# WOMEN IN EMERGENCY MEDICINE

DR KIM HANSEN

@HANSENDISEASE

# ACEM – GENDER DIVERSITY

| Percentage of Population | Males | Females |
|---|---|---|
| Trainees | 51.2 | 48.8 |
| FACEMs | 63.7 | 26.3 |

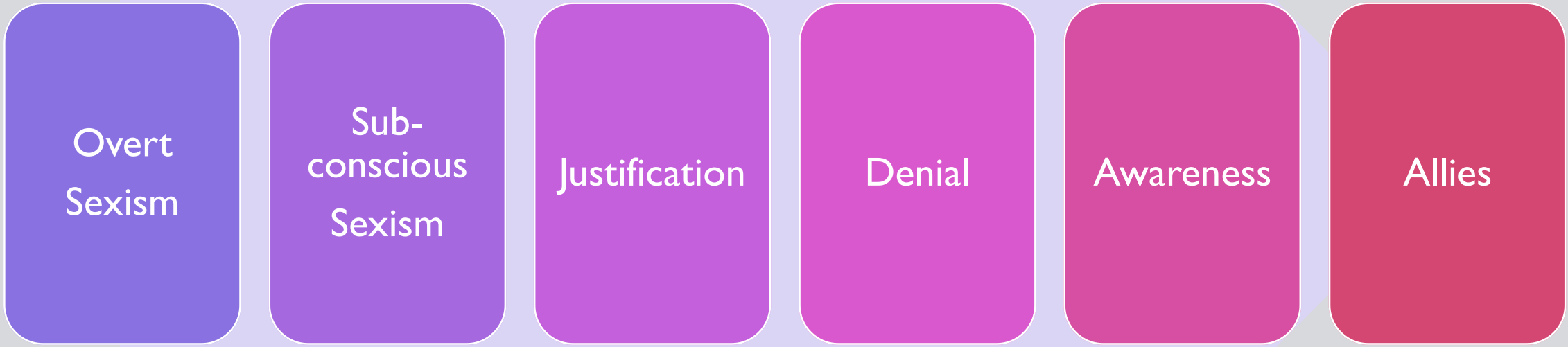
- New FACEMs equally split
- **NZ has more equal numbers of FACEMs and a higher proportion of female trainees than male trainees**

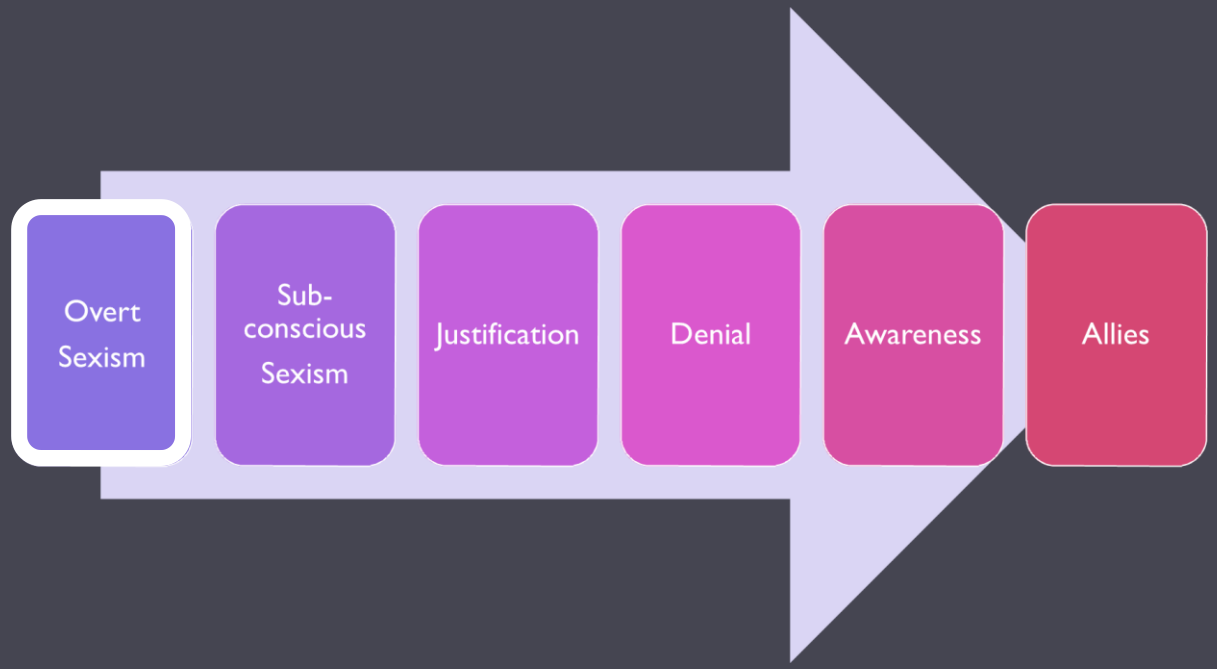
THE CHALLENGE

# "MY ED IS NOT SEXIST!"

## - MALE ED DIRECTOR

# SEXISM SCALE






# OVERT SEXISM

"MEN ARE SUPERIOR"

"MEN ARE UNDER ATTACK"

@hansendisease

# ACEM DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT SURVEY

- 34% experienced bullying;
- 21.7% experienced discrimination;
- 16.1% experienced harassment, and
- 6.2% experienced sexual harassment.

I was a 3rd year medical student on an all-male team. We walked into a patient's room and the white middle-aged male patient in bed exclaimed, 'Wow, you're hot!' looking right at me. No one on my team said a word. I wanted to disappear in that moment.

## Prevalence of lifetime sexual harassment

72% of Australians have been **sexually harassed** at some point in their lives.

85% of Australian women and 57% of Australian men over the age of 15 have been **sexually harassed** at some point in their lives.

## Prevalence of workplace sexual harassment

In the last **12 months**, 23% of women and 16% of men have experienced sexual harassment at work.



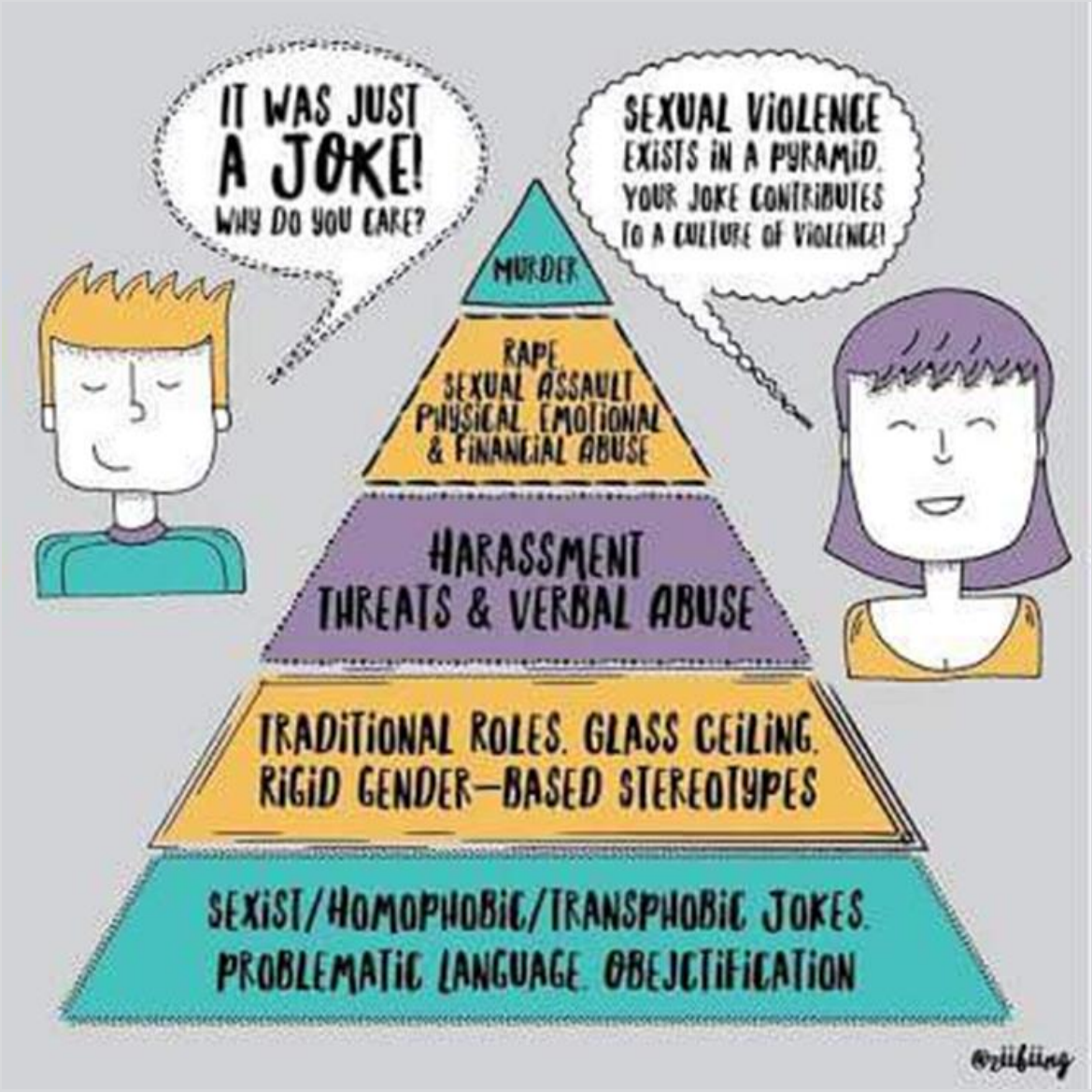
In the last **five years**, 39% of women and 26% of men have experienced sexual harassment at work.

