

W O M E N M A K I N G T H E C U T

By
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Orthopaedic surgery residents
defy gender stereotypes



Lindsey D. Clark, MD '05

With the soaring increase in the number of women entering medical school over the past few decades, there has been an equally dramatic rise in the number of female physicians selecting specialties that have traditionally been dominated by men.

In the 1970s, for example, only five percent of obstetrician-gynecologists were women. Today, they dominate the field with a more than 70 percent majority. In pediatrics, women have more than doubled their ranks over the same time period.

For all the gains women have made

in primary care, however, their male counterparts still far outnumber them in surgical specialties, particularly orthopaedics. According to the most recent statistics available, from 2003 to 2004, just 9.4 percent of orthopaedic residents nationwide were female.

Considering the field's historical gender imbalance, then, the arrival last summer of UB's first-year orthopaedics residency training class amounted to nothing short of a newsworthy event. That's because, of the four physicians, three are female.



Jennifer Gurske De Perio, MD '05

PHOTOS BY ERIC BRICK

“IT WAS THE BIG BUZZ AROUND THE HOSPITAL,” recalls one of the residents, Lindsey D. Clark, MD ’05. “It was impossible to see someone without hearing, ‘There are three orthopaedic females this year, huh?’ It was a big shake-up, but I have to say, I can’t remember one of the orthopaedic attendings saying anything about it. It didn’t even faze them.”

Clark is one of two 2005 alumni of UB’s Medical School to have received a slot in the highly competitive program’s first-year class. The other, Jennifer Gurske de Perio, MD, can understand why her class has turned so many heads. After all, up to this point in its 67-year history, UB’s orthopaedics residency program had trained a total of three female residents.

“Everyone had heard about us before we came in. People were talking about it. The OR staff, the nurses ... they were just surprised. And I was surprised, too. I’ve never heard of three out of four women in any program, anywhere.”

MISCONCEPTIONS PERSIST

Even those physicians who follow the progress of women in orthopaedics point out that a three-quarter female majority is extremely rare in its training programs. Kimberly Templeton, MD, a national advocate for women in orthopaedics, has heard of only one other instance of it occurring.



Leslie Manohar, MD

There are several reasons why female orthopaedists constitute such a small, albeit growing, minority, she says. Chief among them is the lingering misconception about the rigors of the profession.

“There has been a lot of negative press that it is extremely grueling, and that you have to be a 300-pound linebacker to get into it. If you’re not exposed to it, then all you have to work on is what comes from other people, and that information is not always accurate.”

When she started postdoctoral training at Rush-Presbyterian St. Luke’s Medical Center in Chicago during the late 1980s, Templeton was the program’s first female resident. Today, she’s among the 3.3 percent of board-certified female practicing surgeons, according to a census conducted by the American Academy of Orthopaedic Surgeons.

“It’s easier, or at least it seems like it’s more doable, for female medical students to go on to a profession if they see other women in that profession,” says Templeton, associate professor at the University of Kansas Medical Center, and past president of the Ruth Jackson Orthopaedic Society, a networking group for female orthopaedic surgeons.

“With the concerns of balancing career and family, it makes them more comfortable to see a woman managing both. There has been this concern that it can’t be done in orthopaedics, which I don’t necessarily buy. Ob-gyn can be a very time-consuming, unpredictable lifestyle, but the majority of people in ob-gyn are women.”

Like their male counterparts, Templeton says, many prospective female orthopaedists discover the specialty literally by accident—particularly, a sports injury.

That wasn’t exactly the case for Gurske de Perio. As a high school student in Rochester, she made her mark as an all-county field hockey player. Although the shin splints and quadriceps strains she endured never required an orthopaedist’s care, all the wear and tear on her body did spark an interest in physical therapy.

Moving to Buffalo in 1995, Gurske de Perio attended Daemen College, where she received an undergraduate and a master’s degree in physical therapy. Working as a physical therapist, she says she started to consider medical school out of frustration that she couldn’t do more for her patients.

“Physical therapy provided an excellent foundation of knowledge and patient experience, but I had a desire to do more. When patients failed to progress with rehab, I had a feeling for what needed to be done. I wanted to learn how to perform surgery as well as incorporate my knowledge of physical therapy to improve patient outcomes.”

While in medical school at UB, Gurske de Perio continued logging hours as a physical therapist and a certified wound-care specialist for the Catholic Health System. Beyond paying the bills, she figured that moonlighting in a field so closely related to orthopaedics would make her more competitive for its residency programs.

The strategy paid off: After applying to 50 programs, she received an impressive 35 interview offers. In addition

to her work experience and her diligence in medical school, Gurske de Perio credits her success to the opportunities and support she received from Lawrence B. Bone, MD, chair of the UB Department of Orthopaedics and residency program director, and William Mihalko, MD, former director of orthopaedic research at UB.

