

“Surgical Approach” to Problems

Legacy of honestly confronting shortcomings

- M&M conferences
- Founding of ACS
- Standards for training, care

We espouse putting personal biases concerns aside for benefit of patients and society!

Decision making priorities:

- Objectivity
- Total honesty
- Continuous quality improvement



1913: Ernest Codman, MD



Original ACS Board of Regents

di•ver•si•ty (dɪ'vɜr sɪ ti, daɪ-)

noun

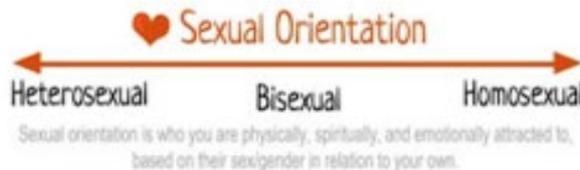
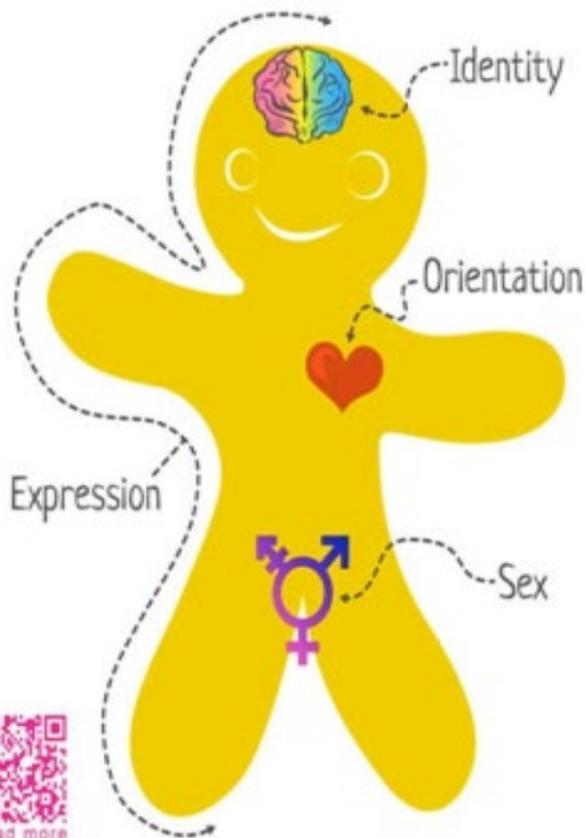
Refers to the variety of personal experiences, values and worldviews that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, and geographic region, and more.



What makes you, you?

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Sex: The classification of a person as male or female at birth. Infants are assigned a sex, usually based on the appearance of their external anatomy.

Gender: The state of being male or female (typically used with reference to social and cultural differences rather than biological ones).

Cisgender: someone whose gender identity aligns with the sex assigned to them at birth.

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural and social expectations based on the sex they were assigned at birth.

Binary: The gender binary is a system of viewing gender as consisting solely of two identities and sexes, man and woman or male and female.

E
N
M
P
Ally : a person who supports and respects members of the LGBTQ community. Active allies take action in support and respect.
identity.

Queer: An umbrella term people often use to express fluid identities and orientations.

Transitioning: The social, legal, and/or medical process a person may go through to live outwardly as the gender with which they identify, rather than the gender they were assigned at birth. Transitioning can include some or all of the following: telling loved ones and co-workers, using a different name and pronouns, dressing differently, changing one's name and/or sex on legal documents, hormone therapy, and possibly one or more types of surgery.

Transsexual person: A generational term for people whose gender identity is different from their assigned sex at birth, and seek to transition from male to female or female to male. **This term is no longer preferred by many people**, as it is often seen as overly clinical, and was associated with psychological disorders in the past.

Two-spirit: A term that refers to historical and current First Nations people whose individual spirits were a blend of male and female. This term has been reclaimed by some in Native American LGBT communities to honor their heritage and provide an alternative to the Western labels of gay, lesbian, bisexual, or transgender.



Measure

How can we measure diversity?

Diversity in surgery?

Why does it matter?

Demographics

Polling

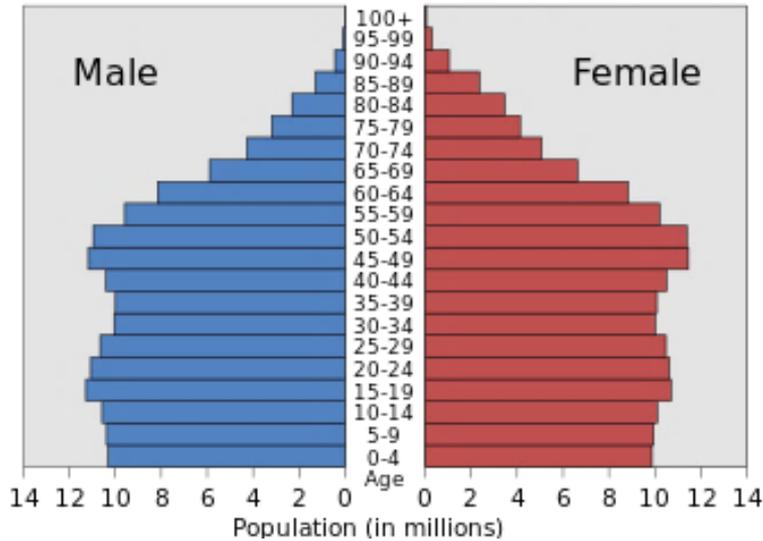
Trends

Impact on patients

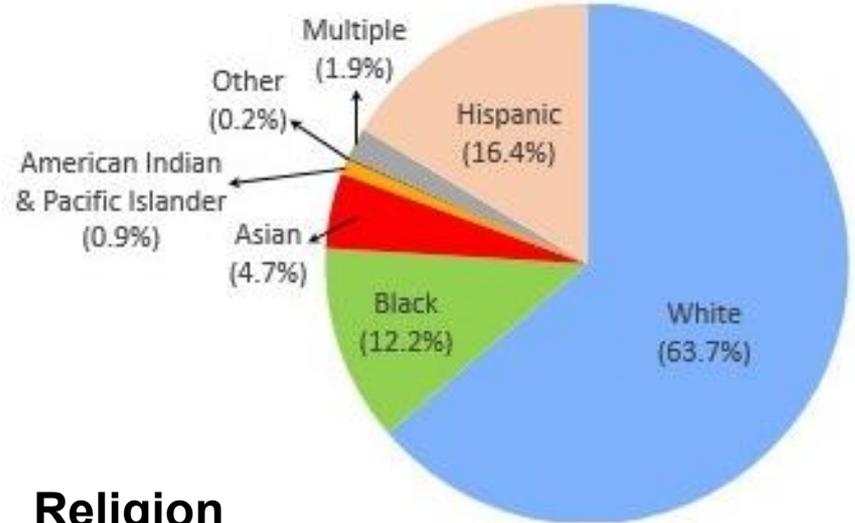
Effect on business operations

Demographics of USA (2010 Census)

