

# Section on International Medical Graduates (SOIMG)

Newsletter

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DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Section on International Medical Graduates

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# Chair's Welcome Letter

Dear SOIMG members,

**I am grateful for the opportunity** to serve as the chair for our Section of over two thousand members. We represent a diverse group of pediatricians who come from all over the world, represent the diversity in the pediatric workforce and serve the children of this country in the metros, suburbs and remote areas. The Section on International Medical Graduates (SOIMG) is still in its infancy and its growth and development is as much dependent on its membership as its leadership.

It is an honor to be the Chair of SOIMG; I look forward to engaging with members through activities and the SOIMG H-program at the American Academy of Pediatrics (AAP) National Conference & Exhibition throughout my term. As Section Chair, I plan to continue to make efforts to grow our membership and commitment, including an annual scholarship for practicing pediatricians, planning for virtual educational and advocacy opportunities, and providing support to our pediatric international medical graduate (IMG) trainees in any way the Section can.

I am also excited to share with you this year's H program at the AAP national conference, which will focus on microaggressions, biases and ways in which to diffuse and de-bias them. The session is titled "*If You See Something, Learn to Say Something*", and will be taking place on Saturday, October 21<sup>st</sup>. Please join us and make it a success.

On behalf of the SOIMG Executive Committee (EC), I would like to express my gratitude for Dr. Claudia Espinosa and thank her for her valuable time and efforts. Dr. Espinosa is stepping down from the Education Chair position of the EC, to take a position with the AAP Committee on Infectious Diseases, also known as The Red Book Committee. We congratulate her on this great achievement! She has served our Section well and made the H-programs a great feat during her term. She will be missed dearly.

An update from the AAP leadership conference: SOIMG is going to be a part of the Career Alliance. This is an ongoing effort from the AAP leadership to bring Sections, Councils and Committees together and find collaborations to move forward with the mission to improve the health of children locally

and globally.

I invite all the members to add your voice and share your concerns with us, and let us be aware of your professional needs, and together we can make strides in bringing changes that are important for the IMG workforce. See you all in Washington D.C.!

**Renuka Verma, MD, FAAP**  
**Chair, AAP Section on International Medical Graduates**

P.S. “Elimination of race-based decisions in medicine is a welcome step. Elimination of race-based college admissions is not.”



**About the author:**

Renuka Verma, MD, FAAP is a pediatric infectious physician whose passions circle around children and teaching. Her job provides the opportunity to fulfill both. Working with residents has taught her a significant deal of resolve, patience, and skills in dealing with people from different parts of the world and cultures. She believes that just like parents, your job as a pediatrician starts from birth and it remains your responsibility until your patients' become adults.

# Letter from The Editor

## Greetings to all SOIMG members!

**Here we are** with the 10<sup>th</sup> edition of our section newsletter. Seems hard to believe that we are completing our first decade as a Section of the American Academy of Pediatrics (AAP)! Our readership continues to grow, and I am pleased to say that we have a number of entries this year not only from current international medical graduates (IMGs) trainees in the U.S., but also from those aspiring to join residency programs here in the near future. This year we also have an article from a high school student who has become engaged in global advocacy work, a subject near and dear to the majority of us.

We have had some changes in staff and after a hiatus of several months, would like to welcome Najj Hattar as our new manager. Najj has been managing the AAP Section on Global Health for a number of years so we certainly welcome his expertise in this area and hope that he will help our section advance and meet the goals of our membership. A big thanks to Ana Olivares who helped us in the interim before Najj assumed this new responsibility.

As has been the theme for the past couple of years, most of the submissions focus on the subject of mental health and paying attention to self-care, which is integral to being able to provide the best care for our patients. I hope you will also find reading Dr. Renuka Verma's article on bias thought provoking and insightful.

In addition, once again Dr. Roberto Santos has put in a plug for those with some interest in pediatric infectious diseases and to consider that as a career choice. Like Dr. Santos, I have also found it to be an incredibly rewarding career. We also have an article from Dr. Sabeen Yousef on the subspecialty of pediatric nephrology as a potential career choice, for those still in search of their niche.

We hope to see you at our H-program at the AAP National Conference & Exhibition and want to wish all those aspiring to interview for residency positions in the U.S. for the upcoming season all the best of luck! Our Section recently held a zoom session for aspiring fellowship applicants. As always, we want to hear from you and how the section can be the best and most effective voice for IMGs everywhere!

## Ayesha Mirza, MD, FAAP, FPIDS



### About the author:

Dr. Ayesha Mirza is currently a Professor of Pediatrics at the University of Florida, Jacksonville, Department of Pediatrics, Division of Pediatric Infectious Diseases & Immunology. In addition, she is also the Pediatric Residency Program Director. She currently serves on the executive committee of the American Academy of Pediatrics (AAP), Section on International Medical Graduates where she is the editor of the newsletter and the chair elect.

## A Thank You Letter to Dr. Espinosa

We, as the Section on International Medical Graduates (SOIMG) Executive Committee (EC), thank Dr. Espinosa for her commitment and efforts in the mission and vision for the Section. Dr. Espinosa has been an active member of the pediatric infectious disease community and has been involved with the SOIMG since 2018. In 2019, she assumed the role of Education Chair on the EC of the SOIMG. In this period, she enthusiastically planned and recruited great speakers and delivered excellent programs at the AAP National Conference & Exhibition, year after year. Currently, Dr Espinosa is an Associate Professor of Pediatrics in the Division of Pediatric Infectious Diseases at the University of South Florida. Dr. Espinosa is board certified in Pediatrics and Pediatric Infectious Disease. Her research interests include perinatal and congenital infections, hepatitis, and vaccines. Specific activities to mention a few; development and implementation of protocols for management of infants with perinatal exposure to hepatitis B, hepatitis C, and evaluation of infants exposed to Zika. Besides being actively involved with infectious disease projects and in the section of IMGs, she is also involved with the Female Leadership and Excellence (FlexPeds) group. Dr. Espinosa is stepping down from the role of the SOIMG Education Chair and will be taking on her new assignment as a member of the AAP Red Book Committee. On behalf of the entire section, I wish to express my gratitude for her services to SOIMG, she has expressed her ongoing desire to remain an active member of the section. We all wish her the best in her future endeavors!

