



33rd EAST Annual Scientific Assembly

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@EAST_Trauma

#EAST2020

#EAST4ALL

Equity on the Frontlines of Trauma Surgery

An #EAST4ALL Roundtable

*Presented by the EAST Equity, Quality, and Inclusion in
Trauma Surgery Practice Ad Hoc Task Force*



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

Dr. William Lynn Weaver, 1950-2019



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#EAST4ALL: An introduction to the EAST equity, quality, and inclusion task force

Stephanie Bonne, MD, Brian H. Williams, MD, Matthew Martin, MD, Haytham Kaafarani, MD, William L. Weaver, MD, Rishi Rattan, MD, Patricia M. Byers, MD, D'Andrea K. Joseph, MD, Paula Ferrada, MD, Bellal Joseph, MD, Ariel Santos, MD, Robert D. Winfield, MD, Sandra DiBrito, MD, PhD, Andrew Bernard, MD, and Tanya L. Zakrison, MD, Lexington, Kentucky



Scan me with your
phone camera to read!

<http://bit.ly/EAST4ALL>



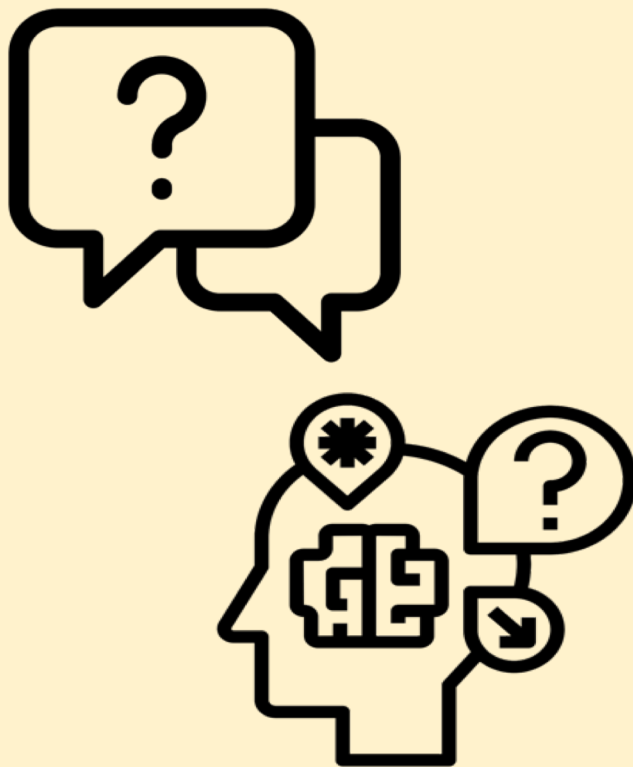
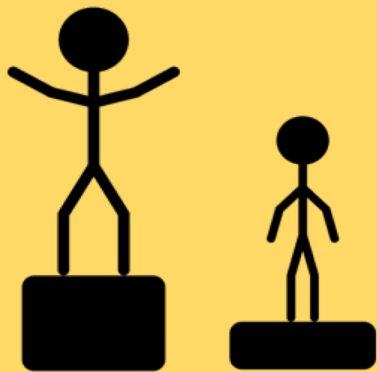
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If you listen real hard,
you'll hear the
awkward silence you
just created.



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Why did we do this?



Perception of
unequal treatment

+

Unknown extent
of the problem

→

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The #EAST4ALL survey



Who we are



What we
experience



What is
problematic

Equity and inclusion are important to us!

To be presented at 15th Annual Academic Surgical Congress



Who are we?



- 1 in 4 are people of color
- 4 in 10 are female
- 1 in 10 are not heterosexual
- Just over a half are Christians
- Majority are ages 38-58 years
- Majority are academic surgeons
 - 33% are/were residency or fellowship PDs, division chiefs, or department chairs

What do we experience?