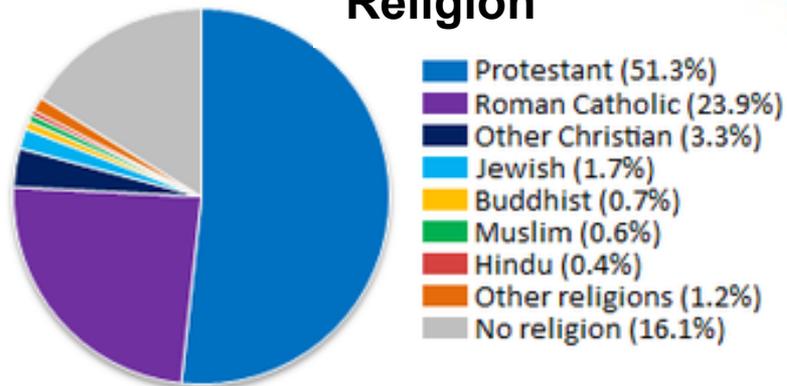
Gender



Race and Ethnicity

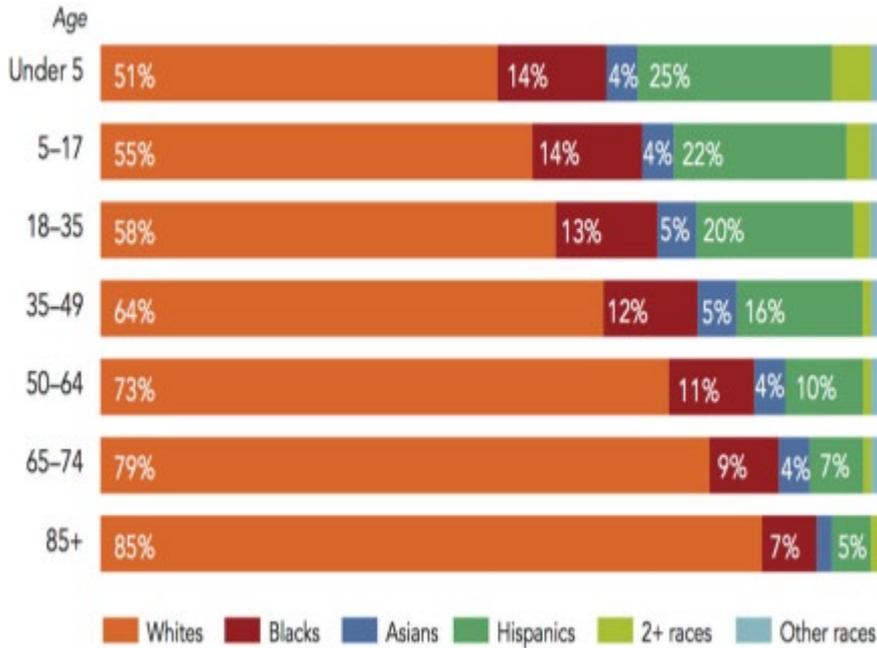


Religion



“The times, they are a changing”

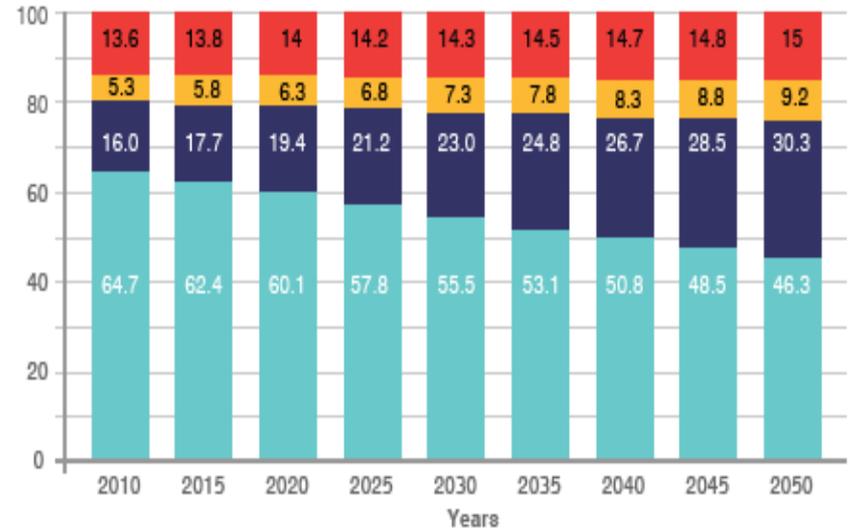
Cultural Generation Gap: Population Composition, by Age and Race, 2010



Source: 2010 U.S. census.

US POPULATION PROJECTIONS TO 2050

Percentage by race and Hispanic origin



SOURCE: US Census Bureau

LGBT is likely underestimated.

- LGBT is the “invisible” diversity.
- People may keep it hidden if the environment is unsafe or hostile.
- Living in the “Closet” is difficult, taxing, stressful, and takes energy away from productive work as a societal member.

HOW MANY LESBIAN GAY BISEXUAL & TRANSGENDER PEOPLE?

By @andrewleeepost
* Source: 2011 Report by the Williams Institute, 2010 Census data, Gallup's Institute for number of American Mormons, Jews, and Muslims.



9 MILLION LGBT people in the United States

More than the populations of Wyoming, Vermont, North Dakota, Alaska, South Dakota, Delaware, Montana, Rhode Island, Hawaii, and Maine **COMBINED**

That's 3.5% of the US Population.



