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38 Interprofessional Gender Bias During Emergency Medicine Residency Training

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Introduction: Gender disparities continue to persist within medicine. Adverse effects of gender bias are well documented, including among trainees in Emergency Medicine (EM). Recent studies demonstrate significant differences in the evaluation of female and male trainees with respect to milestone achievement during residency. This may be attributable to unconscious gender bias among educators. The extent to which gender-based discrimination occurs in the context of interprofessional interactions is not well understood. Of particular interest is extent to which this occurs between resident physicians and nurses.

Objective: This study aims to explore and understand perceptions and experiences of bias in the context of interprofessional relationships between Emergency Medicine residents and Emergency Department nurses.

Methods: We explored the way gender shapes interprofessional interactions in our EDs through structured interviews and focus groups with EM residents and ED nurses at our two main institutions. An additional component of this study is ongoing, and includes a survey administered to all EM trainees and nurses working in the EDs at Brigham and Women's and Massachusetts General Hospitals.

Results: Several key themes emerged from interviews and focus groups with female and male nurses and residents. Nearly all participants identified gender as an important factor in interprofessional working relationships in the ED. However, the degree to which gender influenced relationships differed between professions and genders. Table 1 illustrates the codes developed from analysis of qualitative data, as well as representative examples. Table 2 includes representative quotes.

Conclusions: Gender continues to play a significant role in shaping interprofessional interactions, including between trainees and nurses in the ED. Gender bias contributes to dissatisfaction in the workplace, the effects of which are felt by both male and female nurses and resident physicians.

Table 1. Codebook from qualitative interviews and focus groups.

Code	Examples
Differences in male vs female residents' interactions w/nurses	Nurses push back against female residents' orders Nurses offer help to male residents, but not females Nurses preferentially ask the male doctor (resident) about the plan instead of female resident or attending Men place orders and don't have to talk to nurses, whereas female residents place orders then go talk to nurses - otherwise plan won't get enacted Male residents talk down to nurses
Forming relationships	Social capital (example: nurses excited over male resident's baby, when a male resident brings cookies it's easier to curry favor with nurses than when a female resident brings food Intentionality about developing relationships – more recognition of need to maintain relationships among females
Difference between practice environments	More questioning of female residents at one facility than another
Change in relationships over time	Difference from intern year to senior year - stronger relationships and more dialogue over time
Allyship	Interviewee offers thoughts about how to be an ally to female residents
Conversations about gender bias with colleagues	Hesitance to discuss bias with male colleagues and superiors [female participants] Unsure how to best support/advocate for female colleagues [male participants]
Mechanisms for reporting gender bias	Safety reporting: seen as ineffective to solving issues of gender bias Discussion with leadership about gender bias felt to be ineffective
Suggestions for change	Decreasing salary gap at attending level Increased opportunities for communication between nurses and residents to foster shared understanding

Table 2. Representative quotes from study participants.

"The friendliness factor varies... I think men get a lot more leeway to try to be 'friends' with the nurses. And it doesn't damage their professional reputation." "Exactly. I think that it's because they can be friends, but in moments of leadership they can still be looked at as leaders, whereas **I think a lot of times the nurses don't necessarily see the women as leaders. They'll see them as peers.** Everything is a discussion and a conversation. Versus men are deferred to more. It's like, 'Oh of course. You're telling me to do this so even if I kind of question it I'm still going to do it,' because there's more trust in what the man is saying, what he's telling them to do." *-Female resident physicians*
"I think that male residents' orders are questioned less, their competence is questioned less." *-Male resident physician*
"Sometimes female residents, when they first start, try to assert themselves more because they're generally taken less serious by the male attendings or male residents, so I think that usually they start a little more hot-headed and then reel it in a little bit." *-Female nurse*
"[Male nurses] get taken more seriously and they're not questioned as much about things that they say or feel... If they said something or suggested something it was taken as the end-all be-all, and they weren't given as much of an argument.." *-Female nurse*
"I often struggle with what my role should be...as a cis gender white male...It's hard for me to know how to be an ally and support racial or ethnic minorities balanced with not wanting to strain the professional relationships you have with others as well." *-Male resident physician*

39 Lower-third SLOEs: Does Gender Make a Difference in Match Outcomes?

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Background: The Standardized Letter of Evaluation (SLOE) is consistently ranked as the most influential application component. Although recent literature has demonstrated superior performance from females compared to male counterparts on global assessment (GA) SLOE rankings, no prior work has studied gender influence amongst applicants with lower-third rankings and ultimate match outcome.