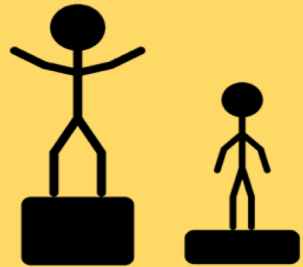
- Different people perceive equity and inclusion issues differently
- Females report more unfair treatment due to their age, appearance, and gender
- People of color report more unfair treatment due to their race or ethnicity
- **Most discrimination occurs in the workplace**

Where are the barriers?



- Tough + aggressive → respect
- Lack of supportive benefits like parental leave
- Difficulty in reporting discrimination
- Lack of meaningful discussions on equity and inclusion
- Lack of representation in leadership

Now what?



Unequal and unfair treatment is real



Work together to make things better



Potential remedies

- Active workplace leadership
- Anti-bias programs
- Recruitment & promotion of women & minorities
- Mentorship of under-represented groups

Start a discussion!

#EAST4ALL Roundtable Cases for the Panel

*Presented by the EAST Equity, Quality, and Inclusion in
Trauma Surgery Practice Ad Hoc Task Force*

Moderators: D'Andrea Joseph, MD and Andrew Bernard, MD



Panelists

1. Stephanie Bonne, MD, FACS
2. Julie Freischlag, MD, FACS
3. Nicole Goulet, MD, FACS
4. Bellal Joseph, MD, FACS
5. Cathleen Khandelwal, MD, FACS
6. Deborah Stein, MD, MPH, FACS
7. Brian Williams, MD, FACS



Case 1: The Customer is Always Right?

-Responding to Racial Bias from a Patient

- Patient in ED with appendicitis
- Junior resident worked them up
- Good case for them
- Patient: “I don’t want an African American surgeon to operate on me.”
- “I’m not a racist. I’d just be more comfortable.”

What’s your approach?



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Case 2: Equal Work for Equal Pay? -Addressing the Gender Pay Gap

- Faculty peer brings concern to you (as Chief)
- Learned a male counterpart is making \$25K more/year



Faculty Comparison:

- **\$325,000/year**
- 70% clinical DOE (20% research)
- Between grants (unfunded)
- Year 4
- Student Eval 3.6
- 2 Resident teaching awards
- HCAHPS 82%
- 90% faculty meeting attendance
- 8,389 RVUs over 8 months
 - Parental leave
- **\$350,000/year**
- 90% clinical DOE
- 3rd Yr Clerkship director
- Year 5
- Student Eval 3.85
- 3 Resident teaching award
- HCAHPS 75%
- 50% attendance
- 10,680 over 12 months

What's your approach?

Case 3: Moving from the Unconscious to Heightened Consciousness: **-Microaggressions and Implicit Bias**

- Rounds
- Chief resident gets impatient with an intern
- The intern is not a native English speaker
- Chief: 'You need to listen better if you can't understand what I'm saying.'

What's your approach?

Case 4: Righteous Indignation or Angry Mob?: -Social Justice versus Social Media

- An important lecture
- A respected colleague is speaking
- They make a statement with which you don't agree
- Some of your colleagues also felt that it 'missed the mark'
- Unintentional
- You feel compelled to say something

How do you convey your concern?

How can you be an upstander rather than a bystander?

What is call-in vs. call-out culture?



EAST Equity, Quality and Inclusion Task Force – **The Toolkit**

Guidelines and Processes Work Group

Plenary Session, January 17, 2020

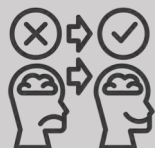
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EAST Commitment to Equity, Quality & Inclusion

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

EAST Equity, Quality and Inclusion in Trauma Surgery Practice Ad Hoc Task Force

 Visual abstract by @CAHarrisMD

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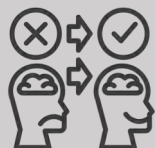


