



MIDWEST SURGICAL ASSOCIATION

2020 Annual Meeting

August 2 - 4, 2020 | Mackinac Island, MI
Grand Hotel

10. GENDER PERCEPTION BIAS OF OPERATIVE AUTONOMY EVALUATIONS AMONG RESIDENTS AND FACULTY IN GENERAL SURGERY TRAINING

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Background: Resident operative autonomy is the ultimate goal of surgical skill competency, which both faculty and residents strive to achieve during training. There have been reports of gender bias in granting operative autonomy. We hypothesize that there is a perception of gender bias in residents' performance as evaluated by faculty and residents.

Methods: Over a period of 5 academic years, between July 2014 and June 2019, residents' operative autonomy was evaluated using the newly adopted Zwisch score (4-point scale). Reciprocal evaluations were completed by faculty and residents.

Results: Forty-five surgeons (35 males, 10 females) completed evaluations of 27 categorical residents (18 males, 8 females) and 16 preliminary residents (9 males, 7 females). A total of 1,216 evaluations were completed by faculty (831 males, 385 females). A matched number of self-evaluations, for the same procedures, were completed by the residents, totaling approximately 2400 evaluations. Postgraduate year (PGY) level was significantly associated with granting a higher level of autonomy. Gender of both categorical and preliminary residents didn't affect the level of granted autonomy as evaluated by faculty. However, on self-evaluations, categorical female residents rated their degree of autonomy lower than that of their male counterparts.

Conclusion: Gender did not influence the level of autonomy granted as evaluated by faculty. However, on self-evaluations, female categorical residents reported a lower degree of autonomy received. This difference in gender perception is an opportunity for programs to create a common ground in understanding the concept of consistent operative autonomy.