



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

#EAST4ALL: Advancing DEI within EAST and Acute Care Surgery

Introduction

In the dynamic field of acute care surgery, the Eastern Association for the Surgery of Trauma (EAST) has emerged as a groundbreaker in advancing diversity, equity, and inclusion (DEI), with #EAST4ALL leading the way – first, as an ad hoc task force and then as the Equity, Diversity & Inclusion in Trauma Surgery Practice Committee. #EAST4ALL has played a pivotal role in transforming the landscape of DEI within EAST as an organization by challenging prevailing biases and setting new standards for inclusivity in acute care surgery. By understanding the origins of the push for DEI in acute care surgery, #EAST4ALL has been able to advocate for meaningful change within the organization to ensure a vibrantly inclusive and equitable surgical community.

History of DEI in EAST

Diversity, equity, and inclusion in medicine refers to the promotion and recognition of health care personnel that reflect the broad backgrounds and experiences of the population that they serve. It is composed of equitable access to care, elimination of health care disparities, and promotion of a spirit of respect and inclusivity within medicine. DEI in acute care surgery in the United States reflects the broader journey of DEI in American medicine and society. Initial exclusionary practices in education saw women and people of color barred from US medical schools until the mid-1800s. The American Board of Surgery began awarding certification to surgeons in 1937, and the first diplomats were white men. Progressively, white women, men of color, and women of color also obtained board certification in surgery and surgical critical care, albeit against a backdrop of significant professional and social injustices including but not limited to racial segregation, ethnic bias, gender discrimination, implicit bias, microaggressions, and anti-Semitic quotas in medical schools.

In recent years, there has been increasing dialogue about DEI in surgery. This has been catalyzed by broader social movements like #MeToo and #ILookLikeASurgeon, as well as formal academic discussions and research into gender disparities, pay gaps and racial biases. Within the acute care surgery subspecialty, EAST has taken the lead in pursuing diversity, equity, and inclusion in all aspects of patient care and professional development. This includes being the first national trauma organization to establish a permanent standing committee, popularly called #EAST4ALL, which is dedicated to DEI in acute care surgery.

The roots of #EAST4ALL began in the mid to late 2010's in the form of unofficial conversations about issues related to DEI that acute care surgeons were experiencing that took place in hallways, bars, and between lectures and presentations at national meetings. These fringe discussions went mainstream in 2019 when Andrew Bernard decided to make diversity, equity, and inclusion priorities during his term as EAST president. An initiative that he highlighted with

his EAST Presidential Address, “EAST—a legacy of inclusion” which was delivered in Austin, Texas in 2019¹. He oversaw the establishment of the EAST Equity, Quality, and Inclusion Ad Hoc Task Force (which was quickly abbreviated to #EAST4ALL), comprising four workgroups focused on assessment and research, education, guideline development, and mentorship. These 4 pillars play a significant role in promoting DEI in trauma and acute care surgery. The task force made its public debut in 2019 at the 32nd Annual Scientific Assembly in a raw and honest plenary session that confronted biases related to gender, race, ethnicity, religion, sexual orientation, and gender identity by combining evidence-based literature with powerful personal stories from renowned acute care surgeons. The same year, the task force also conducted the #EAST4ALL survey, which demonstrated that implicit and explicit biases remain pervasive in acute care workplaces². The results of this survey were presented in 2020 at the 33rd Annual Scientific Assembly during a follow up plenary session in the format of a roundtable discussion on DEI³.

In addition to presentations at EAST’s Annual Scientific Assemblies, #EAST4ALL was also committed to publishing and disseminating resources for universally operationalizing DEI. As issues of racial and ethnic bias and police brutality exploded into the broader American consciousness during the summer of 2020, #EAST4ALL assisted EAST leadership in drafting an official statement on structural racism and the heartbreaking deaths of George Floyd, Ahmaud Arbery, and Breonna Taylor⁴. The task force published influential papers examining the current state of DEI in surgical societies and leadership, identifying barriers to progress. They developed a comprehensive toolkit⁵ that offered practical guidance on addressing inequities, including harassment, discrimination, gender pay gaps, implicit bias, microaggressions, and call-out culture. Additionally, they advocated for equity in peer-review and publication processes, culminating in the 2022 implementation of a double-blinded peer review process for manuscripts submitted to the Journal of Trauma and Acute Care Surgery⁶. In recognition for its contributions to the organization and acute care surgery as a whole, the EAST board decided to convert the ad hoc task force into a permanent standing committee in 2021.

