

## **PODIUM 2.1 -- 10:00-10:15 [10-min presentation followed by 5-min Q&A]**

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### **Divergent Experiences: Gender Differences in Perceptions of Feedback in Internal Medicine**

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**Introduction:** Assessment of residents is reported to differ by gender, yet little is known about the effects of these variations. We sought to understand if and how male and female Internal Medicine (IM) residents perceive differences in their experiences of being assessed and receiving feedback.

**Methods:** We used constructivist grounded theory as an approach to data collection and interpretation. We conducted semi-structured focus groups and interviews with IM residents, divided by gender and by training level. Twenty-two residents participated (8 male, 14 female).

**Results:** We found a profound difference in the experience of receiving feedback between male and female residents, both within traditional “assessment moments” and outside of them. Themes of authority, power and clothing/appearance diverged. For example, in contrast to men, women relied on symbols such as a white coat, stethoscope, and demure clothing to establish and justify their physicianship. Women also encountered conflicting feedback from supervisors regarding confidence and assertiveness (e.g. told to be more or less assertive), often resulting in self-censorship, whereas men rarely received similar feedback.

**Conclusions:** Gendered differences in the experiences of working and being assessed on IM wards may not be easily captured by standard numeric assessments. Our study demonstrates that female IM residents integrate multiple forms of feedback – often outside of “assessment moments” – to create the persona of the “female physician”. We believe this research contributes a unique vantage point to the experience of female residents in IM, and the socialization and indoctrination that occurs to become a female physician.