

Don't let medical specialty stereotypes block path that fits you

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Brendan Murphy

Senior News Writer

There is the perception and there is reality. When it comes to medical specialty choice, how often do the two intersect?

That's a question medical students may ponder when they narrow down their specialty options. In preliminary research, it may be tempting to settle on a stereotype about a certain specialty in choosing to rule it out or pursue it.

"An unquestioned stereotype can be dangerous," said Michael Aylward, MD, director of the combined internal medicine-pediatrics residency program at the University of Minnesota. "Applying it to a career choice, there are some stereotypes of different specialties, but there are many people who don't fit into them who are successful in that field."

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Stereotypes and specialties

A stereotype is a set of characteristics associated with a group. Naturally, with medical specialties being broken into teams within a clinical setting, they will form.

Some stereotypes surrounding specialties are prevalent to even the general public. This seems to be the case with surgery, according to a 2018 article published in the *AMA Journal of Ethics*® that argues against the stereotype of the “abrasive, technically gifted white male surgeon.”

The essay pointed to the #ILookLikeASurgeon movement—highlighting women in the field—as a counter to that stereotype.

Still, the authors point to the realities of the situation in writing that “to stereotype is arguably human nature, since it reduces the amount of mental processing needed when interacting with stereotyped group members. That is, one benefit of stereotyping is that a single stereotype presumably reflects group members’ salient characteristics and abilities. There’s trouble with that assumption, however.”

Currently a senior medical director in the department of emergency medicine at the Medical College of Wisconsin, John Ray, MD, studied factors surrounding specialty choice during his residency training—looking at reasons students choose emergency medicine as a specialty.

He believes specialty stereotypes may be formed, or reinforced, during third-year rotations because medical students are reticent to speak up against prevailing viewpoints.

“A medical student isn’t likely to give an opinion against what they are hearing” from residents and attendings,” Dr. Ray said. “Just like any repetitive exposure to something it does add a piece of bias in their mind.”

Do your own research

Ray’s research found that students who enter emergency medicine typically have prior experience in the field. Those experiences could be through shadowing or a prior career.

Those types of experiences can also work to give students an objective impression of a specialty, he said.

“If a student is interested in emergency medicine, they have to go immerse themselves in it, find a mentor in that field, shadow on a rotation, talk to residents in the field and collect as much info as they can,” he said. “The hard part about specialty choice is that students make a very important decision with relatively little information gained over a short amount of time. Biases do play a big role because of that short time period.”

Dr. Aylward advised students to take a more nuanced look at their potential career path.

“Students should look at a career in terms of the way medicine is practiced in that specialty,” he said. “They should look at things they love about that specialty and they should look at things that are

common in that specialty that they are able to tolerate. I am able to tolerate paperwork in primary care because I see the value of it for my patients. There are other people that might not be as drawn to that. They'll choose something else."