## Age of people experiencing workplace sexual harassment

People aged 18-29 (45%) are **more likely** than those in other age groups to have experienced **sexual harassment** at work.


1 in 5 (20%) of 15-17 year olds have been **sexually harassed** at work.

Fourth national survey on sexual harassment in Australian workplaces, AHRC 2018

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EMA Emergency Medicine Australasia

Trainee Focus | Free Access

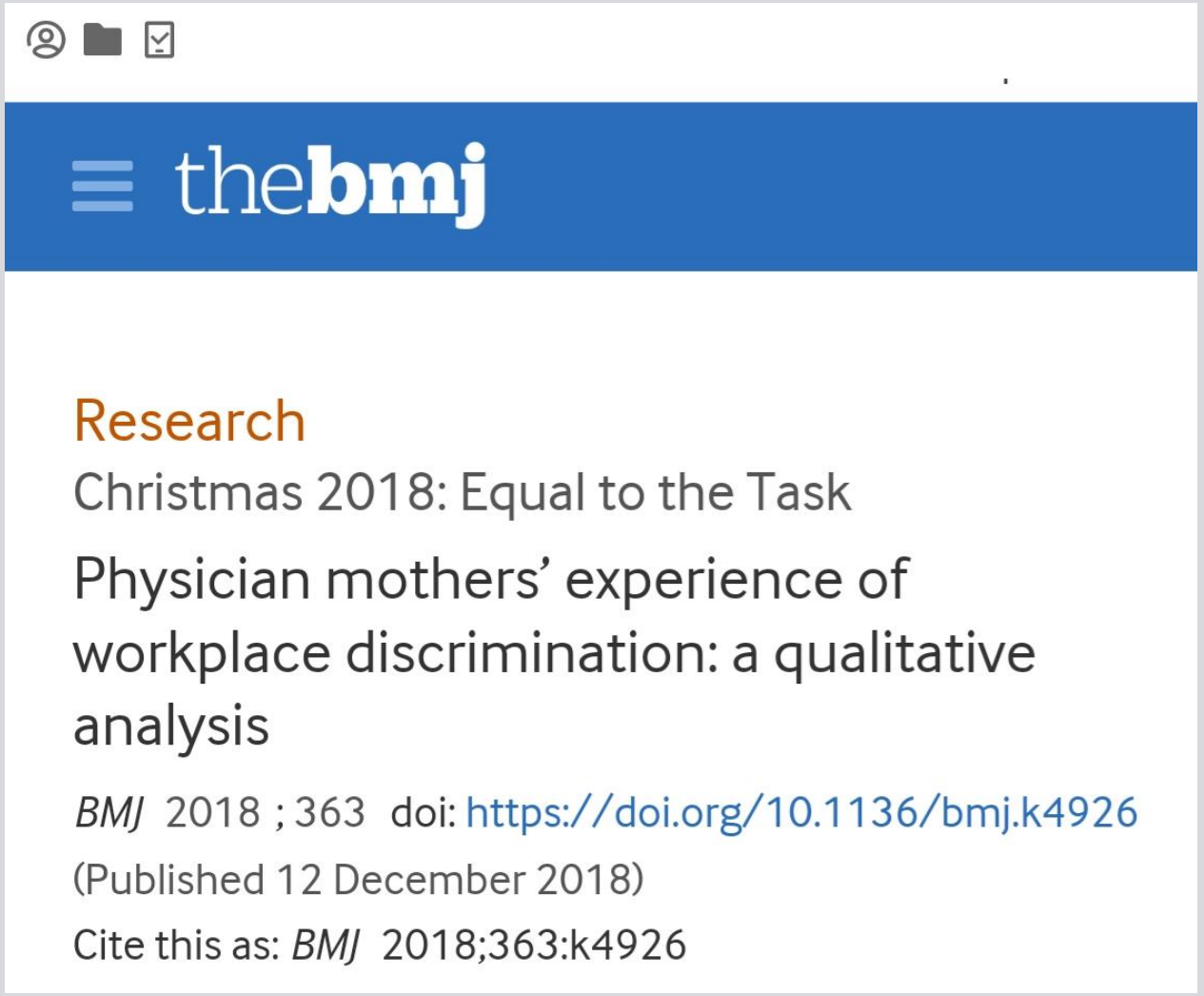
# Gender inequality: Unconscious and systematic bias remains a problem in emergency medicine

Sally McCarthy

First published: 08 May 2016 | https://doi.org/10.1111/1742-6723.12596

gross violations, for example, a current Director of Emergency Medicine (DEM) who, when advised by various registrars and staff specialists that they were pregnant and planning maternity leave, stated they had one option and that was to resign, or a FACEM at a hospital where my female trainee had attended exam training, only to be confronted by distressing and inappropriate sexual comments throughout the education session. On complaining, I was told by the DEM where the culprit worked 'that's just him, xx is like that'.

- *"The behaviours reported in the survey not only pose a risk to the health, safety and professional wellbeing of those who are subjected to it, but also have an adverse effect on the workplace, the training environment, and the provision of care."* – Prof Tony Lawler, ACEM Immediate Past President


thebmj
Research
Christmas 2018: Equal to the Task
Physician mothers' experience of workplace discrimination: a qualitative analysis
BMJ 2018 ; 363 doi: https://doi.org/10.1136/bmj.k4926
(Published 12 December 2018)
Cite this as: BMJ 2018;363:k4926

# WORKPLACE DISCRIMINATION AGAINST PHYSICIAN MOTHERS

**“ Not surprising but certainly depressing”**

- Gendered performance expectations – require to prove commitment and competence
- Limited opportunities for advancement – excluded from decision making, passed over for leadership opportunities or contracts not given once pregnancy announced
- Financial Inequalities
- Lack of support during pregnancy and post-partum period
- **#MeToo**

# ACEM PARENTING SUBMISSION

BY DR KIM HANSEN AND DR SARA TOWLE

## PREGNANCY

- Being questioned as to commitment to training by the DEMT when advising them of pregnancy.
- Doubt cast over medical certificates issued in pregnancy
- Rostered for 7 nights in a row at 34 weeks (ACEM trainee)
- Being terminated from a contract (mid-year) rather than been paid maternity leave
- Being denied a new contract because of pregnancy
- Being terminated for taking maternity leave

# ACEM PARENTING SUBMISSION
## BY DR KIM HANSEN AND DR SARA TOWLE

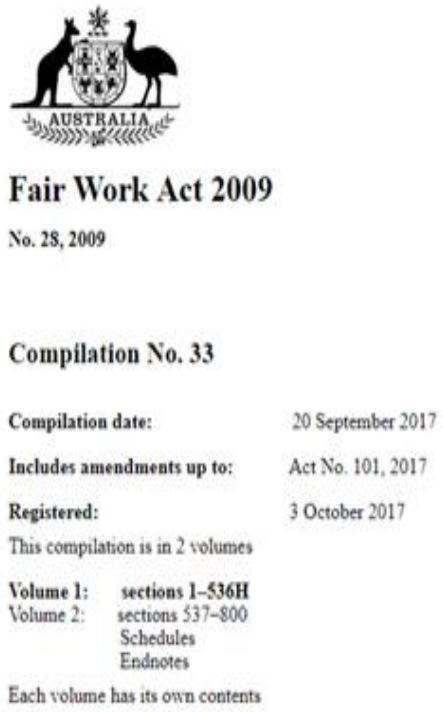
### LACTATION

- Being denied breast-feeding breaks on shift resulting in development of mastitis.
- Having to cease breast-feeding sooner than preferred due to unrostered overtime & lack of access to breaks to express during shifts
- Having to express in a toilet as no available facilities
- Being walked in on while expressing
- Being denied a lactation break and then leaking through scrubs

### FLEXIBLE WORK

- Rostering to predominantly unpopular shifts as a part-timer (every Friday late shift)
- Having the flexible rostering arrangement put to a consultant group vote (and denied)
- Being refused set days on return from maternity leave and which prohibited the use of child care centres

