



Racial Discrimination in Academic Surgery:

A Webinar Presented by the Association for Academic Surgery

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Background

This webinar was one in a series of town halls with the goal of changing the landscape of academic surgery. The town hall was led by two session moderators, [Callisia Clarke, MD](#) of the Medical College of Wisconsin and [Colin Martin, MD](#) of the University of Alabama Birmingham, and five panelists from across the nation. As the chair of the Diversity, Equity, and Inclusion (DEI) Task Force for AAS, Dr. Clarke stated that the AAS is looking for “not just discussions but solutions” within the academic surgical workforce.

Speaker 1 – Yue-Yung Hu, MD

[Dr. Yue-Yung Hu](#), a pediatric surgeon at Northwestern University, spoke on the prevalence of racial discrimination amongst surgical trainees. Dr. Hu discussed data published in [JAMA Surgery in April 2020](#), which was collected from 6,956 resident surveys after the 2019 ABSITE exam with an 85.6% response rate. Of note, the study found that 41% of non-white general surgery residents reported racial or ethnic discrimination. Of those who reported discrimination, 71% were Black, 46% were Asian, and 25% were Hispanic. In addition, discrimination is associated with higher rates of burnout, thoughts of attrition, and suicidality. Hu also discussed the SECOND Trial. This is a prospective randomized trial across 215 residency programs to assess diversity and resident well being while providing a toolkit of strategies to improve the learning environment for residents. The SECOND Trial is also currently compiling resources on implicit bias training.

Speaker 2 – Erika Adams Newman, MD

“We will look back and our children will look back and say, ‘How did we respond, what did we do, what changes were we engaged in?’ both individually, within our institutions, and within our organizations.” [Erika Adams Newman, MD](#), a pediatric surgeon at Michigan Medicine, discussed faculty-level racial discrimination as it leads to barriers to retention and promotion. When looking to improve equity and reduce discrimination, Dr. Newman encourages departments to look at their demographics and ask what message it sends by having only a few people of color and also fewer women within a department. Newman suggested Grand Rounds as a great way to increase diversity, raise consciousness, and push the envelope. Through the introduction of [The Michigan Promise](#) in 2017, Michigan’s Department of Surgery has diversified their recruitment committee, increased mentorship, and implemented bias and cultural competence training in order to seek out sustained change. These are just a few ideas for programs. Dr. Newman stated that good intentions are not enough because “how can we achieve excellence without being diverse?”

Speaker 3 – Justin Brigham Dimick, MD, MPH

[Justin Brigham Dimick, MD, MPH](#), the Department of Surgery Chair at Michigan Medicine, posed reflective questions for non-minority audience members on the topic of earning the title of bystander or ally.

1. Have you come to terms with your privilege? If you can see an event in the news and be complicit, returning to work and acting like nothing has happened, that is privilege. Educate yourself. Read any of the bestselling novels about racism and discrimination. Don’t ask the minorities in your department to teach you.
2. Do you see implicit bias everywhere you look? What are you doing to interrupt and remove these biases from the workplace?
3. Who are you mentoring and sponsoring? Do your mentees look like you? What signals are you sending when broadcasting your mentoring?
4. If you are a leader, are you creating space in your program’s curriculum for discussing implicit bias?

5. Are you able to go beyond the title of bystander and work to become an upstander? As an upstander, you can use your power and platform to change policies and procedures to be equitable.

Speaker 4 – Oluwadamilola “Lola” Fayanju, MD, MA, MPH

[Oluwadamilola “Lola” Fayanju, MD, MA](#), a surgical oncologist at Duke University, discussed surgeons’ obligation to address healthcare disparities through research. Dr. Fayanju stated that currently, African–Americans and Latinx are overrepresented in Phase I Trials and underrepresented in Phase III trials, suggesting failure to convey goals of Phase I studies and enrollment bias in Phase III trials. More efforts need to be taken to prioritize recruitment and inclusion of racial/ethnic minority patients who are disproportionately affected by various diseases. In addition, disparities need to be incorporated into studies at concept inception rather than tacked on during statistical analysis. Dr. Fayanju offered three suggestions for researchers going forward:

1. Be humble: Get more training.
2. Be collaborative.
3. Be intentional: Who are your collaborators, statisticians, and study team members? Who is at the table when decisions are being made?

Speaker 5 – Eugene Kim, MD

[Eugene Kim, MD](#), a pediatric surgeon at Keck School of Medicine of USC and President of AAS, discussed the [AAS Commitment to Addressing Racial Discrimination in Academic Surgery](#). Recent efforts by the AAS include the creation of the DEI Task Force in 2019 as well as implementing open elections and self–nomination for committee chairs. Within the Executive Council, the AAS has seen increased diversity at the levels of institutional, surgical specialty, and research background, but the AAS still needs to see more diversity in race and gender within committee appointments and chairs. The AAS is also increasing their mentorship efforts. They will be hosting sessions for underrepresented minority surgeons–in–training to meet with AAS leadership. You may email Dr. Kim at eugeneskim@chla.usc.edu with your thoughts and ideas on increasing diversity of AAS.

Conclusions

Reach out to Dr. Clarke on Twitter @DrCNClarke with suggestions, ideas, or questions. The full AAS webinar can be accessed at

<https://www.aasurg.org/racial-discrimination-in-academic-surgery/>

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