

## #ilooklikeanEMdoc

Pollianne Ward, MD FAAEM

Women in Emergency Medicine Interest Group

There is a growing movement on social media using the hashtag *#ilooklikeasurgeon*.

Physicians post selfies in scrubs and surgical masks, in operating rooms, in clinics, and in call rooms. All have one thing in common — all are women. This movement came about in response to a similar hashtag, *#ilooklikeanengineer*, spurred by the sexist comments to an ad featuring OneLogin Platform engineer, Isis Wenger. When the ad was released online, there were many accusations that she wasn't "remotely plausible as what a female software engineer looks like." Surgeons experiencing similar sentiments started the new campaign, to highlight the gender disparities that female surgeons face every day. But this is not unique to surgery. Most of my female EM colleagues and I can relate.

As a woman in the emergency department, it is often assumed that I am not a physician. Male (and sometimes a few female) consultants, nurses, paramedics, and patients and their families assume that I am a nurse, X-ray tech, social worker, case manager, lab tech, etc. Rarely is their first thought that I am a physician. Most patient encounters begin with me walking into the room where the patient is talking on a cell phone, and as I stand and wait they say, "I have to go. The nurse is here to talk to me." Patients yell "hey, nurse" to me from their stretchers, even after I spent 15 minutes interviewing and examining them and discussing their plan of care. Patients preferentially speak to the male medical student, addressing him as "doctor," while they ask me to turn the TV up.

The culture that clings to these antiquated stereotypes affects patients' perceptions of the care they receive. The surveys come rolling in, with patients claiming they "never saw a doctor" during their visit. I worry they may lack confidence in my decision-making ability and diagnostic skills, while the male physicians in my group get glowing reviews. In a world where patient satisfaction is increasingly tied to physician pay, this is frustrating and unfair. My male chairman has suggested I wear my white coat during my shifts. That may influence my patients' perception of me as a more confident and trustworthy professional, as many studies have suggested. However, in an age when every lab tech, pharmacist, volunteer, and even housekeeper wears one, the lab coat has lost its long-standing association with the medical profession. Also, in a recent review of patient preferences for physician attire in the *British Medical Journal Open*, it was found that patients receiving emergency or intensive care have no preference for formal attire and may actually prefer physicians who wear scrubs, regardless of gender.

In addition, I find that patients speak differently to me than to my male colleagues. I am often called "honey," "sweetie," and "baby" — while they are called "sir" and "doctor." Other female physicians are upset by patients consistently addressing them by their first names. I'm told that I'm "too pretty" to be a doctor and met with surprised expressions when I introduce myself as Dr. Ward. This leads me to wonder: what does a doctor look like? Furthermore, what does an emergency physician look like?

While 48% of medical school graduates are female, emergency medicine

is still a male-dominated specialty. Only 23.5% of doctors entering emergency medicine residencies in 2010 were female, according to the AAMC report on residencies. This increased only slightly to 37.6% in 2014. This information was surprising to me, as one thing that drew me to EM



“As a woman in the emergency department, it is often assumed that I am not a physician.”

as a young woman was the more flexible schedule that comes with shift work. It is hard to know how we should begin to address these pervasive stereotypes, but I know the first step is to create greater awareness of the issues women face in medicine and other STEM fields. We should advocate for our female colleagues, not just for equal pay, retention in the medical profession, and access to leadership positions, but for recruitment into specialties such as emergency medicine too. We should question our own biases and call out others when their communication with and about women in medicine and science is not in sync with the reality of the modern world. Maybe the female surgeons are onto something. So let's start our own movement, and hopefully we can change the face of medicine — one selfie at a time.

### References:

1. AAMC Report on Residencies. Association of the American Medical Colleges Website. <https://www.aamc.org/data/421322/tableb2.html>. Published 2015. Accessed November 5, 2015.
2. AAMC Physician Specialty Data Book. Association of American Medical Colleges Website. <https://www.aamc.org/download/313228/data/2012physicianspecialtydatabook.pdf>. Published 2012. Accessed November 4, 2015.
3. Petrilli, CM, Mack, M, Petrilli, JJ, Hickner, A, Saint, S, Chopra, V. Understanding the role of physician attire on patient perceptions: a systematic review of the literature — targeting attire to improve likelihood of rapport (TAILOR) investigators. *BMJ Open* 2015; 5(1):1-19. doi:10.1136/bmjopen-2014-006578. ■