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## Accommodating women's learning in continuing medical education

Corrina Aloyse Dixon

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ACCOMMODATING WOMEN'S LEARNING IN  
CONTINUING MEDICAL EDUCATION

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Education:  
Career and Technical Education

---

by  
Major Corrina Aloyse Dixon, US Army  
June 2004

ACCOMMODATING WOMEN'S LEARNING IN  
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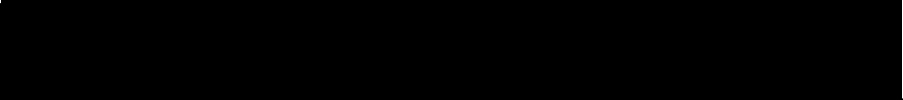
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Major Corrina Aloyse Dixon, US Army  
June 2004

Approved by:

  
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## ABSTRACT

The purpose of this project was to present continuing medical education providers with a handbook that presents current perspectives on women's learning and suggests practice guidelines that can be incorporated into the planning of existing and future live continuing medical education activities. The context of the problem was to address the need to reduce gender-biased behavior in higher education classrooms. Research of the related literature led to the conclusion that, in continuing education, the educational needs of women are not being met or are inadequately addressed, because there is a general lack of understanding about women's learning in the continuing medical education community. To this end, *The Continuing Medical Education Provider's Handbook for Accommodating Women's Learning in Continuing Medical Education* was developed and is recommended reading for all continuing medical education providers, their staff and faculty members. This handbook provides the tools needed to develop educational activities that accommodate women's learning.

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## CHAPTER ONE

### BACKGROUND

The contents of Chapter One present an overview of the project. The contexts of the problem are discussed followed by the purpose, significance of the project, and assumptions. Next, the limitations and delimitations that apply to the project are reviewed. Finally, definitions of terms are presented.

#### Purpose of the Project

The purpose of this project was to develop the handbook entitled *The Continuing Medical Education Provider's Handbook for Accommodating Women's Learning in Continuing Medical Education*. This handbook examines current perspectives on women's learning, provides training guidance and suggests practice guidelines that can be incorporated into the planning of existing and future live continuing medical education activities.

The medical field has seen a tremendous growth in the number of women physicians over the past thirty years. What used to be a white-male dominated field is increasingly becoming more female, insomuch that the amounts of women physicians will soon equal that of their male counterparts (Salsberg & Forte, 2002).

The feminization of the medical field has had a significant impact on the practices of women physicians. Studies have found that gender affects everything from promotion rates to salary to how often women physicians are rewarded for their work (Carr, Friedman, Moskowitz & Kazis, 1993; Kaplan, Sullivan, Dukes, Phillips, Kelch, & Schaller, 1996; Nonnemaker, 2000). Therefore, it is not surprising to discover that gender impacts women's learning as well (Hayes, 2000).

In the practices of continuing education, there persists a general lack of understanding of the impact of gender on women's learning. Consequently, the educational needs of women are not being met or are inadequately addressed (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. xi). This handbook addresses this problem by presenting continuing medical education providers with a brief analysis of current perspectives on women's learning, training guidance and practice guidelines that can be used to increase the effectiveness of their instructional practices.

#### Context of the Problem

The context of the problem was to address the need to develop a handbook for continuing medical education

providers that examines current perspectives regarding women's learning and provides training and practical guidance.

The instructional practices used when physicians were predominately white-males may not bode well with today's demographics (Pelletier, Hosansky, & Moore, 2003). Over the past three decades, the medical field has become increasingly more female. Between the years 1970 and 2002, the percentage of women in medicine has increased from 7.6 to 25.2 percent (American Medical Association, 2003a). By 2032, the amount of women in medicine is projected to increase to near fifty percent (Salsberg & Forte, 2002).

Given the dramatic increase of women in medicine, women's learning is quickly becoming the new paradigm in continuing medical education. Yet, a review of the literature reveals outdated and over-generalized perspectives (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000). Simplistic interpretations based on these perspectives often lead to the generation of stereotypes that do not take into perspective the wide range of differences between women and men and amongst women learners (Hayes, 2001). To that end, this handbook was developed to examine current perspectives on women's

learning, provide training guidance and suggest alternative practices.

#### Significance of the Problem

"Biases in teaching adults (not only in terms of gender but also in terms of race and class) are still prevalent" (Weiss, 2001, p. 47). Studies have found the following to be common classroom behaviors: "calling directly on men students but not on women, responding more extensively to men's comments than to women's, and interrupting women students more often than men" (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 30). The unfortunate impact of these gender-biased behaviors is reinforcement of women's tendency to be silent during in-class discussions (Weiss, 2001).

Increasing instructor awareness of how gender affects learning is the first step to reducing gender-biased behavior in the classroom. This handbook meets this need by examining current perspectives on women's learning, providing training guidance and suggesting alternative practices.

## Assumptions

The following assumptions were made regarding the project:

1. It was assumed that continuing medical education providers may use all or part of this handbook to develop teaching strategies unique to their organization.
2. It was assumed that parent organizations of continuing medical education providers would support the use of this handbook.

## Limitations and Delimitations

During the development of the project, a number of limitations and delimitations were noted. These limitations and delimitations are presented in the next section.

### Limitations

The following limitations apply to the project:

1. This handbook was developed for continuing medical education.
2. This handbook was limited to live continuing medical education activities.
3. This handbook was limited to women physician.

## Delimitations

The following delimitations apply to the project:

1. The guidance provided in this handbook could be incorporated into the planning of professional continuing education activities other than continuing medical education.
2. This handbook could be provided to others with a significant interest in accommodating the continued learning needs of physicians, such as pharmaceutical companies, healthcare organizations and faculty of academic institutions.
3. With some modifications, this handbook could be used to accommodate both, women and men learners.

## Definition of Terms

The following terms are defined as they apply to the project.

Accreditation - "The decision by the Accreditation Council for Continuing Medical Education (ACCME), or a recognized state medical society, that an organization has met the requirements for a continuing medical education provider as outlined by

the ACCME. The standard term of accreditation is four years" (ACCME, 1999, p. 1).

Activity - "An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met" (ACCME, 1999, p. 2).

Connected Knowers - Individuals who take an empathetic stance toward new ideas (Hayes, 2001).

Continuing Medical Education (CME) - "Consists of educational activities which serve to maintain, develop, or increase the knowledge skills, and professional performance and relationships that a physician uses to provide services for patients" (ACCME, 1999, p. 3).

Development Perspective - Focuses on understanding how and what the learner believes and then using that information to teach the learner more complex and more sophisticated ways of reasoning (Pratt, 2002).

Perspective - "An interrelated set of beliefs and intentions that gives direction and justification to our actions" (Pratt, 2002, p. 6).