# ILLEGAL



AUSTRALIA

**Fair Work Act 2009**

No. 28, 2009

**Compilation No. 33**

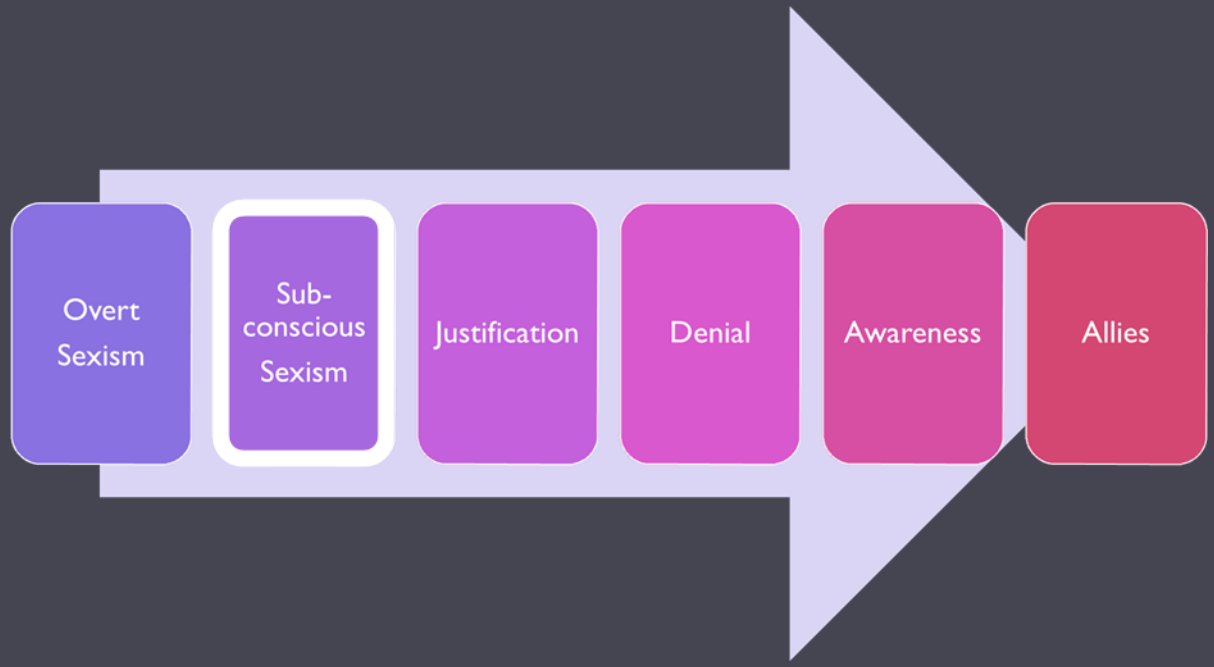
| | |
|---|---|
| **Compilation date:** | 20 September 2017 |
| **Includes amendments up to:** | Act No. 101, 2017 |
| **Registered:** | 3 October 2017 |

This compilation is in 2 volumes

**Volume 1:** **sections 1–536H**
Volume 2: sections 537–800
Schedules
Endnotes

Each volume has its own contents

@hansendisease




# SUBCONSCIOUS

## "I'M NO SEXIST BUT..."

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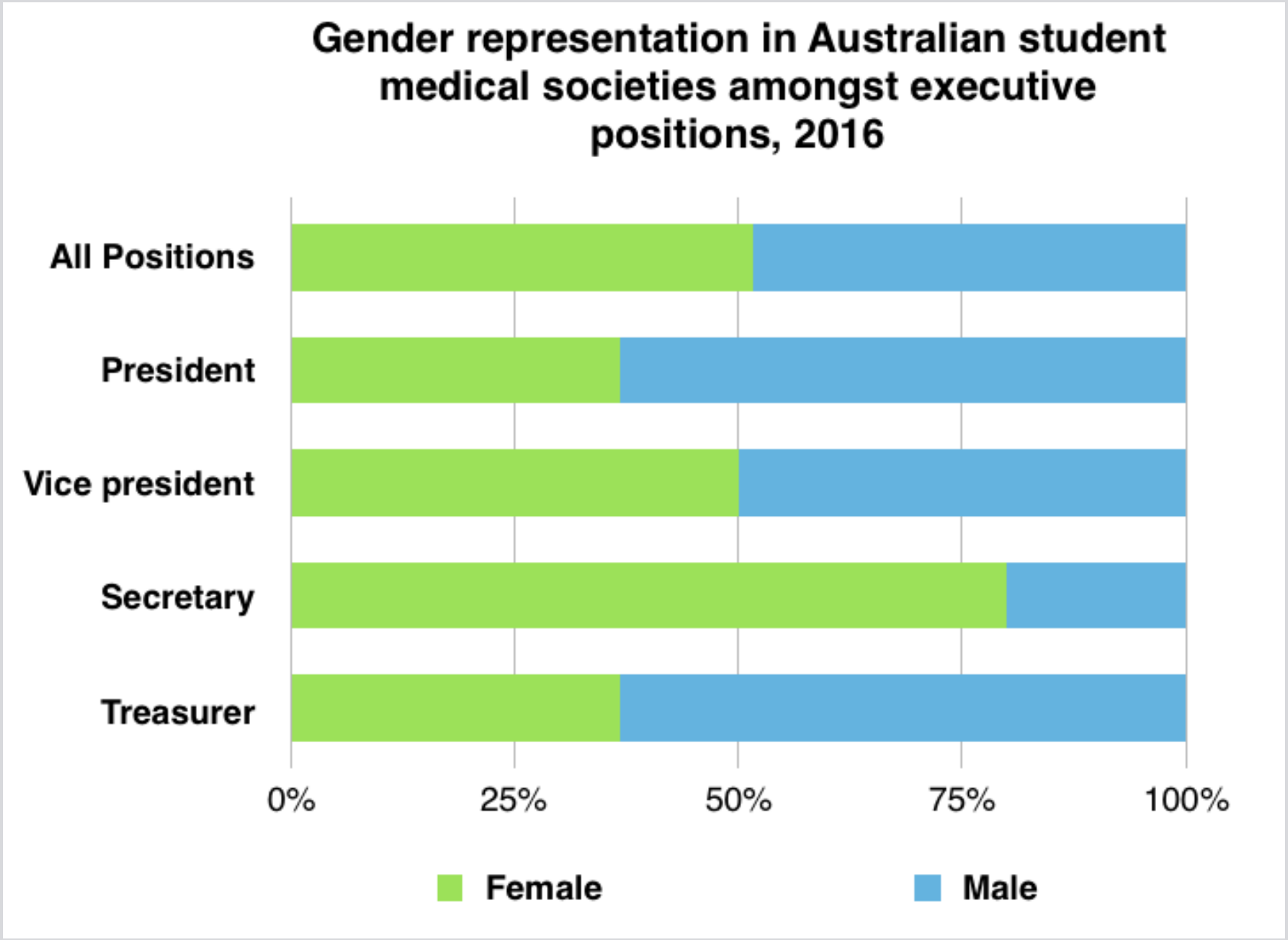

Gender representation in Australian student medical societies amongst executive positions, 2016
All Positions
President
Vice president
Secretary
Treasurer
0%
25%
50%
75%
100%
Female
Male

EMA Emergency Medicine Australasia

Trainee Focus | Free Access

# Gender inequality: Unconscious and systematic bias remains a problem in emergency medicine

Sally McCarthy

First published: 08 May 2016 | https://doi.org/10.1111/1742-6723.12596

Sally McCarthy, MBBS, FACEM, MBA, Clinical Director, Senior Emergency Physician, Conjoint Associate Professor.

For example, women comprise only 16% of DEMs of accredited EDs (almost 30% of NZ DEMs are female; only 12% of Australian DEMs are female), however, gender balance of DEMTs closely reflects that of total FACEMs (in both NZ and Australia) (A Gosbell, personal communication). College committees overall have an underrepresentation of women, and embarrassingly, academic conferences continue to present a line up of almost all male key-note speakers.

DOI: http://dx.doi.org/10.4300/JGME-D-17-00126.1

# Gender Differences in Attending Physicians' Feedback to Residents: A Qualitative Analysis

Anna S. Mueller, MA, PhD
Tania M. Jenkins, MA, PhD
Melissa Osborne, MA
Arjun Dayal, MD
Daniel M. O'Connor, MD
Vineet M. Arora, MD, MAPP

## ABSTRACT

**Background** Prior research has shown a gender gap in the evaluations of emergency medicine (EM) residents' competency on the Accreditation Council for Graduate Medical Education (ACGME) milestones, yet the practical implications of this are not fully understood.

**Objective** To better understand the gender gap in evaluations, we examined qualitative differences in the feedback that male and female residents received from attending physicians.

