



# VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

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## #MeToo in Surgery: Narratives by Women Surgeons

### A Study Guide\*

By Mary Click

The stories references in this study guide can be downloaded for free. Please see the #MeToo in Surgery: Narratives by Women Surgeons volume of VOICES.

Art Frank has written a short reflection piece on learning from narratives for NIB. Please see the Narratives Page under the Education tab on the NIB website to download the piece.

#### General Questions:

1. What are some of the challenges of discussing gender discrimination, harassment, and sexual assault? What types of agreements need to be made in a discussion group to allow for fruitful conversation?
2. What is the role of personal narrative in documenting discrimination and sexual harassment? What is the role of data? How do these two modes work together?
3. What are some of the barriers to creating systemic change in the medical field in regards to gender discrimination and sexual harassment? How can the medical field begin to face these barriers?
4. How are behavioral expectations for doctors traditionally "gendered?" What "masculine" qualities are expected of doctors (of any gender)? What "feminine" qualities are rejected in doctors (of any gender)? How does this affect healthcare delivery and patient care?
5. What are some barriers to creating a system that allows for fair and safe reporting of discrimination, sexual harassment and sexual assault?
6. When you have faced injustice in the workplace, how has it affected your attitude, ability to cope, and relationships at work?
7. What unique features of medical training and practice might present challenges for workplace relationships? What kinds of support exist for physicians?

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\*Created to accompany VOICES: Stories from the Pages of NIB, 2020, which contains the narrative symposium from Narrative Inquiry in Bioethics, Volume 9, Issue 3, titled, "#MeToo in Surgery: Narratives by Women Surgeons."

## Story Questions:

### *On Vulnerability*

Sarah M. Temkin

1. Dr. Temkin writes, "When women bully other women, there is no shouting or screaming or physical threats. The volume of everyone's voices actually goes down." How does sexism and harassment cross gender lines or subvert expectations in her story?
2. In what ways is Dr. Temkin instructed to be more "likeable?" How does this expectation interfere with her work?
3. What are some of the warning signs Dr. Temkin perceives when she first arrives at her new institution? Do these organizational deficiencies seem related to the harassment that follows?

### *Championing a Surgical Career: Success in a World of a Thousand Cuts*

Nora L. Burgess

1. What does Dr. Burgess mean when she calls the gender-based harassment she faced "death by a thousand cuts?"
2. What are some of the ways Dr. Burgess adjusted her behavior or mannerisms to cope with discrimination? How might her career have been different without these adjustments?
3. Dr. Burgess describes the lack of connection with the other two women in her internship program: "I later came to see this as a pattern—pioneer women are often wary, and often treated with caution, in turn, creating an isolation that limits mentoring opportunities." How might this wariness help new women surgeons? How does it hurt them? Are there ways to facilitate the successful entry of a woman into a male-dominated field?

### *Ready, Aim, Fire: Ending Sexual Harassment of Women in Surgery*

Anonymous One

1. Anonymous One writes, "Terms—gender harassment, sexual assault, intimidation, bullying, retaliation—are definable on paper, but remain elusive when applying them to human behavior." How does the concept of "proof" become complicated in this story?
2. The doctor accused of sexual assault was eventually reassigned to another hospital. Why? What are some lessons you could find in this story about the investigation and justice process for doctors accused of harassment?
3. What were the consequences for Anonymous One after coming forward with an accusation? What could have been done differently on the part of colleagues and of hospital leadership?

## **Strength Without Armor: Reflections from a Woman and a Surgeon**

Karyn Butler

1. What are some of the different meanings of “pass the baton” in Dr. Butler's story?
2. What is the “armor” in her story? Why was that armor necessary? What does she mean by “strength without armor?”
3. What is the value of having a mentor? What is the value of being a mentor? What are some of the challenges of mentorship that Dr. Butler describes?

