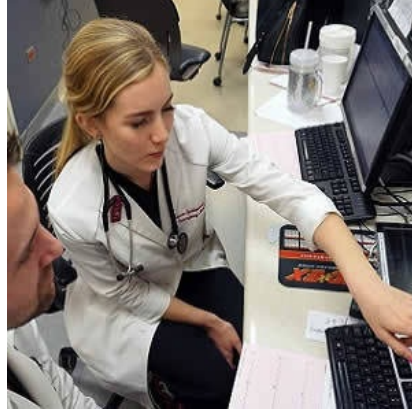




Emergency Medicine Residents and Gender Bias



According to a new study published in JAMA Internal Medicine, there is a wide difference in the training and evaluation of male and female emergency medical residents.

See Also: [5 Strategies to Ensure Gender Parity in Critical Care Medicine](#)

Gender bias has long been suspected in medical training programs. This particular study evaluated, for the first time, a nationally standardised milestone evaluation system for emergency residents to objectively determine whether there is any truth to this.

The study was conducted with 359 emergency medicine residents. Only one third of the residents were female as compared to two thirds who were male. In addition, only a third of the faculty physicians evaluating the trainees were female as compared to two-thirds who were male. Finally, female residents were consistently given lower scores throughout residency years two and three further strengthening the belief that the system has a gender bias.

Study researchers collected 33,456 milestone evaluations which are detailed direct observations by emergency medical faculty of residents performing a specified set of tasks called sub-competencies. The evaluation system is used by all U.S training programmes. Findings show that at the end of the first year of training, female residents scored higher than males but by the end of the third year, males had gained higher scores in all the 23 categories of evaluation. Throughout the training, males were found to have a 13 percent higher rate of milestone attainment per year. The researchers highlight the need for faculty physicians to consider possible gender bias in residency training.

"We are concerned that the disparity we discovered in evaluations may point to an implicit bias," said co-lead author Daniel O'Connor, a student at the University of Pennsylvania Perelman School of Medicine. "Our finding, that female residents in emergency medicine receive lower scores than males across all sub-competencies really implicates bias rather than a deficit in specific skills or knowledge."

Other surveys also show that nearly 70 percent of female doctors in academic settings perceive gender bias in the academic workplace setting. Female academic physicians also get paid less than men and hold fewer leadership positions.

This widening gender gap may be attributable to the cumulative effects of repeated bias which becomes especially more pronounced at more senior levels. It also could have long term implications for female

physicians as they may be required to complete additional training to graduate at the same level as their male counterparts.

Source: [University of Pennsylvania School of Medicine](#)
Image Credit: John Easton, University of Chicago Medicine

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