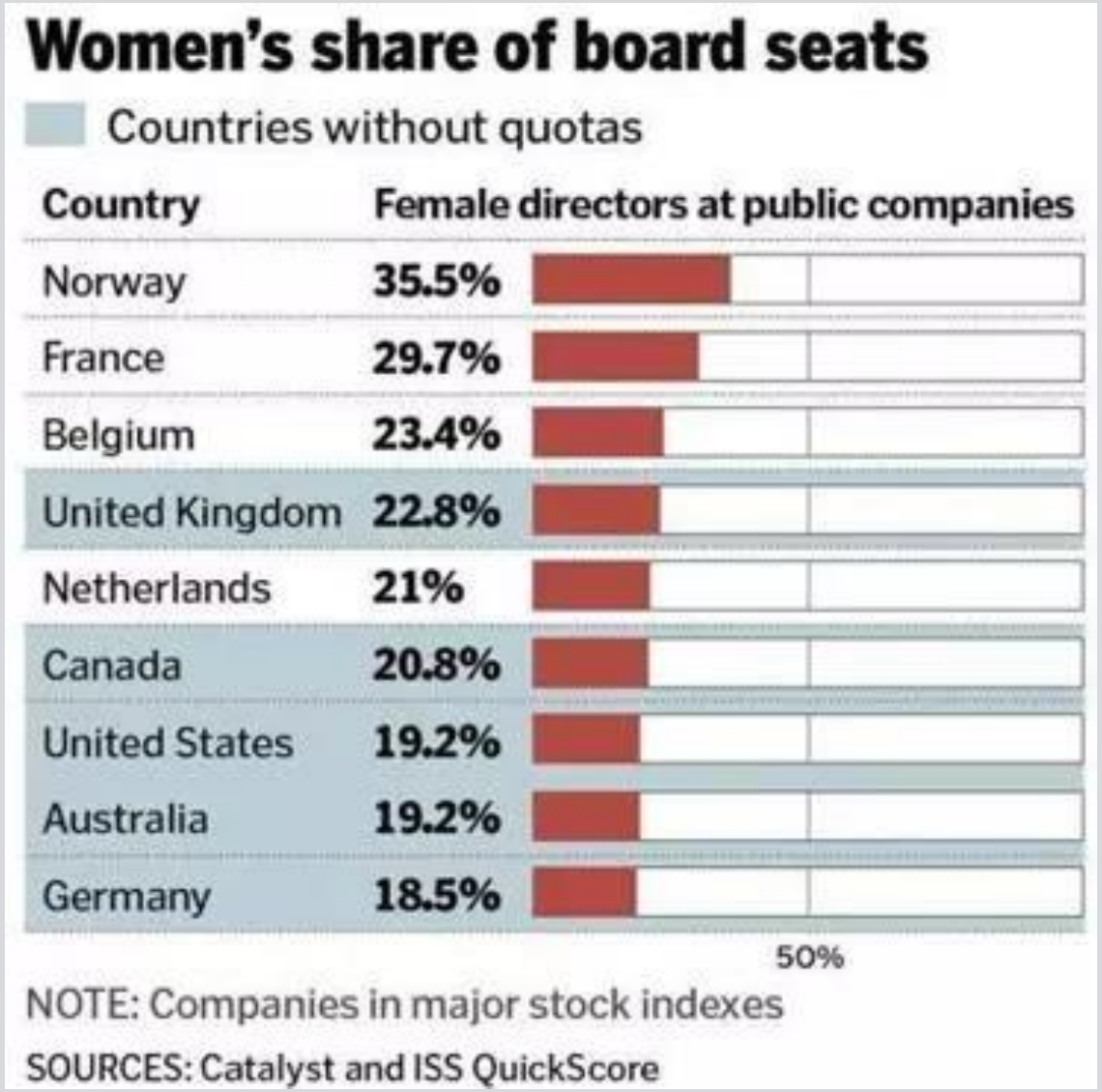
**Methods** This study used a longitudinal qualitative content analysis of narrative comments by attending physicians during real-time direct observation milestone evaluations of residents. Comments were collected over 2 years from 1 ACGME-accredited EM training program.

**Results** In total, 1317 direct observation evaluations with comments from 67 faculty members were collected for 47 postgraduate year 3 EM residents. Analysis of the comments revealed that the ideal EM resident possesses many stereotypically masculine traits. Additionally, examination of a subset of the residents (those with 15 or more comments, n = 35) showed that when male residents struggled, they received consistent feedback from different attending physicians regarding aspects of their performance that needed work. In contrast, when female residents struggled, they received discordant feedback from different attending physicians, particularly regarding issues of autonomy and assertiveness.

**Conclusions** Our study revealed qualitative differences in the kind of feedback that male and female EM residents received from attending physicians. The findings suggest that attending physicians should endeavor to provide male and female residents with consistent feedback and guard against gender bias in their perceptions of residents' capabilities.

# @almarkwell

| College | President | Board (♀/total) |
|---|---|---|
| ACD | Andrew Miller | 4/7 |
| ACEM | Simon Judkins | 0/10 |
| ACRRM | Ruth Stewart | 4/7 |
| ACSEP | Adam Castricum | 3/7 |
| ANZCA | Rod Mitchell | 4/14 |
| CICM | Raymond Raper | 6/15 |
| RACDS | Patrick Russo | 2/12 |
| RACGP | Bastian Seidel→ Harry Nespolon | 4/12 |
| RACMA | Michael Cleary | 2/10 |
| RACP | Mark Lane | 3/8 (+2) |
| RACS | John Batten | 10/27 |
| RANZCO | Mark Daniell→ Heather Mack | 4/11 |
| RANZCOG | Steve Robson | 1/7 |
| RANZCP | Kym Jenkins→Brett Emerson | 3/7 |
| RANZCR | Lance Lawler | 2/7 |
| RCPA | Bruce Latham | 3/9 |
| AMA | Tony Bartone | 4/11 |
| AMA Queensland | Dilip Dhupelia | 2/8 |


Women's share of board seats
Countries without quotas
Country
Female directors at public companies
Norway 35.5%
France 29.7%
Belgium 23.4%
United Kingdom 22.8%
Netherlands 21%
Canada 20.8%
United States 19.2%
Australia 19.2%
Germany 18.5%
50%
NOTE: Companies in major stock indexes
SOURCES: Catalyst and ISS QuickScore

## Women's representation in ASX leadership is at an all-time high

**Between 2004 and 2015:**


**Proportion of female directors across all ASX companies** increased from 4.2% to 8.2%


**Percentage of female chief executive officers (CEOs)** almost doubled from 2.3% to 4.2%


**Proportion of female ASX senior executives** increased from 2.9% to 4.9%


**Percentage of women in chief financial officer (CFO) roles** increased from 7.8% to 13.0%

# UNCONSCIOUS BIAS

- **Often manifests as micro-assaults**

**= repeated sexist jokes, insults, put downs accumulate and undermine confidence and ambition**

For example:

- Assigning role as secretary / coffee "girl"/ baker
- Plans finalised in men's toilets, or pub, or golf course
- Comments such as "cry like a girl", "focus on the children", "you're too busy for that role"
- Stereotypes based on care giver roles

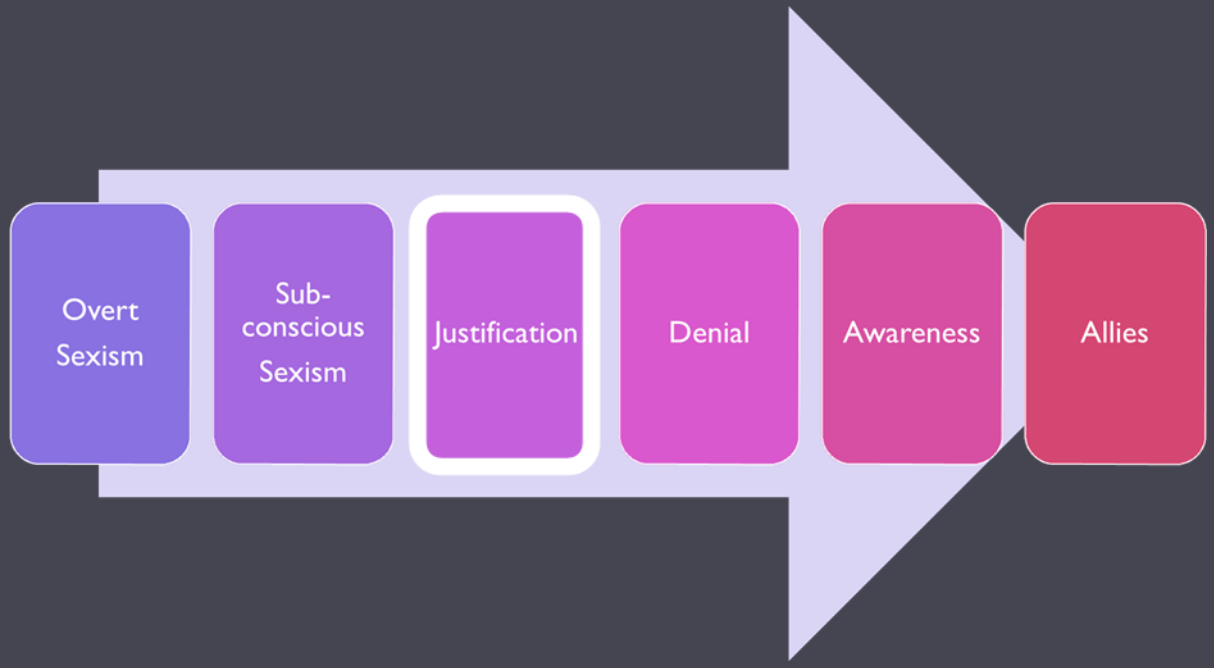
# UNCONSCIOUS BIAS

- *"**For men**, it's, 'You should do it. You'd be great. It's going to be hard, but we really need you in that leadership position' …*

