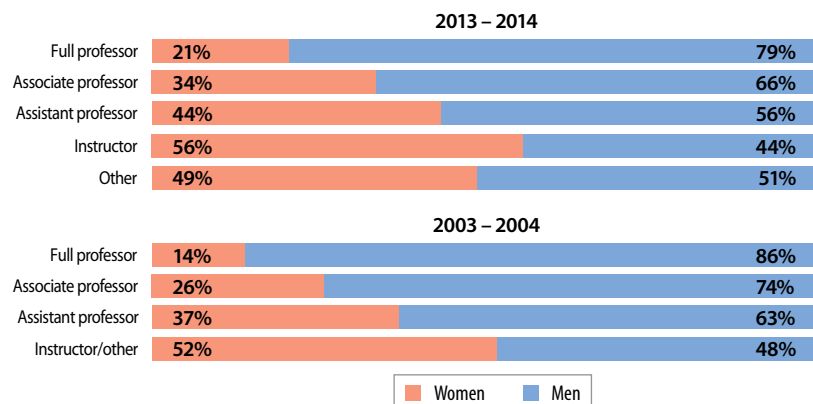
selves. This distress and sense of conflict are described as gender dysphoria. The gender that fits with the way they feel is called their experienced/expressed gender, and the gender they were born with is called their assigned/natal gender."

The chapter covers gender dysphoria in adults, teenagers, and children. (For an example of a story of a patient with gender dysphoria, see "Christine's Story" on page 5.)

"The changes to the *DSM* that are reflected in gender dysphoria arose from careful discussion about the importance of the presence of distress as a key factor in the diagnosis," said Susan Schultz, M.D., a member of the six-member panel of editorial advisers who oversaw development of the lay guide. "This is also emphasized through the use of dysphoria in the name of the diagnosis as opposed to calling it a disorder. That is, the language was chosen very carefully, with the hope of keeping pace with new research and a new understanding of these conditions. This is one of the new developments in the *DSM* that is most likely to continue to evolve over time as we grow in our understanding of the gender experience." **PN**

Slow Progress in Closing Gender Gap

The percentages of women in all categories of full-time medical faculty positions—professor, assistant professor, associate professor, and instructor—rose since 2003-2004, but with the exception of instructors, the percentages of women remain well below those of men.



Source: *The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership 2013-2014*, AAMC

• **Students and residents:** Although the number of women applying to medical school (48,014) has increased since the last report in 2008-2009, their proportion of the applicant pool, at 46 percent, has decreased.

• **Faculty workforce:** Women make up a little more than a third (38 percent) of the full-time academic medicine faculty (see chart above for a breakdown by position). New hires of women faculty are up 4 percent, but departures are up 5 percent.

• **Leadership positions:** There has been an increase in the number of women who are chairs and deans of medical school departments, but the percentage remains low at 15 percent and 16 percent, respectively. The percentage of women assistant professors has remained stable at 46 percent.

Psychiatry ranked sixth among specialties for the number of women residents in 2013-2014, behind internal medicine, pediatrics, family medicine, internal medicine specialties, and OB-GYN. But psychiatry ranked third among departments with the highest proportion of women in faculty positions, behind internal medicine and pediatrics.

As for the students and residents, the report noted that the percentage of women residents has remained relatively flat since 2008-2009, when women accounted for 45 percent of residents. "Further, while women increasingly are entering specialties where they have been historically underrepresented, such as surgery, large gender disparities still exist," the report stated. "These data point to a need for focused research on

individual career decisions of women students after their training."

With regard to faculty workforce, the AAMC noted that the proportion of full-time faculty who are women has risen only 2 percent since its 2009-2010 Women in Medicine and Science Benchmarking Report. "In looking particularly at how women are represented among higher academic ranks, the proportion of women continues to be lower when compared to male counterparts as the prestige of the position increases. ... Similar to women entering residency positions, full-time women faculty comprise far less of the proportion of faculty in specific departments such as surgery and radiology. Additionally, since 2008-2009, the percentage of promotions to associate professor or full professor who were women has risen only slightly, and the proportion of new tenures who were women has remained the same (38 percent)."

Finally, the increase in women in leadership positions is encouraging, but the sharp disparities in academic medicine can be seen across all stages of the pipeline from residency application to leadership, according to the report. "As women progress through their careers, they are less represented in positions with decision-making and leadership responsibilities," the report emphasized. "Research is needed to explore how underrepresentation and pace of advancement for women in academic medicine may influence career choice." **PN**

PN "The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2013-2014" is posted at <https://www.aamc.org/members/gwims/statistics>.