By comparison, in the USA, there are:

5.5 Million Mormons

5.3 Million Jews

3-4 Million Muslims

25.6 MILLION are "Questioning"

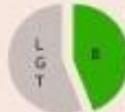


25.6 million Americans (11%) have some same-sex sexual attraction.

19 million Americans (8.2%) have engaged in same-sex sexual behavior

4,187,945 Bisexuals

That's 46.5% of the LGBT population



901,997 same-sex couples

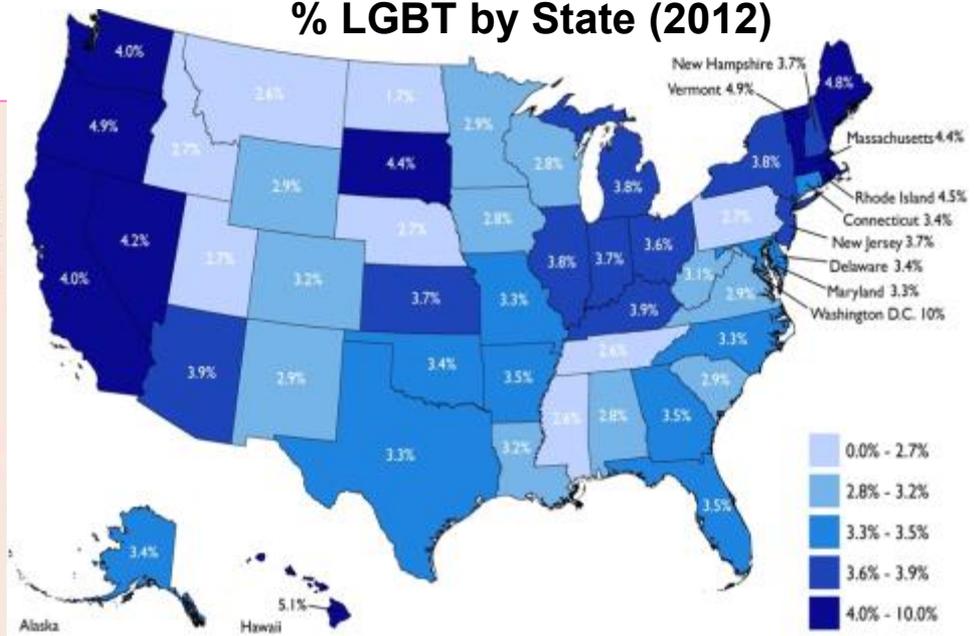


194,629 raising children



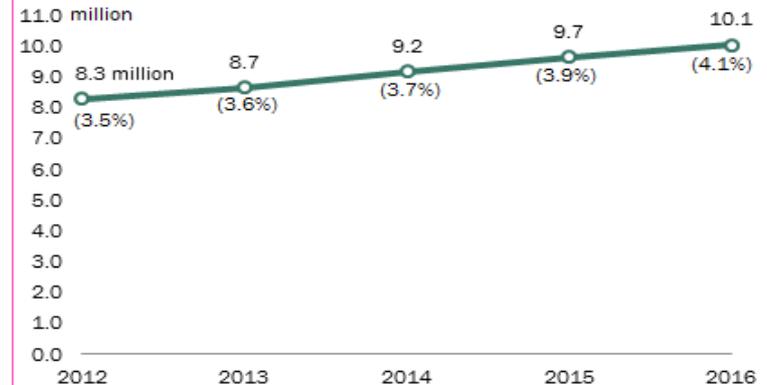
697,529 Transgender

% LGBT by State (2012)



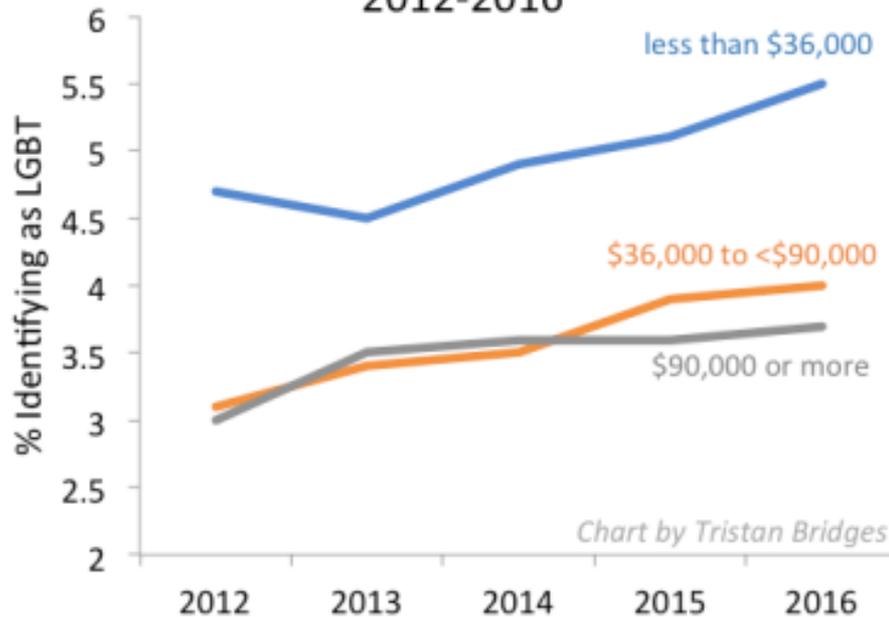
The number of Americans identifying as LGBT is rising

