The Risk and Reward of Speaking Out for Racial Equity in Surgical Training

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In order to maintain productivity and career advancement, Black and Brown individuals often find themselves downplaying persistent elements of bias and racism experienced in predominantly white fields. These elements are commonly reinforced by institutional and departmental policies that hinder the creation of an equitable and inclusive environment for all. In this manuscript, we outline specific challenges faced by Black and Brown trainees and faculty that are perpetuated by such policies. The challenges are followed by specific recommendations for change as they may apply to faculty, staff and trainees. The outlined recommendations or "action items" may be enacted by any residency program or department based on perceived timeliness and should serve as a foundation for change—one that is intently created through a lens of anti-racism. The risk of speaking up for racial equity is outweighed by the potential rewards of building an environment that is diverse, inclusive and better for everyone. (J Surg Ed 78:1387−1392.

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COMPETENCIES: Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice

The deaths of George Floyd, Breonna Taylor, and Ahmaud Arbery brought numerous realities about America into sharper focus for the entire world to see. Phrases like racism, white privilege, police brutality, and implicit bias are now part of our everyday vocabularies. Academic departments of surgery are not immune to the societal impact of these events. To thrive and advance in predominantly white fields, Black and Brown individuals are accustomed to living a dual existence: one where microaggressions and racism are downplayed in order to function and maintain productivity, and another which acknowledges that minorities in America frequently experience racism and discrimination in those same spaces. It is no longer possible for us to dismiss comments from our colleagues and patients about our background, local communities, and credibility as qualified physicians as "innocent" or as solely driven by unconscious bias, because of the risk that challenging these statements would generate a negative backlash. There should no longer be room for systemic and personally mediated racism within our residency programs and departments.

As Black and Brown physicians, we must know our worth to ourselves, our patients, and our colleagues. We are often tasked with the responsibility of championing initiatives promoting diversity and inclusion at our respective institutions, often labeled as the "minority tax."[1] However, we, the authors, feel that it is our right and responsibility to advocate for better equity, inclusion and understanding, particularly as they relate to Black and Brown physicians patients and individuals in our communities. This duty to act has become particularly clear as Black and Brown surgical trainees continue to experience discrimination based on race/ethnicity at higher rates than their white counterparts.[2] In this document, we outline specific challenges followed by recommendations for change ("action items") as they may apply to faculty, staff and trainees. In doing so, we incur multiple risks, including alienation of colleagues, potentially jeopardizing career goals, among others—but these are risks that we are willing to take in an effort to share steps for how to minimize bias and eliminate discrimination from our training environments. However, while we acknowledge these risks, we also understand that we will find many allies in our peers—those who want to learn and grow with us on this anti-racism journey. We recognize that

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while policies and practices may vary by institution and department, there are many standards that are common throughout United States (US) hospitals and health systems.

At our institution, these challenges and action items were formally presented to the Department of Surgery. At this meeting, Black surgical trainees/faculty requested that all departmental policies be reviewed through an anti-racist lens and updated accordingly. We recommend that action items be applied differentially depending on academic role. They may be categorized based on perceived timeliness for enactment (Table 1). Furthermore, if the action items require institutional involvement, we recommend that departmental leaders leverage their power to enact change. The current publication serves as a call to action, and as an example for other surgical departments to initiate anti-racist changes and build upon what is outlined here.

CHALLENGE #1: Whistleblower stigmatism and lack of accountability for those who discriminate.[3]

- Specific anti-racist methods at the departmental level should be developed that empower all faculty and trainees to report instances of racism or prejudice. Clearly defined policies and a multi-tiered, transparent and easy-to-use pathway for corrective actions should be clearly defined. Furthermore, all faculty should be empowered by leadership to support and sign a zero-tolerance anti-racist policy within the department and regarding the delivery of care to patients who discriminate against Black and Brown staff and trainees.

CHALLENGE #2: Underrepresentation of Black and Brown faculty in surgery, as well as a disproportionate lack of promotion of those who hold assistant professorships.[4]

- Departments should prioritize targeted recruitment of qualified and talented Black and Brown academic surgeons, particularly women surgeons. Special emphasis should be placed on advancement/recruitment of these surgeons to leadership roles within departments and divisions. Channeling dedicated funds into equitable offer-packages, as well as investment in endowed professorships for Black and Brown faculty could help achieve this goal.

