

## Locker (operating) room talk: gender equity and the medical student's perspective

Discussions de vestiaire (de salle d'opération) : la perspective d'une étudiante sur l'iniquité entre les genres en médecine

*Darby Little*<sup>1</sup>

<sup>1</sup>University of Toronto, Ontario, Canada

Correspondence to: Darby Little; email: darby.little@mail.utoronto.ca

Published ahead of issue: October 5, 2020; published: February 26, 2021. CMEJ 2021; 12(1). Available at <http://www.cmej.ca>

© 2021 Little licensee Synergies Partners

<https://doi.org/10.36834/cmej.68632>. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Being a medical student shadowing in an operating room is always a challenge. If there is a wrong place to stand, you are probably standing there. If you can be helpful with a task, it takes you ten times longer than anyone else. However, a few months ago, I was shadowing and found the operating room challenging for a different reason. I was the only female in the room, observing two male residents and a male fellow. I was expecting to be asked questions about anatomy, so I studied the surgical site preparing myself to answer. Unfortunately, those questions never came. Instead, the young doctors began to talk about the staff surgeons in their specialty. Specifically, they were discussing who was the best-looking female surgeon.

In retrospect, I think what was most concerning about this experience is that at the time, I was neither surprised nor offended. This experience fit neatly into the stereotype of surgeons that I had already internalized. I stood there quietly, still wondering if they might ask me questions related to the procedure being performed, even though I had already begun ruling out this specialty, and surgery in general, as a possible career path for me.

It was months later that I realized that this was just another example of how entrenched gender inequity is in medicine and medical culture. I witnessed "locker room talk" within the confines of a supposedly progressive academic setting doled out by people who are serving as mentors and role models to future doctors. I found myself in a situation that blatantly indicated that women are not respected in

medicine, and especially not in surgery. The residents and fellow I was observing reduced their female staff surgeons to providing value solely through their appearances and not their training, experience, or abilities. This experience reminded me of how often I am assumed to be a nurse, the times I was introduced to an older male patient with a wink, and how often I am encouraged to pursue "female-friendly" specialties like pediatrics instead of surgery. The frequent gender-based microaggressions had worn me down to the point that I was normalizing, and maybe even expecting, the "locker room talk" I witnessed.

In Canada, women have made up the majority of entering medical school classes since 1995, and in 2016, 58% of first-year medical students in the country were female.<sup>1</sup> Despite this, the gender inequity that exists in medicine begins in medical school.<sup>2</sup> Female medical students may be encouraged to choose "female-friendly" specialties, such as family medicine and pediatrics, and dissuaded from choosing surgical specialties due to their perceived incompatibility with gendered beliefs of what women seek in career paths, such as family-friendly schedules.<sup>3,4</sup> This gender disparity persists later in residency training and as attending physicians.<sup>5-7</sup> Women in medicine do not receive the same recognition as their male colleagues in terms of leadership and salary.<sup>8-10</sup> These patterns might be reflecting the gendered pathways female medical students are encouraged to pursue, which tend to be lower paid and underappreciated, as are most professions and careers dominated by women.<sup>11</sup>

Perhaps most concerning is a recent study from the United States which found that 50% of female medical students experienced sexual harassment during their training.<sup>12</sup> Though we don't have comparable data on the proportion of Canadian medical students experiencing sexual harassment, the situation is likely similar. It is alarming to contemplate that at least half of female medical students in Canada may be harassed during medical training. This issue has serious consequences not only for female students' mental health and workplace safety, but also their education and career choices.