Number (and %) of U.S. adults identifying as LGBT

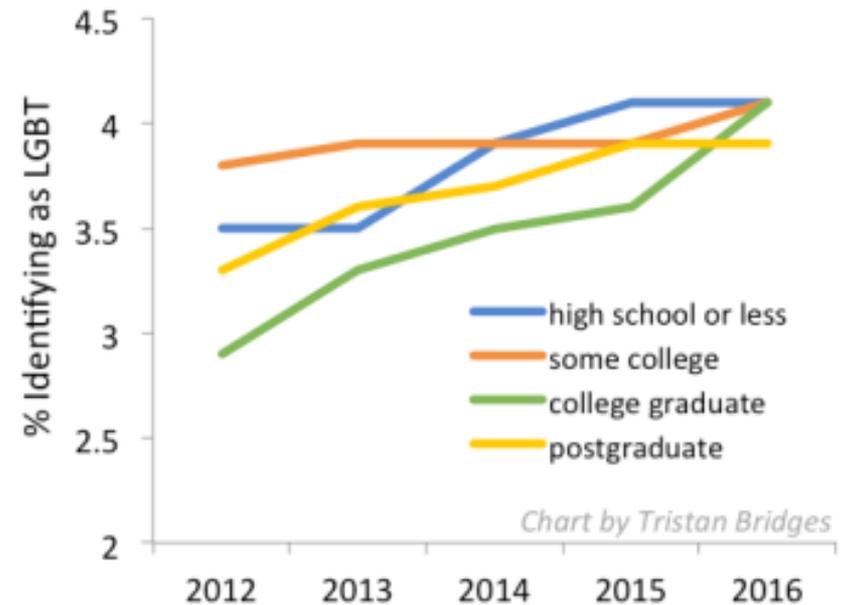


LGBT Demographics USA

Percentage of U.S. Adults Identifying as LGBT by Annual Household Income, 2012-2016

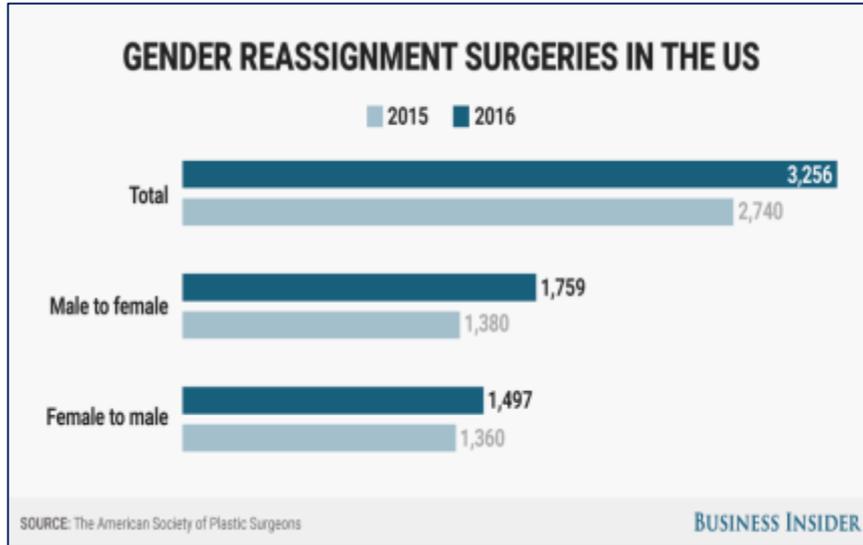


Percentage of Adults Identifying as LGBT by Education, 2012-2016



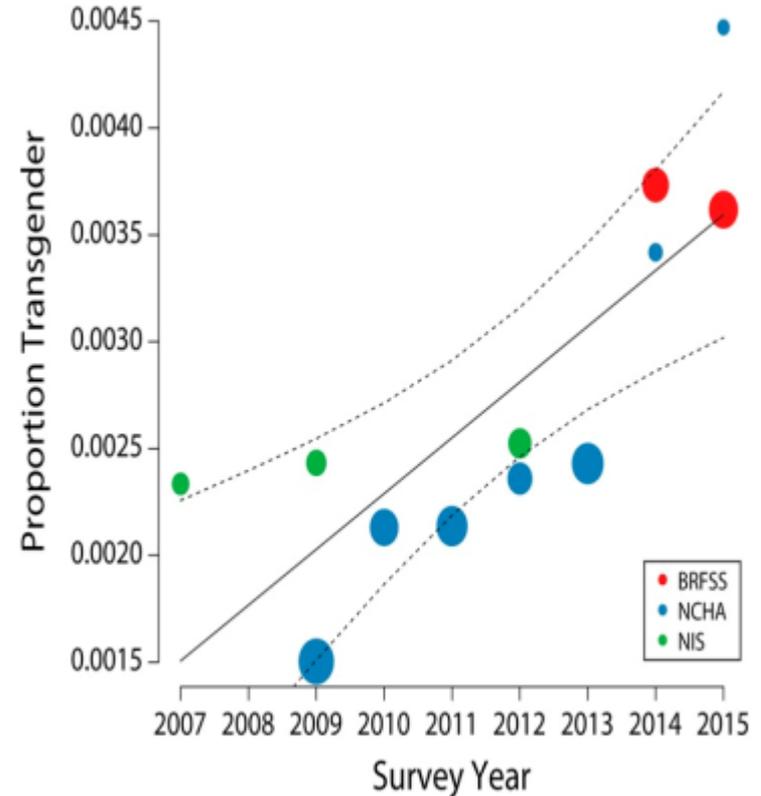
Source: Gates, Gary J. "In US, More Adults Identifying As LGBT." Gallup.com. January 11, 2017

Transgender Demographics and Trends



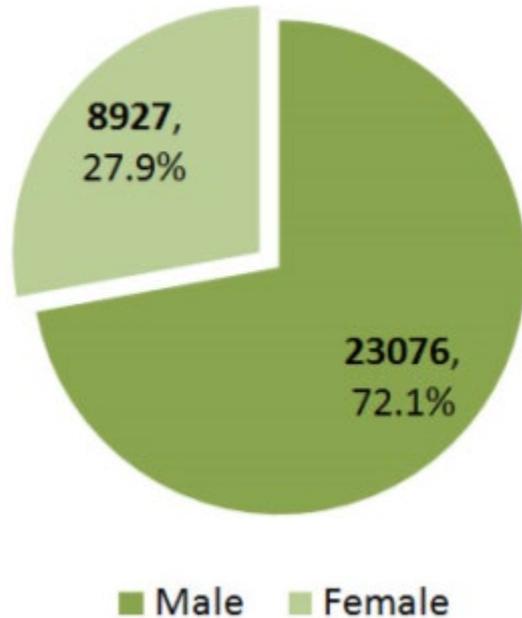
2016 Estimate: 1.4M (0.4%) transgender people in USA.

Source: Williams Institute at the U.C.L.A. School of Law.