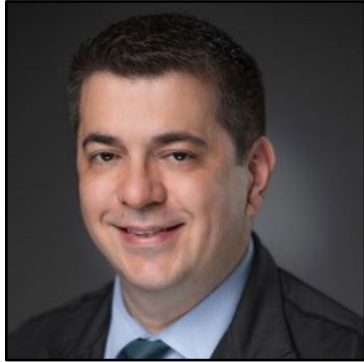
Adios, Dr Espinosa, nos volveremos a encontrar.

**Renuka Verma, MD, FAAP**  
**Chair, AAP Section on International Medical Graduates**



**Claudia Espinosa, MD,  
MSc, FAAP**

## Welcome to The New Executive Committee Member



**Panagiotis Kratimenos, MD,  
PhD, FAAP**

It is my pleasure to introduce and welcome Dr Panagiotis Kratimenos, neonatologist at Children's National Hospital and Assistant Professor of Pediatrics at the George Washington University School of Medicine and Health Sciences, to the Executive Committee (EC) of the Section on International Medical Graduates. Dr. Kratimenos completed his medical school in Greece and residency and fellowship in the United States. His research interest focuses on understanding mechanisms of neonatal brain injury, specifically mechanisms of neuronal damage following brain hypoxia-ischemia.

Dr. Kratimenos' clinical interests focus on neonatal encephalopathy and therapeutic hypothermia, necrotizing enterocolitis and ECMO.

He is actively involved in the education of medical students, residents, and neonatology fellows. He enjoys traveling and cooking. We are excited to have Dr. Kratimenos in the EC; he will bring a fresh perspective for the Section and new ideas for future projects.

**Renuka Verma, MD, FAAP**  
**Chair, Section on International Medical Graduates**

# The 2023 Annual Leadership Conference

**The Annual** Leadership Conference (ALC) is a yearly meeting of the American Academy of Pediatrics (AAP), where AAP chapter presidents, vice presidents, and committee, section and council chairpersons advise the Academy's Board of Directors on issues of importance from the AAP membership and provides a primary communication link between the grassroots and the policymaking bodies of the Academy. This year, the ALC took place from August 3-6 at the AAP headquarters in Itasca, IL, USA.

The ALC aims to draw upon multiple areas of expertise within the Academy to:

1. Advise and make recommendations to the Board of Directors
2. Promote communication and networking among member leaders
3. Incorporate diverse perspectives in the discussion and debate of leading pediatric issues
4. Integrate the policy development, education, and advocacy functions of the Academy
5. Provide leadership education for Academy volunteer leaders

Every year, AAP members have an opportunity to ask the Academy leaders to make changes, to improve children's health, to optimize pediatrician education and to update the Academy's organizational procedures. One of the mechanisms to do so is through Resolutions, whereby the members of the Academy can give input concerning Academy policy and activities. All resolutions submitted to the ALC are considered by the Board but are advisory and not binding. This year, 188 members in attendance voted on 75 submitted resolutions, of which 63 were adopted. The members also ranked the top 10 resolutions they felt were of the utmost importance to AAP members:

1. Federal Protections of Gender-Affirming Care for Both Patients and Their Doctors
2. Supporting Pediatric Payment Advocacy
3. Autism Diagnosis by Pediatricians
4. Support for State Constitutional Ballot Amendments That Protect Access to Reproductive Healthcare
5. Supporting Community Pediatricians Who Teach Medical Students and Residents in their Practice
6. Increasing Access to Mental Health Services for Youth by Restructuring Medicaid Payment
7. Opposing Legislation that Bans Offices of Equity, Diversity, and Inclusion (EDI) and Restricts EDI Education for Learners at State Medical Schools
8. Ban on Youth-Oriented Gun Advertising
9. Advocating for Telehealth Across State Lines for Students
10. Supporting Pediatricians' Discussion of Firearm Safety in Pediatric Settings

Full text of the resolutions and voting results can be viewed [here](#).



# Section on International Medical Graduates – Diversity, Equity, and Inclusion Statement

**The Section of International Medical Graduates** (SOIMG) consists of approximately **2,000** pediatric providers from various backgrounds globally and represents a truly diverse group of general medical providers as well as subspecialists alike. We are very diverse in terms of race, ethnicity, religion, sex, sexual orientation, gender identity, disability, and national origin, yet united in our mission to take care of children and their families locally and internationally. We come from different parts of the world, yet we are one with our message and are committed to our Diversity, Equity, and Inclusion (DEI) Statement:

We celebrate the diversity of children and their families and respect their unique background, racial & ethnic differences, religious beliefs & sexual orientations as well as promote their diverse viewpoint that is rich in culture and make them distinct individuals. We commit to an environment that is welcoming to members of our section who hail from various parts of the world and bring their unique backgrounds.

The SOIMG upholds the [Diversity and Inclusion Statement](#) of the American Academy of Pediatrics (AAP) which “*appreciates that children are increasingly diverse, with differences that may include race, ethnicity, language spoken at home, religion, disability and special health care need, socioeconomic status, sexual orientation, gender identity, and other attributes.*”

The SOIMG stands by the commitment of the AAP on “*being a learning organization that recruits, supports, and promotes talented, diverse individuals as employees and to fostering a work environment that embraces and celebrates diversity, promotes inclusiveness, and treats all employees with dignity and respect.*”<sup>1</sup>

As members of the SOIMG, we represent nations from all over the world and it is incumbent upon us to applaud diverse cultures and welcome them to the SOIMG.