CHALLENGE #3: Lack of professional career development opportunities within academia allowing for equitable success by Black and Brown faculty and trainees in attainment of leadership positions.[5]

- Outline specific plans to promote and assist in tenure of Black and Brown faculty.
- Diversity, equity and inclusion work should be recognized as more than "service."
- Funded travel to academic meetings targeting Black and Brown trainees at least once during training should be guaranteed to allow equitable networking opportunities with mentors from similar backgrounds. Protected time and funding should be offered to a predetermined number of faculty/trainees to attend yearly conferences related to diversity/inclusion, anti-racism, bioethics, and/or global health disparities.

CHALLENGE #4: Alienation of Black and Brown culture within academic surgery resulting in feelings of isolation and stress.[6]

- Normalize the culture and presence of Black and Brown individuals within surgical departments by developing protective, anti-racist policies (e.g., redefine professional attire to include hair styles and clothing more common to the cultures of all individuals).
- Specific investment in healthcare pipeline programs with support for all faculty/trainees to mentor students of diverse racial/ethnic backgrounds can normalize the presence of Black and Brown healthcare workers for younger generations.
- Where a legacy of enslaved laborer involvement exists in the construction of university structures, it is essential to publicly acknowledge this history.
- Martin Luther King Jr. Day, Juneteenth and Indigenous Peoples' Day should be institutional holidays with built-in protected time for observance.

CHALLENGE #5: Ineffective support to address persistent gaps in health disparities research, especially racial/ethnic health disparities.[7]

- Provide dedicated funding to faculty conducting health disparities research. Support grant applications for research that addresses racial and ethnic health disparities and the effects of racism on societal health. Practical, multilevel interventions that will reduce disparities by targeting at-risk patient populations should be prioritized.

CHALLENGE #6: Lack of transparent and equitable base compensation policies across intersections of race and gender.

- Identify salary disparities amongst Black and Brown surgeons compared to white counterparts. Just as the #MeToo movement increased scrutiny regarding gender pay parity, the current Black Lives Matter movement may bring light to issues of racial/ethnic pay parity. A 2016 study demonstrated a disparity between Black and

TABLE 1. Challenges, Action Items and Resources for Mitigating Racism/Bias in Departments of Surgery Categorized Based on Perceived Timeliness for Enactment

Challenge Category	Action Item	Resources to Support Implementation of Action Items[1]
Immediate/Short-term[2]		
1 Whistleblower stigmatism	Empowerment for all faculty to support and sign a zero-tolerance anti-racist policy regarding the delivery of care to patients who discriminate against Black and Brown providers and staff	"Anti-Racism Pledge" by Mountain Mahogany Community School in Albuquerque, NM. (https://bit.ly/3isbolU)
1 Whistleblower stigmatism	Develop a specific method that empowers faculty/trainees to report instances of discrimination or prejudice at the departmental level	"Anti-Discrimination and Anti-Harassment Policy – Anti-Retaliation statement" by Pact, a nonprofit international development organization based in Washington, DC. (https://bit.ly/2VCC21i)
3 Lack of professional development	Guarantee funded travel to academic surgery meetings geared towards Black and Brown trainees at least once during training to allow equitable networking opportunities with mentors from diverse backgrounds.	Leadership of the Surgery Department at University of Virginia (UVA) in Charlottesville, VA guaranteed funding during a Diversity Council meeting in June 2020.
3 Lack of professional development	Protected time and funding should be offered to a predetermined number of faculty/trainees to attend conferences each year related to diversity/inclusion, anti-racism, bioethics and/or global health disparities	Leadership of the Surgery Department at UVA supported faculty/trainee participation in an annual UVA Trainee Diversity and Inclusion Conference held on campus.
3 Lack of professional development	Recognize diversity, equity and inclusion work as more than "Service"	Leadership of the Surgery Department at UVA are creating leadership awards for this work in an effort to augment its value during promotion consideration.
4 Cultural Alienation	Ensure or participate in discussions to honor Martin Luther King, Jr. Day, Juneteenth and Indigenous Peoples' Day as institutional/medical center holidays with built-in protected time for observance	UVA Health honored Juneteenth as a state holiday in 2020 and pledged to honor Martin Luther King, Jr. Day as a federal holiday in the future. (https://at.virginia.edu/3inouAx)
4 Cultural Alienation	Normalization of Black and Brown culture and presence within surgical departments by developing protective, anti-racist policies (e.g., redefine professional attire to allow for destigmatized expression of all cultures)	"3 Tips to Keep Discrimination Out of Your Dress Code Policy" by Lauren Pope of G2 Learning Hub. (https://bit.ly/2BzKNlY)
4 Cultural Alienation	Where there is a legacy of enslaved laborer involvement in the construction of university structures, it is essential for academic institutions to publicly acknowledge this by reading a statement at the beginning of on-campus events honoring this history	Leadership of the Surgery Department at UVA read a statement honoring enslaved laborers at 2020 General Surgery Graduation Ceremony.
7 Minority Tax	Diversity-related work and health disparities research should be upheld as equivalent to clinical or translational research during promotion efforts.	Kenyon College in Gambier, Ohio revised tenure and promotion guidelines to recognize faculty diversity and inclusion efforts in 2019. (https://bit.ly/2ZzT1CC)
Mid-term		
1 Whistleblower stigmatism	Establish and publicize a transparent, multi-tiered pathway for corrective actions.	Examine and modify existing policies from an anti-racist perspective.
2 Lack of Minority Faculty	Channel dedicated funds into equitable offer-packages as well as investment in endowed professorships for Black and Brown faculty	Endowed Minority Professorships within College of Business at Loyola University in New Orleans, Louisiana. (https://bit.ly/2BWkfeO)
3 Lack of Professional Development	Outline specific plans to promote and assist in tenure of Black and Brown faculty	"Faculty Diversity: Too little for too long" by Cathy Trower and Richard Chait. (https://bit.ly/3eSirBW)
4 Cultural Alienation	Specific investment in local healthcare pipeline programs with protected time for faculty/trainees to participate and mentor students	University of Connecticut Health's sponsorship of Aetna Health Professions Partnership Initiative (HPPI) summer and academic programs

