Online Appendix – “Gendered Literacies…” – *Discussions Volume 12, Issue 2*

This Appendix contains the author’s unabridged field notes from observing and interviewing three medical professionals, all of whom were observed secretly, consented to have these notes published, and wished to remain anonymous. The data for this project were collected at different times. I interviewed a female OB/GYN, a female dietitian, and a male economist.

**Notes on Dr. Michelle Curry**

At the Botsford Comprehensive OB/GYN Clinic located in Livonia, we interviewed Dr. Curry, who graduated with honors from the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine. She was awarded the Glasgow-Rubin Citation for Academic Achievement, a significant award given to women who graduate in the top ten percent of their medical school. Dr. Curry completed her OB/GYN residency program at McLaren Regional Medical Center in Mt. Clemens, where she also served as Chief Resident. She joined Botsford Hospital in 2011, where she also practices minimally invasive surgery techniques, including the DaVinci robotic system. Dr. Curry is extremely passionate about her job as an OB/GYN because it allows her to build long term relationships with patients and their families and also perform surgery, which she views as an ambitious skill. During her free time around the clinic, she usually reorganizes her patients’ “Thank You” cards, which are pinned on a corkboard, and neatly cleans her recognition awards and glass framed pictures of charity galas hosted by public figures, which are displayed throughout her office. The interview with Dr. Curry was conducted on February 12, 2013 around 4:30 p.m. in her office, which is located inside the clinic.
Interview Transcripts of Dr. Curry

Ira: “Do you think that the partnership you seek with a patient plays any significant role in influencing women to choose female OB/GYNs over male one?”

Dr. Curry: (Smiling and nodding) “I think in general all OB/GYNs have an advantage in means of expanding their clienteles because they only deal with women. And since the field of obstetrics and gynecology consists of mostly women, some are also mothers… [pauses and starts to nervously play with her diamond engagement ring] it is easier for us to communicate with patients. We bond through “women stuff.” If I leave a good impression on my patient, she will tell her friends, family, neighbor, or even co-workers how great her doctor is; that’s why forming a partnership is important also.”

Dr. Curry: “The icebreakers are like stepping stones of forming the partnership. You could start talking about a certain topic…and they [icebreakers] can start by being general and then move into being more personal, like talking about their [patient’s] intimate relationship with their partner or specific women stuff that they’re concerned about.”

Observational Data of Dr. Curry

Dr. Curry also views presentation as an important factor in appealing to her female patients. Every day Dr. Curry arrives at the clinic with her 2003 grey X-Type Jaguar. She enters the clinic and slowly walks to her office in order to avoid the loud clacking noise of her black Christian Louboutin pumps. Before entering an exam room, Dr. Curry applies hand sanitizer and prepares her big smile. When asked about what advice she gives interns when preparing to present themselves to the patient, she simply replied, “Turn your charm on.” Dr. Curry adds that as a doctor, who deals with only female patients, she must act and look like a woman.
When observing the interaction between an OB/GYN and a colleague [including other doctors, nurses, and medical interns] we recognized an identity shift of the OB/GYN that resembled that of a masculine stereotype. For example, as two other doctors were chatting about a birthday party, Dr. Curry seemed isolated from the conversation, sitting in front of her computer with a Starbucks drink in one hand and a patient’s chart on the other. One of the nurses, Kate, approached Dr. Amos, however, as she was about to present the patient medical chart, she was gestured not to talk by Dr. Amos, who had placed her Starbucks down to hold her index finger up, indicating “one second.” Kate took a step back, and forward again when seeing Dr. Amos’ smile. She handed the chart to the doctor and started explaining the results of a diagnostic test that had just come from the hospital’s laboratory. Dr. Amos’ smile faded when she started to ask Kate about the other tests that were previously sent in the lab. Kate’s voice seemed to break in the beginning, when using the phrase “I think,” however, it regained its volume when she started to justify that the results were not confirmed by the lab yet. Squinting her eyes, Dr. Amos stared at Kate for a few seconds, nodded her head, and said: “Hmmm...Ok Thanks.” Kate left the chart by Dr. Amos’ side and resumed her work.