## SOIMG 2023 Travel Scholarship Recipient Highlight

**Practicing** General Pediatrics has been a great joy in my life. I am a proud mother, wife, and advocate for children, especially those underserved in Southern California. I am grateful to have the privilege to practice with the best and most well-respected pediatricians in my area.

I am thrilled and blessed to have received the scholarship to attend this conference. I still remember the very first American Academy of Pediatrics (AAP) meeting I attended in New Orleans through another scholarship from my residency program. It was a very special experience for me! In that year, 1997, the incidence of SIDS went down by 30%, thanks to the efforts of the back-to-sleep program by the AAP. I am looking forward to the obesity and lipidology lectures this year. We need to advocate for preventive pediatrics through nutritional and exercise counseling.

Indeed, the future is bright for the next generation of pediatricians, thanks to the explosion of knowledge in genetics, immunology, and technology. Thank you to AAP for this wonderful gift!



**About me:** Dr. Edna Sayat received her Medical Degree from the University of Santo Tomas in Manila, Philippines. She graduated Cum Laude. Her pediatric residency was completed at Beth Israel Medical Center in New York. She was honored with a Chief Residency Position in 1997.

# I Have a Bias

By: Renuka Verma, MD, FAAP

**Three decades ago**, when I moved to the United States, I came with a preconceived notion that this is a different country; it has a different culture, different values, and different ideals especially in child rearing practices. I grew up in an Eastern culture, my parents reared me with different sets of principles, and nurturing that was worlds apart, and that helped me shape my life as an adult. Now when it was my turn to raise my children with the same values and morals, there was one major difference; that I was not surrounded by eastern culture and principles. Looking back, I realize that I had a *bias*. My bias was based on the news, movies and paper media that deprecated the western culture, which shaped my views.

As the time went by, my children started to grow and embrace their environment. I appreciate that there is hardly any difference when it comes to a parent's thoughts, beliefs, and concerns. You may be speaking a different language, going to different places of worship, and eating different kinds of foods, but when it comes to raising children, we all speak the same language, we all have similar hopes, and yes, we all love to eat!

Over the years, I have shared my child rearing dilemmas with my friends, coworkers, and neighbors, and even the parents of my patients. To my pleasant surprise, each time I saw in them a parallel image; that of a concerned mother, an anxious guardian, a proud father, or delighted grandparent. There are many myths about how values might be different in East vs. West, and maybe there are some contrasts, but when it comes to raising children one thing is common in all parents from all parts of the world, and that is making sure your child is safe and receives the best within their means. In essence, as a parent, it is immaterial what ethnicity, race, or faith you are from – we all have the same determination to raise a good child.

So how do you raise a good child? How do you nurture unbiased and tolerant children? The first step is to remove your own biases, your own predetermined notions, and your own rigidity. Take up the challenge to be open and accepting. Make an active effort in not criticizing other cultures. We tend to form opinions about the whole country or culture after having met one person from that culture or country. We tend to follow one single story and that becomes our reference point.<sup>1</sup>

Social media now perpetuates this folly even more. Make a promise to yourself that you will not make jokes about other people or tease them about their manners. Do not criticize or laugh at other people based on their appearance, diction, and level of education. Try not to discriminate or label others based on their socioeconomic status. We chose the United States to be our home, so let us embrace it with open arms, while maintaining our own culture and values. Refrain from saying things to your growing children like “stop acting up like an American”. Instill the values of humanity and respect for all by showing that in your everyday actions and

behavior. Let us try to move away from 'Us Vs Them'. I do not remember going to temples very regularly while growing up. Now with busy schedules and job demands I was afraid that I will not be able to teach my children about my faith and beliefs. Not until later did I understand that it is not frequenting the temples that teaches them about creed and faith; it is what you do every day with them and others, which teaches them about devotion.

To raise that good child, let us make sure we have an open heart, and equitable view, be fair; leave all the discriminatory notions behind and be considerate for all. Provide the love we promise our children, be devoid of prejudice against others, try to develop compassion for the weak, and avoid any aversion for ethnicity, creed or class. Check your own perspective and take mental notes. Make partnerships to create alliances with your loved ones and friends in achieving cultural humility and respect. Remind yourself that when you meet a person from one country or one culture, you met only one person from that country or culture. This prevents 'stereotyping'. Keep a 'growth' mindset and accept your biases, learn to be a better human being by acquiring new knowledge of different cultures, different cuisines, and different beliefs. Understand that we cannot be culturally competent for all the cultures in the world, but we can have humility towards each other. We are not perfect; we are all a work in progress. For us pediatricians, it is even more important and relevant for the next generation's health, safety, equity, and justice that we are unpretentious, humble, and unbiased.

# COVID-19 Pandemic Experience in New York

By: Ana Coronado, MD, FAAP

**I remember the excitement** and happiness I felt when I moved to New York to start my pediatric residency in 2017. In my third year of residency, I finished all my “heavy” rotations at the start and scheduled my electives for the second half of the year to prepare for boards and fellowship. However, life had other plans for me. Approximately in March 2020, Brooklyn became the epicenter of the COVID-19 outbreak and my residency hospital became one of the three main hospitals in the state dedicated to treating those patients.

Pediatricians not only were challenged by a new disease, but also a population we were not used to: adults! I recall when my chief resident asked me to cover nights while on my outpatient cardiology rotation. It had been three years since I had treated an adult, luckily, an internal medicine resident was assigned to our team.