(*continued*)

TABLE 1 (*continued*)

Challenge Category	Action Item	Resources to Support Implementation of Action Items[1]
	can normalize the presence of Black and Brown healthcare workers for younger generations	for high school students. (https://bit.ly/2C4oHYH)
5 Health disparities research	Dedicated funding to faculty conducting health disparities research, particularly those addressing racial and ethnic disparities	Active funding opportunities from the National Institute on Minority Health and Health Disparities. (https://bit.ly/31NBI3K)
6 Pay Parity	Investigate and identify salary disparities amongst Black and Brown surgeons compared to white counterparts	"Differences in incomes of physicians in the United States by race and sex: observational study" by Dan P. Ly et al. (https://bit.ly/31V8lwJ)
6 Pay parity	Development of transparent compensation policies and mitigation of differences across race and gender using an approach individualized to the institution	"A Structured Compensation Plan Improves But Does Not Erase the Sex Pay Gap in Surgery" by Dr. Melanie Morris et al. - Surgery Department of University of Alabama at Birmingham in Birmingham, AL. (https://bit.ly/2YTpMMc)
7 Minority Tax	Protected time for scientific research and scholarly activities to reduce the disparity in academic productivity.	"Achieving Health Equity: Closing The Gaps In Health Care Disparities, Interventions, And Research" by Tanjala S. Purnell et al. (https://bit.ly/2Dfa4m9)
8 Law Enforcement Engagement Training	Promote training, understanding and application of de-escalation techniques as they apply to interactions of law enforcement officers with hospital employees and patients	"To protect and serve: The ethical dilemma of allowing police access to trauma patients" by Katherine C. Ott et al. (https://bit.ly/3iyfcBW)
9 Racism and health outcomes education	Curricular change to feature education on racism and healthcare, as well as anti-racism	Restructured Education Conferences and Journal Clubs to include lectures and articles on anti-racism, race and health inequities at University of Virginia Surgery Department in Charlottesville, Virginia.
Long-term		
5 Health disparities research	Development of practical, multilevel interventions that will reduce disparities by targeting at-risk patient populations	"CDC Health Disparities & Inequalities Report — United States, 2013" by Centers for Disease Control and Prevention. (https://bit.ly/2AsJAwu)
2 Lack of minority faculty	Recruitment of a person of color and/or woman with intent to promote to roles of APD, PD and/or Department Chair.	"Academic Surgery, Leadership, and Diversity: Modern Workforce Analysis" by Cassandre E. Benay et al. (https://bit.ly/2Dce5HT)
2 Lack of minority faculty	Prioritize targeted recruitment of qualified and talented Black and Brown academic surgeons, particularly women surgeons.	"Defining Barriers and Facilitators to Advancement for Women in Academic Surgery" by Julie A. Thompson-Burdine. (https://bit.ly/2DfNnhH)
7 Minority Tax	Recruit faculty who are fierce advocates for diversity initiatives and are willing to take on such responsibilities including the sponsorship of Black and Brown trainees and peers	"Addressing the paucity of underrepresented minorities in academic surgery: can the "Rooney Rule" be applied to academic surgery?" by Paris D. Butler et al. (https://bit.ly/2VN6lCE)
8 Law Enforcement Engagement Training	Minimize single, mandatory workshops and interventions. Promote longitudinal and voluntary interventions such as group activities and task force formation with ongoing assessment of the programs' efficacy.	"Community-centered police professionalism: A template for reflective professionals and learning organizations with implications for the co-production of public safety and public order" by Brian N Williams, UVA Professor of Public Policy. (https://bit.ly/38wOAwL)
9 Racism and health outcomes education	Develop endowed lectureships for visiting professors to present work in these areas to reinforce a long-term commitment to this effort	"Shannon Endowed Lectureship in Minority Health" at University of Missouri-Kansas City School of Medicine in Kansas City, Missouri. (https://bit.ly/2YVA7qZ)