- ***For women**, it's like, 'Oh, if you are really interested and committed, and you push hard, you can also get there.'"*

  - Dr Esther Choo, previous President of the Academy for Women in Academic Emergency Medicine


PRICE $8.99
THE
NEW YORKER
NOV. 19, 2018




# JUSTIFICATION

## "IF WOMEN WOULD JUST..."

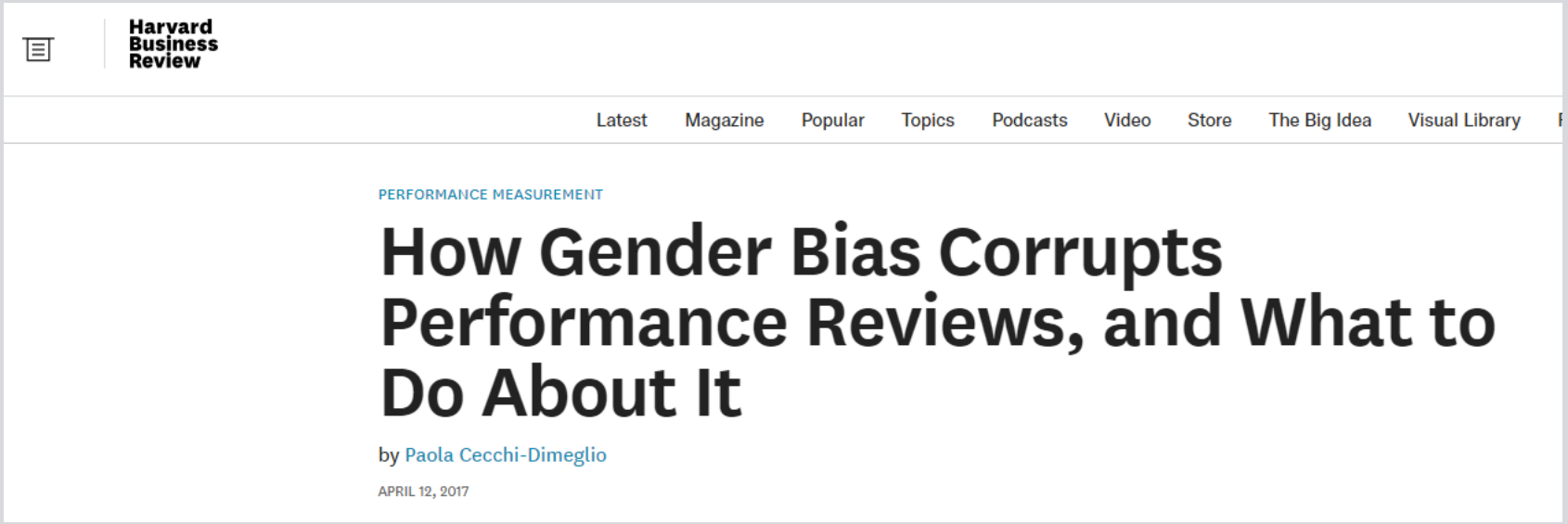
@hansendisease

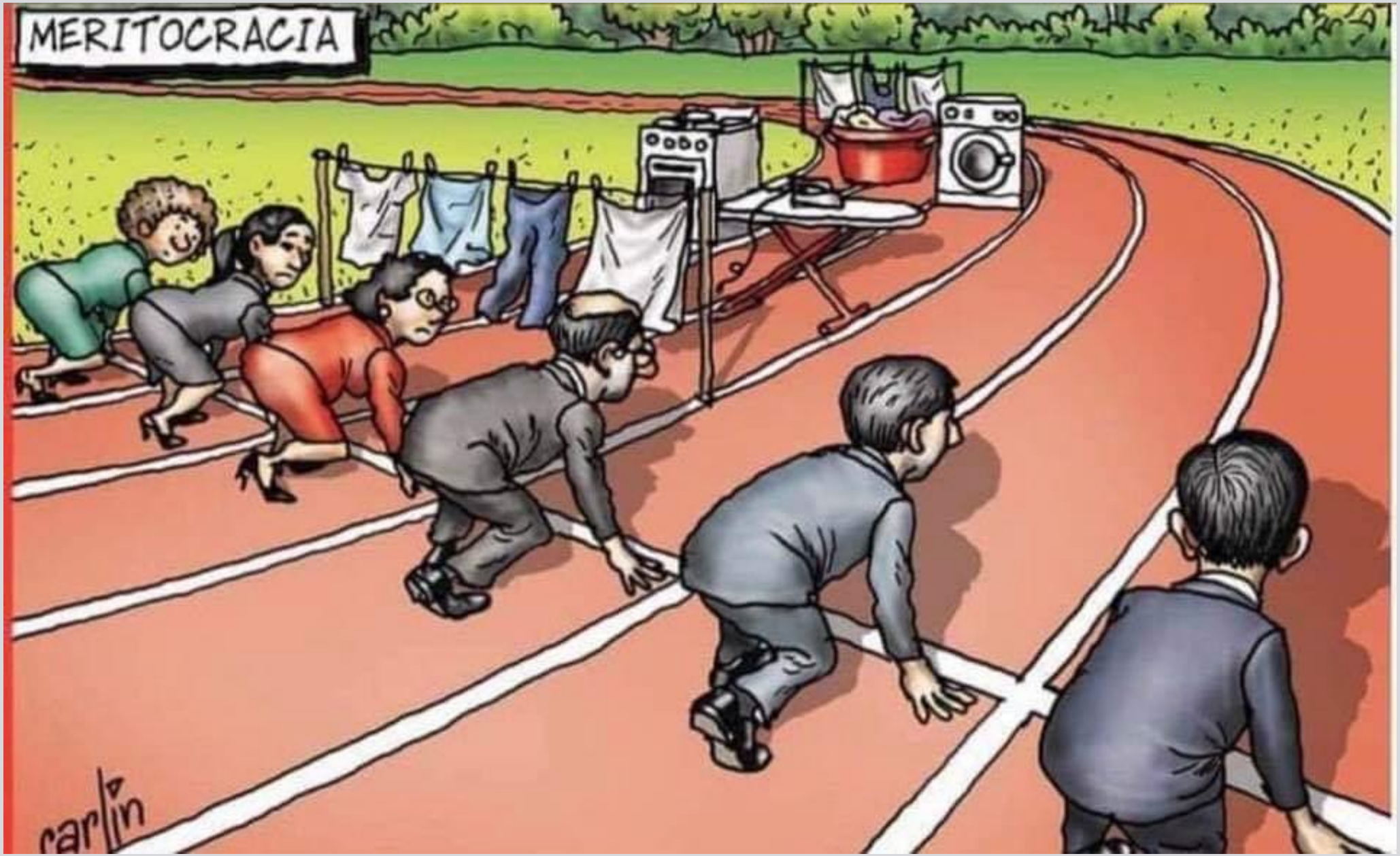
# CRITICAL THINKING ERRORS

- There are not enough qualified women
- Women are not as dedicated
- Blaming the affected group (or their children) responsible for system deficiencies e.g. child care responsibilities
- Preserving wilful ignorance (not knowing the evidence base)

# JUDGEMENT

- Women are judged harsher than males for the same level of performance by both men and women




MERITOCRACIA
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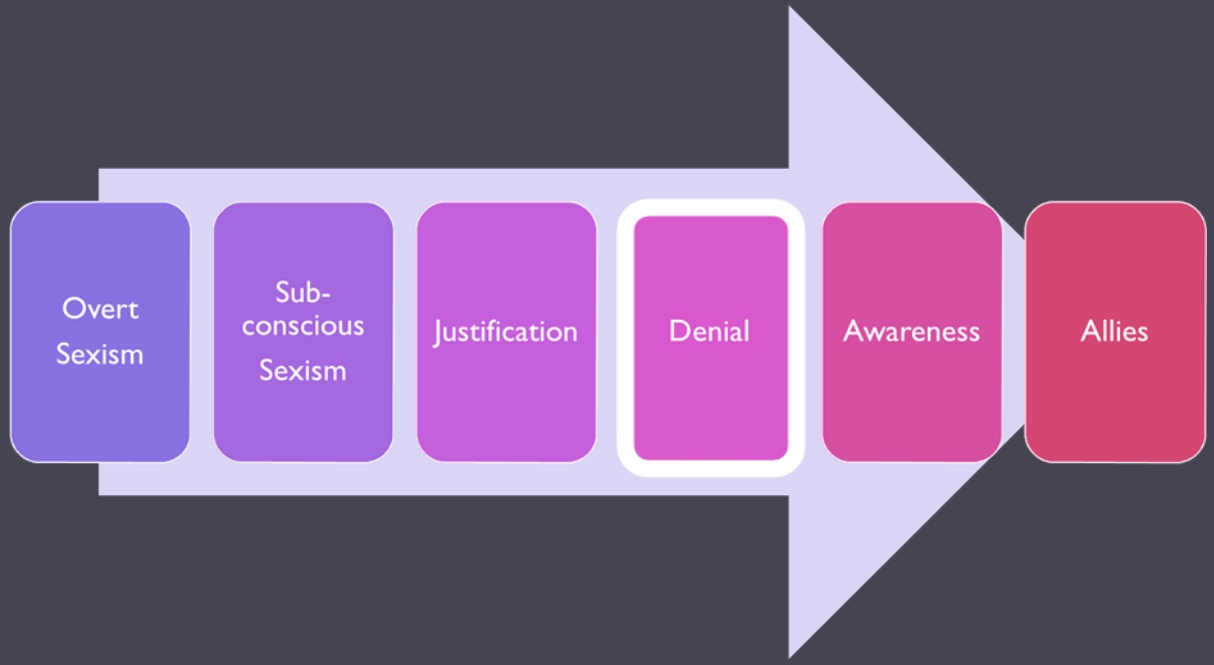



# DENIAL

"SHE'S HAD THE SAME OPPORTUNITIES"

"WHY ARE WE TALKING ABOUT GENDER?"