Things changed around that time. Patients’ rooms had a sign saying “COVID-19+ patient”; the team had to use coveralls, gowns, N94 masks and face shields. The first time we went into a patient’s room, I was very scared but simultaneously trying to be calm for my junior resident. We started checking meticulously their mental status and oxygen saturations. If needed, we provided them with oxygen, and with our nurse’s help, prone them. The Intensive Care Unit (ICU) hit capacity, and patients were even housed in the hallways while still receiving the best care all of us could provide. Other colleagues were helping in the emergency room, or in tents outside the hospital, to assist the emergency room efforts. Meanwhile, patients asked for their families, and we tried our best to connect them, but it was very complicated and sad.

Two weeks later, I was assigned to the Pediatric ICU that was now accommodating adults. The very first day I started, one of the most outstanding and loved medicine attendings was admitted to the PICU. All his colleagues were watching over him, trying to help as much as possible. Unfortunately, COVID-19 defeated us this time. I tried to be strong but for the first time I cried and wished I could be with my family in my beloved Peru. I was in daily communication with them and while we were video calling, people in the streets were cheering the frontline workers from their windows. It was a very emotional moment every time I saw my parents also doing it.

This challenging time taught me that all hard things in life make us value the good ones, make us understand our needs as doctors, patients, and family members. There was no other option than to take this situation as an opportunity to improve as a society. It was our chance to try something better and only depended on us. Thinking about a better future gave me the strength to keep working hard and find my purpose in life.

During residency I was blessed to call my five best friends who are international medical graduates (IMGs), my family. I can’t imagine what I would have done without them. My boyfriend, now my husband, was my rock during this time. He was also taking care of COVID-19 patients in a different state, but somehow, he managed to make me always feel protected.

I will always be grateful for finding good lifetime friends in residency. We came from very different cultures, but the respect and love for each other made us family and helped provide a strong support system during these difficult times.



**About me:** I was born in Lima, Peru where I attended medical school, Universidad Peruana Cayetano Heredia. A few medical rotations in the US later, I applied for pediatric residency, and matched at Suny Downstate Medical Center located in Brooklyn, New York. My passion for pediatric gastroenterology was reinforced during residency and I matched at University of Alabama at Birmingham for my fellowship of Pediatric Gastroenterology, Hepatology and Nutrition. I have recently graduated in July 2023, and will start working as a Pediatric Gastroenterologist at Baptist Health System in Montgomery, Alabama very soon.

# The Road to Residency from An IMG's Perspective

By: Karla Francisco, MD, FAAP

**Let's end** the stigma. Mental health is underrated. Following medical school, students are more likely to experience a broad range of mental health problems. After graduation, not many patterns change in the journey of pursuing residency in the United States.

International Medical Graduates (IMG) face numerous challenges in the pathway to match day. It is certainly a goal that requires extra sacrifices for IMG's, such as relocation, loss of support systems although new ones will ultimately be formed, long study hours to obtain outstanding scores, among others. The recurrent stress can directly compromise mental health, leading to consequences that can delay completion of goals.

Physiological distress can also be jeopardized by external scenarios such as unexpected grief caused by disabilities, sickness, loss, breakups, tests failures, financial burdens, poor support system or struggles in the pursue of a balanced lifestyle, which can break or shape the person.

Therefore, mental health can't be stressed enough. An optimum state of mind is reflected in daily actions, it goes from the simplicity of being polite to a patient, to the complexity of making medical decisions or performing surgery. In both situations, physiological impairment plays a role. Mental health is a balancing act, and reaching it is an ongoing learning process. It's ok not to be ok for a while, as long as you're receiving help. It is true that time plays an important role in the achievements of goals, but so does mental health.

On this challenging road for IMG's and non-IMG's, prioritizing mental health and having a support system is fundamental. It is a journey that only those who share it can understand, everyone has a different and unique pathway and timeline and though there is a common goal: the match; it should go hand in hand with a healthy frame of mind that sets us up for future success.

Some words of advice that can be helpful: Celebrate small victories, discipline can take you places, don't compare timelines, and seek sanity in other non-medical related activities that lift the mood up; stick to a plan and seek peer support for your friends and family. Though they may not always understand what you may be going through, they will always offer unconditional love and support.



**About me:** Karla Francisco, MD is currently a Neonatal Intensive Care Unit and Pediatric Urgent Care transitional year intern at the Center of Obstetrics and Gynecology and Pediatric Urgent Care La Cliniquita, Santo Domingo, Dominican Republic. She graduated medical school at Instituto Tecnológico de Santo Domingo (INTEC) in Dominican Republic. Dr. Francisco is an aspiring pediatrics resident, described as diligent and selflessly caring for human needs. Particularly known for being extra detail-oriented and performing tasks with love and dedication.

# Mental Health from an IMG Trainee Perspective

**By: Amanda Marie Witkowski**

**I have never imagined** living more than 2 hours away from home, let alone moving from the United States to another country. Living far from family and friends was inconceivable. However, becoming a physician has forever been my passion and aspiration, so the opportunity to attend medical school in the Caribbean meant making a difficult decision. I knew I could not let distance become an impediment. This is a choice thousands of students make each year.

Upon arrival at a foreign medical school, there are cultural challenges that include religion, linguistics, and dietary needs (imported foods affect cost coupled with food shortages). For some, there is adapting to a different climate and setting up living quarters. For the vast majority there is the distance from loved ones - my school has students from more than 100 countries. All of this, while pursuing an education more challenging than college. Establishing a plan for prioritizing mental health therefore is critical.

Medical school is intense. One perspective is that one week of medical content is akin to one semester of a college course. Quite a startling realization. Good planning and time management skills are critical to tackling the material. Equally important is taking time to adapt to this new life. This starts by making connections and immersing oneself in the school community, which is critical for maintaining mental equilibrium. Friendships,

self-care time, and having fun are important when studying most of the day. There are days where I find myself studying, looking up at a friend, and saying I just need five minutes to cry. Friends who understand and provide support in the most vulnerable moments are key to managing mental health.