Provider - "The institution or organization that is accredited to present continuing medical education activities" (ACCME, 1999, p. 6).



Separate Knowers - These learners "take a more adversarial stance toward new ideas, looking for flaws in logic and reasoning" (Hayes, 2001, p. 37).

Social Reform Perspective - In this learning situation, the teacher's intent is to compel the learner to adopt their ideals (Pratt, 2002).

Transmission Perspective - Involves the systematic and effective transfer of knowledge from the teacher to the learner (Pratt, 2002).

#### Organization of the Thesis

The thesis portion of the project was divided into four chapters. Chapter One provides an introduction to the context of the problem, purpose of the project, significance of the project, limitations and delimitations and definitions of terms. Chapter Two consists of a review of relevant literature. Chapter Three documents the steps used in developing the project. Chapter Four presents conclusions and recommendations drawn from the development of the project. *The Continuing Medical Education Provider's Handbook for Accommodating Women's Learning in Continuing Medical Education*, is presented in the Appendix. Finally, the Project References are presented.

## CHAPTER TWO

### REVIEW OF THE LITERATURE

#### Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, the purpose of continuing medical education and why women physicians are targeted will be discussed. Subsequent paragraphs include discussion of women's learning from biological, psychological and feminist perspectives. Lastly, perspectives on practice will be discussed.

#### Continuing Medical Education

As professionals, physicians are expected to continue to acquire knowledge throughout their professional lives (Egdahl & Gertman, 1977). The medium through which this is accomplished is continuing medical education. The intent of continuing medical education is to "maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients" (ACCME, 1999, p. 3). Live activities, such as national conferences, grand rounds and workshops, are just a few of the many educational formats used by providers to deliver continuing medical education to the physician.

In an effort to provide quality health care that the public can trust, the States require physicians to attend a certain amount of hours of continuing medical education as criteria for maintaining their license to practice medicine (Egdahl & Gertman, 1977). Thus, continuing medical education activity attendance is not a luxury, but a requirement of what is becoming an increasingly female audience.

#### Why Target Women Physicians?

Changing social and economic factors have led to a tremendous growth in the amount of women seeking careers in the field of medicine. In 1970, only nine percent of medical students and, 7.6 percent of practicing physicians were female. By 2002, the number of women physicians had dramatically increased to approximately 45.7 percent of medical students and 25.2 percent of practicing physicians (American Medical Association, 2002a; American Medical Association, 2002b). Given the increasing number of women entering into the medical profession, it is predicted that women will constitute fifty percent of the practicing physician population by 2032 (Robinson, 2003). See Tables 1 & 2.

Table 1. Physicians by Gender (Excludes Students)

	1970 No/%	1980 No/%	1990 No/%
Total Physicians	334,028/100.0	467,679/100.0	615,421/100.0
Male	308,627/92.4	413,395/88.4	551,227/83.1
Female	25,401/7.6	54,284/11.6	104,194/16.9
<hr/>			
	2000 No/%	2001 No/%	2002 No/%
Total Physicians	813,869/100.0	836,156/100.0	853,187/100.0
Male	618,233/76	630,253/75.4	638,182/74.8
Female	195,537/24	205,903/24.6	215,005/25.2

Source: Physician Characteristics and Distribution in the U.S., 2004 Edition and prior editions. American Medical Association.  
 Note: Representation of female physicians in medicine continues to show steady increases. In 1980, women comprised 11.6% of the physician force, but by 2002, they accounted for 25.2% of the total physician population.

Women constitute nearly fifty percent of the medical school population and the majority of learners in all higher education classrooms in the United States. Yet, in the typical classroom, women continue to be the target of gender-biased behaviors (Weiss, 2001).

Gender-biased behavior in the classroom is a well-documented phenomenon. Studies indicate "teachers interact with males more frequently, ask them better questions, and give them more precise and helpful feedback" (Weiss, 2001,

Table 2. Women Medical School Applicants

	1969-70	1979-80	1989-90	2001-2002
	No %	No %	No %	No %
Applicants	2,289 9.4	10,222 28.3	10,546 39.2	16,717 48.0
Enrolled	3,390 9.0	16,141 25.3	23,513 36.2	30,260 45.7
Graduates	700 8.4	3,497 23.1	5,221 33.4	6,970 44.1*

Source: Association of American Medical Colleges (AAMC), Women in Academic Medicine Statistics. \*Estimated in April 2002.

p. 44). Gender biases can also be found in textbooks, visual aides and instructor anecdotes that present women in stereotypical roles such as secretary or homemaker. This sort of covert and overt discrimination significantly increases the tendency of women to physically and mentally withdraw in the classroom (Weiss, 2001).

In order to reduce incidences of gender-biased behavior in the classrooms, continuing medical education providers must consider the many factors that may affect women's learning.

## Biological Perspectives

For centuries, scientists have examined the intelligence of men and women from a biological perspective, examining both the anatomic as well as the cognitive processes of the brain. In the nineteenth century, scientists used the fact that the typical female brain weighed less than that of a typical male to conclude that women lacked intellectual ability. More recently, it has been determined that brain mass is proportionate to the size of the body.

As the centuries passed, scientists refined their measuring tools, gathering more information about the anatomical differences between men and women's brains. During this time, scientists have found various, small differences in the ability of men and women to see and hear and the amount of brain activity used to process information, to name a few. Yet, despite the myriad of differences between the anatomy and functions of the brains of men and women, little to no conclusions can be drawn about the ultimate effects on learning (Hales, 1999). In fact, cognitive studies have found little difference in the intelligence of men and women (Hayes, 2001).

## Psychological Perspectives

Piaget, a noted educational philosopher from the early 20<sup>th</sup> century, found that during games, boys tended to value rules, while the girls valued relationships, even if the game had to be discontinued to retain the relationship. Current psychological theorists confirmed these findings and popularized the idea that women are relational, defining themselves and their environment by their relationships with others. There are many explanations for this behavior. One theory suggests that girls attempt to be like their mother, blending their sense of attachment with the formation of their identity, while boys detach themselves from their mothers, severing their empathetic ties. Supporters of this theory conclude that while women prefer relationships, men prefer individuation (Gilligan, 1982; Miller, 1986).

Another psychological theory popularized the theory that women are connected knowers, while men are separate knowers. Connected knowers are empathetic learners, abstaining from judgment, because they are more interested in understanding how others drew their conclusions. Alternatively, separate knowers do not refrain from judgment. Before others have finished their thoughts, separate knowers have already formulated their argument

(Belenky, Clinchy, Goldberger, & Tarule, 1986; Goldberger, Tarule, Clinchy, & Belenky, 1996). One explanation for this behavior proposes that historically, women have been in a position of less power and thus acquired the ability to empathize with others. This theory suggests that women tend to prefer a collaborative and group learning (Hayes, 2001; Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

Over simplistic generalizations based on either of these theories that imply that all women prefer group learning, do not take into consideration the variety of differences amongst women learners. For example, some women may prefer a collaborative learning style in one setting and a separate learning style in another. Still other women, such as the self-confessed separate knower, E. Hayes (one of the authors of *Women as Learners*), primarily operate out of a separate knowing perspective. Practitioners of this theory must be wary of drawing the erroneous conclusion that women cannot be "competitive, autonomous, or self-directed" (Hayes, 2001, p. 37).

