

# Allyship and gender inequity: What medical residents need to know

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Female physicians have lower rates of advancement to leadership positions, are published less frequently as senior authors than are males, and lack representation as full professors in academic medicine. They are also paid less at all levels of medicine.

As highlighted at the AMA GME Innovations Summit, eliminating those gender inequities will require a concerted effort to inform affected and unaffected parties about the disparities that exist and how to address them.

During the summit, Anita Hargrave, MD, an internal medicine resident at the University of California, San Francisco (UCSF), presented on a gender inequity curriculum she helped to create for fellow internal medicine residents as part of UCSF's Women in Leadership Development symposium (WILD).

## What is allyship?

A person of power interacting with a marginalized group can often be in a position to assist that group. Allies are people in positions of power who are willing to unlearn and reevaluate habits that may lead to marginalization of others. They do so with the intention to work in solidarity with the marginalized group.

Allies, the presentation posited, should understand the concept of intersectionality—a knowledge of where power comes from and how it layers on top of other identities such as race and sexual orientation. Combined with gender, those other identities affect the discrimination and microaggressions people experience in the workplace.

Allies understand their position and use it to leverage and support their colleagues. The example of

that in action, offered by Dr. Hargrave, is that she is affected by gender inequity, but also holds privilege because of her identities as a white, cisgender woman who does not experience racial or anti-transgender discrimination in the way that many of her colleagues do.

The WILD curriculum includes physicians across the gender spectrum, allowing for allies to gain tools needed to address gender inequity and physicians who are affected by gender inequity to share their perspective with potential allies. One key takeaway from those conversations for potential allies: One size does not fit all.

“We all have different preferences of what we want done during an act of allyship,” Dr. Hargrave said. “Therefore, there are limitations to the advice given in this curriculum.”

## **Empowering marginalized residents**

For physicians experiencing gender inequity, the WILD curriculum’s aim is empowerment. It aims to do that through offering strategies to thwart the impostor syndrome that resident participants said, in small groups and individually, that they have felt.

To facilitate mentoring, a panel of diverse female faculty members spoke to workshop participants. In their Q&A session, panelists offered insight on nonlinearity in their career paths and advice on successful mentorship.

The results of the curriculum proved effective. In a survey completed after the symposium, all 14 participants who said they were affected by gender inequity said they developed a new strategy to overcome gender bias. Of the group of potential allies, 92%(11 of 12) said they developed a better skill set to become an ally against gender inequity.