

Diversity and Inclusiveness in Academic Surgery: Our perspectives

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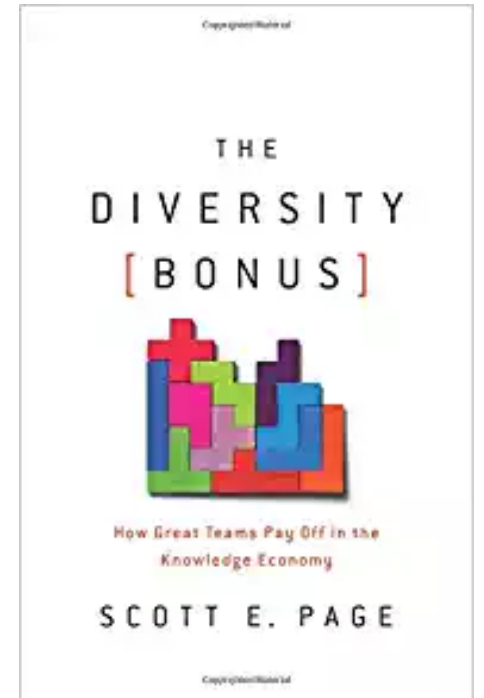
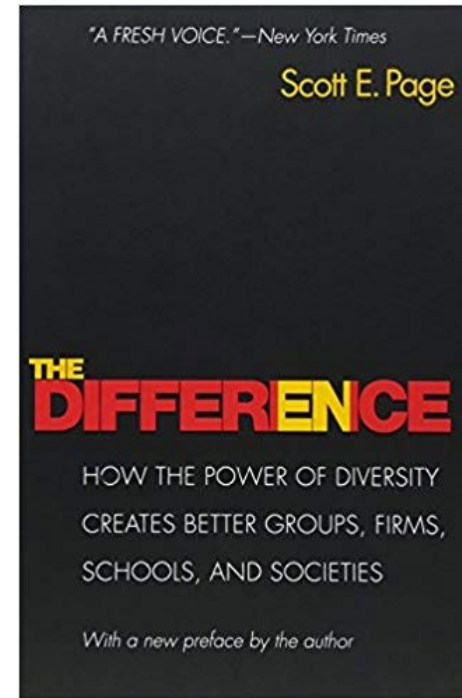
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My perspective

- Starts and ends with leadership
- Why issues of diversity and inclusion and equity are important
 - Business case
 - It's the right thing to do
- Current state and our need to be intentional

ROI on diversity

- There is a business case for diversity
 - **Innovation**
 - **Creativity**
 - **Complex problem solving**
 - **Forecasting power**
-
- Parallels our investment in wellness



Why it matters

- Subtleties may be worse than blatant behavior or bias
 - Tends to be tolerated, harder to police
 - Leads to isolation, hopelessness, burnout
 - Creates *negative energy expenditure* → less productive, less effective workforce
- Ingroup bias works both ways

Diversity

- **“Representative” diversity**
- Tokenism: the practice of doing something to give the appearance of diversity
- *Representation can be a start*
- No one really wants to be the lone representative for their entire group

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- **“Functional” diversity**
- Different voices, experiences and perspectives affect service prioritization and function
- Lack of diversity may suggest a lack of commitment to all populations

Diversity and Inclusion

- Diversity without inclusion = opportunity lost
- Inclusion gives everyone the opportunity to be their best
 - Valued, welcomed
 - “You don’t have to leave your identity at home when you go to work”
- Inclusive working environment
 - Where everyone is treated with dignity and respect
 - Where the talents and skills of different groups are valued
 - Where productivity and customer service improves because the workforce is happier, more motivated

Inclusion

- **Increases commitment and motivation**
- **Maximizes productivity**
- **Improves job satisfaction**
- **Improves retention**
- **Enhances the “brand”**