### Feminist Perspectives

The feminist perspective proposes that women's learning is integrally intertwined with the social context within which it occurs. Consequently, women's learning is



affected by historical, social and situational circumstances that may vary by ethnicity, locality, race and culture. As the social context within which the learning occurs changes, the impact on women's learning changes as well. Women's learning, in a particular social context, is ultimately affected by the woman's behavior and the subsequent outcome (Hayes, 2001).

Men and women are often judged by whether they comply or resist the societal norms that define masculine and feminine behavior. In conformance with a societal norm that suggests women should be quiet and self-deprecating, some women choose to be silent in the classroom even though this behavior may lead others to question their academic ability. In resistance to this norm, other women may choose to be domineering and combative, although others may question their femininity (Hayes, 2001).

Talk is an important factor in learning, because it is through verbal communication that learners gain clarification, confirm understanding and explore various topics. Women's talk tends to be oriented towards sharing feelings, whereas men's talk is more domineering and aggressive. Men tend to make statements, dominating the discussion, whereas women tend to use tag questions to elicit comments from others. Because of the nature of men

and women's talk, men are often affirmed and placed in positions of power within the classroom, while women are often perceived as being unconfident and unintelligent, increasing self-doubt in their learning abilities (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000; Weiss, 2001).

The patriarchal system found in society is often replicated in the home, in which women physicians assume responsibility for the majority childcare and household responsibilities (Robinson, 2003). These women physicians find themselves struggling to find the time to meet the demands of home, their career and educational institutions. Some perceive that these women's difficulties were due to lack of organization; however, feminist theorists would suggest that these women's difficulty lies in the social context of the family in which much of their time is controlled by others (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

The feminist perspective on women's learning does not lend itself to concrete conclusions that may be generalized to the entire adult, female population. Instead, it challenges educators to suspend judgment and consider how factors such as race, ethnicity, locality, culture, and society affect women's learning (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

## Perspectives on Practice

In order achieve facilitate women's learning, continuing medical education providers must understand how gender impacts learning and how gender can be used to increase the effectiveness of their instructional practices (Weiss, 2001). Pratt (2002) describes several teaching perspectives, three of which may be found in teaching in the field of continuing medical education: the transmission, development and social reform perspective. The transmission perspective involves the transfer of knowledge from the teacher to the learner. The development perspective focuses on understanding the learner's ways of thinking and then using that information to teach them more complex methods of reasoning. Lastly, the social reform perspective is intent on compelling the learner to adopt the teacher's ideals.

If the activity is taught primarily from a transmission perspective, consider how gender affects the type of knowledge that the learner brings to the classroom and then use this information to develop more effective teaching strategies. For instance, after determining how and when women learners use math outside of the classroom (e.g. calculating sale prices), this information could be

used to formulate relevant examples or to teach problem solving strategies (Hayes, 2001).

If the activity is taught primarily from a development perspective, women learners could be engaged in a discussion or reflection about how gendered belief systems affect their performance. Once these belief systems have been identified, the learners can then be asked to resist those beliefs that interfere with learning (Hayes, 2001).

If the activity is taught from a social reform perspective, explore how gendered belief systems affect learning. Learners could be asked to explore stereotypes and this discussion could lead the learners to question their own beliefs, leaving them open to accepting new ways of thinking (Hayes, 2001).

Continuing medical education providers may also consider using several other strategies to facilitate learning such as increasing the number of female faculty members. Studies indicate that both men and women learners talk more in classes led by women instructors. These findings could be due to the women learners feeling more comfortable, because they view the female instructor as a role model. These findings may also result from men learners sensing less difference in power when the

instructor is female. Lastly, these findings may result from women instructors using teaching strategies, such as discussions, more often than their male counterparts. Regardless of the cause, women's learning is generally facilitated in classrooms led by women instructors (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

Whenever possible, continuing medical education providers should also consider using "all female work teams, presentations, debates, conferencing, papers, application problems grounded in women's experiences, and computer-mediated communication" (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 196) to facilitate women's learning. Continuing medical education providers should also consider offering flexible scheduling and childcare to accommodate women learner's busy schedules. Finally, given the nature of women's talk, continuing medical education providers can make classroom discussions a safe environment for women, by designing and implementing rules that reduce the negative effects of gender biases.

When facilitating women's learning, continuing medical education providers should:

- Respect women as thinking and feeling people; design learning for women as whole people
- Respond to women learners as women from specific social contexts

- Become aware of and list your organizations assumptions about women learners; check them out by attending to women's feedback
- Trace the lines of power and privilege holding the educational status quo in place; find out how women figure into who benefits and how
- Acknowledge that race, class, and gender affect you too; reflect on how they do
- Question how instructional and administrative processes affect women learners
- Create spaces for women learners to talk, question, be in charge, work together and succeed
- Understand that resistance from some women learners may be in their best interest; try to understand why
- Read and talk more about the interplay of race, class and gender in your work with women's learners
- Make the invisible visible, and create a richer, more complex picture of women as learners
- Be open to changing your mind and the way you do things in light of what you learn. (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 187)

### Summary

A review of the literature has revealed that gender is a factor that affects learning, not from a biological perspective, but from a feminist and psychological perspective. When designing educational activities for women, providers must be wary of adhering to theories that reinforce stereotypes, such as those proposed by

psychological theories. Instead, providers are encouraged to embrace the differences between women and men and amongst women learners and use this information to enhance their instructional practices. "The full potential of the increasing number of women physicians will not be realized without continuing efforts to improve the environments in which they are educated" (Bickel & Clark, 2000, p. 671).

## CHAPTER THREE

### METHODOLOGY

#### Introduction

Chapter Three documents the steps used in developing the handbook entitled, *The Continuing Medical Education Provider's Handbook for Accommodating Women's Learning in Continuing Medical Education*. It included a description of the population served and the project development. This chapter presented resources and content validation, outlined the project design, and concluded with a summary of the project methodology.

#### Development

The content of this professional handbook has been developed after researching the literature on women's learning. The primary focus of this professional handbook is to provide continuing medical education providers the ability to use gender to gain insight into appropriate instructional approaches and ways of presenting subject matter.

#### Resources and Content Validation

Extensive research into women's learning was conducted using traditional resources, supporting the validity of this project. Traditional books, journals and



online resources contributed to the essential information presented in this handbook. These resources appear in the references section of this report. The definitions of terms and statistical data were derived from the websites of professional organizations.