Technology is a saving grace, with tools like WhatsApp and FaceTime that make connecting with home easier. However, this may occasionally leave one feeling the distance even more. There is an internal conflict of wanting to pursue a medical education while also wanting to be home surrounded by friends and family. This fast-paced, hard-working environment coupled with homesickness can lead to burnout.

Then there is the cost of medical school, which is a challenge for IMG's and non-IMGs alike. The additional costs of international travel, supplies, baggage, and food exacerbate the stress. Coupled with distance and time away from loved ones, this puts additional pressure on mental health. The support of the community is critical as no one understands what you are going through more than the person sitting next to you in the lecture hall. I always say, being on an island for medical school feels like a simulation. Sometimes the real world feels strange outside of our little bubble. But I am grateful for my bubble of support, understanding, and love.



Here in the Caribbean, we take a little break each day and stand on the beach. The sounds of the ocean and the view of the horizon bring us happiness. We return to our study hall refreshed from the sun and air because we know that the mental game is just as important as studying. I have learned to prioritize self-care and rejuvenation through physical exercise and mental health breaks, to be successful in my studies. For those contemplating the same pathway, I strongly

encourage it! Being around students who are also living away from home and going through the same rigorous structure of a medical education truly places all students on the same level playing field, fostering community, not competition. Add a daily dose of vitamin D directly from the sun and serotonin from the beauty of the island, you have the perfect combination of support and self-care, which is much needed to power through the challenges medical school presents.



**About me:** Amanda Marie Witkowski is a Term 2 medical student at St. George's University (SGU) in Grenada. She is on the e-Board of the SGU Pediatrics Club, and a member of the American Medical Student Association, Students Helping Enrich Little Lives (SHELL), Colors of Cancer, Women in Medicine, Emergency Medicine, and Surgery Clubs. Amanda is the founder of the Lucy Rose Foundation, a New Jersey Non-Profit Corporation, supporting children and youth with special health needs. She is also co-founder of the Morgan Marie Michael Foundation supporting individuals on the autism spectrum. Amanda holds a Master of Biomedical Sciences degree from Nova Southeastern University and a Bachelor of Science Degree from Sacred Heart University where she majored in Biology with minors in Chemistry, Psychology, Honors, and Fashion Merchandising. As a Dame, Grand Officer appointed by HRH Oheneba Nana Kwame Obeng II, she supports women's health initiatives in the stool lands of Ghana.

# Medical Student Perspective: My USA Experience

By: Melis Ayasgil

**I am Melis Ayasgil**, a final year medical student in Turkey. I completed two months of internal medicine and pediatrics rotation in the U.S. I came back and wrote this article about my experiences as an international medical student in the U.S. My journey started with the agreement between my university and Arkansas College of Osteopathic Medicine for a student exchange program. I had the opportunity to be an exchange student and came to Fort Smith, Arkansas. Every person was so kind and helpful from the first moment I arrived. I experienced the great southern hospitality and appreciated it. My rotations took place in Mercy Hospital Fort Smith, and I had a chance to work with great hospitalist doctors. Each student had a preceptor with whom they visited the patients together. Working in-patient with hospitalists was a unique experience, teaching me many things about the US's health system and hospital administration. However, the most important learning outcome of these rotations was developing key communication skills with patients and coworkers.

Efficient communication remarkably improves patients' compliance with treatment as their trust in their doctor increases. I saw a real-life example of this in one of our patient visits. A nurse came and told us that the patient admitted overnight didn't let her take his vitals and became irritated when she approached him. The doctor and I went to the patient's room, and my preceptor started

talking to him. Firstly, he introduced himself and me and asked how he was that day. The patient didn't reply at the beginning. The doctor kept talking and asked another question; if he didn't like the food, pointing to the patient's untouched food plate. This time he replied and said that he didn't want to eat his food without his dog. The doctor asked about his dog's species, age, and anyone taking care of him since he was hospitalized. I realized the patient became interested in talking to us more. He asked for discharge to go and see his dog because nobody was at home to feed him. He was looking very upset and worried. The doctor put his hand on the patient's shoulder and showed empathy toward him with his body language. He explained why he was admitted and must be followed in the hospital until midnight. Otherwise, he would get re-hospitalized in a worse situation and may have to stay longer than the first time. Fortunately, the patient agreed to stay and called his neighbor asking for help for his dog.

I was impressed at seeing the power of communication in medicine. Active listening, empathy, addressing concerns, and proper body language are the essentials of our daily practice. Besides the clinical experiences, I enjoyed learning about new cultures during these two months. I am grateful to have this experience as an international medical student, and I hope to come back to do my residency in the U.S.



**About me:** Dr. Melis Ayasgil recently graduated from the International School of Medicine in Istanbul Medipol University with honors. She was able to obtain a scholarship and had the chance to do internal medicine and pediatrics rotations in the USA before graduation. One of the things she realized during this experience was that America truly reflects what it is best known for globally i.e., uniting nations worldwide. This experience inspired her to become an international physician with the aspiration to complete further training in the USA.

