The Case of the Woman in White

Case Written by Dr. Amy Walsh

Case
Dr. Amy Walsh

Objectives:
Dr. Teresa Chan
Dr. Brent Thoma

Expert Responses
Dr. Michelle Welsford
Dr. Kirstin Weerdenburg-Yeh

Curated Community Commentary:
Dr. Teresa Chan

Column Editors:
Dr. Teresa Chan
Dr. Brent Thoma

ALiEM Editor-in-Chief
Dr. Michelle Lin

Justin Chin walked in for his overnight shift, logged into the computer, and prepared to get sign-outs from the evening team. He noticed Jenny Whitely exiting a patient room wearing her crisp, rarely used white coat and struck up a conversation.

"Hey Jenny, how's it going?"

"Oh, fine, busy," she muttered as she briefly look up and smiled fleetingly, barely making eye contact.

In that moment, it struck Justin just how much Jenny looked like one of the harried junior residents on Internal Medicine. Next to an enormous stack of charts and paperwork, with her hair pointing in about 3 different directions and donning a white coat, Jenny definitely seemed a bit… off.

Determined to get to the bottom of this rather abrupt change, Justin prodded further: "What's the deal with your white coat?"

"Hmmm?"

"Did you decide to switch to IM or something?" he joked.

"Oh, I'd almost forgotten I was wearing it! No… I'm still EM through and through…" she said, snapping out of her paperwork induced daze. She briefly smiled, but then the look in her eye changed, however, and her face dropped as she continued: "I'm trying something new."

"What do you mean?"

"Well, I think I've been asked how old I am eight times this week, and I've been frustrated by being mistaken for a nurse or an RT. Then the straw that broke the camel's back was that a patient asked me if 'they' were going to discharge her."

Justin could certainly relate to her impatience with questions about age. He had heard his fair share of "You look like you're twelve!" from patients himself. But he didn't understand what she meant about 'they', so he asked, "Was she admitted or referred to another service?"

"No! Here's the kicker…I asked her what she meant… and this 40-year-old lady asked if a doctor would finally come see her!"

Justin had never… ever… seen Jenny so riled up. Clearly this was really bothering her. He sat down in the chair next to her, and asked: "I don't understand. Why don't they think you're the doctor?"

"I'm not sure."

"And your new fashion choice is related to this… how?"

"I'm wearing the white coat to see if people take me more seriously."

"Why don't you just introduce yourself as Dr. Whitely?"

"I do!!" she said, clearly exasperated by his suggestion.

"Then why do they think you're a nurse?" Justin asked, his brows furrowed in confusion.

"I don't know for sure… but I think it's because I'm young. And a woman."

"Nah, I think you're being overly sensitive!" he said, patting Jenny gently on the back. "I mean, I get the 'How old are you?' a lot too. You know, if the patient's sixty-five, we're probably younger than their kids, but this is the 21st century. Nearly *half* of all med school graduates are female. I'm certain you aren't treated differently *because you're a woman*."

"I disagree. Gender biases still exist! Maybe you just don't see it because you're a guy?"

"Maybe," Justin shrugged. He still wasn't convinced, but she was right, maybe he didn't share Jenny's experiences. Who was he to question Jenny's experience as a female doctor?

Questions for Discussion

1. As a young person, how do you cultivate a sense of authority and respect in your patients?
2. How do you discuss differences in gender expectations and sexism within your residency program or medical school?
3. Is there a problem with female physicians being mistaken for nurses? If so, what are the issues that might arise from this misperception?

Preface

Women in medicine face lower salaries and challenges in reaching leadership positions within our profession. However, it is not this that dominates the conversations among my female peers, but the day to day stereotypes and misconceptions. During residency, an attending expressed her frustrations about patients stating on her Press-Ganey evaluations that they had never seen a "doctor." She cited this as a key reason she wore her white coat to work, while others in our department did not. The frustration of being mistaken for a nurse was a frequent topic of discussion over after shift beers. Peers were often frustrated when patients asked the male nurse for his treatment plan rather than addressing their questions to the female doctor. If female residents were not delicate with their frustration about being mistaken for a nurse, nursing staff often took offense. Several months ago, Nikita Joshi (@njoshi8) surveyed the Twitterverse regarding their white-coat wearing habits. It sparked a conversation regarding authority, respect, and age and gender expectations that led to the creation of this case.

