

## Undressing Consent

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Rummaging through my pile of laundry, I scramble to find a clean bra. My roommate teases, “be sure to wear a cute one for him.” A push-up seems aggressive. The sports bra makes me look like a 12-year-old boy. I settle for simple lace. It sends the right message: functional yet feminine. I apply makeup, not too much, concealer and mascara. I shave my legs, my underarms ... just to be safe. I trace the stretch marks on my stomach and wince at the thought of him noticing them. One last glance in the mirror. I’m on my way.

As I walk into the room, he quickly shuts the door. I grab some washcloths from the closet to clean up after. I slip off my shirt and try to get comfortable. He turns off the lights and squirts the gel on my chest.

Grabbing the probe, he asks, “Can I move your bra strap?” My body tenses. I move the strap myself. He scans my heart, starting with the parasternal long axis view, the least intimate scan. *Thump. Thump. Thump* – the sounds correspond to each flicker on the screen. *My heart races. Does he notice?* He proceeds through the assigned scans.

He reaches the apical four-chamber cardiac view, the most intimate chest scan. His cold hand presses against the lower half of my left rib. “I can’t see anything,” he reports as he oscillates the ultrasound probe, searching for the left ventricle. The door opens suddenly. The instructor pops in, “Need any help here?” I suck in my stomach. Silently, I beg. *Me, I need help. Please make us switch roles.* The scanner or the scaneer—it’s not a surprise which one I’d rather be.

The instructor stands beside my partner, leaving the door to the hallway ajar. I lie on the table, exposed from the waist up. I feel violated. The cold sweats come on each time someone walks by the door. *Did they see me?* The instructor directs my partner’s hand on my body, “Show me how you placed the probe earlier.” My partner positions the probe on my rib, along the mid-axillary line, hesitating to drift the probe higher and more medial. The instructor inches my partner’s hand higher and higher. I shift my bra up. My lower breast is exposed.

“Now do it again by yourself,” the instructor tells him. I lie there pulling my breast up and away. *Hurry up and find my heart already.* He’s finished. I wipe the gel off my body and slip my top back on. I look at him, and jealousy surfaces. I feel jealous of my male classmates. Chest scans do not reveal the most intimate parts of their bodies.

Class is over. Students file out of exam rooms along the hall. I think about what happened in those rooms. *Did they lift their bras?* I wonder how my experience would differ if I was a male student. *Would it differ at all?* Then I wonder how much of myself I will have to expose for my medical education.

In those first months of medical school, I vacillated between excitement and dread. In the beginning, instructors assigned us partners. As partners, we conducted telemedicine visits with patients, completed group quizzes, practiced physical maneuvers, and studied for hours. When I heard about our ultrasound curriculum, I felt excited. Practicing ultrasound was our first real medical skill. I eagerly imagined visualizing my own anatomy, honing techniques for my future patients. We started with shoulder and knee scans.

It was during the transition to the chest and abdomen that excitement transformed into apprehension and then dread. My partner and I, like many other pairs, were opposite sex. This awkwardness compounded our novice ultrasound skills as first-year medical students. Collegiality crossed into intimacy when he saw my pubic hair line in the uterine

scan.

For months, I buried these emotions. The dread superseded the learning objectives: to learn the ultrasound techniques and image the anatomy. As our preclinical time came to an end, I finally shared my experiences with other women in my class. I should have realized I wasn't alone. As we talked, we realized we never fully understood what we did and did not have control over in the exam room, including our own bodies. Together, we talked about how our bodies were transformed into textbooks for our peers to study, investigate, and analyze.

Ultrasound is over now.

We reclaimed some of our agency, using course evaluations to give feedback locally. They say they are making changes; the classes that come after us will hopefully have a different experience. We wonder how many other students across the country are undressing themselves in the name of medical education. We question how medical schools and training programs are teaching and modeling consent within their curriculum. Consent cannot be assumed, expected, or binding. In ultrasound, we became the patient, vulnerable at the hands of a provider.

We do not know if our partners assumed or expected our consent. We now question if they even considered consent in those moments. *Did they recognize their power and our vulnerability?* Now we wonder if our peers will consider consent when it's a patient sitting on the exam table. How faculty teach us to consent one another and model the practice for us influences how we will consent patients in our future practice. *If a system fails to protect its learners, how will it protect our patients?*

We leave for our first clinical rotations in a few weeks, and we worry about what hidden parts of the curriculum are waiting for us. We continue to encourage one another to protect our agency in situations that feel out of our hands. As we advocate for our patients, we must remember to advocate for ourselves.

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