



Advancing Women in Cardiology

Paving the Way for Gender Diversity

Text by Assistant Prof Low Ting Ting

I remember vividly my interview for the local medical school, National University of Singapore, in the year 2000. In a large formal room, three serious-looking male professors stared down at one wide-eyed young female of 19 years old. Among the gruelling questions about my capabilities and strength of my character – the last question came down to this, “How are you going to handle your family and medical career when you marry and have kids?”

Before and now

Gender bias was a subtle undercurrent upon entering medical school. It was a common assumption that if you are female, you will likely quit or back down on professional advancement when motherhood comes along. I was certain that the male candidates did not get asked such questions. For female candidates, a smart answer to this question could be the tie-breaker. My answer then was, “I will marry the right kind of man for a husband.”

More than two decades on, the medical school no longer has a quota for enrolling female students. Thank

goodness! More women are topping off the Dean’s list, graduating as specialists, attaining professorship titles and leading in academia or research. With good luck and in good faith, I am so glad to have become a full-fledged cardiologist, mother of three boys, and wife to a loving and supportive husband all at once.

Male predominance in cardiology

Women continue to be a minority in cardiology training. Despite women making up about 50% of medical school students currently, women cardiologists make up a sombre 14% of all cardiologists among the active members of the Singapore Cardiac Society. Historically, cardiology has been a male-dominated field, with the proportion of female consultants being one of the lowest across all medical specialties.

Cardiology is a competitive specialty with demanding training requisites. The core cardiology curriculum requires competencies in numerous invasive skills, such as performing coronary angiography, cardiac catheterisation,

pacing, structural intervention, transoesophageal echocardiogram, and honing the ability to interpret multiple cardiac imaging modalities from ultrasound and CT, to nuclear scans and MRI. The need for long training hours and radiation exposure for procedures means that a career in cardiology requires some personal sacrifice, regardless of gender. For women, however, the sacrifice may be greater due to traditional gender roles at home.

Surveys have revealed that female trainees consider stable hours and family friendliness as important factors in deciding their future career.¹ There is a clear disparity between the requirements of cardiology training post and the most common priorities laid out by female doctors in choosing their future specialty. There is also a tendency for women to view pregnancy as a career threat, especially with the need to put skills training on hold during pregnancy or months of maternity leave. Additionally, women are more likely to take time off due to childcare responsibilities and are more likely to have spouses who also work full-time.

Growing women in cardiology through social media

The risks of not having more women in cardiovascular specialties include a less diverse set of experiences and opinions to make consequential clinical and scientific decisions. If gender inequality is to be addressed, perceptions of cardiology need to change so that women feel that they are equally able to have a successful career as a cardiologist. Female role models are clearly important to demonstrate that this is possible. All senior cardiologists have a responsibility to encourage junior doctors who show potential to consider a career in cardiology, whether they are male or female.

In the current era, the rise of social media has influenced how female physicians can communicate and foster connections globally. Virtual platforms, such as Twitter, Facebook, Instagram and WhatsApp, are becoming avenues for female cardiologists to unite for greater representation of gender issues and advocacy efforts. Another important

example of these efforts is the hashtag activism used to bridge the gap in gender issues. This social media activism can be used to promote a culture shift within the field of cardiology, creating a more inclusive, respectful work environment.

Social media's ease of accessibility and its ability to reach one's intended audience in the blink of an eye, makes it a remarkable conduit of social influence. This will allow gender representation and positive role-modelling more freely. Hopefully, continued social media conversations on gender narratives also help create allies in men, as men can actively express their support for growth of women in real time.

Raising others

The challenges faced by women and mothers in interventional cardiology are alive and abundant. In the end, I learnt that I too, could thrive as well as my male counterparts. I am grateful for the seniors (male and female) who encouraged and supported me

in training, particularly those who are not only devoid of gender bias but actually revelled in my growth and success. It is hoped that a new social media initiative to grow a "Women in Cardiology" network, with like-minded female cardiologists, can uplift and raise other women for the glass ceiling break. ♦

Reference

1. Douglas PS, Rzeszut AK, Merz CNB, et al. Career Preferences and Perceptions of Cardiology Among US Internal Medicine Trainees: Factors Influencing Cardiology Career Choice. *JAMA Cardiol* 2018 1;3(8):682-691

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#SCAIWIN

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#Hashtag Activism



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