A panel of healthcare professionals validated the content of the handbook. These panelists had a rich experience both as learners as well as designers of continuing healthcare education activities. Their comments were solicited and then incorporated into the final product.

### Design

This project was designed to increase educator awareness about the effects of gender on women's learning. This handbook provides insight into current perspectives on women's learning and desk side access to teaching strategies. These teaching strategies could be easily incorporated into any live continuing medical education activity.

The design of the handbook included an introduction to medical educator providing an overview of the text. Following a table of contents, the initial section explains the why the text focuses on women's learning. The next section addresses the various perspectives on women's

learning: biological, psychological and feminist. The following sections focus on effective communication, implications for practice and program recommendations, respectively. The final section contains a curriculum for a staff development program. Throughout, the text outlines the importance of stressing the diversity amongst women as well as between men and women learners.

#### Population Served

Women physicians were the targeted population. Although directed at women only, this project could be applied to men physicians as well. As established in Chapter Two, women's learning is impacted by the social context in which the learning occurs. This professional handbook is designed to increase the effectiveness of instructional practices through the examination of current perspectives on women's learning, the provision of training guidance and the suggestion of alternative practices that take into consideration the many differences between men and women and amongst women learners.

#### Summary

Gender is a unique lens through which educators can evaluate the effectiveness of their instruction. By

highlighting the effects of gender on learning, this handbook hopes to increase educator awareness, dispel stereotypes and decrease gender-biased behavior in the classroom. Instructors can use this handbook, to examine their own views on gender and to increase the effectiveness of their instructional strategies.

## CHAPTER FOUR.

### CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

Included in Chapter Four was a presentation of the conclusions drawn as a result of completing the project. Further, the recommendations extracted from the project are presented. Lastly, the Chapter concludes with a summary.

#### Conclusions

The conclusions extracted from the project follows. For continuing medical education providers to adequately accommodate women's learning, it is essential that they appreciate the diversity between women and men learners as well as amongst the cohort of all women learners. The following conclusions were developed and extracted during the research process.

1. Gender is a factor that affects learning.
2. Women's learning is affected by historical, situational and social influences.
3. Women's learning may differ from men's learning as well as amongst other women learners.

## Recommendations

The recommendations resulting from the project follows.

1. All continuing medical educators should receive this handbook and training in women's learning.
2. Further research and evaluation are needed to determine if this handbook should be offered to other adult professional educators.
3. Further research is needed to verify the findings of this project.

## Summary

The literature researched in preparation of this project supported the findings presented in the handbook. Generally, continuing medical education providers do not understand how gender affects women's learning. Consequently, the needs of women physicians are not being met or are inadequately addressed. And without proper training in women's learning, it is likely that gender-biased behavior will continue to persist in higher education classrooms.

The intent of this professional handbook is to provide continuing medical education providers with desk-side access to current perspectives on women's

learning and practice guidelines. This information can be used to plan activities that are conducive to women's learning, enhancing the overall effectiveness of their instructional practices.

APPENDIX  
PROJECT THE CONTINUING MEDICAL EDUCATION  
PROVIDER'S HANDBOOK FOR ACCOMMODATING  
WOMEN'S LEARNING IN CONTINUING  
MEDICAL EDUCATION

The Continuing Medical Education  
Providers' Handbook  
for  
Accommodating  
Women's Learning in  
Continuing Medical Education



## Preface

Intended and directed toward continuing medical education providers, this handbook consists of a brief outline of the literature review presented in Chapter Two. The primary content discusses the need to accommodate women's learning in continuing medical education, analyzes biological, psychological and feminist perspectives on women's learning, and suggests alternative practices. A Continuing Medical Education Program Assessment Checklist and the curriculum for a Staff Development Seminar are included. The content layout of this handbook will benefit the continuing medical education provider, continuing medical education faculty and the learner.

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## The Purpose of Continuing Medical Education

As professionals, physicians are expected to continue to acquire knowledge throughout their professional lives (Egdahl & Gertman, 1977). The medium through which this is accomplished is continuing medical education. The intent of continuing medical education is to “maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients” (ACCME, 1999, p. 3). Live activities, such as national conferences, grand rounds and workshops, are just a few of the many educational formats used by providers to deliver continuing medical education to what is increasingly becoming a more female audience.

## Why Target Women's Learning?

Changing social and economic factors have led to a tremendous growth in the amount of women seeking careers in the field of medicine. In 1970, only nine percent of medical students and 7.6 percent of practicing physicians were female. By 2002, the number of women physicians had dramatically increased to approximately 45.7 percent of medical students and 25.2 percent of practicing physicians (American Medical Association, 2002a; American Medical Association, 2002b). It is predicted that women will constitute fifty percent of the practicing physician population by 2032 (Robinson, 2003).

Women constitute the majority of learners in all higher education classrooms in the United States, yet, in the typical classroom, women continue to be the target of gender-biased behaviors. Gender biases can be found in textbooks, visual aides and instructor anecdotes that place women in stereotypical roles such as secretary or homemaker. Gender-biases can also be found in instructor-student interactions, in which men are typically more affirmed and given positions of power. These behaviors significantly increase the tendency of women to physically and mentally withdraw in the classroom (Weiss, 2001).

In the practices of continuing education, there persists a general lack of understanding of the impact of gender on women's learning. Consequently, the educational needs of women are not being met or are inadequately addressed (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. xi). In order to increase

gender equality in the classroom, continuing medical education providers must first increase their awareness of current perspectives on women's learning.

## Biological Perspectives

For centuries, scientists have examined the intelligence of men and women from a biological perspective, examining both the anatomic as well as the cognitive processes of the brain. In fact, nineteenth century scientists used the fact that the typical female brain weighed less than that of a typical male to conclude that women lacked intellectual ability. Of course, it is now general knowledge that brain mass is proportionate to the size of the body, accounting for the significant difference in mass.

As the centuries passed, scientists refined their measuring tools, gathering more information about the anatomical differences between men and women's brains, detecting small differences such as the degree to which women and men see, hear and exercise brain activity. Yet, despite the myriad of differences between the anatomy and functions of the brains of men and women, little to no conclusions can be drawn about the ultimate effects on learning (Hales, 1999). In fact, cognitive studies have found little difference in the intelligence of men and women (Hayes, 2001).

## Psychological Perspectives

Current psychological theorists popularized the idea that women are relational, defining themselves and their environment by their relationships with others. There are many explanations for this behavior. One theory proposes that girls attempt to be like their mother, blending their sense of attachment with the formation of their identity, while boys detach themselves from their mothers, severing their empathetic ties. Supporters of this theory conclude that while women prefer relationships, men prefer individuation. Thus women prefer collaborative and group learning, while men prefer independent study (Gilligan, 1982; Miller, 1986).

