

Teachers can close gender gap in classroom leadership during medical school, study finds

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Half of U.S. first-year medical students are female, yet a new UCLA study shows that they volunteer for leadership roles in the classroom significantly less than their male counterparts. Subtle encouragement from teachers, however, can even out the playing field by boosting female students' willingness to identify themselves as leaders.

"People assume that if you have parity in the numbers of men and [women](#) training to become physicians, then everything else will fall into place. Surprisingly, we found that wasn't the case," observed lead author Nancy Wayne, professor of physiology at the David Geffen School of Medicine at UCLA.

Published in the August edition of the peer-reviewed journal, *Academic Medicine*, the findings suggest a simple yet effective approach to cultivating female leadership in medicine and other fields.

"We're talking about a group of smart, talented women who worked very hard to get to this point in their academic careers," said Wayne. "Yet under typical circumstances, they do not feel comfortable in a leadership role. Our study suggests this is something that teachers have the power to change."

As medical school curriculum has shifted away from large lectures to small peer-led discussion groups, medical students are expected to take on leadership roles as part of the learning process.

Wayne and her colleagues performed two studies, one in 2008 and another in 2009, to identify whether leadership of the classroom's small groups slanted toward one gender, and whether teacher instruction had an effect on closing the gap.

In the 2008 study, 144 first-year medical students attended six small-group sessions in a course on reproductive physiology taught by Wayne. The class included 75 women and 69 men.

Each session featured five tables of four or five students for a total of 30 groups during the course. Students chose their own seats. Each table presented one of five case-based problems for discussion.

Wayne gave the students 15 minutes to discuss the problem as a group. Each group was asked for a volunteer leader to guide discussion and present the group's answers in front of the room to the rest of the class.

"We were surprised to see that significantly fewer women than men volunteered to lead the discussion groups," said Wayne. Although more than half of the class was women, female students volunteered to lead only 10 of the 30 small groups.

In the 2009 study, the class was split in two, and then each half was divided into 15 groups. All 30 of the groups heard the same instructions as the class in the 2008 study.

Half of the groups, however, also received a subtle intervention. After explaining the exercise, Wayne gave a brief pep talk emphasizing the importance of exploring a leadership role in the protected environment of the classroom.

"I explained that if you've never volunteered to be a group leader in other situations, this is a safe setting to try it out. It doesn't matter what

your background is, what your undergraduate major was or whether you're male or female - being a group leader is an important experience for everyone," said Wayne.

The first half of the class contained 43 women and 34 men, yet only four women volunteered to lead among the 15 small groups.

In contrast, the half of the class that heard Wayne's pep talk split evenly between the number of female and male leaders. Many of the leaders were students volunteering for the first time.

"Our findings show that how we instruct our [students](#) can strongly influence whether we reinforce or eliminate gender bias in class leadership," said Wayne. "Our study also demonstrates that this bias will persist unless it is consistently addressed. Targeted intervention during medical school could help reduce the gender gap that limits women's careers."

The authors chose the subject because of the strong link between perceived leadership ability and professional advancement in academic medicine. Wayne pointed out a correlation between female students' discomfort with leadership early in their medical careers and the disproportionately lower number of women working in senior roles in academic medicine.

"The increase in female participation at the entry level of [academic medicine](#) has not translated into improved progress in the numbers of women who are tenured faculty, full professors, departmental chairs or deans," she said. "When women are uneasy in [leadership](#) roles, be it in school or later in their careers, we are disenfranchising half of our population that has the potential to make significant contributions to the medical profession."

Provided by University of California - Los Angeles

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