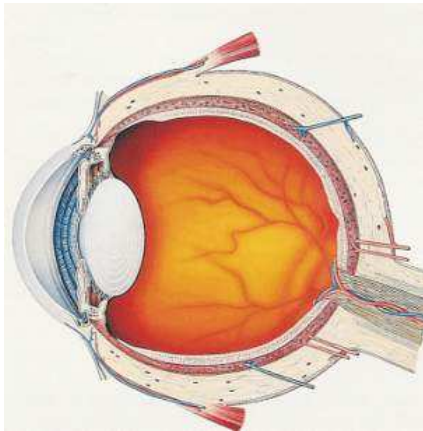


Belief in gender polarisation is both manifested and resisted by medical educators



Assoc Prof Deb Colville

**MBBS FRANZCO FRACS Dip Epidemiol. MPH Grad Cert Voc Ed & Training (Clinical Instruction)
Monash University, Melbourne, Australia**

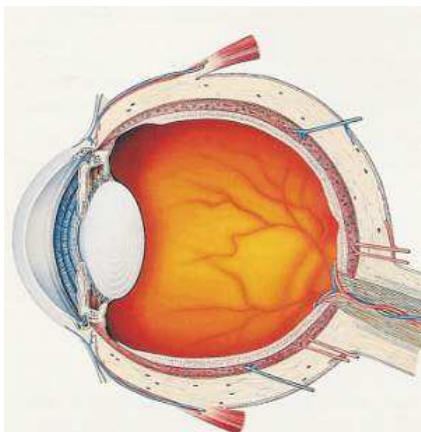
**PhD student, Gender and Medicine Research Unit, Monash Institute for Health Services Research, Kanooka
Grove, Clayton, Victoria, Australia 3168**

Jo Wainer, PhD. Director, Gender and Medicine Research Unit Monash Institute for Health Services Research

**Rosalie Aroni, PhD. Department of Health Social Science, School of Public Health and Preventive Medicine,
Monash University**

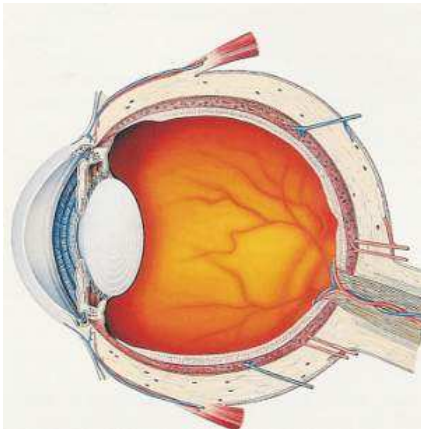
Background

- Medical apprenticeship involves
 - a work focus,
 - a master-apprentice relationship, and a
 - community of practice that defines the epistemology of clinical practice.
- Gender roles affect both medical practice and education.
- It is necessary to include discussion of the impact of gender on medical practice as part of the curriculum.
- Definition: Gender polarisation is defined as the view that male and female roles lie at opposite ends of a continuum (Bem 1993, Lorber 1994).
- It is important to understand how medical educators respond to perceived differences in the roles of women and men as doctors.



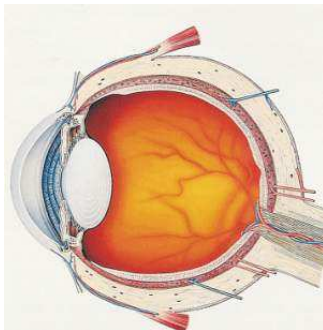
Summary of work

- The aim of this study was to determine whether gender polarisation is evident in curriculum 'talk'.
- The research method is a doctoral case study
- In-depth interviews of twenty-eight participants conducted.
- All were either ophthalmic trainers or trainees.



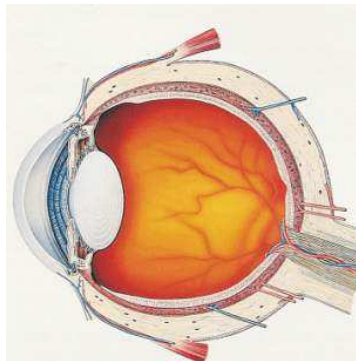
Manifestation quote

- *P02 **She came to theatre like a queen.** Everyone was eating out of her hands. She'd sit down all calm, everything worked, everybody loved her. You know, now I have seen equally technically competent females get into a fizz and **when they get into a fizz the female theatre staff freeze up and they keep referring to the male in the room.***
- *I: Yes?*
- *P02 Now maybe that is females with females, I don't know, but I think that is one of the hard things from a trainee point of view and from female surgeons' point of view. Now I don't know how you solve that except **perhaps there could be some sessions on just how to interact,** you know. Take your time, get everything set up, bring a bloody cake along for morning tea. I don't know. You don't have to bribe people but they often, my observations have been that female trainees, sometimes, and only sometimes, feel that **the nursing staff are not recognising their position, station, whatever** you like. (my emphasis) (In-depth interview with senior male trainer)*



Summary of Results

- The predominant curriculum model is apprenticeship
- Role modelling is viewed as a required part of teaching practice
- Gender equity is viewed as a required aspect of teaching
- Evident
 - Polarisation
 - women are viewed as pre-occupied with family commitments, men as pre-occupied with work
 - Resistance to polarisation
 - Women's perspective at work invaluable to patient care
 - Women's perspective as trainers invaluable contribution



Conclusions and 'Take Home' message

- Conclusions
 - Gender polarisation and its resistance are evident within male and female trainers and trainees.
- Take home message
 - Identifying gender role difference is both problematic and useful.
 - Future medical educators might draw upon such interview data in making otherwise hidden gender values more open to scrutiny.