When women were fighting to just attend medical school, they required formidable resilience as they faced outright rejection and sexism from medical schools. Today, the resiliency of women in medicine is about battling the many microaggressions that make you feel like you do not belong. It is imperative that the existence of gender-based discrimination and sexual harassment, through an intersectional lens, is acknowledged during medical school and that gender equity and allyship training is required for all students. An intersectional approach would acknowledge the cumulative manner in which different forms of oppression can intersect and combine.<sup>13</sup> For example, gender-based discrimination is often exacerbated for women of colour or with other devalued intersectional identities.<sup>14</sup> Medical students may feel uncomfortable talking about gender inequity as well as other forms of oppression and may not know how to recognize or respond to the harassment of their colleagues. It is essential to train all medical students in allyship to ensure that the future generation of physicians can act as advocates for their colleagues and set new standards for what is acceptable "operating room talk."

## References

1. The Association of Faculties of Medicine of Canada. Canadian medical education statistics (CMES) [Internet]. Ottawa: The Association; 2018 p. 144. Available from: [https://afmc.ca/sites/default/files/pdf/CMES/CMES2018-Complete\\_EN.pdf](https://afmc.ca/sites/default/files/pdf/CMES/CMES2018-Complete_EN.pdf)
2. Babaria P, Abedin S, Berg D, Nunez-Smith, M. "I'm too used to it": a longitudinal qualitative study of third year female medical students' experiences of gendered encounters in medical education. *Soc Sci Med*. 2012;74(7):1013-20. <https://doi.org/10.1016/j.socscimed.2011.11.043>
3. Hill E, Vaughan S. The only girl in the room: how paradigmatic trajectories deter female students from surgical careers. *Med Educ*. 2013;47(6):547-56. <https://doi.org/10.1111/medu.12134>
4. Drinkwater J, Tully MP, Dornan T. The effect of gender on medical students' aspirations: a qualitative study. *Med Educ*. 2008;42(4):420-26. <https://doi.org/10.1111/j.1365-2923.2008.03031.x>
5. Klein R, Julian KA, Snyder ED, et al. Gender bias in resident assessment in graduate medical education: review of the literature. *J Gen Intern Med*. 2019;34(5):712-19. <https://doi.org/10.1007/s11606-019-04884-0>
6. Gerull KM, Loe M, Seiler K, McAllister J, Salles A. Assessing gender bias in qualitative evaluations of surgical residents. *Am J Surg*. 2019;217(2):306-13. <https://doi.org/10.1016/j.amjsurg.2018.09.029>
7. Frank E, Zhao Z, Sen S, Guille C. Gender disparities in work and parental status among early career physicians. *JAMA Netw Open*. 2019;2(8):e198340. <https://doi.org/10.1001/jamanetworkopen.2019.8340>
8. Jena AB, Olenski AR, Blumenthal DM. Sex differences in physician salary in US public medical schools. *JAMA Intern Med*. 2016;176(9):1294-304. <https://doi.org/10.1001/jamainternmed.2016.3284>
9. Jena AB, Khullar D, Ho O, Olenski AR, Blumenthal DM. Sex differences in academic rank in US medical schools in 2014. *JAMA*. 2015;314(11):1149-58. <https://doi.org/10.1001/jama.2015.10680>
10. Dossa F, Simpson AN, Sutradhar R, et al. Sex-based disparities in the hourly earnings of surgeons in the fee-for-service system in Ontario, Canada. *JAMA surg*. 2019;154(12):1134-42. <https://doi.org/10.1001/jamasurg.2019.3769>
11. Levanon A, England P, Allison P. Occupational feminization and pay: assessing causal dynamics using 1950-2000 U.S. census data. *Soc Forces*. 2009;88(2):865-91. <https://doi.org/10.1353/sof.0.0264>
12. National academies of sciences, engineering, and medicine. Sexual harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine. Washington, DC; The National Academies Press, 2018. p. 276-77. <https://doi.org/10.17226/24994>
13. Crenshaw, K. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ Chic Leg Forum*. 1989;1989(1):139-168.
14. Williams J, Phillips KW, Hall EV. Double jeopardy? gender bias against women of color in science. San Francisco: The Center for Work Life Law; 2014. <https://doi.org/10.13140/2.1.1763.8723>