

Gender Disparities in Case Assignments in an Academic Anesthesiology Department: Implications for Pay and Productivity

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BACKGROUND

Gender bias in case scheduling within academic anesthesia departments may result in **discrepancies in compensation and career advancement**. Attendings at our institution may be assigned to supervise up to four Certified Registered Nurse Anesthetists (CRNAs) or up to two resident physicians. If assignments are subject to gender bias, it could allow for potential **differences in ability to earn** American Society of Anesthesiologists (ASA) units and Relative Value Units (RVUs).

METHODS

We performed a **retrospective cohort study** reviewing attending assignments within our high-risk operating suite between January 1, 2020 and May 15, 2020. Primary endpoints were type of assignment (CRNA versus resident), ASA unit production, and RVU production. We tested for treatment differences using Welch's t-test for mean comparisons of quantitative data and the chi-squared test for binary characteristics.

DISCUSSION

Our hypothesis was incorrect. Male and female attendings were **equally assigned** to residents. While we did not measure implicit bias in schedulers, our results suggest a **lack of gender-based implicit bias** with regards to frequency of CRNA assignments.

There was **no evidence** of **gender disparity** in case assignment between male and female attendings in an academic Anesthesiology department

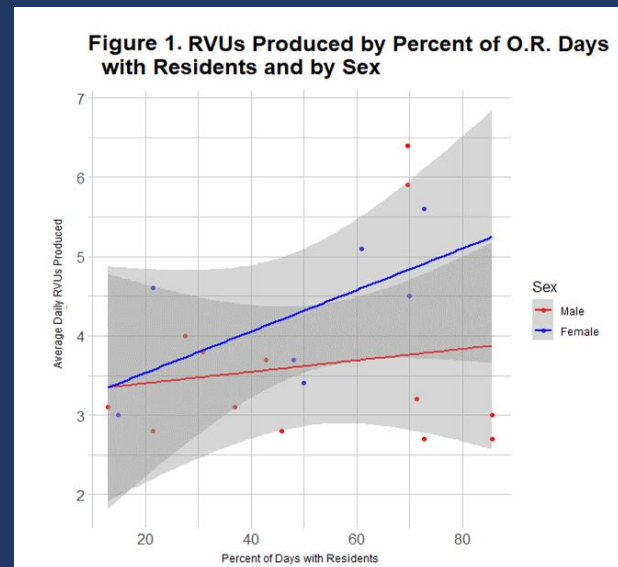


Table 1. Average ASA units by Sex

	Male	Female
Average ASA units	99.3	99.8
Student T-Test	-0.08	
p-value	0.94	
n	20	

RESULTS

Male and female attendings were equally assigned to residents (60.8% vs. 55.7%) ($p=0.75$). Female attendings generated more ASA units working with CRNAs compared with residents (117.3 ASA units vs 86.3 ASA units, $p<0.01$). Female attendings generated more RVUs working with residents compared with CRNAs (5.3 RVUs vs. 3.1 RVUs, $p<0.01$). Male attendings generated more ASA units working with CRNAs than working with residents (122.1 ASA units vs 84.1, $p<0.01$). Male attendings generated more RVUs working with residents compared with CRNAs (4.0 RVUs vs 2.8 RVUs, $P=0.07$). Overall, there was a trend towards greater RVU production in female attendings (4.3 vs. 3.6, $p=0.21$), but **there was no difference in ASA unit production** (99.8 vs. 99.3, $p = 0.94$).



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