Another psychological theory popularized the idea that women tend to be connected knowers, while men tend to be separate knowers. Connected knowers are empathetic learners, abstaining from judgment, because they are more interested in understanding how others drew their conclusions. Alternatively, separate knowers do not refrain from judgment. Before others have finished their thoughts, separate knowers have already formulated their arguments (Belenky, Clinchy, Goldberger, & Tarule, 1986; Goldberger, Tarule, Clinchy, & Belenky, 1996). One explanation for this behavior proposes that, historically, women have been in a position of less power and thus acquired the ability to empathize with others. This theory also suggests that women tend to prefer collaborative and group learning in lieu of self-directed study (Hayes, 2001; Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).



Practitioners that adhere to these theories must beware of over-simplistic generalizations that imply that all women prefer collaborative and group learning. These generalizations do not take into consideration the variety of differences amongst women learners. For example, some women may prefer a collaborative learning style in one setting and a separate learning style in another. Still other women primarily operate out of a separate knowing perspective. Practitioners of this theory must be cautious of drawing the erroneous conclusion that women cannot be “competitive, autonomous, or self-directed” (Hayes, 2001, p. 37).

## Feminist Perspectives

The feminist perspective proposes that women's learning is integrally intertwined with the social context within which it occurs. Consequently, women's learning is affected by historical, social and situational circumstances that may vary by ethnicity, locality, race and culture. As the social context within which the learning occurs changes, the impact on women's learning changes as well. Women's learning, in a particular social context, is ultimately affected by women's behavior and the subsequent outcome (Hayes, 2001).

Men and women are often judged by whether they comply or resist the societal norms that define masculine and feminine behavior. In conformance with a societal norm that suggests that women should be quiet and self-deprecating, some women may choose to be silent in the classroom even though this behavior may lead others to question their academic ability. On the other hand, some women may resist this norm, choosing to be domineering and combative, although others may question their femininity (Hayes, 2001).

Talk is an important factor in learning, because it is through verbal communication that learners gain clarification, confirm understanding and explore various topics. Women's talk tends to be oriented towards sharing feelings, whereas men's talk is more domineering and aggressive. Men tend to make statements, dominating the discussion, whereas women tend to use tag questions to elicit comments from others. Because of the nature of men and women's talk, men are often affirmed and placed in positions of power within

the classroom, while women are often perceived as being unconfident and unintelligent, increasing self-doubt in their learning abilities (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000; Weiss, 2001).

The patriarchal system found in society is often replicated in the home, in which women physicians assume responsibility for the majority of the childcare and household responsibilities (Robinson, 2003). These women physicians find themselves struggling to find the time to meet the demands of home, their career and educational institutions. Some may perceive that these women's difficulties were due to lack of organization; however, feminist theorists would suggest that these women's difficulty lies in the social context of the family in which much of their time is controlled by others (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

The feminist perspective on women's learning does not lend itself to concrete conclusions that may be generalized to the entire adult, female population. Instead, it challenges educators to suspend judgment and consider how factors such as race, ethnicity, locality, culture, and society affect women's learning (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

## Attending to Women's Learners Voices

The manner in which continuing medical education providers attend and respond to women learners' messages is an indication of how much they care and desire to understand the factors that affect their learning. Thus, attending to women's voices is essential to understanding women's learning.

Communication requires two people, the person that sends the message and the person that receives the message. These messages can be sent using verbal, nonverbal or both methods of communication. In order to communicate effectively, the sender's verbal and nonverbal messages must be congruent and the receiver must receive the message as the sender intended (Johnson, 2003).

In order to effectively receive the spoken message, the receiver must engage in good listening. The key to good listening is paraphrasing, restating the sender's message in the receiver's own words. Paraphrasing builds trust, because it communicates that the receiver cares, about the learner, her feelings and perspectives (Johnson, 2003).

Learning to listen and responding appropriately to the concerns of women learners could expose continuing medical education providers to a wealth of information about women's learning that they may never have considered.

## Implications for Teaching

In order to achieve equitable classrooms, continuing medical education providers must understand how gender impacts learning and how their faculty can use this information to increase the effectiveness of their instructional practices. Pratt (2002) describes several teaching perspectives, three of which may be found in teaching in the field of continuing medical education: the transmission, development and social reform perspective. The transmission perspective involves the transfer of knowledge from the teacher to the learner. The development perspective focuses on understanding the learner's ways of thinking and then using that information to teach them more complex methods of reasoning. Lastly, the social reform perspective is intent on compelling the learner to adopt the teacher's ideals.

If the activity is taught primarily from a transmission perspective, consider how gender affects the type of knowledge that the learner brings to the classroom and then use this information to develop more effective teaching strategies. For instance, after determining how and when women learners use math outside of the classroom (e.g. calculating sale prices), this information could be used to formulate relevant examples or to teach problem solving strategies (Hayes, 2001).

If the activity is taught primarily from a development perspective, women learners could be engaged in a discussion or reflection about how gendered belief systems affect their performance. Once these belief systems

have been identified, the learners can then be asked to resist those beliefs that interfere with learning (Hayes, 2001).

If the activity is taught from a social reform perspective, determine how gendered belief systems affect learning. This discussion could lead the learners to question their own beliefs, leaving them open to accepting new ways of thinking (Hayes, 2001).

Continuing medical education providers may also consider using several other strategies to facilitate learning. Studies indicate that both men and women learners talk more in classes led by women instructors. These findings could be due to women learners feeling more comfortable, because they view the female instructor as a role model. These findings may also result from men learners feeling less difference in power when the instructor is female. Lastly, these findings may result from women instructors using teaching strategies, such as discussions, more often than their male counterparts. Regardless of the cause, women's learning is facilitated in classrooms led by women instructors (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000).

Whenever possible, continuing medical education providers should also consider using "all female work teams, presentations, debates, conferencing, papers, application problems grounded in women's experiences, and computer-mediated communication" (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 196) to facilitate women's learning. Continuing medical education providers may also consider offering flexible scheduling or on-site

babysitting to accommodate women learner's busy schedules and family responsibilities. Lastly, it is imperative that continuing medical education providers implement rules to ensure that in-class discussions are free of the negative effects of gender biases (Hayes, 2001).

## Recommendations

To assess whether women's learning is adequately addressed in their organizations, continuing medical education providers should perform a self-assessment of their programs to determine. For this purpose, a Continuing Medical Education Program Assessment Checklist has been provided in this handbook. Then, as needed, continuing medical education providers should provide training, to increase faculty and administrator awareness of how they too can contribute to making continuing medical education an effective learning environment for both their men and women physician audience. The curriculum for the *Staff Development Seminar for Accommodating Women's Learning in Continuing Medical Education* can also be found in this handbook.