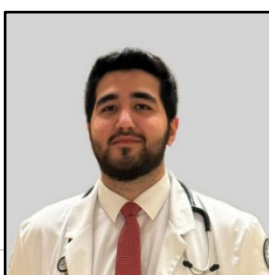
# Medical Student Perspective: My US Based Hands-On Clinical Experience As An IMG

By: Dr. Muhammed Gunduz

**I am Muhammed Gunduz**, a newly graduated doctor from Turkey, Istanbul. My dream is to work as a physician in the US, just like thousands of international medical graduates (IMGs) all over the world. This path is challenging for all of us and it is very important to benefit from each other's experiences. For this reason, I would like to briefly share my United States-based hands-on clinical experience (USCE) journey with you. As we all know, acquiring a USCE is a difficult and financially challenging goal. For IMGs, clinical electives are a vital part of their resumes when it comes to matching into a residency program. I was very lucky to arrange a 2-month internal medicine elective in Fort Smith, Arkansas. Before starting the rotation, I had repeatedly questioned whether I would be able to adapt to the environment at the hospital and I was very stressed. But the group I ended up with, had the best residents, teaching faculty, and hospitalists I could wish for. They taught me everything I needed to know and gave me complete freedom in history taking and physical examination. They weren't too hard on me either with multitasking. During the morning rounds, I was responsible for presenting several patients assigned to me, to our attending physician and discussing their condition and treatment options. I am still grateful to all the residents and doctors I met during that elective, they played a huge role in shaping me as a doctor.

Initially, during the rounds and physicals, I always took a step back compared to the residents, thinking "What do I know? I'm just a medical student." This passive way of thinking did not allow me to make the most of the first weeks of my elective. The feedback from the attending physician at the end of week 1 was particularly important. He told me that my knowledge and English skills were good and that I needed to speak more during visits. This feedback boosted my self-confidence and the rest of the elective was much more comfortable and enjoyable for me. I can honestly say that by the end of my elective, I was at least keeping up with the residents and presenting 5-6 patients a day on morning rounds. My advice is that nobody expects you to know everything or speak perfect English, so don't be inactive, instead be proactive, don't hesitate to ask questions and express yourself, and communicate with people around you including nurses, staff, and patients. You are not alone and thousands of IMGs like you and me have gone through this before and they achieved their dreams.

Finally, I had done physical examinations and taken patient histories during my clinical years in my medical school in Turkey, but never had I encountered an electronic health record (EHR) system like Epic, which was completely new to me. My attending was letting me write H&Ps and progress notes in EPIC for the patients that I present and he was giving me feedback about notes. This experience was wonderful and I believe it will be a very valuable mention in my personal statement for the match as well.



## About me:

Dr. Muhammed Talha Gunduz is an international medical graduate (IMG) from Turkey. He graduated from Istanbul Medipol University, School of Medicine in 2023, ranking 1<sup>st</sup> in his class. Currently, he is doing his compulsory service as a general practitioner in Turkey. He wants to continue his career in the US and specialize in internal medicine and interventional cardiology, respectively.

# Subspecialty Corner: Why pursue a career in Infectious Diseases?

By: Roberto P. Santos, MD, MSCS, FAAP, FIDSA

**Infectious Diseases** (ID) is one of the subspecialty services that requires a lot of critical thinking. It is not for the faint of the heart when it comes to diseases that have the word “outbreak”, “epidemic” or “pandemic” that comes after them e.g., MRSA outbreak, influenza epidemic, COVID-19 pandemic. One may feel claustrophobic for wearing the personal protective equipment for the ‘nth’ time during the COVID-19 pandemic, only to realize it is not over yet, when a cluster of patients were infected with SARS-CoV-2 virus the summer of 2023. Thankfully, the majority of the recent patients with acute COVID-19 were mild and not as sick as previously.

Infectious disease may not be for everyone. If you love being creative, thinking out of the box, and enjoying discovering rare diseases, then you should give ID a chance. More than a decade ago a friend used a PCR swab validated for genitourinary specimens, but instead utilized it for conjunctivitis in the newborn and ended up diagnosing chlamydia conjunctivitis in the neonate. Call it being creative or simply being a clinician who thinks outside the box to manage his patient. If you find the recent report of a 3-inch round worm recovered from a woman’s brain a fascinating discovery, then ID may be just the subspecialty for you.

ID is one of those subspecialty services where you feel overworked but are underpaid. The volume of work an ID clinician encompasses ranges from patient care in the hospital, outpatient antimicrobial therapy, infection prevention, antimicrobial stewardship, transplant ID, caring for refugees and immigrants, travel clinics, to multitudes of

curbside consults and weekend phone calls from the local community providers. Many of these that we don’t even have a mechanism for billing, let alone no known metrics to capture our efforts and time for RVU based compensations.

If you are still reading this article, chances are you are deeply interested or you know someone who may at least be fascinated in trying a career in ID. So, why did I pursue a career in ID? Simply put – for the love of it and it is really second nature for me. Despite too many work hours and occasionally being underpaid, I still love doing it. Waking up in the middle of the night to answer calls from the hospital staff regarding sick kids recently admitted, whether I’m half awake, or half asleep, I feel like I am making a difference in the life of our patients. Call it second nature!

*“If given the chance to do over, I would choose a career in ID again given the immense opportunities in this ever-expanding medical field. The path however to a successful ID career may not always be straight forward. But, there are great mentors who are willing to pay it forward and take you under their wing, making the journey to an ID career a fulfilling and enjoyable ride.”*

– RP Santos, SOIMG Newsletter volume 9, 2022

# Subspecialty Corner: Pediatric Nephrology

By: Sabeen Habib, MD, FAAP

**Pediatric nephrology** is one of those unique fields where you get to diagnose and manage a lot of common problems but also have patients where you have great continuity of care that is ingrained in a lot of us. From hypertension to renal dysplasia to nephrotic and nephritic syndrome, we see it all. Our field is nicely balanced between ‘run of the mill’ diseases and acutely ill patients requiring renal replacement therapies. This is all culminated by the joy of telling a patient and their family that they will be receiving a new kidney! The physiology, pathology, immunology, and sociology of it all never lets it get old.

The field is not invasive procedure friendly and though many of us were trained to do kidney biopsies, this has largely been handed over to interventional radiology at most institutions. There is plenty to keep a nephrologist busy with dialysis, CRRT, post-transplant management and plasmapheresis at many of these same institutions, therefore there is always plenty to do.