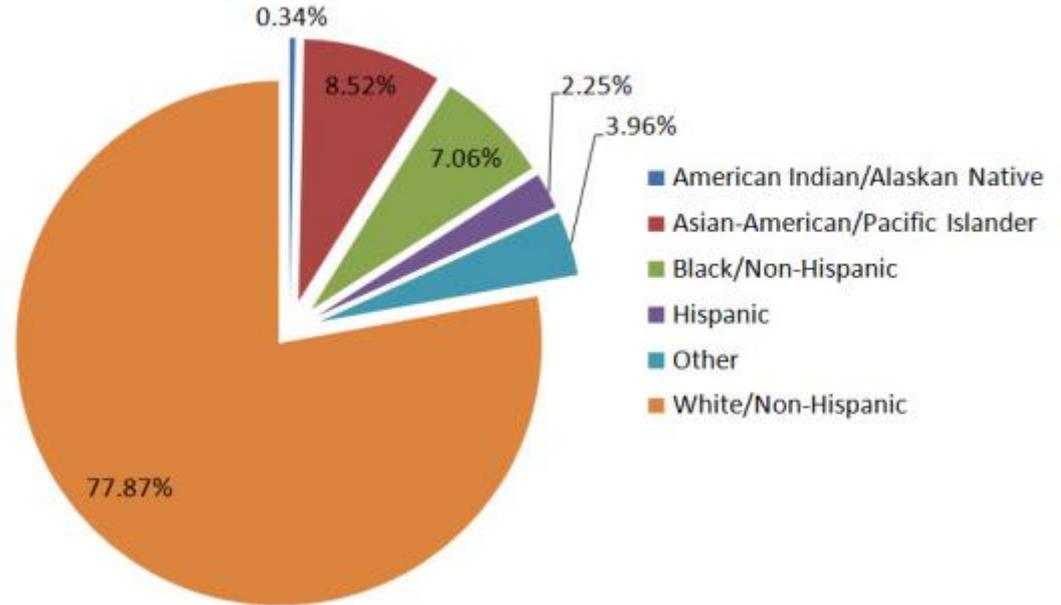


Diversity in Medicine

Physician Licensees by Gender



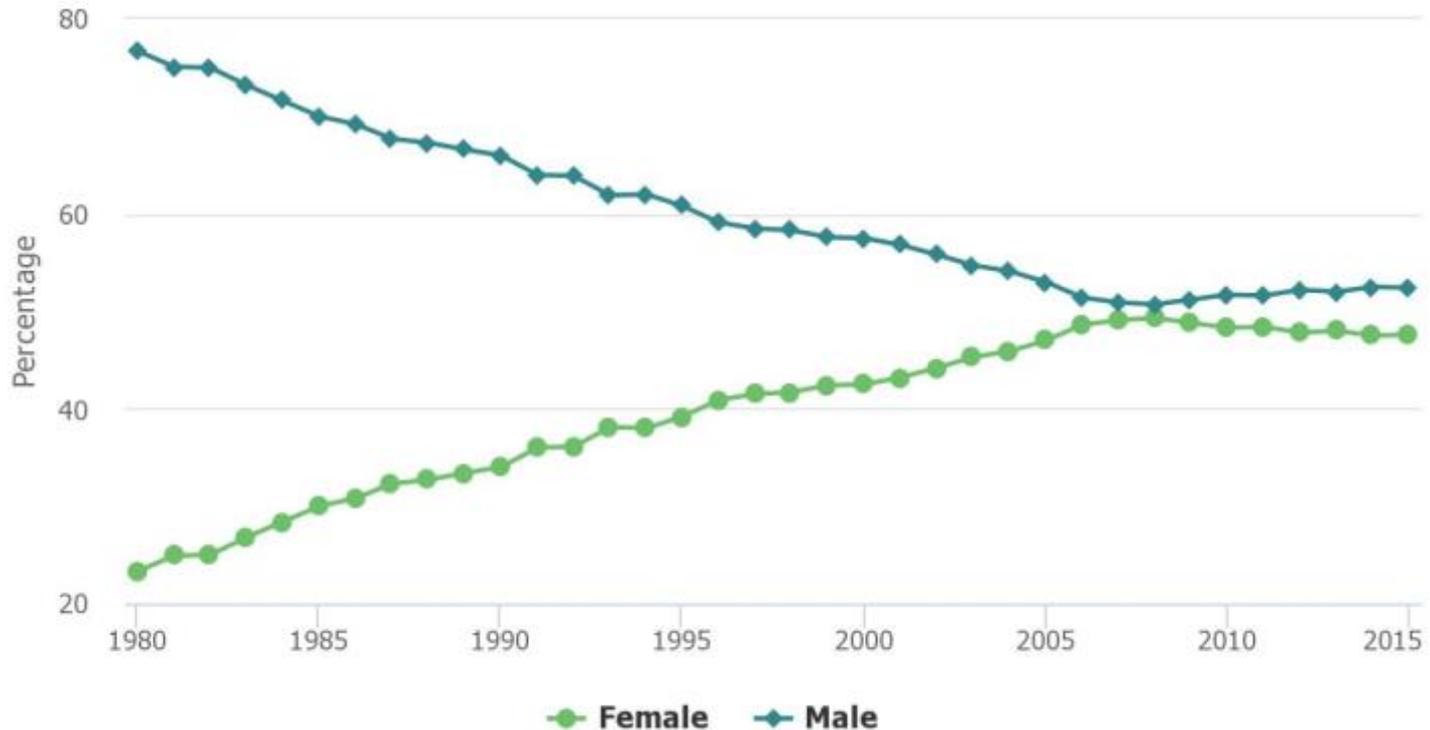
Physician Licensees by Race/Ethnicity | 2010



Diversity in Medicine

Figure 16. Percentage of U.S. medical school graduates by sex, 1980-2015.

Source: AAMC Data Warehouse: Student File, as of Jan. 7, 2016.



Surgical Leadership



American Board of Surgery (ABS) Directors 2017-2018
44 pictured. 34 males (77.3%), 10 females (22.7%)

ACS Membership (9/1/17)

	Total	Male	Female
US Fellows	57,583 (100%)	52,083 (90.4%)	5,500 (9.6%)
Initiates 2015	1,262 (100%)	933 (73.9%)	329 (26.1%)
Initiates 2016	1,277 (100%)	934 (73.1%)	343 (26.9%)
Initiates 2017	1,245 (100%)	842 (67.6%)	403 (32.4%)
ACS Associates	2877 (100%)	1,891 (65.7%)	986 (34.3%)
ACS Residents	10,924 (100%)	6,751 (61.8%)	4,173 (38.2%)
ACS Students	2,592 (100%)	1,464 (56.5%)	1,128 (43.5%)



Analyze

What are the barriers to increasing diversity?