EMA Emergency Medicine Australasia

*Emergency Medicine Australasia* (2016) **28**, 341–343 doi: 10.1111/1742-6723.12595

**TRAINEE FOCUS**

## Gender equality in emergency medicine: Ignorance isn't bliss

Jennifer JAMIESON,[1] Viet TRAN[2] and Sara MACKENZIE[3]

[1]Emergency and Trauma Centre, Alfred Hospital, Melbourne, Victoria, Australia, [2]Emergency Department, Royal Hobart Hospital, Hobart, Tasmania, Australia, and [3]Emergency Department, Peninsula Health, Melbourne, Victoria, Australia

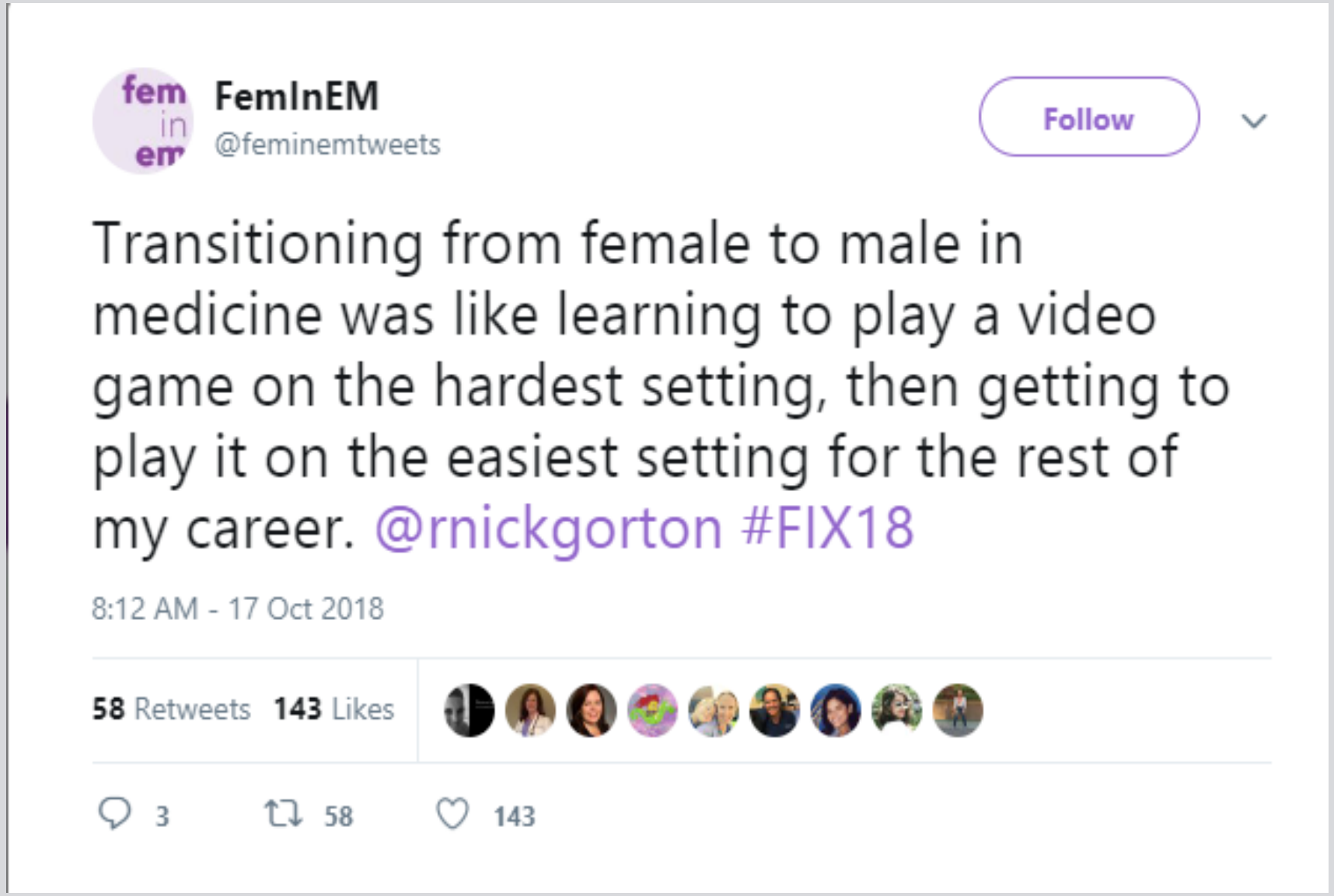
- "The social and psychological complexities of gender bias in EM are enormous.
- The infancy of this bias may originate in medical school, where poor role modelling and behaviours may be protected by established androcentric authority.
- Perpetuation of gender stereotypes among educated students is unsurprising as the notorious 'Heidi / Howard' experiment at Harvard business school demonstrated."

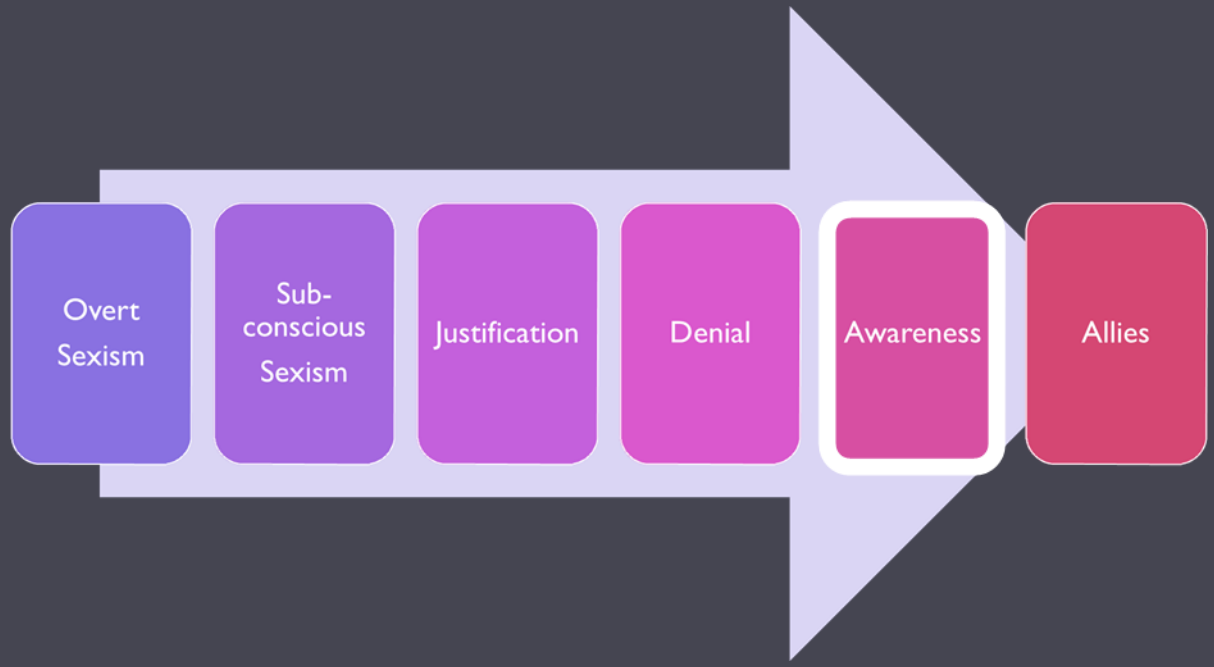
"Studies show that women in medicine:

- get less pay for equal work,
- are promoted less frequently,
- have fewer opportunities to publish, and
- receive less recognition than their male counterparts.

