Education Institute

AO Foundation webinar on: Diversity initiatives in the workplace: evidence-based approaches and outcomes

Organized by the Diversity, Opportunity and Inclusion Initiative (ODII) working group of the AO Foundation.

Questions and answers from the webinar; May 19, 2020

Q1. There are approximately 350 female orthopedic surgeons in India. What could be reasons for this when we have more than 30,000 orthopedic surgeons. Is it stereotyping or preference by an individual?
This question was addressed by the speakers; please check out the video here: https://aovideos.aofoundation.org/media/Diversity+Initiatives+in+the+Workplace%E2%80%93Evidence-based+Approaches+and+Outcomes/1_xkgnxfri

Q2. A lot of the AO members are from developing countries. How is equality and equity addressed in AO family for educational programs such as fellowships?
Data from the recent survey of AO members (read more on this here: https://facultyfocus.aoeducation.org/2020-01/ao-foundation01current-tactics-diversity-and-inclusion.html) identified challenges in ensuring opportunity and equality in both access and progression through the AO programs and leadership. The challenges are evident across clinical divisions and across regions, and they extend beyond gender. The ODII working group has proposed the development of task forces to address topics such as faculty selection, mentorship and sponsorship – these task forces will be composed of volunteers identified from the survey that we have just deployed. Anyone interested in participating in these initiatives is encouraged to self-nominate via the survey, available at: https://www.surveymonkey.com/r/CPFDJ97.

Q3. In AO at leadership level gender and race bias should be irrelevant…a leader is one who leads, can be a role model and, ideally, mentor – clinical excellence is probably last on the list of priorities. Not everyone can have all of these qualities rolled into one person.
We (the ODII working group) agree with this statement. It is hard to have all skill sets in one individual, hence the real need for diversity. AO needs to leverage diversity in terms of perspective and opinion, not just diversity in gender and background. Bringing together enthusiastic and engaged members will strengthen our community enhance its educational offerings, and ensure that the AO brand remains relevant long into the future. Programs such as the clinical or research fellowships, AOPEER, and AO's faculty development programs are designed to provided

targeted training opportunities for individuals with interest and aptitude in specific areas. We hope to be able to add a structured mentoring program to this list in the near future.

Q4**.** Do surgeons have stereotype bias to patients...any studies done on this topic?
This is documented that when doctors “look” like their patients- the health care is better.

Q5. Diversity can also be ethnic diversity when you have under-represented women?
The interaction between gender and ethnicity is intriguing and certainly very much on our radar. While certain ethnicities may be under-represented in one region, they may form the majority ethnicity in other parts of the world, so there are no “one-stop” solutions that will work in every region. Similarly, the role of women in science and medicine is often affected by the more general prevailing culture of how women are seen in society at large. In approaching these important but sensitive issues, the working group will be dependent on individuals who understand and navigate these local-regional variations.

Q6. My company is top heavy with women, 2:1 ratio; could that be a problem for me? I am in a Plastic Surgery practice.
While there are certainly theoretical concerns about gender bias in an organization that is predominantly female, the available data suggests that most of the problems focus on the reverse situation. No matter the composition of an organization or institution – industrial, academic or NGO – the goal of the ODII task force remains to establish governance practices, talent identification/retention schemes and patterns of behavior that promote respect, engagement and opportunity for everyone, irrespective of their differences.

Q7. It seems that there are wide chasms in gender equality, both in industry and in the clinical practice of orthopedics, especially when it comes to leadership opportunities.
This is certainly true in orthopedics at large and our survey data confirms that this problem extends to the clinical leadership of AO. There are profound inequalities in the numbers of women and men holding leadership positions at every level, from regional boards through the commissions to the international boards. Experience from industry and academia has shown that there are some straightforward changes that can be instituted that will have an immediate effect, but more sustained change will require harnessing changes at every level of what we do. We need to attract a diverse talent pool, select them in a transparent and fair manner, and ensure that opportunities for progression into (and through) leadership positions are based on merit, not demographics. These issues will be the focus of future discussions on community outreach programs, faculty selection, mentorship/sponsorship and organizational governance.