Amy Walsh, MD (@docamyewalsh)
Author of The Case of the Woman in White

Competencies

ACGME	CanMEDS
Professional Values Interpersonal and Communication Skills Patient-Centered Communication Team Management	Professional Collaborator Communicator

Intended Objectives of Case

1. Discuss and identify at least 3 ways in which one's appearance can impact patient care.

2. Describe learning strategies that learners of each gender might use differently.

3. Summarize at least 3 ways to clarify misperceptions about role identity in a professional manner.

Expert Response

Avoiding the Professional Identity Crisis

by Michelle Welsford BSc, MD, ABEM, FACEP, CCPE, FRCPC

In light of the gender composition of most medical schools, this is a very relevant case. The increase in the number of women in medical school has been noted; they often comprise more than half of medical school classes (1). Some international medical and nursing literature has recognized that this dramatic shift may be creating some issues around 'professional role identity' (2). Other literature has noted tensions between female medical trainees and other female health care providers due to shifting cultural norms. (1, 2)

I wonder if the young female doctor in this case is manifesting symptoms of this larger issue – in that there is a culture shift, and role identification is not as easy as "Man=Doctor; "Female=Nurse? Is young Jenny using the white coat as her way of forming her identity as a physician?

There is a balance and trade-off for all women physicians between wanting to be easily "recognized" as the physician by your patients and not wanting to make that a negative statement about being a nurse. I tend to find myself pretty far to the latter side. I don't mind patients, and most people, confuse me with a nurse. I want them to recognize us as a team and am more interested that the patient gets good care and that everyone is respectful.

The only time I care to even correct that misconception is when:

- A patient or family doesn't think they have been seen by the doctor. Often with a smile, I'll just clarify: "Oh, I am your doctor."
- Another physician (usually a resident) is in anyway rude about something they want from me when they think I am a nurse - "I'm the Emergency Medicine attending physician, how can I help you with that?" When that is answered with an apology, I know I have made my point: *Don't be rude to anyone*.

Mostly, I just ignore the misunderstanding in that I respond to the person asking for a nurse and help them however I can. Sometimes, I may very gently correct the patient: "Sure, I'll tell your nurse, I'm you doctor and we work together!" At times, I might even need to strategically remind fellow physicians "Sure, I think the nurse is really busy, but perhaps we can do this..."

I work mostly with nurses and embrace that and don't care about the labels. During a resuscitation, when I am the team leader, it becomes clear to everyone that this is my job. At those points, my body language and presence ensure that all eyes are on me with clear communication between all team members. We have a culture of mutual respect which comes from our teamwork and shared interests in patient care. I don't feel I need a white coat to earn that respect.

I think the looking young part is very common for both genders. Obviously, this will change with age! However, in this instance, the perceptions of patients about the identity of their doctor may very well be linked to the white coat (3). One study found that there may be a perceptual benefit to utilizing a white coat, especially in patients over 70 years of age felt that the white coat helped them to identify their doctor (3). Although I know that the white coat can be perceived positively by patients, I prefer to create that positivity through a healthy working team – I don't need a white coat for that.

References are listed on page 6 of this document.

About the Expert

Dr. Welsford is an Associate Professor in the Division of Emergency Medicine at McMaster University. She is also the Medical Director of the Centre for Paramedic Education and Research. In 2013 she became a Canadian Certified Physician Executive.

Expert Response

Whither the White Coat

by Kirstin Weerdenburg-Yeh MD, FRCPC

Since the 1970's there have been increasing numbers of women in medicine, but research (and the MEdICS commentary this week) shows that gender issues still have a substantial impact on their medical education, post-graduate training and career.(1,4) Gender issues have many manifestations in medical education.