### Continuing Medical Education Program Assessment Checklist

- ❑ Respect women as thinking and feeling people; design learning for women as whole people
- ❑ Respond to women learners as women from specific social contexts
- ❑ Become aware of and list your organizations assumptions about women learners; check them out by attending to women's feedback
- ❑ Trace the lines of power and privilege holding the educational status quo in place; find out how women figure into who benefits and how
- ❑ Acknowledge that race, class, and gender affect you too; reflect on how they do
- ❑ Question how instructional and administrative processes affect women learners
- ❑ Create spaces for women learners to talk, question, be in charge, work together and succeed
- ❑ Understand that resistance from some women learners may be in their best interest; try to understand why
- ❑ Read and talk more about the interplay of race, class and gender in your work with women's learners
- ❑ Make the invisible visible, and create a richer, more complex picture of women as learners
- ❑ Be open to changing your mind and the way you do things in light of what you learn. (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 187-188).

Staff Development Seminar  
for  
Accommodating  
Women's Learning in  
Continuing Medical Education

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Seminar Syllabus

**Seminar Description**

This 240-minute staff development seminar is designed to increase understanding of women's learning. Learners will discuss the importance of accommodating women's learning in continuing medical education, become familiar with current perspectives on women's learning, recognize cues for hostility or affection, and understand how accommodate women's learning in their practices.

**Target Audience:** Administrators of continuing medical education programs and faculty of continuing medical education activities.

**Objectives**

1. Discuss the importance of accommodating women's learning in continuing medical education.
2. Discuss women's learning from a biological perspective.
3. Discuss women's learning from a psychological perspective.
4. Discuss women's learning from a feminist perspective.
5. Identify stereotypes that affect women's learning.
6. Recognize cues for hostility or affection.
7. Identify one method for accommodating women's learning.

## **Requirements**

Learners are expected to attend at least 80% of the activity, actively participate in classroom discussions and complete a self-assessment at the conclusion of the course.

## **Evaluation**

At the conclusion of the seminar, each student will complete an evaluation form. Using a scale of 1 to 5, with 1 equal to not at all and 5 equal to completely, each learner will assess how well they are able to meet each of the stated objectives.

## **References**

- Hayes, E. R., Flannery, D. D., Brooks, A. K., Tisdell, E. J., & Hugo, J. M. (2000). *Women as learners: The significance of gender in adult learning*. San Francisco: Josey-Bass Inc.
- Horizons Electric Lesson Plan Resource (2002). *Business*. Retrieved April 16, 2004, from <http://www.horizonshelpr.org/home/business.html>
- Horizons Electric Lesson Plan Resource(2002). *Public and human services*. Retrieved April 16, 2004, from <http://www.horizonshelpr.org/home/services.html>
- Johnson, D. W. (2003). *Reaching out: Interpersonal effectiveness and self-actualization* ( 8<sup>th</sup> ed.) Boston: Pearson Education, Inc.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class Schedule

<u>Class #</u>	<u>Time</u>	<u>Topic</u>
1	30 Minutes	Introduction
2	30 Minutes	Why Women's Learning?
3	50 Minutes	Current Perspectives on Women's Learning
4	50 Minutes	Effective Communication
5	50 Minutes	Implications for Practice
6	30 Minutes	Closing Remarks/Self-Assessments

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 1: Introduction  
(30 Minutes)

**Goal**

Learners will be able to identify their classmates. Learners will also be able to recognize the objectives and requirements of the course.

**Objective(s)**

Recognize classmates.

Recognize the objectives of the seminar.

Recognize the requirements of the seminar.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Whiteboard
4. Paper
5. Pencils

**Activity**

The instructor and learners will provide short introductions, including first and last names, role in the field of continuing medical education and an interesting or unusual fact. The instructor will then divide the class into two groups. (10 minutes)

Each group will list all of the members of the opposing group by first and last name, without referring to their notes. One person will be selected from each group to read this list, identifying each individual of the opposing group by their first and last names. The group that identifies the most members wins. (10 minutes)

The instructor will provide a general overview and the requirements of the seminar as presented in the syllabus and answer any questions the learners may have. (10 minutes)

**Evaluation**

The instructor will assess learning by walking around and observing how well group members interact and assessing the number of group members each group was able to identify. The instructor will check and evaluate learner's understanding of the course's requirements by asking for responses to open ended questions.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 2: Why Women's Learning  
(30 Minutes)

**Goal**

Learners will be able to discuss the importance of accommodating women's learning in continuing medical education.

**Objective(s)**

Discuss the importance of accommodating women's learning in continuing medical education.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Whiteboard

**Activity**

The instructor will give a short lecture covering the following topics: demographics of the physician sector and the impact of gender-biased behavior in the classroom. The instructor will emphasize the growing number of women in the field of medicine and consequently, continuing medical education. The instructor will also emphasize the prevalence and the nature of gender-biased behavior present in the classroom. (20 minutes)

The instructor will lead the class in a discussion in which learners are encouraged to provide examples of gender-biased behaviors they have witnessed in the workplace or the classroom and the subsequent effects on women's learning. (10 minutes)



**Evaluation**

Instructor will assess learning by evaluating learner responses to open-ended questions and the learners' input to the discussion portion of the exercise.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 3: Current Perspectives on Women's Learning  
(50 Minutes)

**Goal**

Learners will be able to discuss women's learning from biological, psychological and feminist perspectives.

**Objectives**

Discuss women's learning from a biological perspective.

Discuss women's learning from a psychological perspective.

Discuss women's learning from a feminist perspective.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Pencils
4. Paper
5. Whiteboard

**Activity**

The instructor will cite two stereotypes about women's learning. Then, the instructor will divide the class into two groups of persons with similar backgrounds. Each group will then write five stereotypes about women's learning on the paper provided. These stereotypes will then be listed on the board and explained by one group member. (15 minutes)

The instructor will give a short lecture on biological, psychological and feminist perspectives on women's learning, addressing the origins of many of the stereotypes identified by the learners. (25 minutes)

The instructor will then lead the class in a discussion about social factors that affect women's learning. (10 minutes)

**Evaluation**

Instructor will assess learning by evaluating group interaction, the stereotypes listed by group members, and learner response to open-ended questions.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 4: Effective Communication  
(50 Minutes)

**Goal**

Learners will be able recognize cues for hostility or affection.

