

Women physicians are underrepresented and feel less impactful in cancer treatment planning virtual meetings

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Considered a best practice at academic medical centers, tumor boards bring together multidisciplinary teams of experts to determine the optimal course of treatment for patients with cancer. In the wake of the COVID-19 pandemic, medical and surgical oncologists, radiologists, pathologists, and other relevant specialists often come together using online platforms.

An exhaustive prospective analysis [published](#) in the journal *Surgery Open Science* revealed that [women](#) were underrepresented as moderators, speakers and attending physicians of record on tumor boards.

Further, while there were no significant differences between men and women speakers with regards to academic rank, age or specialties; nor differences in the duration or patterns of speech between men and women, women physicians reported feeling less impactful than their male counterparts.

"Tumor boards are a non-competitive, very collaborative way to review a patient's case, achieve a consensus and ensure we are delivering the latest care, but relatively little research has been done on how virtual tumor board composition affects clinical discussions," said lead author Umut Sarpel, MD, chief of the division of Surgical Oncology at Beth Israel Deaconess Medical Center (BIDMC).

"The objective of this study was to determine whether any discrepancies exist among physicians in group decision-making and what, if any, changes in the discussion process could be implemented to promote inclusiveness and productivity."

Sarpel and colleagues, who conducted the study outside BIDMC, recorded a total of 32 virtual tumor board meetings held between April and July 2021 at multiple hospitals across a large academic health system. All [meeting](#) attendees were informed of the study via email prior

to the meeting and at the beginning of each meeting and given the option to opt out. There were 361 individual patient cases discussed and 283 unique physician attendees, of whom 66% were women.

The investigators categorized tumor board participants' age, gender, medical specialties, academic rank and role in the meeting. They quantified how often participants spoke and for how long, pace of speech, and how many times a person interrupted or was interrupted by others. The researchers also noted who used direct versus indirect discourse styles; that is, authoritative phrases such as "clearly," "obviously," or "by no means," versus more equivocal phrases such as "I think," or "maybe."

While Sarpel and colleagues found few differences between the men and women physicians in attendance with regards to academic rank, age or specialties, nor differences in duration or patterns of speech between men and women, the team did find striking difference in their behavior during the online meetings.

"The main findings were that even though there more women in attendance, women represented just 43% of the speakers," Sarpel said. "We also found women commented more frequently on women doctors' patients rather than commenting on male doctors' patients, whereas men commented equally. It suggests that women felt more comfortable commenting on women's patients, whereas for men it didn't seem to matter whether the patient was being treated by a man or a woman physician."

In surveys filled out after tumor board meetings, women reported feeling that they introduced ideas, guided discussion and attempted and succeeded in influencing opinion less often than their male colleagues.

"Women felt less impactful despite contributing an equal amount of

speaking time," said Sarpel. "This becomes more important given that recent clinical studies have demonstrated that input from female physicians is critical, with measurable differences in patient outcomes."

While this research took place at multiple hospitals across a large academic health system, Sarpel believes the findings are likely widely generalizable, and she and colleagues suggest that some simple changes to the way moderators—all of whom were men in this sample—run tumor board meetings could promote more participation from female physicians and/or those from other marginalized populations. Limiting the number cases covered in a single meeting could make a major difference, Sarpel noted.

"Trying to get through so many cases, it's just rapid fire," she said. "It's left up to participants to interject or ask for clarification. It favors a certain personality type."

Moderators could be tasked with inserting formal pauses in the proceedings for questions and comments, or intentionally soliciting feedback from those who haven't yet spoken up. Making sure everyone plays the role of moderator at some point, providing a formal mechanism for moderator feedback, or requiring participants to use the hand-raising feature available on most online meeting platforms are other ways to give everyone a chance to weigh-in and have their ideas be heard.

Co-authors included Yael Berger, of Beilinson Medical Center; Alison Buseck, Sayed Imtiaz, Callie Horn, Nazanin Khajouejad, Rebekah Macfie and Noah Cohen of The Icahn School of Medicine at Mount Sinai.

More information: Yael Berger et al, Actual and perceived gender differences in virtual tumor board participation, *Surgery Open Science* (2023). [DOI: 10.1016/j.sopen.2023.09.004](https://doi.org/10.1016/j.sopen.2023.09.004)

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