Women may struggle to define their role on the wards during clinical clerkship and see differences in: their relationships with members of the health care team (in particular nurses), patient-doctor communication, and their patients' perceptions of them as a physician. (1,4,5) As a young woman and fresh graduate from fellowship in Pediatric Emergency Medicine, I get mistaken for a nurse quite often by patients, parents, residents and consultants. I have spoken to other female trainees and this tends to be the perceived norm. When I trained in the US for my pediatric residency I was required to wear a white coat. Now that I think about it, I was never mistaken for a nurse or other member of the allied health team at that time. Despite this, upon returning to Canada for my fellowship training where this is no longer a requirement, I still decided not wear a white coat (even for the increased number of pockets), because I find it heavy and cumbersome.

In preparation for this response I did some field work while chatting with trusted nursing colleagues. It was riveting to learn that they were surprised about my mistaken identity! When I asked if they had any explanations about why patients (and their parents) were confused about my identity, each of them stated that they thought it was probably because I didn't wear "normal" clothes or a white coat.
Could it really be possible that physician gender role assignment all comes down to our attire? Upon reflection, I think that our attire may partly affect patient and family perceptions of my role. But at the end of day, I know it doesn't change my patient care, so I will continue to be white coat free. Over the years I have come up with my own way of dealing with these gender issues. Now that I am more senior I like to share these tips with the women I teach:

Make it clear who you are and what your role is at the onset of the patient interaction. If they get it wrong, gently correct them by explaining again. If there is a patient/family communication white board in your patient's room, write your name in the "doctor" space when you arrive.

If you are upset about being mistaken for a nurse or someone else, talk to someone about it. Consider joining the 'Women in Medicine' groups that many medical schools have to access other female physicians who could serve as mentors and advisors. A sympathetic ear or experienced advice is all we need sometimes. Reaching out to develop role models of the same gender may be helpful in dealing with gender-related issues.

Recognize that although nurses or other allied health professionals and physicians may have differing roles, there is still a great deal of overlap. We all work together as a health care team to provide superior health care.

References are listed on page 6 of this document.

About the Expert

Dr. Weerdenberg-Yeh is a Pediatric Emergency Point-of-Care Ultrasound Fellow at the Hospital for Sick Children, Toronto. She previously completed her residency at the Cleveland Clinic.

Curated Community Commentary

By Teresa Chan HBsc, BEd, MD, FRCPC, MHPE (Candidate)

The Case of the Woman in White brought out passionate replies from the ALiEM community. While Brent Thoma (@Brent_Thoma) and I (@TChanMD) have hosted several passionate discussions on MEdIC series cases, none have inspired the depth of response that this one did. Both male and female attendings, residents, medical students and even a patient weighed in.

A qualitative methodology was used to curate the community discussion. Tweets and blog comments were analyzed, and four overarching themes were extracted from the online discussions. Prior to publication, we sent this analysis to one of our community members to perform a 'member check' to ensure credibility. Thank-you to all of our discussion participants. This week we hosted a great discussion about what happens when a doctor's phenotype does not match with patient expectations. As some stated stereotypes are pervasive (LKD) and unlikely to be resolved soon (MJ). That said, we had over 40 substantive tweets and forty pages of comments (more than 8000 words!). The following is a collection of some of the key themes that emerged from the analysis.

The White Coat: To Wear or NOT to Wear – therein lies the question!

There was actually roughly equipoise in terms of endorsement for the White Coat. As Ken Milne (@TheSGEM) points out, the origins of the white coat come from an era where physicians were re-branding themselves as 'scientists'. There was a non-linear debate with individuals on our blog comments or on Twitter stating their allegiance to the 'White Coat' or not. The following are some Pros/Cons discussed:

Pros	Cons
Easily identifies you (KM, EK) Older patients expect this brand (EK) Gives you extra Pockets (KN) Provides Warmth	Acts as a fomite (carries ++ Germs) (AS) Gets too hot (AS) Creates undesired hierarchy with the patients (AS) Puts a barrier between MD and patient (AS, AD)

