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Sarena: Hello everyone. Welcome to the latest episode of Ultrasounds brought to you by OBGYN delivered. I'm Sarena and I'm Brittany, and we're your medical student host for today's episode. We're excited to announce the second part of our two episode series on International medical student rotations. Today we have some of our wonderful colleagues that we've met on our rotation in Kumasi, Ghana, who are going to talk about their experiences in their respective countries and medical school experiences.

Brittany: So please welcome back Enam and Mwini from Ghana, Lovisa and Delice from Sweden, and Maria from Brazil. We're so glad to talk with you guys for part 2. So Sarena, why don't you get us started with our first topic.

Sarena: I think since we happen to have a large group of international female identifying medical students, we thought this might be an interesting opportunity to ask about what it's like being a female practitioner in your respective countries. So, yeah, I think in this case, we'll let you guys start off and then maybe we can talk about how we can relate to your experiences in the states.

Enam: Over here, being a female in the health profession. OK, well, I think. The biggest thing that I felt like I noticed when I came to, especially the clinical aspect of medicine, is how underrepresented we are in certain specialties, certain areas. I'm in fourth year and my first rotation, clinical rotation was surgery. And in the 8 to 10 weeks that I was in the ward, I can count on one hand the number of female surgeons I came across. And even that's, they are not consultants, they are residents. Residents, maybe specialist highest. I don't think I came across a specialist, honestly. It was two or three residents, female residents. And I think one pediatric surgeon. So I think for me, someone who like I was always interested in surgery, but when I look at how it looks, how the situation looks like and I see how underrepresented it is, then I begin to ask questions that why is it so? Then you come, it comes down to like culture and things because the woman is expected to take off her home and the kids. How is she going to have time to handle specializing and going into surgery, for example. So I think that's one interesting thing I noticed.

Mwini: OK. I'm speaking for Ghana to well, one thing I realized is it's just. You are never seen as a doctor on, at first glance in Ghana as a female, you are always a nurse first, before you clarify it's frustrating but sometimes you understand where they're coming from because usually most nurses are females. They actually see a male nurse and call him doctor and call you nurse. And it's so frustrating because I spent so many years in school and you're here calling me a nurse who spends relatively less I guess in school than me. And also sharing what Enam said about the we being underrepresented. Because for instance, let's take Obs&Gyne. In my entire Obs&Gynerotation, I think I just met one specialist who's female.

Enam: And you would think with Obs&Gyne that has to do with females, you would think you get more female representation or more female doctors and things like that, but you don't.

Sarena: Yeah, that's something that we've noticed on our OBS singani rotation as well here is that it's almost exclusively men running the department.

Mwini: And I think it's comes from so many angles because. It's a privilege to be a medical school as a female over here. Yeah, because there are always, from childhood, when a girl is being smarter than a guy, they're already making you feel like it's rare for you to be smarter than the guy. So it's starts with the culture here, and by the time you get into medical school and you are a female. Even though there's that respect for you, because they assume you are very smart, which is true..

laughter

Mwini: It's also comes with, they think you're fragile. They don't want to do things to hurt you. So they will want man to do the bigger task.

Enam: Why don't you do this specialty? Why don't you go this line so you have time for your family? What is that supposed to mean?

Mwini: I want to do surgery but they wouldn't take you serious as a surgeon as compared to a male because they know the male is always going to be around. So most females you'll find female Ghanaian surgeons outside the country, because over there they take them serious. Once they are done there, there's no way I'm coming to Ghana to come and be treated like lesser than male just because of my gender, they will stay outside. So that's how, that's how it is being a female physician in Ghana. It's has its ups and downs. The ups are you being respected as a female doctor. Like when you go out people see you as a female doctor and they're like, oh then you must be really smart. Like when your friends are talking and you come around and you also talk, they're like, ohh, please just listen to her she's very smart and that's nice. But it's also like even with your friend groups, there are some things that don't involve you in because they know you never have time. And it's so many things, but I think it's getting better as time goes on. We are hoping that it gets way better by the time we're done getting.