**Objective(s)**

Recognize cues for hostility or affection.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Pencils
4. Handouts (Recognizing Cues for Affection or Hostility and answer-sheet)
5. Whiteboard

**Activity**

The instructor will provide a presentation on effective communication. The difference between verbal and non-verbal communication and the definition of effective communication will be discussed. Learners will be taught to listen properly and recognize cues for hostility or affection. (30 minutes)

The instructor will divide the class into groups of 4-5 persons of similar background. Each person will be given the handout entitled Recognizing Cues for Affection or Hostility. Individually, each learner will complete the handout. Afterwards, the group members will share their responses, changing answers to agree with the consensus of the group. After completion, each group will be handed an answer-sheet. The group should then evaluate responses and discuss any discrepancies. (20 minutes)

**Evaluation**

Instructor will assess comprehension by walking around and observing group interaction, evaluating how often the learners were able to recognize cues for affection or hostility provided on the handout.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 5: Implications for Practice  
(50 Minutes)

**Goal**

Learners will be able to identify a method for accommodating women's learning.

**Objective(s)**

Identify one method for accommodating women's learning.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Pencils
4. Handouts (Course Descriptions)
5. Whiteboard

**Activity**

The instructor will provide a short lecture on teaching perspectives.

Specifically, the instructor will discuss possible methods of using gendered knowledge to increase the effectiveness of lessons taught from a transmission, developmental and social reform perspective. (25 minutes)

The instructor will then divide the class into groups of 4-5 persons from like backgrounds. Group sizes will be adjusted so that there are no more than six groups. Each group will be given a handout containing a course description. Each group will then identify at least one method for accommodating women's learning in the course that they have been given. One group member will present this information to the entire class for discussion. (15 minutes)

The instructor will provide each learner with a copy of Handout 4: Continuing Medical Education Program Assessment Checklist, which can be used in any institution to assess how well women's learning is accommodated. (10 minutes)

**Evaluation**

Instructor will observe group interaction, ask for responses to open ended questions and evaluate the methods for accommodating women's learning identified by group members.

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Class 6: Closing Remarks/Self-Assessments  
(30 minutes)

**Goal**

Assess how well learners are able to meet the course objectives.

**Objectives**

To assess learning.

**Materials/Preparation**

1. PowerPoint
2. Markers
3. Pencils
4. Handouts (Seminar Evaluation Form)
5. Whiteboard

**Activity**

The instructor will address all questions and provide closing remarks.

Instructor will emphasize the need to accommodate women's learning in continuing medical education. (10 minutes)

Students will complete Handout 5, Seminar Evaluation Form, and give it to the instructor. (10 minutes)

**Evaluation**

Instructor will facilitate learning by answering student questions. Instructor will summarize all evaluations, look for trends and alter future presentations accordingly.



## Handouts

### Staff Development Seminar for Accommodating Women's Learning in Continuing Medical Education

#### Handout 1: Recognizing Cues for Affection and Hostility by D. W. Johnson (2003)

Instructions: Each learner is to complete the following checklist alone, marking an A when he or she believes that the message indicates affection and an H when he or she believes that the message indicates hostility. Upon completion, each learner should share his or her responses with one other. The two should eventually agree upon the correct response and then check their answers against the answers provided. Timeframe: 20 minutes

<u>Answer</u>	<u>Message</u>
_____	1. Looks directly at the other person and gives undivided attention.
_____	2. Greets the person in a cold, formal manner.
_____	3. Engages in friendly humor.
_____	4. Yawns or shows other signs of boredom.
_____	5. Has a relaxed posture and does not appear tense or nervous.
_____	6. Sits close to the other person.
_____	7. Interrupts repeatedly.
_____	8. Leans toward the other person as an expression of interest.
_____	9. Sits relatively far away.
_____	10. Responds directly and openly to the other person's request to one's opinions, values, attitudes and feelings.
_____	11. Uses the other person's vocabulary in explaining things.

---

Number of Correct Responses

---

Name (First & Last)

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education

Handout 2: Recognizing Cues for Affection and Hostility Answer Sheet

1. A
2. H
3. A
4. H
5. A
6. A
7. H
8. A
9. H
10. A
11. A

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Handout 3: Course Descriptions

**Business Letters**

"By composing business letters students will distinguish between the various forms of persuasive speech, including requests, complaints, and opinions. By applying basic principles of English language conventions, students will develop an appreciation for professional form and structure in written communications" (Horizons Electric Lesson Plan Resource, 2002a).

**Career Ladder**

"Students will learn how to look up information about the career of a word processor in the Occupational Outlook Handbook, work in groups, and give an oral presentation. Students will understand career preparation and job acquisition skills required for employment, professional growth, and employment transitions in the field of business" (Horizons Electric Lesson Plan Resource, 2002a).

**Retail Mathematics**

"A position in a retail establishment is the first real world job for many high school youth. Some of the basic skills needed to succeed in these jobs includes proficiency in mathematics and verbal communication. Through completion of the assignments and activities in this lesson plan, students will calculate total dollar amounts, compute sales tax, determine earned commissions, and calculate average earned wages" (Horizons Electric Lesson Plan Resource, 2002a).

**Art of Risk Taking**

"After reading and studying "The Most Dangerous Game," the teacher will lead a class discussion. First, the students will discuss the risks involved in the game within the story. Then, through group and individual writing assignments, students will analyze risk taking as it relates to life. Each student will develop an essay considering a risk he/she may confront in the future, and evaluate their own work as well as the work of his/her peers" (Horizons Electric Lesson Plan Resource, 2002b).

**Lord of the Flies**

"By reading and discussing the literary classic, "The Lord of the Flies," students gain insight about the need to maintain civility in one's dealings with the world. Through lecture and class discussion, students are introduced to the different forms of communication and how awareness can prevent miscommunication among diverse groups. Through group and individual work, students will make comparisons between the characters in the story and relationships they have in real life" (Horizons Electric Lesson Plan Resource, 2002b).

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education

Handout 4: Continuing Medical Education Program Assessment Checklist

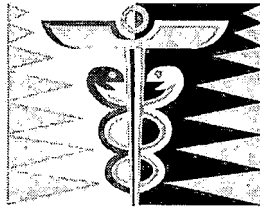
- ❑ Respect women as thinking and feeling people; design learning for women as whole people
- ❑ Respond to women learners as women from specific social contexts
- ❑ Become aware of and list your organizations assumptions about women learners; check them out by attending to women's feedback
- ❑ Trace the lines of power and privilege holding the educational status quo in place; find out how women figure into who benefits and how
- ❑ Acknowledge that race, class, and gender affect you too; reflect on how they do
- ❑ Question how instructional and administrative processes affect women learners
- ❑ Create spaces for women learners to talk, question, be in charge, work together and succeed
- ❑ Understand that resistance from some women learners may be in their best interest; try to understand why
- ❑ Read and talk more about the interplay of race, class and gender in your work with women's learners
- ❑ Make the invisible visible, and create a richer, more complex picture of women as learners
- ❑ Be open to changing your mind and the way you do things in light of what you learn (Hayes, Flannery, Brooks, Tisdell, & Hugo, 2000, p. 187-188).