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Defining the Problems

1. Harassment & Discrimination

- Causes burnout, career dissatisfaction & poor mental health

2. Gender Pay Gap / Parity

- Harmful to women's economic security

3. Implicit Bias & Microaggressions

- Cause burnout & disparities

4. Call-out Culture

- Toxic, divisive, ineffective at changing minds



Inclusion



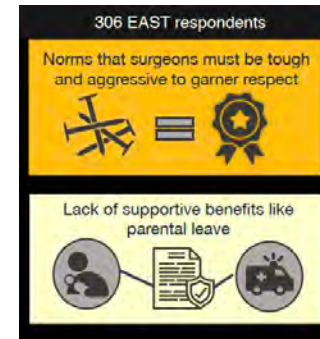
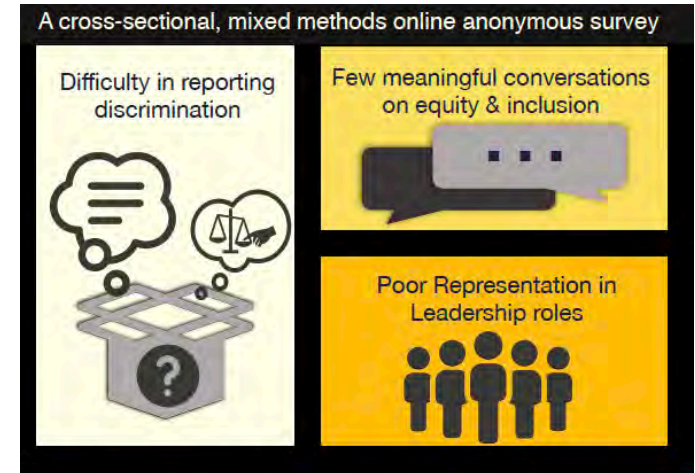
Communications



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Barriers to Change

- Major structural issues in medicine & academia that makes these systems **resistant to change**
- **BUT**...people are starting to talk about these issues in ways that we have not seen before
 - Upstanders not bystanders



Implementing Change Through EAST

- **EAST** is helping institutions and organizations succeed in their equity, quality and inclusion efforts
- Demonstrating **commitment** from leaders in the field
- Guidelines and Processes Work Group
 - comprehensive toolkit
 - empower EAST members to address any form of discrimination in their own institutions

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.



Harassment & Discrimination Toolkit

- **Evidence-based standards** to properly address allegations of abuse:
 - **Take complaints seriously and protect reporters**
 - Address the **CULTURE** that allows abuse to flourish
 - NAS report on sexual harassment
 - National Women's Law Center
- **Individuals** should know their legal rights
 - The Equal Employment Opportunity Commission: (<https://www.eeoc.gov/eeoc>)
 - The Institute for Women's Policy Research
 - Department of Education Title IX resource guide

Identity-Based Bias



1/4 of women, LGBT+ doctors, & religious minorities experience frequent workplace discrimination



Surgeons are particularly likely to discourage minorities from entering the field

Racism in Health Care

Systemic racism and U.S. health care

Joe Feagin*, Zinobia Bennefield

Department of Sociology, Texas A&M University, College Station, TX 77845, USA

J. Feagin, Z. Bennefield / Social Science & Medicine 103 (2014) 7–14

America: Equity and Equality in Health 3

Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett



POLICIES, PROGRAMS AND STRATEGIES TO ADDRESS ANTI-INDIGENOUS RACISM:
A Canadian Perspective



Addressing Racism in Medical Education: An Interactive Training Module

Tanya White-Davis, PsyD; Jennifer Edgoose, MD, MPH; Joedrecka S. Brown Speights, MD; Kathryn Fraser, PhD; Jeffrey M. Ring, PhD; Jessica Guh, MD; George W. Saba, PhD

(*Fam Med.* 2018;50(5):364-8.)
doi: 10.22454/FamMed.2018.875510

www.thelancet.com Vol 389 April 8, 2017



The art of medicine

The case for desegregation

Rhea W Boyd

Palo Alto Medical Foundation,
rheaboydmd@gmail.com

www.thelancet.com Vol 393 June 22, 2019

A PIECE OF MY MIND

Oluwadamilola "Lola" M. Fayanju, MD, MA, MPH
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of Surgery, Durham
VA Medical
Center, Durham,
North Carolina.

Hiding in Plain Sight

JAMA December 10, 2019 Volume 322, Number 22

Dealing with Racist Patients

Kimani Paul-Emile, J.D., Ph.D., Alexander K. Smith, M.D., M.P.H., Bernard Lo, M.D., and Alicia Fernández, M.D.

