# EAST Commitment to Equity, Quality & Inclusion

It should not be the responsibility of those experiencing abuse to speak out against it.

It is the responsibility of leaders and allies to protect their colleagues from bias in all its forms.



Cultural shift requires commitment from departmental leaders



All individuals should feel empowered to and responsible for addressing bias



We need clear improvement processes in admissions, hiring, and advancement



We must test to ensure responsible parties understand & address biases









# Five Key Barriers to Equity and Inclusion

306 EAST respondents

A cross-sectional, mixed methods online anonymous survey

Norms that surgeons must be tough and aggressive to garner respect



Lack of supportive benefits like parental leave



Difficulty in reporting discrimination



Few meaningful conversations on equity & inclusion

Poor representation in leadership roles











# Obstacles to Improving Inclusion In Trauma Surgery

Major structural issues make systems resistant to change and enable sexual harassment

### **Male-Dominated**



Women may be burdened with making organizations compliant rather than getting buyin from leaders

### **Tolerant**



Organizations often fail to take complaints seriously or fail to protect reporters from retaliation from superiors

### Hierarchical



Perpetrators may be highly respected and gatekeepers to professional opportunity, making reporting hard

### Isolated



Harassment may occur in places where there are few witnesses and limited support systems









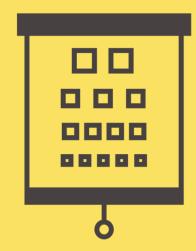
# Understanding and Countering Implicit Bias

### **Bias We All Share**



Implicit bias is the automatic or involuntary attitudes we have about members of distinct social groups that **unconsciously** affect our beliefs or actions

## **Find Your Blind Spots**



Implicit Association Testing can help identify where you might be most biased, but self-reflection to assess if your automatic reactions may be biased is also warranted

## **Transparent Criteria**



You can't eradicate automatic thoughts, but you can develop systems around hiring, promotion, and evaluation to avoid formally codifying these implicit biases









### Building to Burnout: Cumulative Impact of Disparity

### **Identity-Based Bias**



½ of women, LGBT+ doctors, and religious minorities experience frequent workplace discrimination



Surgeons are particularly likely to discourage minorities from entering the field

### **Professional Gaps**



Surgery has among the largest gender-based pay gaps of any profession



Black males constitute only 2% of full-time medical school faculty



Few LGBTQ+ surgeons in leadership positions nationally

#### **Burnout**



Exclusion triggers doubt, decreased morale, and depression



Hard to address discrimination from patients without hurting your bond



Inequitable advancement eads to attrition









## Understanding & Responding to Microaggressions as a Recipient

Microaggressions: brief and often commonplace verbal, behavioral, or environmental indignities (whether intentional or unintentional) that cause members of social groups to feel stigmatized



#### **Link Evidence & Experience**



Data is important, but often not enough to drive change without a personal narrative

#### **Educate Rather Than Excuse**



Microaggressions are often unintended, but they shouldn't be ignored

### **Prepare Response Strategies**

Direct Question: What do you mean by that?

Assume Good Intent: I'm sure you didn't mean to suggest [x]"

Call someone in: Can we talk about what just happened?

Acknowledge Emotion: I didn't feel great about how this went











## Understanding & Responding to Microaggressions as an Ally

Microassault: overt discrimination "We don't want [religious group] here."



Microinsult: subtle snubs, often unknown to the perpetrator "You're smart for a girl!"



Microinvalidation: devaluing or **exclusionary events** "I don't see color; the most qualified person got the job."

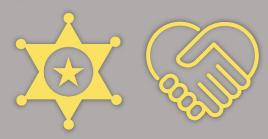


### **Call-In rather than Call-Out**



Emphasize that everyone makes mistakes; we all learn & lead with empathy

### Identify and Behave as an Ally



Verbal commitment must be backed with enforcement in public and private

### **Create Departmental Policy**



Clearly delineate steps for reporting events and consequences for repeat offenders

#### Listen and Ask for Feedback



Take colleagues' experiences seriously and ask if you're doing enough to help











## Simple Switches: Transforming Daily Interactions to Become Inclusive

#### **Small Talk:**

Move away from what people are to what they do

'Where are you from?' to: What do you do outside work?

'Are you married?' to: With whom do you spend time?

'Is that your husband?' to: Who is here with you?

### Avoid **Tokenism:**

Recognize individuals within a group

Don't assume all members of a group speak a language or want to translate

Don't rely on one person to represent a group or to educate the majority

Affirm others' experiences: Unobserved ≠ false

#### **Events:**

Pick times and places that are welcoming to all members

Be cognizant of those with young families; vary meeting times

> Pick universally comfortable places (e.g. not bars)

Invite broadly; let people decide to decline themselves

### **Expand Horizons:**

Understand your weaknesses and strive to improve

Practice saying unfamiliar names and avoid abbreviating unless instructed

Take a proactive approach to learn about others

Don't rely on or perpetuate stereotypes







