

Supplemental Table 2. Representative Free Text Responses

	Women	Men
<b>Role Misidentification</b>	“Patients and other healthcare professionals assume I am a role other [than] that [of] a physician.”	“I certainly observed several occasions in which a female resident colleague was assumed to not be a physician by a patient.”
	“Patients think I am the nurse, nutritionist, phlebotomy, etc.”	“A number of my female MD resident colleagues are addressed as a nurse, pharmacist, or phlebotomist by patients.”
	“A patient told me that he would not listen to what I said because he wanted to speak to his real doctor.”	“Predominately patients' subconscious biases against women and people of color, for example addressing me (a white male) as the intern rather than my female attending when asking about care decisions.”
<b>Difficult Working Environment</b>	“I very frequently have my medical competency, decision making, and/or the very fact that I am a doctor questioned or doubted by patients, nurses, ancillary staff, and several interns.”	“I've seen female residents not receive the same level of respect as male residents.”
	“More interruptions and questioning being the female intern compared to my male co-intern.”	“I've seen sexually inappropriate comments made to both male and female doctors.”
	“I think my male colleagues are starting from a place where they are assumed to be more competent/know more; I think as a female you're always having to work harder to prove that you're as good.”	“Saw my senior resident face a lot of pushback regarding a particular management issue in the ICU. When I proposed the exact same thing, I obtained no pushback.”
	“Having to formally establish my role/authority in the situation.”	“Female residents often treated differently by providers/staff and patients.”