[1]Not all Action Items will have a suggested resource but were included to reinforce the timeliness of enactment.
[2]Immediate/Short-term-: up to 4 weeks; Mid-term: up to 3 months; Long-term: up to 6 months or greater.

White male physician salaries of nearly $65,000 per year, but failed to account for differences in specialty.[8] Development of transparent compensation policies and mitigation of differences using an approach individualized to the institution is strongly recommended.

CHALLENGE #7: Reliance on Black and Brown individuals to disproportionately contribute to diversity, equity and inclusion work (i.e., minority tax) resulting in less time for involvement in typical scholarly activities necessary for career advancement.[1,9]

- Diversity-related work and health disparities research should be upheld as equivalent to clinical or translational research during promotion efforts.
- Protected time for scientific research and scholarly activities should be initiated to reduce the disparity in academic productivity created by the minority tax.
- Recruit faculty who are fierce advocates for diversity initiatives to take on such responsibilities including the sponsorship of Black and Brown trainees and peers—thus alleviating the burden on their Black and Brown colleagues.

CHALLENGE #8: Lack of effective training for faculty/trainees in developing relationships and understanding interaction with law enforcement.

- Promote understanding and application of de-escalation techniques as they apply to interactions between law enforcement officers and hospital employees and patients. Create specialized training for faculty/trainees regarding engagement with local law enforcement in patient-care settings.
- Minimize single, mandatory workshops and interventions as these have been shown to be ineffective in the human resource literature.[10] Such mandatory trainings are often perceived by employees as remedial or punitive in nature.[11] Instead, promote longitudinal and voluntary interventions with high visibility, such as group activities and task force formation with ongoing assessment of the programs' efficacy.[11]

CHALLENGE #9: Paucity of education within surgical departments regarding racism as it relates to healthcare access and outcomes.

- Support curricular change to feature education on racism and healthcare, as well as anti-racism—e.g., incorporate articles into journal clubs and during protected educational sessions. Develop endowed lectureships for visiting professors to present work in these areas to reinforce commitments to these efforts.

The outlined action items may be enacted by any department to serve as a foundation for change—one that is intently built upon anti-racist policies. The suggested challenges are not intended to be an exhaustive list but should align with several key features. First, departments must identify structural barriers that perpetuate institutional racism. Second, surgical leaders must move beyond a goal that focuses simply on recruitment of diverse trainees. The proposed policies are aimed at protecting and promoting Black and Brown individuals already employed or training at a given institution. This is an essential component of an institutional commitment to protecting and retaining diverse team members. Finally, programs must then be committed to critically evaluating their policies in a fashion that is transparent and anti-racist. A willingness to change and adjust to actively meet the goals of supporting team members from diverse backgrounds should be inherent in these departmental efforts. Finally, we encourage our Black and Brown colleagues at institutions across the US to demand more for themselves, their peers/trainees, and for prospective team members. We believe the risk of speaking up is outweighed by the potential rewards of building an environment that is better for everyone.

DECLARATION OF COMPETING INTEREST

None.

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