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Belonging

The morning of my white coat ceremony, my hands trembled as I waited for my turn to walk onto the stage. I focused on my breathing, taking slow, deliberate inhaleds and exhaleds as I tried to steady myself. In those moments, I was acutely aware of how long the path to the stage had been—not only for myself, but for women before me. As the white coat was placed over my shoulders, a quiet sense of pride and gratitude washed over me. In the weeks leading up to the ceremony, I had been reading about Elizabeth Blackwell, the first woman in the United States to earn a medical degree, whose persistence made women's belonging in medicine possible and whose story has stayed with me ever since. That moment, as the white coat settled over my shoulders, marked not only a personal milestone, but the feeling of finally belonging in medicine, myself.

Although women are no longer formally excluded from medicine as they were in Elizabeth Blackwell's time, inequity persists today, often manifesting in ways that are far less visible than in the past. I first became aware of these subtler forms of inequity not through history, but through my own early experiences in healthcare. That reality came into focus during an immersive undergraduate pre-medical summer program in Miami, where I shadowed physicians in the hospital setting. A notable observation from this experience, which felt especially striking in a city with such a prominent Hispanic population, was the scarcity of Latina physicians on the wards. As a woman of Hispanic descent, not seeing female physicians in the clinical setting who shared my heritage shaped how I imagined my place in medicine.

When a direct path into medicine felt uncertain, I entered healthcare through nursing. Nursing offered proximity to medicine and the opportunity to care for patients. Over time, I gained insight into how a female-dominated profession is perceived within clinical hierarchies. While nursing emphasized care delivery, many clinical decisions were determined beyond my role. The desire for clinical autonomy and confidence to make safe clinical decisions for patients, in both critical situations and routine care, soon became a growing priority for me. At times, I felt uneasy about the limits of my own medical knowledge, especially when voicing concerns for my patients was met with less respect or urgency than I expected from some physicians. Over time, I recognized the constraints of my role and authority within that structure. Years later, this realization would ultimately redirect me toward medicine.

While many applauded my decision to pursue medical school, I also encountered significant pushback. This discouragement was often framed as advice: a male classmate warned that medicine would leave little room for marriage or family; some reminded me of the “years and years” of training and the associated debt; and a premedical advisor told me she doubted my chances of gaining admission to a U.S. medical school. Others suggested redirection, questioning why I would not simply choose to become a nurse practitioner, a path that mirrored conventional career expectations for a woman in my position to remain within the nursing model. While the nurse practitioner role is a respected component of healthcare, I chose the medical model because I wanted the depth of medical training and knowledge that comes with becoming a physician. Choosing this path was the option that I believed best aligned with my goals and transcended what I felt were systemic constraints.

My path through nursing and into medicine has given me a perspective on gender inequity shaped by lived experience. More importantly, moving through both nursing and medical training exposed how gender inequity is reinforced through differences in authority, voice, and decision-making. Now, as a medical student, I have learned that equity remains unrealized within the profession I am entering. Becoming aware of persistent pay disparities between women and men in medicine has been particularly unsettling, not as an abstract statistic, but as a reality that will shape the careers of women physicians alongside me. That these disparities are even more pronounced in medicine than in nursing reinforces what experience had already shown me: inequity is not confined to any single professional role. Although more women now enter medicine, gender equity remains incomplete. Whether reflected in leadership representation or compensation, such inequities arise from historically rooted gender hierarchies embedded within the medical profession and signal where meaningful change remains possible.

The sense of belonging I felt on the stage that morning did not come easily, and it did not come alone; it was a moment made possible by those who fought for gender equity long before I stood there. At the heart of my vision for gender equity in medicine—and of women's place within it—is the word I carry forward from that day as a reminder of my place in this profession: belonging. As a Hispanic woman pursuing medicine, I am driven to expand this sense of belonging by increasing my own visibility and representing patients and future physicians who rarely see themselves reflected in positions of medical leadership. I am especially dedicated to continuing my mentorship of young women in medicine. My hope is to help high school and pre-medical students find a sense of belonging earlier than I did, while supporting medical students in carrying that empowered sense through their training. An empowered sense of belonging will

guide other women and me across medicine as we strive toward true equity, to secure the roles we want, command the compensation we deserve, and find the professional fulfillment to truly “have it all”. This sense of belonging sets the stage for an equitable future.

Bio:

Bernice Diaz (she/her) is a second-year osteopathic medical student at Touro College of Osteopathic Medicine in Harlem, NY, and a registered nurse with over a decade of clinical experience. A first-generation college graduate of Dominican heritage, she earned her nursing degree from the University of Miami in 2014 before deciding to pursue medicine years later. Through her path in nursing and medicine, Bernice has developed a strong commitment to clinical excellence and culturally responsive practice. She is actively involved in student leadership initiatives that support underrepresented students across the medical education pipeline, as well as local community involvement through clinical service and health outreach. Drawing on her lived experiences in healthcare, Bernice hopes to pursue a career in internal medicine with a focus on advocacy, mentorship, and improving equitable access to care for diverse communities.