“If they weren’t there, I don’t know if I would have thought I could have even gotten into the program. You really need somebody to take you under their wing and guide you along,” she says.

Mihalko, now associate professor at University of Virginia’s departments of Orthopaedic Surgery and Mechanical and Aerospace Engineering, believes that outreach efforts by the American Academy of Orthopaedic Surgeons are starting to attract an increasing number of women to the field.

“Orthopaedic surgery is a very competitive residency program and, therefore, exposure to gain more applicants has not traditionally been a priority,” he explains. “At UB, we made sure that our research program provided an orientation to all first- and second-year medical students. Because of this, 25 percent of all the medical students working in our lab over a four-year period were women.”

“As I made an effort to make sure our research program gained exposure to the first-year medical students, it allowed them to explore the option early on. Both Lindsey and Jennifer are good examples of how this worked to their benefit since both started working in my lab in their first year of medical school.”

FROM SOUTH BEND TO SCRUBS

By the time she started medical school, Clark already had decided to pursue a specialty in orthopaedics. Indeed, her mind was made up by her sophomore year of college.

She attended the University of Notre Dame, choosing it over several Division Three colleges whose scouts had courted her to play on their basketball teams. Once in South Bend, she took an unlikely route to medical school, majoring in accounting.

“I initially knew I wanted to be a doctor, but as an undergraduate they scare you about the MCATs and how competitive medical school is. So my backup plan was to go the business route.”

As it turns out, she didn’t have to sweat the Medical College Admissions Test. By the end of her sophomore year, she had been accepted to UB Medical School through the Early Assurance Program, bypassing the exam in the process.

The same year, Clark took advantage of a Notre Dame program that allowed her to shadow physicians. She spent many hours observing emergency room doctors, but it wasn’t until she saw the university’s football team doctor in action



Jesse Affonso, MD

that she realized she’d found her calling.

“He was a very, very dynamic person, and that had a lot to do with it. It was my first time in the operating room, which is just a mind-blowing experience. It was a completely different world from anything I had known, and I was drawn to that.”

Within the first month of medical school, Clark made an appointment with Bone to learn how she could improve her chances of being accepted into UB’s orthopaedics residency program. From conducting research to shadowing physicians, she seized every opportunity to help her clinch one of the coveted spots.

According to Bone, a full quarter of the top 20 students selected during that year’s match process were female. “The three women whom we were fortunate enough to match were very highly ranked on our list, and we were very pleased with their selection choice.”

“As more women go into orthopaedics, they’ll be able to serve as mentors to female medical students considering

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“IN ADDITION TO HER WORK EXPERIENCE AND HER DILIGENCE IN MEDICAL SCHOOL, GURSKE DE PERIO CREDITS HER SUCCESS TO THE OPPORTUNITIES AND SUPPORT SHE RECEIVED FROM LAWRENCE B. BONE, MD, CHAIR OF THE UB DEPARTMENT OF ORTHOPAEDICS AND RESIDENCY PROGRAM DIRECTOR . . .”

different career options,” Bone adds. “More women will gravitate to the field once they know that it is something that they are able to do and choose to do.”

MENTORING MADE A DIFFERENCE

Leslie Manohar, MD, also a member of UB’s first-year residency class, acknowledges how fortunate she was to have a female faculty mentor in orthopaedics during medical school.

“Of course, there have been people who discouraged me from going into the field,” says the 2005 graduate of the University of Chicago’s Pritzker School of Medicine. “It has never given me pause, and has only made me more determined.”

Before being matched by UB, Manohar anticipated that whatever residency she landed in, she’d probably be the only female physician in her class. “On the interview trail, I did see several women, but after so many interviews I realized they were usually from the same pool.

“There were only one to two at each interview, so I was pretty excited to hear that there would be not one but three women in the program this year.”

Perhaps no one was more shocked to learn about the female majority of the 2005–2006 class than the lone male resident, Jesse Affonso, MD. “My friends thought that it was quite comical, and I was the butt of a fair number of jokes for awhile. If I was called ‘Jessica’ one more time...” says the graduate of the University of Massachusetts Medical School.

As the foursome exchanged e-mails before the start of their residency, it quickly became apparent to Affonso that they were all going to get along well. After all, what wasn’t to like about classmates who enjoyed talking sports as much as he did?

“In the end, what is most important to me in colleagues is that they’re hard workers and team players. That is not sex-dependent,” Affonso says.

“I am certainly known as ‘the male’ in the ortho class,” he adds. “But there are a lot worse things to be known as.” **BP**



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