

2026 Linda Brodsky MD Essay Award Prompt #1

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Year: 3rd

National AMWA Member Since: Sept. 2018

Short Bio: Krupa Patel is a medical student in the Class of 2027 at the University of Michigan Medical School with a strong interest in orthopaedic surgery. She is the President of her AMWA chapter, Founder and President of the Orthopaedic Women's Society, and serves as Vice Chair of the national Ruth Jackson Orthopaedic Society Medical Student Committee. Krupa is deeply involved in mentorship and gender equity advocacy, with a focus on expanding leadership opportunities and improving surgical ergonomics for women. She became a national AMWA member in 2018 and previously served as National Secretary for the AMWA Pre-Medical Division. She is also a recipient of the National Premedical Branch Member of the Year Award. In 2023, she received the National AMWA Most Impactful Diversity and Inclusion Advocacy Initiative Award for founding and leading the Lunar Doula Collective, Michigan's first grief doula program for individuals experiencing pregnancy loss. Outside of medicine, Krupa coaches volleyball for Special Olympics, serves as a boxing instructor for individuals with Parkinson's disease, and volunteers as a hospital magician at the children's hospital.

Essay Title: Unapologetically Me

Word Count: 936

If I had to choose one word to capture my vision for gender equity in medicine, it would be unapologetic.

Unapologetic about ambition.

Unapologetic about asking for space, leadership, and fair pay.

For too long, women in medicine have been taught, both implicitly and explicitly, to dampen their voice. To be grateful rather than bold. To be “easy to work with” rather than the smartest person in the room. To apologize before they ever assert. Dr. Linda Brodsky's life and work directly oppose that narrative. She did not ask quietly for equity, rather, she demanded it. And in doing so, she made space for the rest of us.

I did not always understand the cost of apology.

As an undergraduate, I was the only woman in leadership within a male-dominated premedical surgical interest group. I remember sitting in a planning meeting where my idea was brushed aside, only to be echoed minutes later by a male peer and immediately praised. I stayed quiet. I told myself it wasn't worth making things awkward. I learned, early, how to make myself smaller.

Years later, as a medical student pursuing surgery, that instinct resurfaced. In the operating room, I was eager but cautious—careful not to take up too much space, careful not to be “too much.” I watched male classmates step forward confidently, ask for the instrument, claim the closure. I waited to be invited. I told myself that patience was professionalism.

But the truth was simpler and harder: I was apologizing for wanting to be there.

That realization first took shape during a spine surgery shadowing experience in Yonkers, New York. I had traveled hours from home to work with a private practice surgical team, excited to be in the OR every day. It wasn't until I saw the locker room doors that the dissonance hit. The men's locker room was clearly labeled "For Doctors." The women's door read "For Nurses."

At first, I told myself it wasn't intentional. That someone else would have said something if it mattered. But before and after every case, I watched female surgeons walk past the "For Nurses" sign to change elsewhere, and I felt the message land, quietly but clearly. This space was not built with them in mind.

So, I did something I had never done before: I filed a formal petition with the hospital CEO. A month later, I found myself sitting in front of the Board of Trustees, making the case for why those labels mattered and why they needed to be removed. I was a student. They were the board. And for the first time, I did not apologize for taking up space.

The decision was unanimous. The labels came down.

It was a small change on paper. But for me, it was the moment I understood that advocacy does not require permission and that silence is its own form of complicity.

The turning point became even clearer while I was mentoring younger students, especially women, on their surgical rotations. They started pulling me aside with the same fears: *Am I annoying? Am I too aggressive? Do I belong here?* I heard my younger self in every one of them. And I realized that if I kept modeling apology, I was teaching them to do the same.

So I stopped.

I became unapologetic about introducing myself confidently in the OR. Unapologetic about taking leadership roles. Unapologetic about building the spaces I wished had existed for me.

That shift is what led me to found and lead a women-focused orthopaedic organization, build multi-tiered mentorship programs, and work nationally to create pipelines for women into surgery. It is what pushed me to advocate for scholarship access, regional funding, and leadership representation. It is what drives my work on surgeon ergonomics—because women should not have to physically suffer in systems that were not designed with them in mind.

Dr. Brodsky's mission to help women physicians get the jobs they want, the pay they deserve, and not become prisoners of their careers resonates deeply with me because it calls out a reality many of us quietly live. Medicine can be a dream and a cage at the same time. Women are still disproportionately asked to absorb emotional labor, accept less, and sacrifice more. Dr. Brodsky did not accept that bargain. Neither will I.

Being unapologetic does not mean being unkind. It means being clear. It means knowing your worth before someone else assigns it to you. It means walking into negotiations expecting equity,

not gratitude. It means mentoring the next generation to see leadership as their birthright, not a privilege they have to earn through silence.

One of the proudest moments of my training has been watching younger students I mentor stand taller, speak sooner, and claim space more quickly than I ever did. They introduce themselves with confidence. They ask for opportunities. They do not apologize for wanting surgery. When they tell me, “I didn’t think I could do this until I saw you do it,” I am reminded that representation is not symbolic. It is structural.

That is the legacy I want to build.

I carry “unapologetic” with me into every room: the operating room, the conference room, the boardroom. I will carry it into residency, into leadership, into advocacy. I will use it when negotiating contracts, when pushing for institutional change, and when mentoring the next generation of women physicians. I will use it to challenge systems that reward self-erasure and to build ones that sustain ambition.

Dr. Linda Brodsky showed us that equity is not given—it is claimed.
I intend to claim it. Unapologetically.