## **A Woman Surgeon's Determination Despite the Barriers to Career Progression**

Deborah Verran

1. Dr. Verran writes, “Medical School was really enjoyable and, as the class was close to 50 percent female, many of us assumed that career progression would be reasonably straightforward. No specific mention was ever made of the challenges faced by women professionals in the workplace.” What resources or information, if any, do you think should have been made available to the female medical students?
2. What different types of workplace politics does Dr. Verran cite as impacting her career?
3. In the last paragraph of her story, Dr. Verran asks the question, “Can this type of culture change?” She answers yes. Do you agree with the measures she lists as necessary to change? Do you think her list is complete?

## **No Hothouse Flower**

Marguerite Barnett

1. The themes of the #MeToo movement are visible in all parts of Dr. Barnett's story—from her origins and upbringing, through her education, into her career. How does the scale of her story—and the gender discrimination visible therein—impact how you perceive gender discrimination in medicine? How connected or related do you view the different types of discrimination to be?
2. Dr. Barnett writes, “I think full-blown PTSD was an excellent way to go through surgical training of that day.” What does she mean by this?
3. “I would like to be able to say that this story has a happy ending, but that would be too neat and tidy. If one heals from such things, and I cannot with certainty say one does, it is a long and arduous process.” Could this message be applied to both individual and collective healing? Do you feel it is a discouraging message, a message of hope, or both?

## ***My Story as a Female Surgeon***

Amy Wandel

1. Dr. Wandel writes, "My program sought to hire a female and a male every year, but there was a culture of male favoritism." How does this culture of male favoritism look? How does this reveal the complicated reality of creating equality?
2. Dr. Wandel describes a "turning point" in her career, when a surgeon threw a chair at a resident in the OR. What changed for her? How did these changes improve her career and life?
3. How does Dr. Wandel believe surgical culture has changed for the better in the past 20 years? Where is there still work to be done?

## ***What Doesn't Kill You Makes You Stronger... or Does It?***

Claudia Emami

1. Dr. Emami writes, "I should have studied psychology and diplomacy and learned to handle myself with more tact, without becoming a walking target for gossip and judgment. I should have been low key until the system accepted me as worthy of speaking and being listened to." Does she mean this sarcastically? Is she being straightforward? Both?
2. What does Dr. Emami mean when she advises that, as women, "we should choose our battles carefully?"
3. What personality traits was Dr. Emami expected to change or tone down? What personality traits, in general, do you think are expected of female physicians? Do these expectations ever contradict each other?

## ***Cooperation and Support of Both Men and Women Are Required to End Workplace Discrimination***

Anonymous Two

1. In her story, Anonymous Two defines the term "gaslighting." How does that term apply to her story? Why is it useful to know its definition?
2. Anonymous Two writes, "I often hear the refrain that we need more women in medicine—more women in surgery—in order to improve the situation. While I believe that is true to some extent (women don't always support other women as well as we ought), I truly believe that we have to first understand the scope of the problem." Do you agree with her analysis? How do you think we should go about understanding the scope of the problem? Why is it necessary?
3. What is the significance of the title of this story? What does this cooperation and support look like?

## **Success in Spite of Evaluation**

Priya Chopra

1. In a meeting during her residency, Dr. Chopra is asked about her romantic life. Why? How does this question affect her?
2. Dr. Chopra uses the hashtag #HeForShe to identify moments when men in power changed the course of her career in a positive way. What use do you think identifiable hashtags like #HeForShe, #MeToo, and #TimesUp serve? Do you think it's important to point out men's contribution to gender equality?
3. How does Dr. Chopra's story reveal the importance of an organization's culture? What are the factors in creating a positive workplace culture? Is it possible to change a negative workplace culture?

