

**Ensuring Equity, Diversity & Inclusion in Academic Surgery**  
**American Surgical Association (<http://americansurgical.org/files/2018/Equity.pdf>)**

“Everyone has a right to be treated with respect, and to train and work without being subjected to discrimination, bullying or sexual harassment.”

**1. *Is equity & inclusion a problem?***

- Women, racial and ethnic minorities have fewer opportunities to enter academic surgery.
- They have not been retained or promoted in their academic careers at the same rates as their male counterparts.
- Surgical departments do not reflect the diversity of the larger population, or their patients.
  - Higher attrition and lack of promotion towards tenured or senior leadership
  - There is an \$83000 pay gap between male and female general surgeons
    - NIH salary funding is also lower for women (by \$13,339), even after adjusting for confounders (p = 0.001)
- Diversity of opinion leads to better outcomes
  - Improved access for care for minorities, better communication with patients, patient-centered care for decision making and increased cultural competence
- Cultural competence addresses the fundamental value of providing fair and equitable healthcare regardless of race, ethnicity, gender or culture

**2. *Why does this happen?***

- **Implicit bias:** subconscious bias that we all have  
[<https://implicit.harvard.edu/implicit/takeatest>]
  - As detrimental as overt discrimination (career success, satisfaction, stress, job turnover & performance, physical & mental health)
- **Microaggressions:** Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership
  - Microassaults
  - Microinsults
  - Microinvalidations
- It is important to understand that microaggressions are real and that allies can create an environment of safety, advocacy and compassion
- **Bullying:** persistent pattern of mistreatment from others in the workplace that causes physical or emotional harm (rate is 39-47% in surgery, non-majority populations are the most vulnerable)

- **Harassment** may be used to discredit a person, challenge one's professional status, or may be sexual in nature
  - Racial prejudice to personal malice
  - Verbal is the most common form
  - Higher incidence of harassment in surgery vs. other medical professions
  - Sexual Harassment is unwelcomed sexual advances or conduct of a sexual nature which interferes with a person's job creating an intimidating, hostile or offensive workplace environment
  - Intimate partner violence is physical, sexual, emotional or psychological abuse by a current or former intimate partner or spouse
- **Response?** Reprimand, interrupt the behavior, distraction
  - Failure to respond only validates & propagates the behavior (hostile work environment)
- Leadership must model appropriate, exemplary behavior, and call out bias, microaggressions, bullying and harassment as soon as it occurs
- Leadership must intervene rapidly when such behavior is identified and reported
- Managers and leaders can implement comprehensive policies that "design out" internal violence in all forms, *within an environment of zero-tolerance*
- All leaders have a responsibility to ensure that faculty are being treated with respect and are receiving appropriate professional support in all environments

### 3. *Why is Mentorship So Important?*

- **THE ABSENCE OF MENTORSHIP** is one of the most common reasons why women and underrepresented minorities perceive barriers to career advancement
- Mentors guide professional & personal development and help make professional transitions in the mentee's career (focus on academic growth and development)
- Mentors outside of your division are most helpful, specifically one who is a 'good fit'
- Mentorship team: a specific mentor for specific facet of career (clinical, research, etc)
- **Mentors:**
  - Help the mentee achieve academic milestones and career goals
  - Help mentee identify their academic niche
  - Advice on time management & navigating institutional politics (\*\*\*\*)
- **Mentees:**
  - Initiate contact with mentor on a regular basis
  - Maintain a formal documentation process (individual development plan)
  - Maintain an agreed-upon timeline for achievement
- Sponsorship by senior faculty for key positions is also critical to maintain long-term career advancement
- Sponsors promote the faculty member for key academic opportunities
  - Grand rounds, national committees etc...
- Beware of "the Diversity Tax" of women and underrepresented minorities being volunteered disproportionately for administrative activities that promote divisional or departmental diversity initiatives