Gender disparities are discouraging women from reaching their full professional potentials." - A Call to Healthcare Leaders: Ending Gender Workforce Disparities is an Ethical Imperative

- **#BeEthical**


FemInEM
@feminemtweets
Follow
Transitioning from female to male in medicine was like learning to play a video game on the hardest setting, then getting to play it on the easiest setting for the rest of my career. @rnickgorton #FIX18
8:12 AM - 17 Oct 2018
58 Retweets 143 Likes
3
58
143




# AWARENESS

## "MY EXPERIENCE AS A MALE IS DIFFERENT FROM MY FEMALE COLLEAGUES"

@hansendisease

**Dr Christine Lai FRACS**
@csl888

Follow

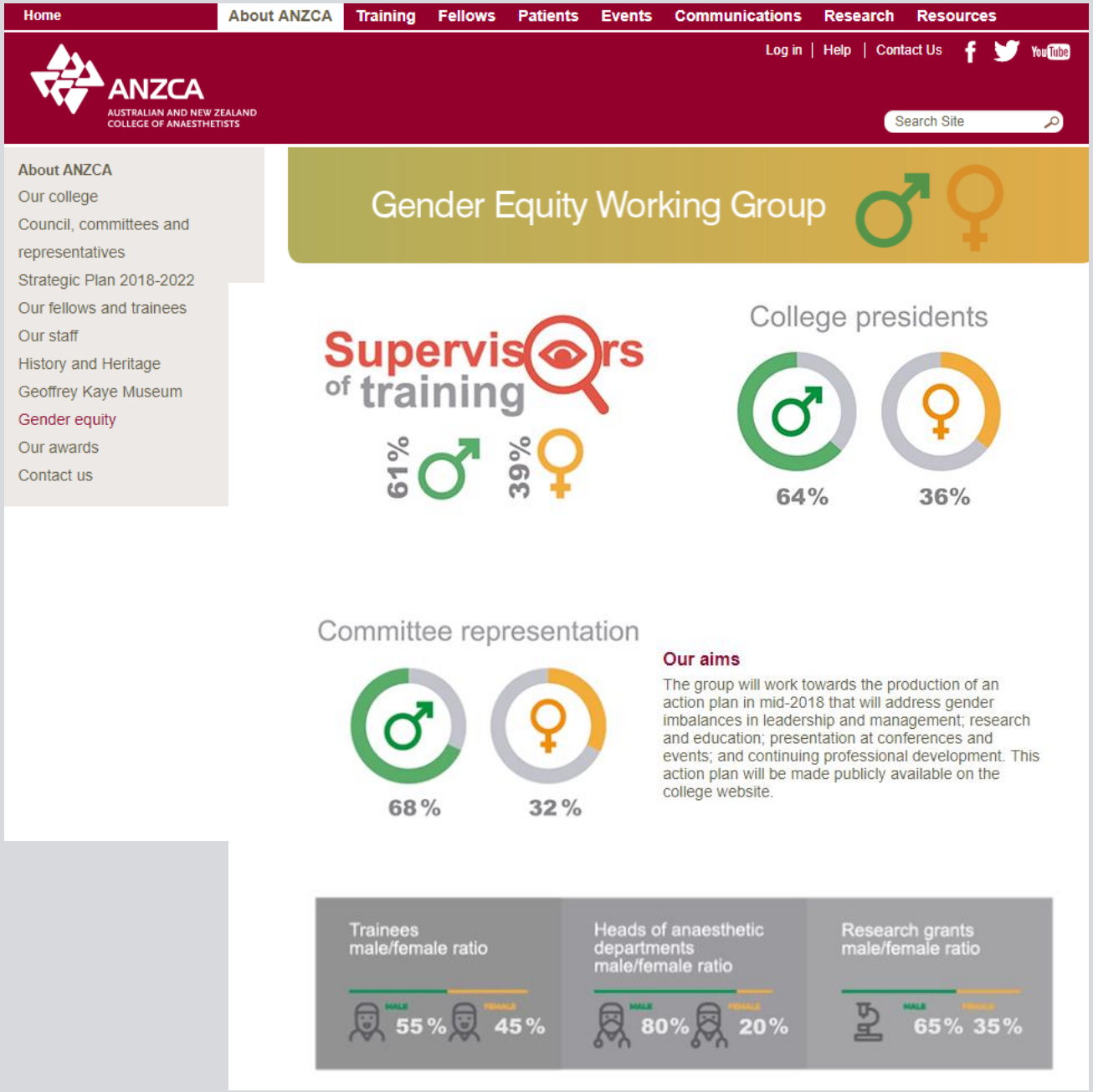
#genderdashboard @RACSurgeons
Specialty boards have looked at eliminating unconscious bias in the interview process for #SETtraining and the female acceptance rate is similar to application rates now!

**RACS female participation, August 2018**

| | Applications to Surgical Training | Accepted into Surgical Training | Total of Trainees | New Fellows | Total Active Fellows | Women on Council and Main Committees (combined) |
|---|---|---|---|---|---|---|
| 2016 | 30% | 25% | 29% | 22% | 12% | 21% |
| 2017 | 33% | 31% | 29% | 22% | 12% | 23% |
| 2018 YTD | 33% | 35% | 29% | 24% | 13% | 27% |

| Women on Council | 2016 - 2017 | 29% | 2017 - 2018 | 32% | August 2018 | 36% |
|---|---|---|---|---|---|---|

5:02 AM - 24 Sep 2018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Gender equity
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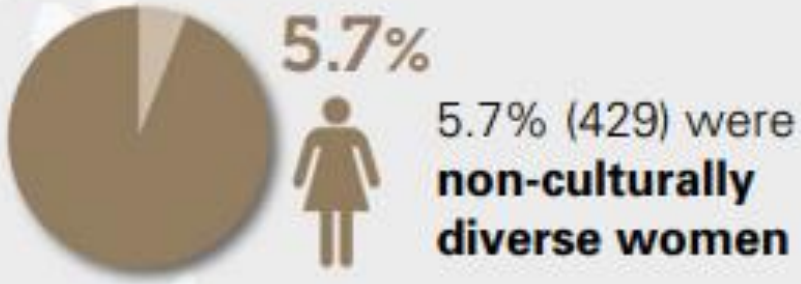
Gender Equity Working Group
Supervisors of training
61%
39%
College presidents
64%
36%
Committee representation
68%
32%
Our aims
The group will work towards the production of an action plan in mid-2018 that will address gender imbalances in leadership and management; research and education; presentation at conferences and events; and continuing professional development. This action plan will be made publicly available on the college website.
Trainees male/female ratio
55%
45%
Heads of anaesthetic departments male/female ratio
80%
20%
Research grants male/female ratio
65%
35%

## Culturally diverse women experience a 'double jeopardy'[1]

We found culturally diverse women may experience a 'double jeopardy' in ASX leadership due to their gender and culture combining to make it more difficult than non-culturally diverse women or culturally diverse men to access leadership roles. In 2015, out of 7491 ASX directors:

**2.5%**

2.5% (188) were **culturally diverse women**

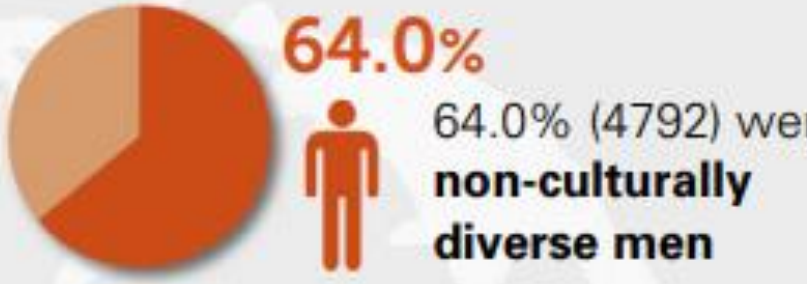


**5.7%**

5.7% (429) were **non-culturally diverse women**

**27.8%**

27.8% (2082) were **culturally diverse men**



**64.0%**

64.0% (4792) were **non-culturally diverse men**

1. F. M. Beale, 'Double Jeopardy: To Be Black and Female', *Black Women's Manifesto*. Third World Women's Alliance (New York), 1969. http://www.hartford-hwp.com/archives/45a/196.html

PNAS

# Patient–physician gender concordance and increased mortality among female heart attack patients

**Brad N. Greenwood[a,1], Seth Carnahan[b], and Laura Huang[c]**

[a]Carlson School of Management, University of Minnesota–Twin Cities, Minneapolis, MN 55455; [b]Olin Business School, Washington University in St. Louis, St. Louis, MO 63130; and [c]Harvard Business School, Harvard University, Boston, MA 02163

Edited by Michael Roach, Cornell University, Ithaca, NY, and accepted by Editorial Board Member Mary C. Waters July 3, 2018 (received for review January 3, 2018)

**We examine patient gender disparities in survival rates following acute myocardial infarctions (i.e., heart attacks) based on the gender of the treating physician. Using a census of heart attack patients admitted to Florida hospitals between 1991 and 2010, we find higher mortality among female patients who are treated by male physicians. Male patients and female patients experience similar outcomes when treated by female physicians, suggesting that unique challenges arise when male physicians treat female patients. We further find that male physicians with more exposure to female patients and female physicians have more success treating female patients.**

gender disparity | patient–physician gender concordance | patient advocacy | heart attacks | mortality