What are the “costs” to increasing diversity?

LGBT Healthcare Research

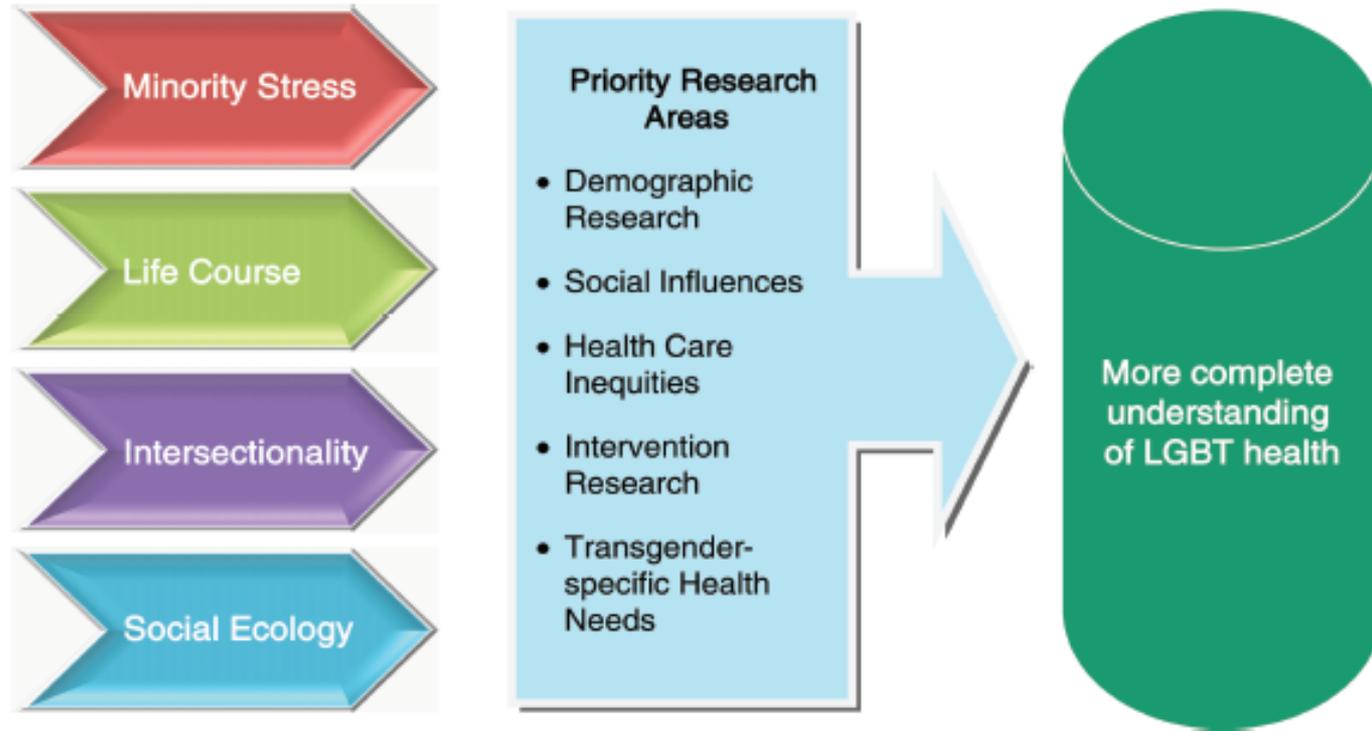


FIGURE 7-1 Research agenda. A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.

Attitude and Perceptions of the Other Underrepresented Minority in Surgery

Kathreen P. Lee, MD,* Rachel R. Kelz, MD,* Benoit Dubé, MD,† and Jon B. Morris, MD*

*Department of Surgery, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; and

†Department of Psychiatry, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

TABLE. Effect of Sexual Orientation/Gender Identity on Surgical Residents ($n = 388$)

Survey Item	Percentage Agree		Percentage Neutral		Percentage Disagree		p Value
	LGBT	Heterosexual	LGBT	Heterosexual	LGBT	Heterosexual	
I feel happy at work	86.0	91	4.5	5.2	9.5	3.8	0.3
I feel I get along well with fellow surgery general residents	97.1	98	0.5	0.7	2.4	1.3	0.6
I feel like I fit in well in my general surgery program	83.0	92	7.5	5.5	9.5	2.5	0.1
I feel comfortable bringing spouse/partner to formal surgical department events	43	78.3	15	19	42	2.7	<0.01
I feel comfortable openly discussing my spouse/partner with fellow surgical residents	55	81	9.0	16	36	3.0	<0.01
I feel comfortable openly discussing my spouse/partner with surgical attending physicians	31	73	10	17.7	59	9.3	<0.01