**Association of Women Surgeons - Pocket Mentor, 5<sup>th</sup> Ed., 2013 for trainees**  
(<http://medinfo.mssm.edu/uploads/AWS-Pocket-Mentor.pdf>)

**How to Deal with Discrimination or Sexual Harassment at Work:**

How should you deal with a presumed case of sexual harassment or discrimination? First, after an incident has occurred, sit down, take a deep breath and try to look at the situation objectively. Record the facts of what happened in as much detail as you can recall. Review the problem with an objective outsider. Decide if the episode really was one of discrimination or sexual harassment. It may be easier for you to blame your lack of promotion on bias rather than the fact that another resident actually did a better job. If you decide that this was indeed a case of discrimination or sexual harassment, you have several options:

- Familiarize yourself with the discrimination and sexual harassment policies at your institution.
- Document all incidents at the time they occur; a “memorandum for record” document is appropriate. Note the presence of witnesses. Use discretion when discussing the incident or behavior with colleagues. Use your personal e-mail account to communicate sensitive information, as your supervisor has the right to access your hospital or institutional e-mail account.
- Make an appointment with your Program Director to discuss the incident. If the problem is with the Program Director, talk this over with a trusted staff member or mentor and let him or her help you. Be prepared to listen. There may be other perspectives that you have not considered.
- Be prepared to support yourself with documentation, such as statements from witnesses of specific events, or letters of recommendation from other coworkers (including other residents or nurses). Prepare yourself to be disappointed. Many men and women you consider your friends are not willing to stick their necks out if they think it will be detrimental to their own careers. Come to meetings with a copy of your CV and any additional materials that you feel would bolster your case, such as evaluations from other physicians on staff.
- Record all discussions after any meeting. If specific promises were made, document them as well as any other comments made that you thought were significant. These notes may have legal importance if the matter proceeds as far as arbitration or court. If possible, consider having someone you trust in the room with you.
- If you feel your needs are not met within your department there are several options. Check the bylaws, rules and regulations of your institution. Generally each institution will have an Equal Opportunity Office with staff trained to offer advice. Your Human Resource Department will know how to contact the appropriate staff. Resident unions or the Residency Housestaff Office may also be supportive. For residents, the chain of command to report an incident should be 1) Program Director, and then 2) Associate Dean for GME. If there is a need to go outside the institution, residents should go to ACGME rather than the Residency Review Committee (RRC).

- The chain of command for students is 1) Clerkship Director, then 2) Dean of Student Affairs. If the problem is not being handled appropriately and it interferes with your surgical education, reporting to the RRC may be appropriate. Remember that you may be jeopardizing your program (and your training) by such reporting, however, your complaint may prevent another student from having to deal with the same problem in the future. If you are considering leaving your program, you might try to obtain a position in a different training program prior to reporting to the RRC.

- Legal action should be a last resort, but is a real consideration if you have serious, documented, and legitimate complaints that are not adequately addressed by your program or institution. If you are threatened or pursued outside the physical space of your institution, it is time to seek legal advice. Find an attorney who is familiar with employment law particularly as it relates to discrimination and harassment. For help finding such a person, contact the Equal Employment Opportunity Commission (EEOC) or the National Organization for Women (NOW). Both of these organizations have legal staff who can help with these problems. Merely the threat of legal action often will cause a problem to disappear, but don't "cry wolf." If you initiate a lawsuit, be prepared to see it through to the end.

- Prepare for a backlash and for the broader consequences of your actions. Fellowships, staff appointments, partnerships, and most jobs in our profession are gained through the "old boy/girl network." If you antagonize too many politically powerful people with complaints or a lawsuit, you may find yourself winning the battle and losing the war. Your best defense against the rumors and innuendoes that can accompany such problems is to state your case in the most objective way.

- If you find yourself on the other end of a discrimination or harassment complaint, you have the right to request documentation for any incidents that are being held against you and to respond to any complaints. Do not accept a statement that "a complaint was made, but I won't tell you by whom, to protect their privacy." This type of secrecy is not permissible if it affects your career.