Patient Perceptions: Like judging book covers vs. reading books

Increasing amounts of evidence suggest that if asked, patients prefer doctors in white coats.(6) Of course, most of this evidence isn't qualitative in nature, so we don't know why this is the case. That said, our participants largely remarked that the way you conduct yourself (from the confidence you portray to the words you speak) probably can overcome the superficial judgements made purely on looks. (TC, SS, BT, MJ, ML)

This week we've had colleagues of all ages and size weigh in – and the trend seems to hold true – size (and age) matters not, but not as much as you carry and portray yourself. Many acknowledged having their position questioned by patients due to their youthful appearances. (AS, BT, TC)

Most acknowledged that they could not change this fact – and that they found ways to work around the issue by:

- Using humor (TC, LM)
- Portraying their competence (through explaining things), or confidence (TC, D)
- Stating simple facts (e.g. 'I've sutured many times before.' Or 'I'm the supervising attending physician') (SS, ML, MJ)

Identity Matters

The general consensus of the group was that ensuring that patients know your role within the system is important. Nurses, RTs, OTs, Health Care Aides, Doctors – we all play different roles. Our participants felt strongly that 'gently correcting' and explaining our unique roles is important – and may inherently be a part of how to establish identity.

Mind the (Gender) Gap

This weeks case seemed to resonate with different audience members in different ways. Many seemed to think it is important to discuss this topic, but rarely done. Our guest case-author (Amy Walsh) stated: "…how to have that [conversation without] sounding whiny or shrill?"

Our community members remarked on the role of attending-led discussions on the topic and more open discussions between females and their coaches. Discussing the topic openly and acknowledging differences were deemed important by many – and empathetic male attendings were lauded for acknowledging the differences and support. One colleague even stated he might consider wearing a white coat as a show of support for the women who do too.

(Continued on next page)

Curated Community Commentary

(Continued)

Ultimately, in our present culture, men and women are still socialized differently. And as such, there may be different needs. We must, however, as teachers consider the differences in training that occur for learners of both genders. Some participants questioned whether there was truly enough awareness that the gender gap still existed, or whether there was reluctance to acknowledge these differences still existed at all, or worse that the biases had become engrained and insidious (AW).

Some unique training needs discussed:

- Avoiding high vocal pitch during critical incidents (e.g. breaking bad news) (AW)
- Fewer apologies (AW)
- Establish authority (EC)
- May have different relationships with other colleagues (LM)
- It may also be worthwhile to consider the metrics of gender equity in our workplaces.

Some such metrics are:

- Retention of female physicians
- Promotion of female physicians
- Salary equity between males and females
- Attitude of others towards female physicians (ED staff, male physicians support/respect).

General Tips for Identity Formation (With or Without a White Coat)

1. Identify yourself clearly: State your name, your role clearly – while the patients listening. Wear your name tag visibly. Not introducing yourself can make you come off as 'rude' and undermine the doctor-patient relationship.

2. Do not get offended: It's usually a stressful time for our patients, and they may make mistakes. Patients and colleagues are often not aware of the tacit biases. The physician gender mix in the hospital is still weighted to more males than females, though this is changing. Cultural biases are unlikely to change quickly, so try to establish a consistent explanation that responds to issues around gender, age or whatever peeves you (SS).

3. Your appearance matters: Even though it matters, there are some factors that are much harder to change (age, ethnicity, gender). There are others that are within your control (wearing white coat, scrubs, dress clothes)

4. Don't stop being you: This seemed to be a big theme. One student stated she was told she smiled too much (AD) while another stated that she felt she needed to be 'angry' to gain respect. Most participants suggested that it was crucial to stay true to your identity (whether that be because you don't feel comfortable in a white coat, or just like to smile).

5. Respect cultural boundaries for role identity: Establishing your patient care roles and respecting the limits of your expertise/training is important. A phenomena known as 'role confusion' occurs when the lines start to blur. This may mean not doing tasks that you can do (e.g. starting IVs) if that's what nurses culturally at your place do.

References and links suggested by the community participants are listed below.

Community Commentary Participants

Thank-you to the following individuals or organizations, who avidly contributed to our Twitter and ALiEM Blog discussions over the course of the first week of this case's release. Starred (*) individuals participated via both formats.