The current state of DEI in EAST

EAST has long been the most progressive of the national trauma societies. This is evident looking at historical perspectives where most of the presidents were white males but in the past decades, there has been an increase in the diversity of the presidential candidates that include: the appointments of two Black men, Lenworth Jacobs in 1990 and Paul R. G. Cunningham in 2001, and four white women, Kim Nagy in 2007, Kim Davis in 2014, Nicole Stassen in 2016, and Deb Stein in 2022. Nicole Fox, currently serving as secretary, is anticipated to become the fifth white female president. Mayur Patel is the first Indian-American man to be treasurer and therefore will be the first Indian-American man to be president in the future. These statistics are far more diverse than other national trauma organizations and represent a larger issue regarding diversity in surgery as a whole. Information on other dimensions of diversity within EAST’s presidents, such as religion, sexual orientation, and gender identity, are not easily available, but once again, these statistics are not captured well in many contexts..

Candidates for the Executive Committee of EAST, which consists of the President, Immediate Past President, President Elect, Secretary, and Treasurer, are selected by the Nominating Committee. This committee is made up of the President, President Elect, Immediate Past President, and two members at large, who all serve a one-year term. They are tasked with identifying candidates for Treasurer, Secretary, Directors at Large, and members at large. Other than being a member in good standing of the organization, the major qualification for these positions is a strong history of service to the organization. What is considered a strong history of

service to the organization is not formally codified. Chairing a committee is typically thought to fulfill this requirement, and other activities on behalf of the organization such as chairing an ad hoc task force fulfills it as well. There are few formal rules for how the Nominating Committee chooses its candidates, and although this isn't perfect, the organization as a whole is vocal about its commitments to equity, diversity and inclusion.

Because committee chairship is widely perceived to be the first step to higher leadership positions within EAST, the process for selection of committee chairs has come under scrutiny in regards to transparency, fairness, and the advancement of DEI within the organization. As laid out in the bylaws, committee chairs must be EAST members in good standing with no other formal prerequisites. Thoughtful consideration goes into the selection, however, and committee chairs are generally chosen based on expertise, interest, and activity within EAST. Committee chairs are selected by the president elect from an internally maintained list of previous committee members and chairs and are then approved by the board.

During 2023, the EAST4ALL leadership, the president, and the president-elect discussed the process for selection of committee chairs. It became clear that with the rapid growth of the organization, it has become challenging for a president-elect to know the qualifications of every candidate on the list of previous committee members and chairs. In order to make it easier for the president-elect to select qualified candidates as committee chairs, in August a call for suggestions for open committee chair positions for January 2024 was sent out - EAST members could either recommend themselves or other people for the open roles. It remains to be seen if this process will be effective at successfully picking committee chairs who are representative of the membership body as a whole, but it does make these positions available to all. In addition, it is a first step in an initiative to examine these processes through the lens of DEI..

Although analysis of DEI in the past committees has not been done, this is not something that is not in consideration. EAST allows members to self-identify their gender, pronouns, and racial and ethnic backgrounds on their profiles on the EAST website. This information is not available to the public or to other members, but there is also a question of privacy. General consensus is that diversity, especially the participation of women, has been increasing in EAST. In addition, EAST prioritizes active recruitment to medical students, residents, fellows, attendings, nurses and advanced practice practitioners (APPs) with a consideration of DEI.