Staff Development Seminar for Accommodating Women's Learning in  
Continuing Medical Education  
Handout 5: Seminar Evaluation Form

Directions: Given a scale of 1-5, with 1 equal to not at all and 5 equal to completely, circle the number that corresponds with your evaluation of how well you are able to meet each of the stated objectives.

Session #	Objective	Not at all				Completely
1.	Discuss the importance of accommodating women's learning in continuing medical education.	1	2	3	4	5
2.	Discuss women's learning from a biological perspective.	1	2	3	4	5
3.	Discuss women's learning from a psychological perspective.	1	2	3	4	5
4.	Discuss women's learning from a feminist perspective.	1	2	3	4	5
5.	Identify stereotypes that affect women's learning.	1	2	3	4	5
6.	Recognize cues for hostility or affection.	1	2	3	4	5
7.	Identify one method for accommodating women's learning.	1	2	3	4	5

## Staff Development Seminar for Accommodating Women's Learning in Continuing Medical Education

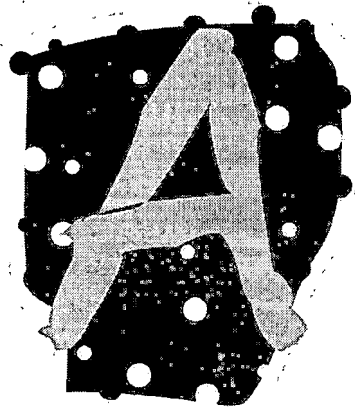


### Course Objectives

- Recognize the need to accommodate women's learning
- Discuss biological, psychological and feminist perspectives of women's learning
- Recognize cues for hostility or affection
- Identify a method for accommodating women's learning



## Overview Requirements

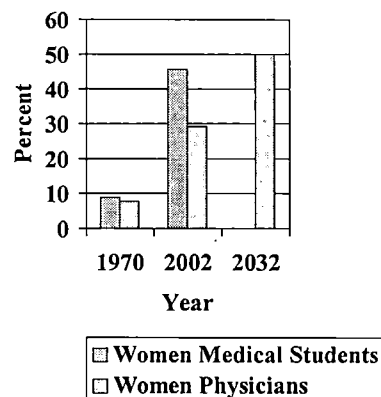


- 80% Attendance
- Complete Self-Assessments

## Why Women's Learning? Changing Demographics

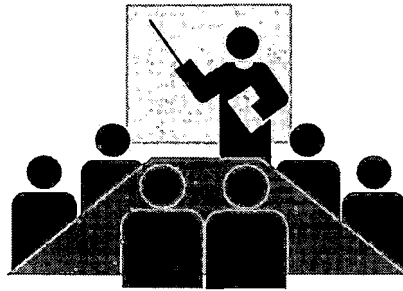


- Economic and social factors have led to a dramatic increase in women physicians.
- By 2032, women are expected to equal 50% of the practicing physician population



# Why Women's Learning?

## Gender-Biased Behavior



- Prevalent in higher education classrooms
  - Teacher anecdotes
  - Textbooks
  - Student –Teacher interactions
- Consequence: Women become silent members of the classroom

# Current Perspectives on Women's Learning

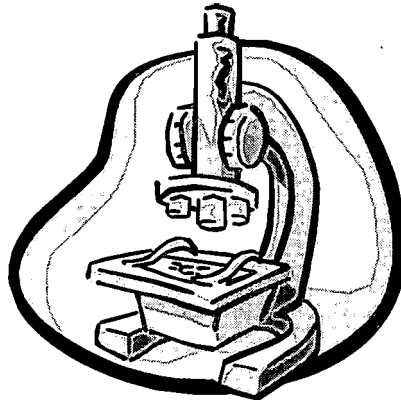


- ✓ Biological Perspective
- ✓ Psychological Perspective
- ✓ Feminist Perspective



## Current Perspectives

### Biological



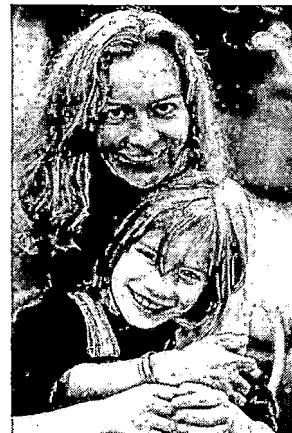
- Does Brain Size Matter?
- Although there are a myriad of slight differences, cognitive ability is quite similar in the sexes

## Current Perspectives

### Psychological



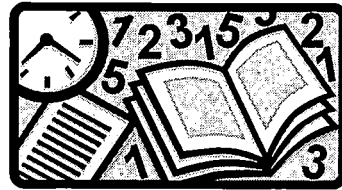
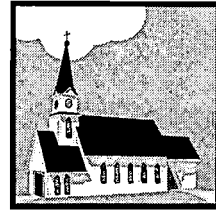
- Relational – Define themselves by their relationship with others
- Connected Knowers; not separate Knowers
  - Empathetic
  - Solicit input from others
- Conclusions
  - Collaborative Learning
  - Group Learning



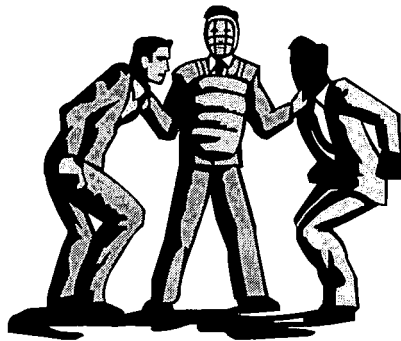
## Current Perspectives

### Feminist

- Consider the context in which the learning takes place
  - Historical Context
  - Social Context
  - Situational Context
- Embrace diversity amongst all learners



## Effective Communication



- Verbal vs. Nonverbal Communication
- Effective Communication
  - Good Listening
  - Receiver receives message the sender intended to send
- Recognize cues for affection or hostility



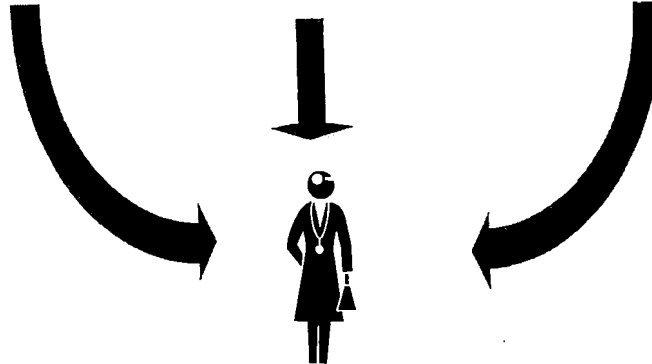
## Implications for Practice



Transmission  
Perspective

Social Reform  
Perspective

Developmental  
Perspective



## Closing Remarks

Please Complete the Self  
Assessment Forms

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