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
Dr. William Lynn Weaver, 1950-2019
#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
If you listen real hard, you'll hear the awkward silence you just created.
Why did we do this?

Perception of unequal treatment + Unknown extent of the problem → #EAST4ALL
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 underrepresented 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?
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:

**Faculty 1**
- $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

**Faculty 2**
- $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

#EAST4ALL
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

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.
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
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
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](https://www.eeoc.gov/eeoc)
  • The Institute for Women’s Policy Research
  • Department of Education Title IX resource guide
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


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

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

America: Equity and Equality in Health 3
Structural racism and health inequities in the USA: evidence and interventions
Zina D Bailey, Nancy Krieger, Medina Aginor, Jasmine Graves, Natalie Linares, Mary T Bassett

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

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

• Resources for individuals:
  • Promotion and professional advancement for women and minorities - AWS toolkit [https://www.womensurgeons.org/page/GenderEquity](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](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](https://implicit.harvard.edu/implicit/takeatest.html)
  • Educate rather than excuse

• **Reducing Implicit Bias:** Association of Women Surgeons #HeForShe Task Force Best Practice Recommendations

• **Recognizing and Reacting to Microaggressions in Medicine and Surgery**
**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
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/](https://everydayfeminism.com/2015/01/guide-to-calling-in/)
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

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

Visual abstract by @CAHarrisMD

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
#EAST4ALL