

# AMWA *Linda Brodsky Memorial Journal*

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## Shoulder to Shoulder

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As a medical student, securing a spot on a transplant surgery is like winning the lottery. Every few weeks, the Transplant Surgery Interest Group student coordinators send out an email to eager first and second year students: “Local donor. Time TBD but earliest 5pm. Meet at the ER ambulance bay on 102nd. First to respond with name and phone number will be selected.” One afternoon halfway through my first year, I was one of two students accepted. I jumped into my bright green scrubs, slipped on a pair of old sneakers, and headed to the ambulance bay.

The other first year student with me, whom I’ll call Rob, is objectively taller than I am. He is objectively more blond than I am. He is objectively older than I am (only by 11 months). He is not objectively smarter than I am, nor a more capable student. He is, however, male, and I am not.

The lead resident on the case spoke with confidence and walked with a swagger that implied, “I know I’m good at what I do.” On the ride to the hospital, he talked us through the typical steps of a heart transplant. Occasionally, he’d ask a question. What artery supplies blood to the left atrium? (Left circumflex) What happens to the Frank Starling Curve when you decrease contractility? (Decrease stroke volume) Each time, Rob would jump in first with an answer. Sometimes, Rob was wrong. Before I could say what I thought was (or knew to be) the right answer, the resident would correct him and continue on with his explanation.

At the hospital, the resident leaned against a patient bed outside the OR suite, and Rob and I stood in the hallway across from him. For roughly 20 minutes, while the resident continued to casually discuss the procedure with us -

occasionally going on a tangent to vent about how little sleep he gets - I stared at the resident, willing his eyes to meet mine. He used phrases like “you guys” or “you two” to ask about what we had learned, but his body language belied his words, focusing exclusively on Rob. Even when I asked a question, he would briefly gaze in my direction before looking back to Rob as he answered. Feeling uncomfortable in this moment where my male peer was clearly prioritized, the only thing I could think of doing was to inch my way towards where Rob was standing, eventually landing myself shoulder to shoulder with him and more directly in the resident’s line of gaze. My tactic was to no avail, and the resident continued to engage with Rob, unperturbed.

When the OR was ready, the resident turned to us, finally looked me in the eye, and said, “have you two scrubbed in before?” We both had. Still looking directly at me, the resident emphasized, “take it seriously.” We scrubbed, gowned, and watched the procedure until we were invited to participate. Multiple times during the surgery, I was addressed by staff as “miss.” Normally, this wouldn’t bother me, except that Rob, also a medical student, was addressed at least once as “doctor.” I felt frustrated, but not surprised: a study published in the *Journal of Women’s Health* found that male doctors introduced male speakers at Grand Rounds as “doctor” 72% of the time, and female speakers as “doctor” only 42% of the time (Files et al. 2017).

These micro-aggressions continued subtly throughout the five hours of the surgery. While the educational opportunity might have outwardly appeared equal to anyone else in the room - for example, both Rob and I had the chance to scrub in and hold a beating heart in our

hands before the first cut - to me, it felt wholly different.

As I reflect back on the experience now, maybe I am overreacting. Maybe not. But in that moment, I certainly felt less important, less worthy and less visible. Perhaps the resident did not realize that he was perpetuating the stereotype of surgery as a man's domain merely in the way he held his body and engaged with those around him. These micro-aggressions occur in every field, every day.

I believe that what I experienced that day is symptomatic of the barriers that continue to confront women entering our profession. So how do we, as students and physicians, eliminate those barriers? We need to find a way to educate male physicians and students to recognize such micro-aggressions and realize how that impacts their female peers. And we must call on those males to raise their voices when they witness such discrimination. Months later, when I talked through these reflections with Rob, he was surprised, but understood. Perhaps this is small progress, but it is progress, and maybe Rob will have a better perspective when it is his turn to lead.

Another fundamental way to counteract micro-aggressions and put them in perspective is through building a relationship with a mentor. As medical students we can seek out mentors - men and women - and learn from them. And hopefully our mentors will learn from us, too, inevitably changing how they see other female professionals. My sister works at a company with a policy that no one is promoted unless they "pull up" someone below them. In medicine, where women comprise just 37 percent of all physicians (AAMC 2015), it's often hard to find a woman to pull you up. That doesn't mean that there is a scarcity of strong women in medicine; I am surrounded by impressive female peers and doctors, and the female physicians I know are amazing in their fields.

Finally, each of us should, without a doubt, find a woman behind us to mentor as well. We can hear her ideas, find out what motivates her, and encourage her to make her goals become reality. If many voices carry the same song, the message reverberates powerfully.