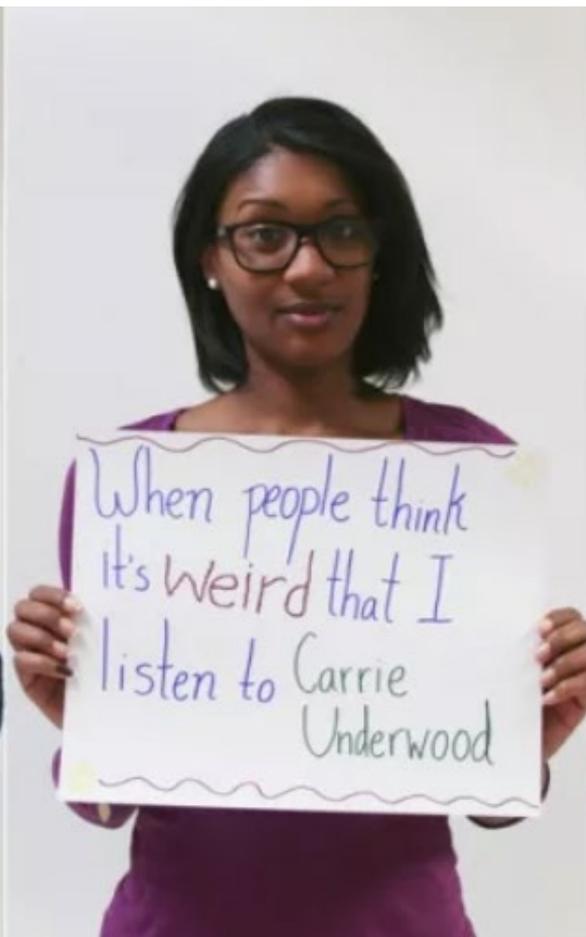
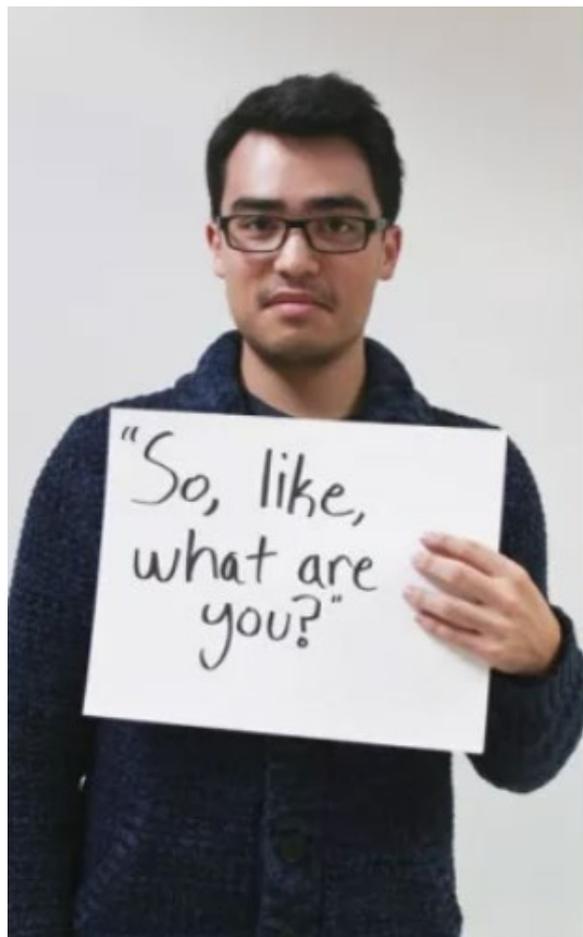
LGBT Surgery Trainees

388 resident respondents. 43 (11%) identified LGBT

- **10 identified as lesbian (2.6%)**
- **24 as gay (6.3%)**
- **9 as bisexual (2.4%)**

More than 30% of LGBT residents did not reveal their sexual orientation when applying for general surgery residency owing to fear of not being accepted.

Among all respondents, 54% (n = 206) witnessed homophobic remarks by nurses and residents and 30% (n = 114) by surgical attending physicians.



6 Microaggressions that harm LGBTQ

- 1) Use of heterosexist or transphobic terminology
 - “That’s so gay!” “Homo” “Tranny” “Faggot”
- 2) Endorsement of heteronormative culture and behaviors
 - Telling men to be more masculine
 - Asking if a man has a girlfriend, wife, or a woman if she has a husband/kids.
- 3) Assumption of universal LGBTQ experience
 - All lesbians are masculine; all bisexual people are “confused”
 - All gay men are polygamous
- 4) Discomfort or disapproval of LGBTQ experience
 - LGBTQ people are treated with awkwardness, condemnation, or both
- 5) Assumption of sexual pathology or abnormality
 - Assuming LGBTQ people are more “pervert”, “probably has AIDS”
- 6) Denial of bodily privacy
 - Especially toward transgender people: asking about their genitalia, which one would never ask a cis- person.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace

MICHELE J. ELIASON, PhD

*Department of Health Education, San Francisco State University, San Francisco,
California, USA*

TABLE 1 Average Number of Hours (and Standard Deviation) about LGBT Health at Different Levels of Medical Education and Percentage who had no Content

Education	Lesbian content	Gay male content	Bisexual content	Transgender content
Medical school	1.46 (5.5) 61% none	2.31 (6.6) 49% none	1.03 (5.6) 78% none	0.90 (5.2) 76% none
Residency	3.18 (25.6) 68% none	4.98 (27.8) 60% none	1.41 (8.1) 79% none	1.28 (6.9) 79% none



Improve

Legislation
Acceptance
Standards
Expectations
Changing attitudes
and norms
Rewards?
Penalties?

How can we change biases*?

- **Enhance medical school and residency curriculum in sexuality**
- **Include clinical and simulated patient problems that include LGBT identity**
- **Provide support groups that recognize LGBT stresses during training**
- **Identify faculty role models and mentors for LGBT trainees**
- **Have written broadly distributed policies that condemn anti-LGBT discrimination**
 - **Include effective reporting and enforcement**
 - **Measures to address homo- and trans- phobia and heterosexism.**

* Developed by gay and lesbian medical students and residents during interviews and focus group discussions about their training experiences.

Modifications to Resident/Faculty Selection Processes to Enhance Diversity

- Incorporate screening tools that “level the playing field” – holistic review
- Familiarize yourself with how your program makes initial screening decisions
- Reconsider role/importance of letters of reference
- Select an inclusive interviewing team
- Incorporate structured interviews



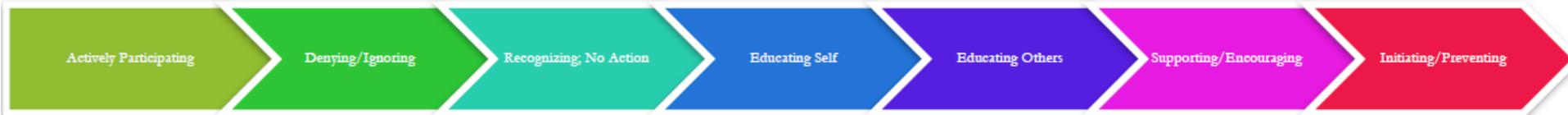
" DIVERSITY IS BEING INVITED TO THE PARTY;
INCLUSION IS BEING ASKED TO DANCE. "

VERNA MYERS, DIVERSITY AND INCLUSION EXPERT

Be an ally!