I went into pediatric subspecialties largely because my IMG mind told me I couldn’t stop being a general pediatrician having come so far from home. My young mind didn’t think I would enjoy outpatient general pediatrics for long and at the time hospitalist services were just being developed. The specialty we choose has several reasons and I think the first and foremost is exposure. I was fortunate enough to have a couple of great nephrologists where I trained for residency, who were very dedicated to their profession and taught with a passion that was infectious. Pediatric nephrology is a very good mix of inpatient and outpatient and acute versus chronic and it won my heart.

Over the past decade or so, there has been a decline in pediatricians specializing in nephrology as a subspecialty resulting in a national shortage. This is very worrisome as discussed in a recent article in *Frontiers in Pediatrics*.<sup>1</sup> In addition, in a survey commissioned by the AAP in 2015, half of pediatric nephrologists were predicted to stop clinical practice in five years with just over half planning to fully or partially retire.<sup>2</sup> We are well beyond the five-year mark at this point and the shortage is truly reaching a critical point. That being said, the opportunities are far and wide, and careers can be tailored to one’s vast interest, be that academic, research or clinical. The latter is a major factor in making a career choice that ensures the work life balance an individual may want to achieve.

As a Pediatric Nephrology community, we are striving to promote our field and careers to influence medical students and residents, the same as our mentors did to grow the nephrology community to meet the ever-growing needs of the country.

As an IMG who ended up staying in the United States, I was able to meet all my immigration needs while working as a pediatric nephrologist due to the on-going demand in many underserved areas. This was important to advance my career and experience, given that I was fresh out of fellowship. It also allowed me to pursue my educational interests and find my niche. While not condoning choosing a field solely based on such opportunities, it is something to consider when choosing a career since you can pretty much work wherever you want to post fellowship.

#### References:

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“Reasons....the reasons we are here” young pediatric nephrologists reflect on their profession. Wenig et al. *Front Pediatr*. 2022 Oct 26;10:963811. doi: 10.3389/fped.2022.963811.

The US Pediatric Nephrology Workforce: A Report Commissioned by the American Academy of Pediatrics. Primack WA et al. *Am J of Kidney Dis*. 2015;66(1):33-39. doi: 10.1053/j.ajkd.2015.03.022.



# Project M.E.: Addressing Menstrual Stigmatization

By: Reena Ramani

**Growing** up, my immigrant community and relatives exposed me to menstrual stigmatization. I faced many obstacles of inequity simply because I was menstruating, and I felt that my culture's practices were outdated and not based on facts. I spoke out about the issues with my culture's taboo around menstruation in front of my community. After acknowledging my menstrual inequities, my ambition to do the same for other girls grew. As a young woman with the privilege of access to menstrual resources, I realized I could help other women my age take charge of their health and slowly overcome the social stigma.

Girls in rural parts of the world, especially in Africa, can barely afford to receive equal access to education as men in their regions do. But when they have the opportunity to attend school, the lack of resources for proper menstrual care prevents them from attending school 5-7 days a month. In addition, asking for these resources is very hard with the social taboo around menstruation. These schoolgirls use unsanitary materials such as old rags and newspapers to replace expensive and disposable pads. Not only are they falling behind in their education because they have to stay at home, but they are also falling ill to infections from these unsanitary materials. Project ME was initiated by my desire to fight this period poverty in regions of the world so that girls like me can achieve their goals and aspirations without letting an inherent part of being a woman get in their way.

With some support, I formed Project M.E. in October of 2022. Project Menstrual Equity, or Project M.E., provides a low-cost, environment-friendly solution to menstrual poverty, addresses menstrual stigma, and promotes menstrual health education among schoolgirls in low-resource countries.

As a pilot program (The DRC Project), I donated 320 washable and reusable sanitary cloth pads to 80 schoolgirls (4 pads per girl) in a rural village (Bokandu) in the Democratic Republic of Congo. These reusable pads provided them with the necessary resources to help keep them in school. The DRC Project is only the first phase of my initiative.

The Zambia Project was the second phase of my initiative. I traveled to Lusaka, Zambia, and hand-delivered 650 sanitary cloth pads to over 150 schoolgirls (4 pads per girl) in the rural village of Chongwe. I met with the school principal and superintendent to discuss further donations in the following years.

Simultaneously, I am working towards increasing awareness about period poverty, menstrual equity, and hygiene in local areas around Birmingham, Alabama. My up-and-coming advocacy group aims to educate our local community on global period poverty and apparent poverty within the State of Alabama. The group seeks to promote conversation about menstrual health and its global impacts.

Project ME is supported by a highly awarded company, SochGreen, a women-run company dedicated to overcoming menstrual stigmas and providing affordable alternatives to disposable pads. I also



collaborate with the University of Alabama at Birmingham's Pediatric Global Health Program, which facilitates Project ME's communication with doctors and social workers worldwide as the project's official mentor.

Two local newspapers and a state-wide news channel have recognized Project ME. The organization has been invited to speak at numerous women empowerment programs and seminars as well as the international convention for Key Club.

Project ME has received a leadership and service award from a local community organization that recognizes high-achieving students in Birmingham. The HiTech Health Solutions Inc. donated \$5,000 to Project ME's cause.



**About me:**

Reena Ramani is a seventeen-year-old high school student in Birmingham, Alabama. She has started an initiative that addresses period-poverty and menstrual inequity around the world. Her immense dedication to social activism combined with her cultural experiences with menstruation drove her to establish an internationally recognized organization.

## Global Health Related Events & Sessions

For full session and program details, visit [aapexperience.org/schedule](https://aapexperience.org/schedule)  
The information in this flyer was last updated on 10/3/2023.