Enam: Because I remember iInitially I think this was this was as of preclinical some years back. Um. I generally, when somebody says they're going to see their doctor, what they're expecting to see is an old man with a potbelly, like with glasses resting on his nose, like fountain of all knowledge, everything. So you know that that's how. It's kind of that's the mindset. So that's the thing that has been plastered or imprinted into our minds. So right now, seeing female like even with the five or the ones I can count on my one hand is actually a huge improvement. I think over time. Yeah, so that one day I have to give it to them.

Sarena: It's really interesting that you guys talk about being a female in interested in surgery because actually at University of Michigan, the surgery clerkship director is a Ghanaian who is female doctor, Gifty Kwakye, MD who is truly the boss and I think that

Enam: You have to be the boss.

Mwini: we have everything. But over here your family is not even, they're going to say and you have to come and take care of the kids and they don't that supports,even though Africa is known for family support and everything like that. When it comes to you wanting to pursue your dreams as a female, that's when they throw it out the window because they're expecting you to take care of your kids. But I'm asking there are people outside who have been able to do so. How do they do it? Like you can't do it, but I guess there are better systems outside for mothers who wants to be surgeons as well, because over here it's not that easy for the later hours and everything. And our system is more about improvising. It gets stressful. I get them to a certain point because it gets stressful. And other points, they are just like let me just talk and because there's medicine there I don't have to be doing late nights once I close for the day, I'm done most of them.

Enam: Specialties that aren't as demanding, yeah, theres radiology. So you find more females in these specialties like radiology, ENT. In fact, sometimes you even hear some of our residents or those who are ahead of us and they will come and they'll be like, oh, you can go into this, you can go into that. They always mention certain specialties because it's more free, it's more flexible for you as a woman. Then leave the tough ones to the guys here, that sort of situation.

Sarena: And just for our listeners, the reason I say that a woman is the boss is because in Ghana, the way that people refer to their superior, they'll say yes, boss. And they'll say, yes, boss, it's almost deferential. It's a sign of respect and it's a sign of seniority. And it's interesting because I think Brittany and I were discussing if any would anyone would ever call a female boss here. Have you ever heard a female?

Mwini: If she was, she was the boss. She has to be called the boss because at this, OK as a female, as a female, if you ever get to that level. They're going to attach. So right now, for instance, if any of us decides to specialize in surgery and we get to the top, there's nobody, we get to the top. But you are really up there. Like everyone knows you are good at what you do, you will be one of the very best. Because recently we had one of the first female neurosurgeon and their pictures were all around on social media because it's rare for you to see them stay here and do it. Right, you find them outside doing it.

Enam: It's rare for them to even do it here. If you are the boss, and I think the perks, it's an all or none situation. It's like little mice or things. We're all struggling to get the cheese, but once you finally get it, you are given all of it. You get of it. You get the respect people see snd they're like, wow.

Sarena: We all really want the cheese in life if we're thinking about it. Excellent. OK. So I'm going to give it to Maria to talk about being a female physician in Brazil.

Maria: OK. I think being a physician in Brazil is a little different from Ghana. For example, in my class, most of the students are females and it's been like this for a few years now, like most of the people who apply for Medical University, who take the test, ils actually female. So I think in Brazil is actually being a

field that is dominated; not dominated, I wouldn't say dominated, but like more female students than male students now. But a few fields in the medical area like orthopedics or surgery itself, it's full of man. And I feel like you have to be really, really tough to be a female and get into this program because you're going to be judge and you're gonna be like. Yeah, I should be home and you should be home with your kids and. But it like it's not as much as here in Ghana. I think it's like more something is this specific field surgery and orthopedics and everything. But I think it's, it's changing. I have a lot of female friends that wants to go to pursue that area like orthopedics. But, I don't think it's as hard as in here, but we see a very sexist country that we're trying to move forward that and I hope in a few years when we change the system like females really dominated their health area, we'll be able to have more liberty to choose every. Every like aspect and the position and then anything in in the hospital. Yeah, I think that's it.