## **Aggressive**

Anji Wall

1. In describing her surgical fellowship, Dr. Wall writes, "The behaviors are not shocking to anyone who has interacted with a surgical trainee, and my experience is not specific to women trainees. Other surgical trainees, both men and women, have been subjected to worse treatment, longer hours, and more egregious abuse." Is this statement still related to the theme of #MeToo in Surgery?
2. The rules of Dr. Wall's residency training were: "Be Nice and Respect Others." How did this influence her experience? How did it differ from the other work environments she experienced?
3. Dr. Wall asserts that harsh work environments do not lead to better surgeons or results. Do you think this is a commonly held belief? Why or why not?

## **The Other**

Sabha Ganai

1. How does OR hierarchy play a complicated role in Dr. Ganai's story?
2. Dr. Ganai writes, "The word, "bitch" of course, is a term reserved for women surgeons—we must recognize that we will be perceived as hostile when we use agentic communication when we ask for things and give orders with the pressure of time—something surgeons are required to do in order to take care of their patients." What is the difference between "agentic" and "communal" communication? How are those terms important in this story?
3. How does Dr. Ganai compare the harassment of new nurses ("lateral violence") to that of female surgeons? How is it similar? How is it different?

## ***Becoming a Role Model***

Erica M. Carlisle

1. Dr. Carlisle writes about her efforts to become a mentor and role model for female trainees. In what ways does she feel unprepared for this role?
2. Do women physicians have a responsibility to their trainees to demonstrate how to respond to discrimination?
3. What responsibilities do male physicians have, in this respect, as mentors?

## ***They Can't Stop the Clock***

Amy Stewart

1. Dr. Stewart writes, "There was no room for motherhood in our program." How does this statement reflect the rest of the culture of her program? What would it look like for a training program to have "room for motherhood?"
2. The three women residents' refrain was, "They can't stop the clock." What do they mean by this? How did this refrain empower them? Could these words be applicable to a more collective movement?
3. Dr. Stewart writes that she succeeded "despite" her residency program. What does it mean when a training program hinders the positive development of a physician? Why do programs exist with the opposite effect of their stated goals?

## ***The Gold Watch Game***

Jan B. Newman

1. What is The Gold Watch Game Dr. Newman names her story after?
2. How is risk managed for the involved parties of a sexual harassment allegation? What different options and risks does Dr. Newman have to weigh throughout her story?
3. Who does Dr. Newman speak to about the harassment she is experiencing? What responses does she receive? Why?

## ***Death by a Thousand Cutting Remarks***

Hillary Newsome

1. What is the meaning of Dr. Newsome's extended metaphor?
2. Why do you think the older woman surgeon critiqued Dr. Newsome's "uptalk?" Why did Dr. Newsome consider the comment hurtful?
3. How do compliments—usually considered positive—become "cuts" Dr. Newsome has to deal with?

### ***Salary Inequity and Me: A Personal Reflection***

Preeti R. John

1. Are you surprised to learn about the prevalence and magnitude of salary disparities in surgery?
2. Why does Dr. John say it is important for both genders to be aware of this issue?
3. Dr. John suggests ways to begin to reach pay parity. What are some of the strategies she suggests? Is there anything you would add?

### ***But I Love My Big Hair!: An Essay on the Discouragement and Difficulty of Becoming a Woman Surgeon***

Katherine Bakke

1. How does Dr. Bakke characterize herself as a nontraditional surgeon?
2. When does Dr. Bakke have to overtly defend her hair, specifically, and why do you think she defines this as the "culminating" moment of her experiences in discouragement?
3. Dr. Bakke writes, "As much as surgery's arbitrary expectations have caused me pain, authenticity has served as my shield." What does she mean by this?

### ***Making the Most of Opportunity***

Elizabeth H. Stephens

1. How does Dr. Stephens draw on her grandmother's lessons to deal with inequity and challenges?
2. What kind of meaning or outlet does Dr. Stephens find in mentoring young women? How does her mentorship extend beyond her field? Do you think lessons learned from women's experiences in surgery are relevant to the #MeToo movement as a whole?
3. What impact does Dr. Stephens fear the #MeToo movement will have on women surgeons' access to mentorship? Do you share her concerns? How could this be mediated?