

Allyship Behaviors for Gender Bias in the ED

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Background & Significance:

Women at all levels of medical training from medical student¹ to resident² to faculty^{3,4} perceive more gender-based discrimination in the workplace compared to men. The shape that this discrimination takes on varies, including sexist humor/“locker room talk”, unwanted sexual advances, and undermining of their abilities or competence. Of the twenty-six Emory Emergency Medicine residents who responded to a survey in January 2021, 61.5% felt that a colleague (nurse, physician, support staff) or patient has treated them differently in the ED because of their gender. One strategy to improve gender based discrimination in the workplace could include education on how to respond and intervene when witnessing gender discrimination, which would in turn create a culture of allyship and support.

Tip Sheet:

- Do not fall victim to the bystander effect, a theory that with more witnesses present a bystander is less likely to intervene in a negative circumstance⁵.
- If you see or hear something that seems like a micro-aggression or bias, you can choose to either step in and say something in real time, or talk to your colleague one-on-one afterwards to debrief and ask how you can help.
- Amplify your colleague’s voice. If she has a great idea about a patient’s care, be vocal in your support of her clinical decision making.
- Mentor/sponsor women in their training by offering them a seat at the table for research or projects.

If you hear this:	A possible ally response:
“That resident was very aggressive/bossy.”	“She was appropriately assertive to advocate for the patient.”
“Hey, nurse!”	“That is Dr. X, she is not a nurse. What can we do to help you?”
“I don’t want a female doctor, I think a doctor should just be a man.”	“Dr. X is an excellent physician, who I’d be glad to be the doctor for anyone in my family.”
“She is being so sensitive today.”	“Would you say the same thing about me?”
“Why is she ordering that for the patient?”	“I’m not sure, but I trust her thought process in making plans. We can ask her to hear more of her rationale.”
Your colleague being interrupted	“Hey, I don’t think X was finished with her plan. What were you saying, X?”
Your colleague being talked over in a resuscitation	“I’m unable to hear X’s plan, can we lower the volume for her?”

Resources:

Emory University, Office of Diversity, Equity, and Inclusion, “Reporting How-To’s”: <https://equityandinclusion.emory.edu/title-ix/reporting.html>

Emory Trust Line (1-888-550-8850): <http://iad.emory.edu/compliance/trustline/index.html>

Emory FSAP (404-727-4328): <https://www.fsap.emory.edu/>

References:

¹ Babaria, P., Abedin, S., Berg, D., & Nunez-Smith, M. (2012). “I’m too used to it”: A longitudinal qualitative study of third year female medical students’ experiences of gendered encounters in medical education. *Social science & medicine*, 74(7), 1013-1020.

² Miller, J., & Katz, D. (2018). Gender differences in perception of workplace experience among anesthesiology residents. *The journal of education in perioperative medicine: JEPM*, 20(1).

³ Lu, D. W., **Lall, M. D.**, Mitzman, J., **Heron, S.**, Pierce, A., Hartman, N. D., ... & Strout, T. D. (2020). #MeToo in EM: A Multicenter Survey of Academic Emergency Medicine Faculty on Their Experiences with Gender Discrimination and Sexual Harassment. *Western Journal of Emergency Medicine*, 21(2), 252.

⁴ Carr, P. L., Ash, A. S., Friedman, R. H., Szalacha, L., Barnett, R. C., Palepu, A., & Moskowitz, M. M. (2000). Faculty perceptions of gender discrimination and sexual harassment in academic medicine. *Annals of internal medicine*, 132(11), 889-896.

⁵ Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., ... & Kainbacher, M. (2011). The bystander-effect: a meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological bulletin*, 137(4), 517.