Twitter

Teresa Chan* (@TChanMD)
U. of Ottawa EM (@EmergOttawa)
Esther Choo (@choo_ek)
Nikita Joshi (@njoshi8)
Edmund Kwok (@eddeestyle)
Lindsay Melvin (@LMelv)
Lisa Fields (@Practical Wisdom)
Megan Ranney (@meganranney)
Malkit Singh (@monasingh)
Minerva (@minervies)
Amy Walsh* (@docAmyEWalsh)
Claudia William (@DrCSWilliam)
@WomenSurgeons

Blog Comments

Alia Dh (@alia_dh)
Danica
K Cooper
Caroline Cottrell
Gary Dufresne
Michelle Gibson (@MCG_MedEd)
Justin Hensley (@EBMGoneWild)
Michelle Johnston
Michelle Lin (@M_Lin)
Lindsay Melvin (@LMelv)
Ken Milne (@TheSGEM)
KANieder (@docnieder)
Susan Shaw* (@drsusanshaw)
Anand Swaminathan (@EMSwami)
Brent Thoma (@Brent_Thoma)
Amy Walsh (@DocAmyEWalsh)
'Little Kid Doctor'
'femalemedstudent'
'alittleCPR'

References & Links

References

1. Bouis AK & Jacobs JA (2008). The Changing Face of Medicine: Women Doctors and the Evolution of Health Care in America. Cornell University Press, New York, NY.

2. Tunc T & Kutanis RO (2009). Role conflict, role ambiguity, and burnout in nurses and physicians at a university hospital in Turkey. Nursing and Health Sciences, 11, 410–416.

3. Douse J, Derrett-Smith E, Dheda K & Dilworth JP (2004). Should doctors wear white coats? Postgrad Med, 80, 284-286.

4. Barbaria P, Abedin S. & Nunez-Smith M (2009). The Effect of Gender on the Clinical Clerkship Experiences of Female Medical Students: Results From a Qualitative Study. Acad Med, 84, 859–866.

5. Kilminister S, Downes J, Gough B, Murdoch-Eaton D & Roberts T. (2007). Women in medicine - is there a problem? A literature review of the changing gender composition, structures and occupational cultures in medicine. Medical Education, 41, 39–49.

6. Rehman SU, Nietert PJ, Cope DW, & Kilpatrick AO. (2005). What to wear today? Effect of doctor's attire on the trust and confidence of patients. The American journal of medicine, 118(11), 1279-1286.

Suggested Links *(NB: Each title below is a live hyperlink)*

Media Articles/Blogs

- Thanks for the Compliment, but I'm not a Nurse
- What not to wear
- What Doctors 'want'/think
- The trouble with bright girls
- Women Smile More Than Men, Except When They Are In Similar Roles
- It's not you, Doctors are just rude (Time)
- It's not you, Doctors are just rude (CNN)
- Professionals should dress Professionally. (or do we care too much)

TED Talk: Why we have too few women leaders

Some studies suggest that our older patients/parents prefer their doctors in White Coats

- Patients' attitude toward consultations by a physician without a white coat in Japan.
- What to wear today? Effect of doctor's attire on the trust and confidence of patients.
- Preferences of parents for pediatric emergency physicians' attire.

Another possibly relevant abstract:

- Do internal medicine interns practice etiquette-based communication? A critical look at the inpatient encounter

About

The Medical Education In Cases (MEdIC) series puts difficult medical education cases under a microscope. We pose a challenging hypothetical dilemma, moderate a discussion on potential approaches, and recruit medical education experts to provide their insights. The community comments are also similarly curated into a document for reference.

Did you use this MEdIC resource?

We would love to hear how you did. Please email teresamchan@gmail.com or tweet us @Brent_Thoma and @TChanMD to let us know.

Purpose

The purpose of the MEdIC series is to create resources that allow you to engage in "guerrilla" faculty development – enticing and engaging individuals who might not have time to attend faculty development workshops to think about challenging cases in medical education.

Usage