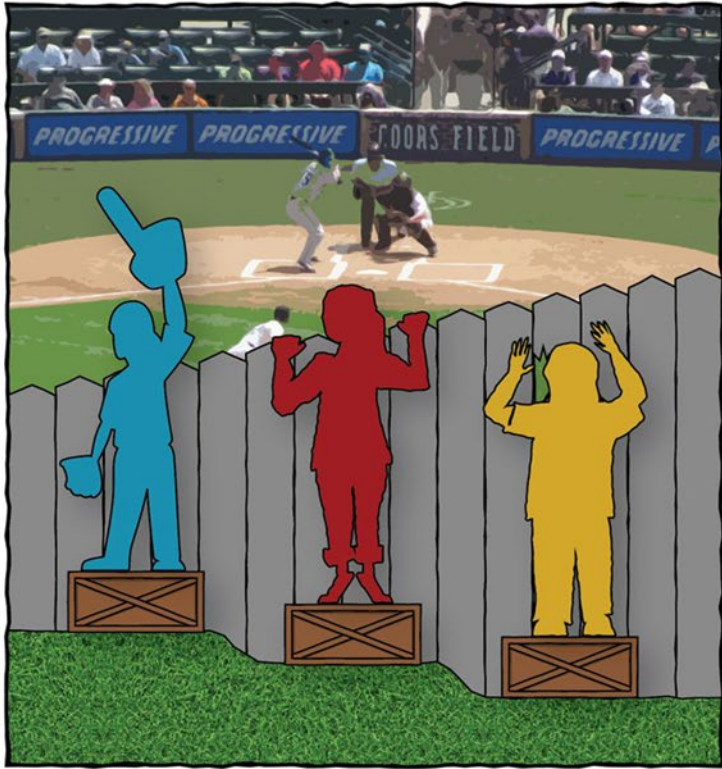
- **Necessary for equity**

FOUNDATIONAL PRINCIPLES OF INCLUSION EXCELLENCE

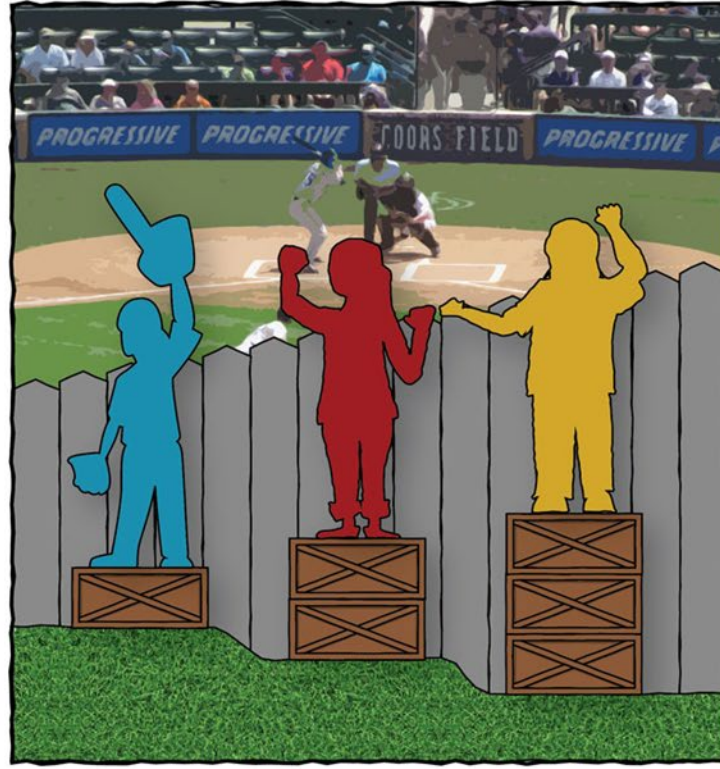


Equity

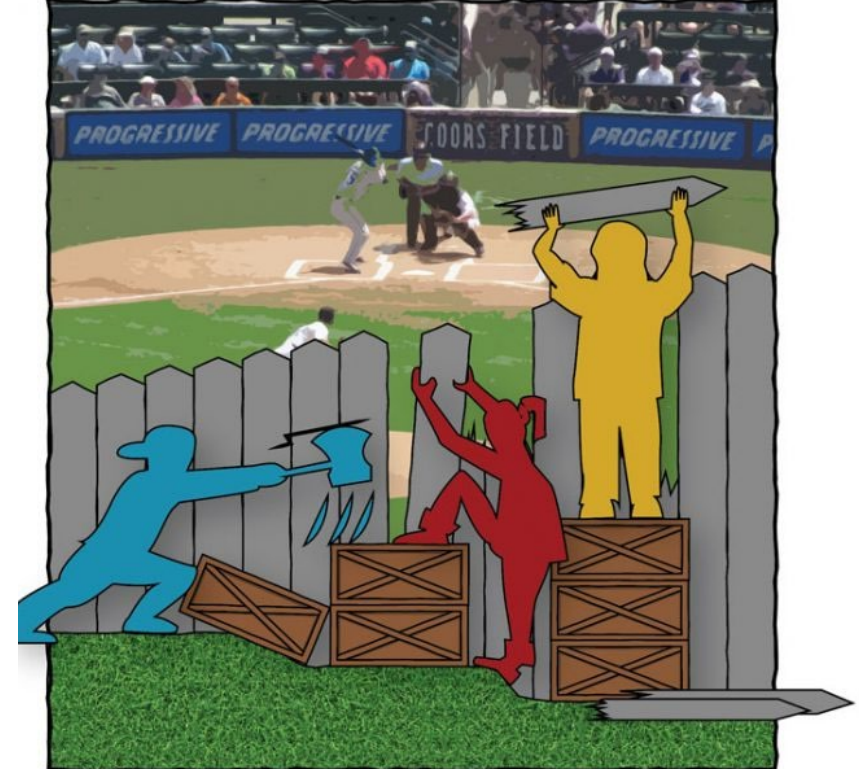
- Equity is achieved when every person has the opportunity to attain their full potential and no one is disadvantaged from achieving this potential
- Equity-minded = willingness to review and understand the data
- Deliberate intention to address and eliminate entrenched assumptions, biases, stereotypes, discrimination
- Recognition that extra resources may be needed



EQUALITY



EQUITY



The role of leaders is the role of privilege.

- Awareness
- “Allyship”
- Intentionality

#MeToo

TIME'S UP movement



October 3, 2018

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What's at stake?

- Fear reaction needs to be carefully examined in the changing gender landscape of medicine
- Fear of change
 - Are men now at risk? Are interactions with women a hazard?
 - Does privilege protect or make the threat more real?
- “Culture of fear” can lead to perpetuation of misogynistic views, normalization of gender inequity
 - Cannot accept the fear
 - This is a real threat to progress toward gender equity