Lovisa:I think when it comes to equality in Sweden, we've come a long way. We still have differences between sexes regarding salaries, for example. It's something that we work on and there's, it's still not equal, but it's become better.

Delice: Yeah. And I think there's a lot of work being done as we speak by female practitioners in the subject. But I do think like in Sweden we have a bit of a problem now that we're kind of in between. Where like, you kind of try to do both. You try to be this physician who does like the job tha someone who wouldn't have to take care of a family could do a few years ago or like a few decades ago, you kind of tried to aim for that. But you're still supposed to do the family part. But I think it's going towards the right direction.

Lovisa: I think so as well. I have met a lot of women struggling with that, like juggling family life and the career because, iIt's kind of what's expected of you. And yeah, I think, I think we're moving towards more equality in that aspect.

Delice: Yeah, but I think it's a really interesting discussion because you kind of get stuck a bit in between and you're kind of responsible for yourself in a way that you have to pursue this career, like you have to, you are the one responsible for not letting like.

Lovisa: That would come in between you and your career, yeah.

Delice: And not letting like the structures that we have affect you and it can be like a double pressure on women.

Lovisa: It’s like moving uphill against the wind.

laughter

Delice: Yeah, exactly. Um. Yeah, and I think many people find that quite stressful. Um. And we do still have like a problem with sexism, and we do have a problem with like. People viewing you differently when you're a woman, but it's very much like it's not out in the open. Yeah. So, so I think it's both. We

have come a long way. But we still have a lot to work on and yeah, it's still a struggle for many, I think. And for some people, maybe not at all. And for others, a lot. And that kind of makes it hard to talk about this as well because like from my perspective, I think I've been like quite lucky with my experiences, but I know that there's also people who haven't. Yeah, I had once actually not having nothing to do with like the family part of it or like getting your life together. But I had once I was with another female doctor for a week and we were seeing this patient every day. And we were like, yeah, we were the rounds, but like, we were the doctors coming to her every day. And then the end of the week we were like, oh, so how are you today? And she was like, “well, I am fine, but I'm so disappointed I've been here a week now and I haven't met the doctor once.” And we were like. Well, that's us kind of.

Sarena: Same thing happened. And we had a patient, all female team from me, the medical student, all the way to the attending. We spent an hour talking with this patient, telling them about their plan of care. And then at the end, the patient asked when the doctors were coming because the patient thought we were all nurses in our long white coats.

Brittany: Yes, I relate deeply to not doing it.

Mwini: Because yeah, when you go to the word and you pass by, they're always like, “nurse”, it's like they want you in our local dialect, they call you and ask you to help them with something. And you're like, oh, you're not a nurse, you are medical student. You're like, OK, so you have to then call the nurse for them. Sometimes you just ignore because it's honestly stressful, always having to explain yourself that you are a medical student, so you are a doctor.

Enam: As the person who's gonna come from the other side, I'm sorry. To be fair, we mostly wear scrubs here. And unfortunately, you can't like what has been imprinted in our mind, since we're youngest, man is doctor, Woman is nurse. So all of us in our scrubs walking around. “Hello, nurse. Can you help me out?” That sort of thing. So to be fair, you really can't blame the patient.

Mwini: But if they see a male scrubs, they are not going to call him a nurse. Yes, they will see. Even in the lab coat sometimes they could still call you. Like, I'm in the lab coats. Like if you're saying all of those in scrubs, OK, now I'm in a lab coat, so what's your excuse? You're still calling me a nurse just because I'm female. So sometimes it gets very stressful. And this is a case where people like you find two medical practitioners married and yet still the man is advancing in his career and the woman is probably just a medical officer or most of them going to Pediatrics because it's more relating to children. But you never see them in Pediatrics surgery, I don't know why they don't want to go into their surgery part, because that's long hours and I don't know, their families are not very understanding maybe. But yeah, I guess we should all aim to get understanding partners.