Supporting Oppression

Confronting Oppression



Bystander to Ally

Agent		Bystander		Ally	
Active	Passive	Passive	Active	Active	Active
(1) Actively joins in the negative behavior	(2) No response	(3) Educate oneself	(4) Interrupt the behavior	(5) Interrupt & educate	(6) Initiate an organized response

Adams, Bell, & Griffin, 1997

Advancing LGBT Health Care Policies and Clinical Care Within a Large Academic Health Care System: A Case Study

Mollie A. Ruben, PhD^{a,b,c}, Jillian C. Shipherd, PhD^{d,e,f,g}, David Topor, PhD^{h,i}, Christopher G. AhnAllen, PhD^{h,j}, Colleen A. Sloan, PhD^{d,h}, Heather M. Walton, PhD^{h,i}, Alexis R. Matza, PhD^{f,k}, and Glenn R. Trezza, PhD^{d,h}

^aDepartment of Humanities, Behavioral, and Social Sciences, School of Arts and Sciences, Massachusetts College of Pharmacy and Health Sciences (MCPHS) University, Boston, Massachusetts, USA; ^bSection of General Internal Medicine, Boston University School of Medicine, Boston,

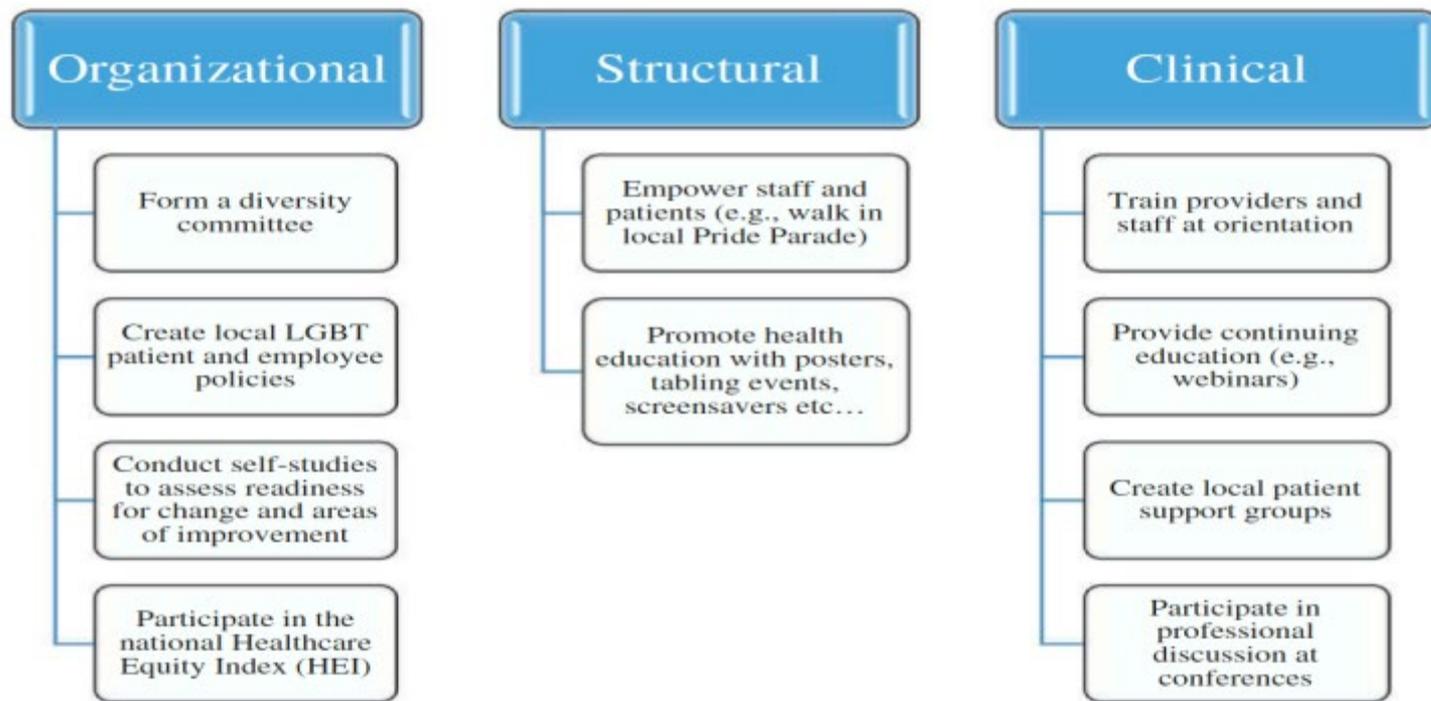


Figure 1. Examples of system-level LGBT cultural competence at VA Boston Healthcare System.

Pronouns

Mine are: She, Her, Hers

- They replace people's names.



- **“I use...[pronouns]”** or **“What pronouns do you use?”**
- **Use whatever pronouns someone tells you**, if you decide that you want to respect them in the ways they are asking to be respected.



- Post your preferred pronouns on your institutional directory profile.
- Place a pronoun sticker on your ID badge.
- Include your pronouns in your email signature.
- Educate yourself.

Julie Ann Sosa, MD MA FACS
Pronouns: She, her, hers
Leon Goldman, MD Distinguished Professor of
Surgery and
Chair, Department of Surgery
Professor, Department of Medicine
University of California at San Francisco-UCSF

All surgical leadership/educators will take DEI training; it is mandatory for new hires.

Identify faculty to become trainers

Working with the Committee on Diversity and Equity in Surgery on

- Departmental diversity training retreat
- Ongoing in-depth diversity training of all Department leaders in small groups over the next 2 years
- Bi-annual grand rounds focused on diversity topics
- Creating a Microaggression M&M type conference
- Support for the PRIDE march by sponsoring and participating in the march itself

All external invited Grand Rounds speakers for 2018-19 will be women, UIM, or present on topics related to DEI.

Create a Diversity webpage for UCSF Surgery

Revitalize the Women in Surgery group, with quarterly meetings and specific focus on learners, junior, mid-career, senior faculty

Full transparency and organized committee-led searches for all positions in the DOS to improve opportunity for diverse external and internal applicants.

For residency: full holistic approach to evaluation of applications

- Adopt diversity competency evaluations for residents

The Kübler-Ross change curve