### Friday, October 20

#### S1106: How to Improve the Care of Hispanic/Latino Children and Families Living With Obesity

1:00 PM – 2:00 PM EDT | WCC 145

Faculty: A Rosas-Sumano, G Panayotti

CME: 1.00

#### S1204: Challenging Cases in Pediatric Infectious Diseases

2:30 PM – 3:30 PM EDT | WCC 146B

Faculty: R El Feghaly, D Haslam

CME: 1.00

#### S1207: More Than Skin Deep: Highlighting the Diversity of

#### Pediatric Rheumatic Disease

2:30 PM – 3:30 PM EDT | WCC 202B

Faculty: A Chun

CME: 1.00

### Saturday, October 21

#### H2018: Section on Global Health H-Program

8:00 AM – 5:00 PM EDT | Marriott Marquis, Salons 9-10

- Global Early Childhood Development
- Partner Spotlight: Indian Academy of Pediatrics
- Global Child Health Advocacy Updates
- SOGH Abstracts Program\* and Members Engagement Meeting

Faculty: R. Levy, S Herz, R Shah, S Wamithi, K Wilson, U Kinjawadekar

\*Poster viewings from 11:45am – 1:15pm in the Poster Hall (Walter E. Washington Convention Center, Hall A).

CME: 4.25

#### S2314: Neurodiversidad: ¿Cómo integramos el pensamiento y las perspectivas diversas en la práctica?

9:00 AM – 10:00 AM EDT | WCC 150B

Faculty: M Moody

CME: 1.00

#### H2039: Section on International Medical Graduates H-Program

1:00 PM – 5:00 PM EDT | Marriott Marquis, Chinatown

- Identifying and Addressing Implicit Bias
- Disarming Microaggressions in Medicine
- Improving Communications and Interpersonal Skills

Faculty: K Adams, C Katz, M Ehlenbach

CME: 3.25

#### S2507: They're Back! The Return of Almost Forgotten Vaccine-Preventable Diseases

2:00 PM – 3:00 PM EDT | WCC 152B

Faculty: A Myers

CME: 1.00

#### S2604: Am I Prepared for Disasters? Pediatrician's Role in Disasters in Their Communities

3:30 PM – 4:30 PM EDT | WCC 151B

Faculty: S Godfred-Cato, S Needle

CME: 1.00

#### S2613: Children Affected by Conflict: Lessons Learned from Military Connected Children

3:30 PM – 4:30 PM EDT | WCC 206

Faculty: C Kimball-Eayrs

CME: 1.00



Livestream



Traducción Español



Multiple Session Occurrences



Audience Response System



Presentado en Español



New & Evolving Topics



Closed Captioning

**S2614: Integración de la equidad en las operaciones de seguridad,**

calidad y experiencia del paciente 

3:30 PM – 4:30 PM EDT | WCC 151A

Faculty: E Gershanik

CME: 1.00

**S2802: Protecting Mothers and Infants Through Maternal**

Immunization 

5:00 PM – 6:00 PM EDT | WCC 146A

Faculty: C M Healy

CME: 1.00

## Sunday, October 22

### International Reception

Marriott Marquis Washington DC | Liberty Ballroom Salons  
I-J-K-L

Sunday, October 22, 2023

5:30 PM – 7:00 PM EDT

#### **Appetizers & drinks provided.**

The International reception is a forum to celebrate international attendees, welcome leaders from pediatric societies to network with AAP leadership and share global pediatric perspectives. This year, the focus will be on disaster preparedness, children, and climate change.

NOT DESIGNATED FOR CME CREDIT

**S3305: Vaccine Update: What's New and What's Changed** 

9:00 AM – 10:00 AM EDT | WCC 202A

Faculty: K Bryant

CME: 1.00

**S3605: COVID-19: Epidemiology, Prevention, Management, and**

Sequelae (MIS-C and “long COVID”) 

3:30 PM – 4:30 PM EDT | WCC 146A

Faculty: I Kalu

CME: 1.00

## Monday, October 23

**S4510: Immigration 101 for Pediatric Providers**

2:00 PM – 3:00 PM EDT | WCC 207B

Faculty: J Carrasquillo, S Pai

CME: 1.00

**I4704: At a Loss for Words: Decolonizing the Language of Global Health and Health Equity**

4:00 PM – 5:00 PM EDT | WCC 143C

Faculty: H Haq, S Aya Fanny

CME: 1.00

## Tuesday, October 24

**S5104: Protecting Children and Their Communities from**

Environmental Injustices 

7:30 AM – 8:30 AM EDT | WCC 145

Faculty: B Carlos

CME: 1.00

**S5306: Section Showcase: Applying Ethics Principles and Tools To**

Advocate for Vulnerable Populations 

9:00 AM – 10:00 AM EDT | WCC 152B

Faculty: V Madrigal

CME: 1.00

**White Coat Rally for Child Health Advocacy**

11:00 AM – 1:00 PM EDT | Union Square on the U.S. Capitol Complex (just west of the Capitol building)

At the rally, participants will gather and hear from policymakers, pediatrician leaders, and child health advocates about an array of child health policy issues, and collectively demonstrate pediatricians' passion for policies that put children first.



### Continuing Medical Education

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AAP designates this Other activity (Live in-person, Internet Live and Internet Enduring) for a maximum of 74.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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This activity is acceptable for a maximum of 74.00 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the AAP.

PAs may claim a maximum of 74.00 Category 1 credits for completing this activity. NCCPA accepts AMA PRA Category 1 Credit™ from organizations accredited by ACCME or a recognized state medical society.

This program is accredited for 74.00 NAPNAP CE contact hours of which 22.75 contain pharmacology (Rx) content, (2.50 related to psychopharmacology) (6.75 related to controlled substances), per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 20.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

*This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. This program is accredited for 74.00 contact hours, including 22.75 pharmacology (Rx) contact hours. Criteria for successful completion includes participating in sessions at the conference and completing the program evaluation.*