

GENDER DIVERSITY IN ORTHOPAEDIC SURGERY

Women now constitute up to 50% of medical school graduates, yet data from the United States show that only 13% of orthopaedic surgery residents are female. Closer to home, the number is similar, as 14% of orthopaedic surgery residents in our institution are female. As one of the few female residents in orthopaedic surgery, I believe I have unique experiences that have shaped my perspectives both on orthopaedic training and medicine in general. I hope to be able to share these insights that the past six years as a minority in a male-dominated specialty has taught me.

The Beginning

My interest in orthopaedics started when I was in year 3 of medical school back in London, where during my orthopaedic rotation, I marveled at seeing patients being given back their function and an improved quality of life. I scrubbed up frequently with the team I was attached to, and after a successful run of not contaminating anything in OT one day, I was allowed to insert a screw for a radius-ulnar fracture. That pivotal experience exhilarated me and was the fuel to my young enthusiasm. From then on, I continued to pursue my interest in orthopaedics by choosing my medical student electives and housemanship postings in the specialty, and finally applying for residency.

The Challenges

“Smooth seas do not make skillful sailors.” – African Proverb

While it is undoubtedly true that there are challenges in residency for everyone, whether male or female, I believe there are certain unique challenges faced by females in training. The first of which are the physical demands of operating combined with the biomechanical disadvantages of being petite. *“It’s technique, not strength.”*, they say. I wish this were always true, but there have been numerous occasions, when, drenched in sweat during a physically demanding case, I wanted to have both technique *and* strength. Nevertheless, I have learnt to adapt and improvise along the way. The operating theatre attendants now automatically bring in the standing stools when they see me in theatre.

The other challenge that is unique to women is that of balancing starting a family and residency training. In my decision to start a family, I wondered if the two could co-exist, or if I would end up being a spectacularly lousy surgeon and an even worse mother. During my pregnancy, I chose to minimize the cases I did that required intraoperative imaging, to avoid radiation exposure. Although voluntary, this meant that my surgical exposure was greatly limited. The transition back to work after maternity leave was challenging as I had to play catch-up in terms of caseload and gaining surgical skills that my peers were already comfortable with, on top of juggling an infant at home. My exit from training was also delayed as I was set back a year due to the time taken away from work. Ultimately, the question remains; can you have it all? Can a fulfilling career be balanced with having, and maintaining a family? I think for me, the answer is yes, but there are sacrifices involved on both fronts. Occasionally, the calls and responsibilities at work mean that I may not get to see my daughter up to days at a time. Fortunately, the saying “it takes a village to raise a child” is true. While I try my best to juggle the competing demands of work and training, I know I would not be able to do it without strong

family support that helps me make sure my toddler is fed, picked up from school on time, and maintains a reasonable standard of hygiene.

There is a great sense of camaraderie and teamwork amongst the residents, which I am thankful for, and I know I can always count on someone for help when needed. However, the vast majority of my fellow residents are male, and while I enjoy their company in, and outside of work, I cannot help but wish I had more female friends in residency as there is a certain quality in the friendship between women that you cannot replicate with men. Having said that, I have grown accustomed to this and am thankful that I have female friends outside of residency when I need a female listening ear.

The Evidence

“Believe what you wish, but prove what you can.” – Carmine Savastano

Though the challenges may differ somewhat for females, the experience and training need not. Aspiring female orthopaedic surgeons may be glad to know that research from the United States has shown no difference in both the mean OITE scores and faculty evaluations of male compared to female residents.¹ As for their career priorities when choosing sub-specialty, there were also no differences between male and female residents in terms of their top priority; intellectual and educational preferences ranked top, followed by lifestyle.² It appears that once women enter residency, their training goals and outcomes appear to be similar to their male counterparts. However, the factors that influenced them to enter orthopaedic surgery in the first place may differ slightly. When surveyed, significantly more female residents than male residents indicated that a role model of the same sex or ethnicity was a positive factor in deciding to choose orthopaedic surgery. The importance of role models cannot be understated, as **“you cannot be who you cannot see.”** Effective mentors not only act as role models, but they are a source of professional training and guidance and can facilitate opportunities for career advancement. Diversity is important not just for the sake of it, but essential to us as a specialty, as we seek to attract the best and brightest candidates, whether male or female. If, as a specialty, we continue to appeal to men only, then we will be losing out on half of our potential candidate pool.

The Future

“The future belongs to those who believe in the beauty of their dreams.” – Eleanor Roosevelt

As I reflect on my time in residency, I am thankful for the opportunities and help given by my seniors, mentors, and peers alike. They have encouraged me to keep improving and to keep going in my pursuit of surgical and academic excellence, but most importantly, they have inspired me to give back to the community and to my juniors. I hope to be able to give back by mentoring junior residents, whether male or female. The challenges are certainly different for a female wanting to do orthopaedics, but with the right mentality and a robust support system, they are definitely not insurmountable! Orthopaedics has been extremely rewarding and gratifying to me thus far, and I look forward to the next phase of my career where I hope to be able to contribute as much as I can to my department, serve as a role model for juniors, and above all, take care of my family.

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References

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