Lovisa: I know some actually some female doctors in Sweden for example, that are actually afraid that becoming pregnant and having children will affect their career negatively, even though it's not supposed to be that way. And they try to kind of plan their career ahead for when to become pregnant in order to

minimize the impact of their future career, which I think is very sad. It's nothing that's supposed to happen, but it is happening, yeah.

Maria: That's something that you see like we actually, as us as a medical students, have ever thought about having kids. If we thought about having kids, like we actually plan ourselves around this. I was thinking the other day like myself, I was thinking like, I'm going to finish residency and then I'm going to start thinking about kids. And then if I have kids before residency or after residency, if I get before, how I'm going to do like, who's going to take care of my kids? And I even went through my head like, OK, my husband will take care of the kids. And like, I was like, Oh my God, who who I became like.

laughter

Maria: And then I start to thinking like, yeah, it's in our minds to think like, who's. Take care of the kids. When we're in residency there, we have crazy hours. So I think it's go through everyone's mind. Especially in Brazil, it's still a very religious country that has always put the family first, so I think it, yeah, Similar to Ghana, I think and it's very harsh to think and try to combine both life views. You have like 2 jobs in 24 hours and it's very hard, very hard.

Mwini: In Ghana, its even a taboo to say you don't want to give birth, like why are you a woman and you do not want to have kids. Like why is that your,why is that your mom had you, but you don't want to have kids. It's not something that's really heard of here. So even people that have medical conditions that cannot give birth, since they can't tell everyone, it's still a problem because people are still looking up to you. Like, why are you not giving birth? So you dare not go and tell your parents that Mommy, Daddy, I don't want to have kids. Well, you're going to have a lecture. Yeah, that that's a whole new topic. That's a whole new topic, yeah.

Sarena: Well, it's really interesting to hear about all of your experiences and your respective countries and reflect on our experiences as females going into the medical field in the United States. I think that there's also this duality of like we are making large progress where it's not abnormal to see a woman being charged and yet the remnants and the like of sexism and kind of the expectation that the woman is not the physician that remains very strongly. And I think it depends on what environment you train in. We are lucky to have a lot of very strong female mentors who can help us in our training at Michigan, and I think that that varies from place to place. I also want to put in a little note for the fact that I've worked with a lot of incredible non female identifying physicians who are extremely mindful of the experiences that females go through in training and whenever I have sexist comments from patients, which happens more than I would like to admit, I've had male colleagues who have immediately handled it appropriately and backed us up and I really appreciate that. I don't think that means that the problem is fixed. I think that we definitely still see it and that females are still not often like in predominant leadership positions, although they're getting there. And we definitely have the balance of wanting a family life versus a professional life. And I think that's something that almost everyone who I've talked to deeply about this, who identifies as female, would say has crossed their mind at some point during their medical training.

Brittany: Yeah, absolutely. And I think, everything that everyone shared, I to some degree, I can resonate to like a personal experience like I've had on the wards or something I've felt like along the way. From having a very much larger female dominating identifying class compared to other genders, to like you know, being called a nurse while I'm in my white coat in our hospital, even though it's much more common to have female physicians in the states, that still happens. And to being, you know, how am I going to have kids and be an OBGYN and balance that and that conversation with my future husband who will stay home with them.

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Sarena: So I think Sarena sumed it up very well. Does anyone else have anything that they would like to add, any fleeting thoughts before we wrap up the podcast? Yeah, we're glad. Thank you so much for joining us.

Lovisa: Thank you for having us.

Sarena: We just want to acknowledge all of you independently. So representing Ghana, we have Mwini and Enam. Representing Brazil, we have Maria. Representing Sweden, we have the Delice and Lovisa. And US, Brittany and Sarena. So we really appreciate all of you guys and your opinions and your insights. Thank you so much.

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