N ENGL J MED 374;8 NEJM.ORG FEBRUARY 25, 2016

Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

DOI: 10.1056/NEJMp1609535 *N Engl J Med.* 2016;375(22):2113–2115.

Gender Pay Gap Toolkit

- Pay should be equal under the Equal Pay Act of 1963
- **What organizations can do:**
 - Narrative review Dr. Ariel Santos:
 - T - Transparency
 - L - Leadership
 - C - Communication
 - Ensure routine assessments of gender equity in performance reviews
 - ➔ • **A Structured Compensation Plan Improves But Does Not Erase the Sex Pay Gap in Surgery, [Ann Surg.](#) 2018 Sep;268(3):442-448.**
- **Resources for individuals:**
 - Promotion and professional advancement for women and minorities - AWS toolkit <https://www.womensurgeons.org/page/GenderEquity>



Implicit Bias/Microaggression Toolkit

- FIRST recognize that implicit bias and microaggressions are occurring
- **For Individuals:**
 - Find your blind spot, prepare response strategies
 - Bias cleanse: <http://www.lookdifferent.org/what-can-i-do/bias-cleanse>
- **Institutions/Organizations:**
 - Avoid codifying implicit bias
 - Implement implicit bias testing: <https://implicit.harvard.edu/implicit/takeatest.html>
 - Educate rather than excuse
- **Reducing Implicit Bias: Association of Women Surgeons #HeForShe Task Force Best Practice Recommendations** [J Am Coll Surg](https://doi.org/10.1016/j.jamcollsurg.2018.12.011). 2019 Mar;228(3):303-309.
<https://doi.org/10.1016/j.jamcollsurg.2018.12.011>
- **Recognizing and Reacting to Microaggressions in Medicine and Surgery** [JAMA Surg](https://doi.org/10.1001/jamasurg.2019.1648). 2019;154(9):868-872. [10.1001/jamasurg.2019.1648](https://doi.org/10.1001/jamasurg.2019.1648)



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

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Call-IN Culture Toolkit

- For institutions AND individuals:
- Shift to a *call-in* culture
 - Avoid public “pile-ons” of criticism for committing error
 - Instead of shaming others, teach them
 - Should not just be the responsibility of the target of abuse
- Find teachable moments in transgressive behavior
 - Start with private communication, nonthreatening confrontation, and request to alter the behavior
- Resources: <https://everydayfeminism.com/2015/01/guide-to-calling-in/>

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



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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



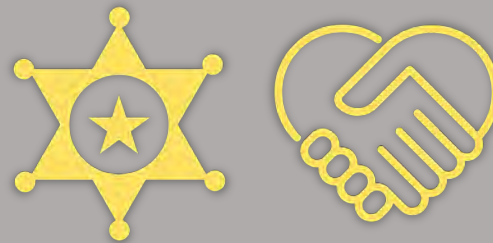
Emphasize that everyone makes mistakes; we all learn & lead with empathy

Create Departmental Policy



Clearly delineate steps for reporting events and consequences for repeat offenders

Identify and Behave as an Ally



Verbal commitment must be backed with enforcement in public and private

Listen and Ask for Feedback



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

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Summary

- EAST fosters a culture that minimizes bias and recognizes and addresses systemic inequities
 - Reflected in our organizational mission, vision, and values
 - We still have work to do, we can do the work together
- We need allies! **WE NEED YOU TO DO THE FOLLOWING 3 THINGS:**
 1. Check your own biases
 2. Share & utilize the toolkit at your own institutions
 3. Start open discussion about equity and inclusion, refer to the toolkit





**The Society of
Black Academic Surgeons**

Established 1989



GLMA

Health Professionals
Advancing LGBTQ Equality



IMANA

ISLAMIC MEDICAL ASSOCIATION
OF NORTH AMERICA



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

Committee on Diversity Issues



Inclusion and Diversity Ad Hoc Committee



THE
COMMITTEE
ON **TRAUMA**

ACS COT Equity, Diversity, and Inclusion Advisory work group

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