PURSUING GENDER EQUITY IN EMERGENCY MEDICINE

Kimberly Chernobry, MD, JD, MA
Health Policy Fellow, George Washington University,
Department of Emergency Medicine
Financial Disclosures

- None
Other Disclosures

me: sir can you tell me where you are right now?
patient: the hospital
me: ok and who is the president?
patient:
me:
patient:
me:
patient:
me: you wanna turkey sandwich?
Objectives

■ Status of gender equity in healthcare
■ Approach to the issue of inequities
■ Tangible policies
Caveats

- Focused on gender
- Presents it in a binary way
- Centered from a heteronormative perspective
GENDER EQUITY IN MEDICINE
Issues facing women in medicine

■ 50% of female medical students experience sexual harassment
■ 15.6% gender pay gap between among Ontario physicians
■ Male surgeons promoted to full professor at 3x rate of females across 17 Canadian universities
Issues facing women in medicine

- 64% of women physicians defer important life decisions for career
  - 85% vs 71% satisfied with their choice
- Working night shifts and call shifts during worse pregnancy outcomes
- Resident attrition rate in EM is .8%, 21.5% of women cite family reasons versus 9.6% of men
Women with children spend fewer hours per week on career-related work the more children they have (gold). But for men, the picture is almost the reverse: The more children they have, the more time they spend per week on their careers (green). A penalty for women in building a scientific career is, at least in this data set, an asset for men. (Graph based on data from D. W. Leslie, 2007.)
FEEDBACK RECEIVED IN CRITICAL REVIEWS

- Women
  - Has negative feedback: 71
  - Has only constructive feedback: 23

- Men
  - Has negative feedback: 2
  - Has only constructive feedback: 81

REVIEWS INCLUDING CRITICAL FEEDBACK

- Women
  - With criticism: 94
  - Without criticism: 13

- Men
  - With criticism: 83
  - Without criticism: 58

248 reviews from 180 people

141 by men / 107 by women

105 men / 75 women
APPROACH TO INEQUITY
Allyship

- I wish to help the less fortunate, or
- I use my expertise to reduce inequities for marginalized populations
- I seek to understand my own role in upholding systems of oppression that create health inequities.
- I learn from the expertise of, and work in solidarity with, historically marginalized groups to help me understand and take action on systems of inequality.
- This includes working to build insight among others in positions of privilege, and *mobilizing in collective action* under the leadership of people on the bottom on the coin.
“Stop trying to save of fix people on the bottom of the coin”

”Nothing about us without us”
“Step Back”

- 4/16 of the University of Calgary School of Medicine department chairs are women
- 4/30 awards listed on the departmental website are women
- 4/23 individuals listed on the departmental organization chart are women
Additional Steps to Critical Allyship

- Take active steps to learn about systems of inequality and your implicit biases
- Recognize the need for action at the systemic, institutional, interpersonal, and internal levels
- Speaking up when you witness moments of inequity (sexism, racism, ableism)
- Having uncomfortable conversations with your family, friends, work places
REAL LIFE APPLICATIONS
Combatting bias and creating a culture of allyship

‘It’s Not a Female Resident Problem’

By Anita Chary, MD, PhD; Emily Cleveland, MD, MPH; Farah Dadabhoy, MD, MSc; Melanie Molina, MD; Margaret Samuels-Kalow, MD, MPhil, MSHP; and Adaira Landry, MD, MEd | on July 21, 2020 | 4 Comments
Making space
Avoiding gender bias in reference writing

Got a great student? Planning to write a super letter of reference? Don’t fall into these common traps based on unconscious gender bias.

Mention research & publications
Letters of reference for men are 4x more likely to mention publications and twice as likely to have multiple references to research. Make sure you put these notable accomplishments in every letter!

Don’t stop now!
On average, letters for men are 16% longer than letters for women and letters for women are 2.5x as likely to make a minimal assurance (‘she can do the job’) rather than a ringing endorsement (‘she is the best for the job’).

Emphasize accomplishments, not effort
Letters for reference for men are more likely to emphasize accomplishments (‘his research’, ‘his skills’, or ‘his career’) while letters for women are 50% more likely to include ‘bricks and stone’ adjectives that describe effort, ‘hard-work’ associates with effort, but not ability.

We all share bias
It is important to remember that unconscious gender bias isn’t a male problem. Research shows that women are just as susceptible to these common pitfalls as men. This is a problem for all of us - let’s solve it together.

Keep it professional
Letters of reference for women are 7x more likely to mention personal life - something that is almost always irrelevant for the application. Also, make sure you use formal titles and surnames for both men and women.

Stay away from stereotypes
Although they describe positive traits, adjectives like ‘caring’, ‘compassionate’, and ‘helpful’ are used more frequently in letters for women and can evoke gender stereotypes which can hurt a candidate. Be careful not to invoke these stereotypes directly (‘she is not emotional’).

Be careful raising doubt
We all want to write honest letters, but negative or irrelevant comments, such as ‘challenging personality’ or ‘I have confidence that she will become better than average’ are twice as common in letters for female applicants. Don’t add doubt unless it is strictly necessary!

Adjectives to avoid:
caring
compassionate
hard-working
conscientious
dependable
diligent
tactful
tactful
interpersonal
warm
helpful

Adjectives to include:
successful
excellent
accomplished
outstanding
skilled
knowledgeable
insightful
resourceful
confident
ambitious
independent
intellectual

Follow us at: www.facebook.com/uacsw
For an electronic copy of this graphic, see: www.css.arizona.edu/108bias
Improved work hours for pregnant physicians
Improved parental leave
Conclusion

- Status of gender equity in healthcare
  - *Women in medicine experience more harassment, fewer promotions, less pay, receive more negative feedback, and more work-life balance issues*

- Approach to the issue of inequities
  - *Need to move to a system of allyship*

- Tangible policies
  - *Policies are possible and there are examples to draw from*
Questions?