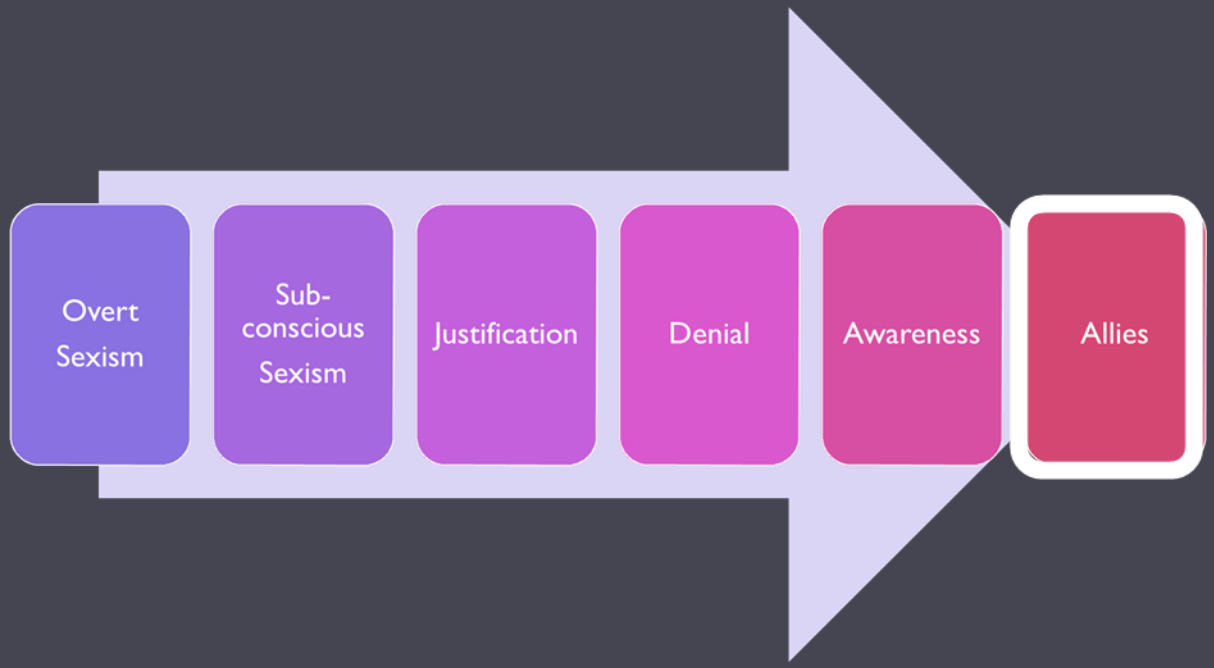
A significant number of life's outcomes are not determined through self-advocacy. Instead, they result, at least in part, from people who advocate for, and act on, a person's behalf

issues are salient in the medical setting. We posit that these challenges exacerbate the difficulty of diagnosing and treating AMIs, such that physician–patient gender concordance contributes to better patient outcomes. We further argue that the benefits of gender concordance will be strongest for female patients due to the difficulty of diagnosing and treating AMIs in female patients. We find empirical support for these ideas, documenting that gender concordance between the patient and physician influences measurable, substantive outcomes like patient survival and length of stay during an AMI. Furthermore, this relationship is much stronger for female patients. Results suggest that medical providers may need to account for the possible challenges physicians (particularly male physicians) face when treating AMI patients of the opposite gender.

## Materials and Methods

To examine the impact of gender match between patient and physician during an AMI, we used emergency department (ED) admittances of patients

ECONOMIC SCIENCES




# ALLIES

"I WILL MAKE SPACE FOR WOMEN"

"I WILL RISK MYSELF BY SPEAKING OUT"

@hansendisease

Discrimination, Bullying and Sexual Harassment Action Plan

February 2018

About | Jobs in EM | Events | Policy and Regulations | Forms | Payments | My ACEM

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# Diversity and Inclusion Steering Group

The Diversity and Inclusion Steering Group was created as the first step of the Discrimination, Bullying and Sexual Harassment action plan. The group was established to oversee the implementation of this action plan over the coming years.

DBSH Action Plan

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

**GUIDELINES**

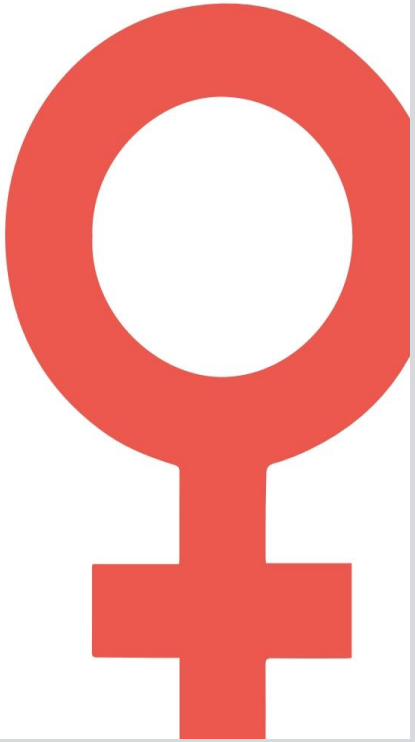
| | |
|---|---|
| Document No: | TA657 |
| Approved: | Aug-2018 |
| Last Revised: | Aug-2018 |
| Version No: | v1 |

## PREGNANT EXAMINATION CANDIDATES AND CANDIDATES NURSING AN INFANT

- *"College policies and guidelines about harassment and discrimination alone will not **change the culture** — these must be accompanied by swift and strong action by college representatives when instances are brought to their attention."* - Merrilyn M Walton, Med J Aust 2015

# Gender Equity Position Statement

ANZCA AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS | FPM FACULTY OF PAIN MEDICINE ANZCA



**Version 1**
February 2019

**Inclusive and equitable culture**

What does this look like?

Active inclusion, attention to equity and acceptance of "difference" in others, to enable everyone to reach their full potential.

**Diverse and representative workforce**

What does this look like?

Policies and practices that promote equal participation in the workforce at all stages and in all domains of practice and decision making.

**Flexible and empowering workplace**

What does this look like?

Workplace policies and management practices that enable gender equity in part time work, primary and secondary parental leave and other flexible work practices.

**Attention to gaps**

What does this look like?

Identification of areas where substantial gender-based disadvantage exists and managing opportunities to close gaps.

**Strategic and accountable leadership**

What does this look like?

Strategic planning aimed at ensuring the sustainability of gender equity including measuring and reporting against benchmarks, making people accountable to carry out gender equity initiatives and communicating effectively to trainees, SIMGs, fellows and other stakeholders.

ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

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# Women in Surgery

Home > Member Services > Interest Groups & Sections > Women in Surgery

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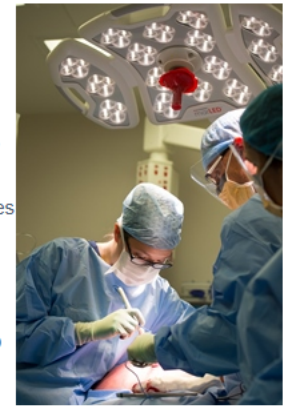
- Academic Surgery +
- ANZ Chapter of the American College of Surgeons
- Colon and Rectal Surgery
- Endocrine Surgery
- Indigenous Health +

## Women in Surgery Overview



RACS is committed to expanding the number of women in surgical training and to ensuring the training programs do not disadvantage them. The development of the Women in Surgery Section and mentoring programs for Trainees reflect that commitment.

The challenge of attracting women to surgical careers is not unique in Australia or New Zealand, but, since half the medical graduates are now female, there is a need to attract the best graduates to surgery, and the College is actively pursuing that goal.

The Women in Surgery Section was established to encourage and support all Trainees, but females in particular.

The Section is a source of advice and guidance for Council in relation to gender and Trainee issues.

While recognising gender issues in training and the surgical workforce, the committee also aims to develop guidelines and policies to combat the numerous issues faced by all individuals in the surgical field.

The Section seeks to remove any barriers Trainees or medical graduates face and are involved with the development of a mentoring program within the College to assist medical students, Trainees and young surgeons.

## Activities

WIN
WOMEN IN INTENSIVE CARE NETWORK

Dedicated to improving the gender balance in Australasian Intensive Care Medicine through advocacy, research and networking

*Diversity - by reaping the benefit of different perspectives adds depth to decision-making process and improves organiszational outcomes. The value of diversity is cognitive diversity rather than sociological diversity (gender, age, ethnicity etc), however sociological diversity may be a useful proxy for cognitive diversity. By encouraging and including people from different backgrounds and cultures, we will better understand and care for all of our patients.*

***Dr Ruth Bollard, Chair, Women in Surgery Section***

# ACEM ADVANCING WOMEN IN EMERGENCY SECTION - AWE

**Support. Advocate. Lead.**

1. NETWORKING
2. MENTORSHIP
3. ADVOCACY
4. RESEARCH
5. LEADERSHIP

## CULTURE OF EQUALITY

Overt Sexism

Sub-conscious Sexism

Justification

Denial

Awareness

Allies

Te Wero THE CHALLENGE

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