Because of its status as EAST's most prestigious and visible event, the Annual Scientific Assembly is worthy of analysis in its own right. It is run by the Program Committee, which determines the schedule, selects the sessions, and invites speakers and discussants. For podium and quick shot presentations, the Program Committee selects speakers through blinded rankings of their abstracts, while moderators and discussants are chosen from a pool of volunteers. For educational sessions and short courses, proposals are reviewed in a non-blinded fashion and the Program Committee either selects or rejects them. Submitting a proposal that features a "man-el," the phenomenon when an event has a panel of speakers who are all men, is frowned upon, but there is no rule or prohibition against this - the Program Committee encourages proposal writers to pick a diverse slate of presenters and consider the proposed impact of their proposal on DEI. There has been no formal systematic review of DEI at the Annual Scientific Assembly, but a paper published in 2020 by Shaikh et al reported an increasing number of women speakers at national trauma surgery conferences from 2016-2019, including EAST.

Future work to support DEI within EAST

EAST has made many strides in advancing the cause of DEI within the organization. However, a narrow focus on gender, race, and ethnicity overlooks other vital aspects of diversity such as veteran status, educational attainment, socioeconomic class, and others. Novel approaches are needed to comprehensively measure diversity in EAST.

A mission for change starts with data. It is crucial for EAST to regularly assess the demographic information volunteered by its members and report these findings to the board. A practical way of achieving this would be asking members to update their demographic data every year when they pay annual dues. This data will enable EAST to analyze how diversity is distributed across the organization, including the board, committees, ad hoc task forces, and general membership. Evaluating equity in the mentorship program's participants, winners of research scholarships, and participants and faculty of the leadership course may provide deeper insights on DEI within the organization. EAST should also share the results within the organization and the acute care surgery community in order to visibly demonstrate its commitment to DEI.

Following data collection, analysis, and sharing, EAST should consider formal rules or changes to the bylaws that specifically address DEI. In 2023, the EAST board demonstrated its commitment to operationalizing DEI throughout the organization by adopting a change to the decision packet, a form for suggesting organization changes or initiatives, that requires consideration of the proposal's effect on organizational DEI. Additional policy changes to improve DEI should be implemented. One notable area for such changes was identified in a 2020 study by Foster et al., who identified technical session and expert panels at surgery national meetings as an area where "manels" persist despite the increasing number of women in academic surgery¹⁰. To address this, EAST might consider introducing a policy where any EAST-sponsored event in which there are three or more invited guest experts must include at least one woman. By intentionally considering DEI during selection of highly visible roles, EAST will broaden its pool of leaders and experts and demonstrate its commitment to equitable treatment.

Recruitment and retention of medical students and residents are key to EAST's efforts to diversify. Because the demographics of surgical residencies have been changing to become more inclusive, active recruitment of this next generation of surgeons will help to diversify EAST as a whole. The increase in female surgical trainees from 14% in 2001 to over 40% now, along with similar increases in Black, Indigenous, and people of color trainees, illustrate a trend that can positively impact EAST's membership diversity as long as people from these traditionally minority groups in surgery feel welcomed and that they belong in the organization. EAST has long valued the contributions of certain minority groups in surgery such as active duty military member and veterans, and EAST can continue to demonstrate its commitment to DEI by ensuring that people from all minority groups, including sexual and gender minorities, individuals from rural areas, and those who are the first in their family to attain higher education, are equally welcomed and represented within the organization.

EAST's journey in terms of DEI is a reflection of its values. EAST has been a leader in the integration and promotion of DEI in American academic acute care surgery. Through longitudinal initiatives like #EAST4ALL and the implementation of practices to boost equity in the organization, EAST has demonstrated its steadfast commitment to advancing DEI. EAST must continue to expand its efforts beyond traditional boundaries of gender, race, and ethnicity and embrace broader aspects of DEI. By consistently analyzing data and updating policies to reflect more inclusivity, EAST can continue to cement its role as trailblazer in DEI within the

surgical community. These ongoing efforts will ensure that EAST maintains its legacy as an inspiration for the next generation of acute care surgeons.

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