

Notes on "[Beyond #ILookLikeASurgeon](#)" by Elizabeth H. Stephens MD, PhD; Amy G. Fiedler MD

By Jason J Han, MD

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This article from the September issue of the *Journal of Thoracic and Cardiovascular Surgery* by Drs. Stephens and Fiedler describes the historically male-dominated field that is cardiothoracic surgery, and the various manifestations of overt as well as subconscious stereotypes that may influence a female trainee's experiences.

Some of these gaps are reflected in statistics. As the authors state "...80% of cardiothoracic surgery resident physicians and 95% of cardiothoracic surgery attending physicians..." are men. Only 20% of trainees are women, and while this is an improvement from 9% in 2003, these numbers still lag far behind general surgery where 45% of trainees are female.

The authors note the reasons are multifactorial and are related to work-life balance, lack of support for child-bearing, deficiency of mentorship, and more.

Recently, the #ILookLikeASurgeon social media campaign shed light onto this issue, generating enthusiasm to find solutions.

In reflecting on this movement, the authors question, "How do we—women and other underrepresented minorities—overcome these obstacles and move beyond looking like a surgeon to becoming successful contributors to the advancement of the field?"

The first step? Awareness.

Female residents have a harder time than their counterparts in finding mentors who impart clinical knowledge or involve them in research. According to a recent survey on mentorship, "a shocking 38%...perceive a significant lack in career advice." Fewer female residents experience meaningful autonomy in the OR than their male counterparts. Female residents also face greater challenges related to childbearing due to long operations and work hours, as well as lack of paid parental leave. Women are more likely to believe their careers will be adversely impacted by childbearing than men. Overall, these hurdles lead to fewer women feeling prepared for independent practice than their counterparts at the end of their training

Then what's next? The authors note that once we are more aware, then we should aim "...to develop a systematic approach to supporting and facilitating these careers." Specific suggestions were:

- 1) boosting mentorship, especially by role models of the same gender
- 2) building support networks that understand the challenges these women face and can offer advice and affirmation
- 3) being aware of the different ways in which women cope, grow and *lead*, to create an environment that is supportive of diverse styles
- 4) maintaining a sense of gratitude and optimism to fuel further positive change
- 5) accepting limitations and "...avoid the frustration and disappointment of not living up to the superwoman myth."
- 6) preventing burnout by offering more individual-focused interventions because data shows that women currently experience burnout at a higher rate during residency

Overall, this excellent article by Dr. Stephens and Dr. Fiedler is a must-read for all trainees and attendings. If you are interested in learning more, please find [the full article here](#) at the *Journal of Thoracic and Cardiovascular Surgery*.