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**CORD Town Hall: Fostering a JEDI Residency Program (Just, Equitable, Diverse, and Inclusive)
Practical Tools and Tips to Support URM Residents
September 30, 2020**

Webinar Chat and Questions Log

CHAT LOG

- Stephani Wiertel: Welcome! Thank you for joining us for tonight's Town Hall.
- Tonight's agenda can be found here:
https://aoassn.org/AOAimis/shared_content/documents/cord/webinars/JEDI_Agenda.pdf
- #AOACORDJEDI
- Tonight's slides can be found here:
https://aoassn.org/AOAimis/shared_content/documents/cord/webinars/JEDI_Slides.pdf
- Bio's for our panelists as well as twitter handles can be found here:
https://aoassn.org/AOAimis/shared_content/documents/cord/webinars/JEDI_bios.pdf
- William A Ross: Ten Key Steps for Chairs, Program Directors, and Faculty to Serve as Allies During This Racial Crisis
- William A Ross: AAOS Now (Online) July 15, 2020; William Ross MD, Letitias Bradford MD, Bonnie Mason MD Has guidelines for providing a safe, equitable environment for Black and Brown Orthopedic Residents
- Haydee Brown: Nth Dimensions has initiated a strategic mentoring program to help tackle "the death spiral."
- William A Ross: NTH DIMENSIONS Strategic Mentorship Program
StrategicMentoring@Nthdimensions.org
- R. Randall McKnight, MD: The article Dr. Ross is referencing
<https://www.aaos.org/aaosnow/2020/jul/diversity/10-steps/>
- William A Ross: Mentoring is designed to help black and brown students develop a plan and approach to identify program challenges, navigate through episodes of bias, excel on OITE as well as clinical skills, and finish the program. Are enrolling students from Orthopedic Surgery training programs right now.

William A Ross: Again, strategicmentoring@nthdimensions.org

Gabriella E. Ode, MD: Dr. Ross - Thank you for all that you and Nth Dimension do! The strategic mentoring program is a great opportunity to support these residents

William A Ross: How should Black and Brown residents prepare to handle implicit and explicit bias? What methods should these residents use to handle disinterested, passive-aggressive, or obviously hostile faculty/ program administrators?

Joshua C. Patt, MD, MPH, FAOA: We appreciate all of you attending tonight. So many great tips and tricks to make your program a JEDI one! We have had lots of great questions sent in that the panelists are looking forward to answering. We will plan on extending the call until 10pm Eastern time so we can continue this conversation. Please feel free to stay on with us if you have time.

Jon Braman: At times, there seems to be tension between advocates for enhancing diversity in terms of gender in orthopaedic surgery and advocates for enhancing diversity in orthopaedics in terms of racial and ethnic diversity. How do we mitigate this tension in our profession and welcome all groups, including the intersectional population that are excluded from both sides of this artificial divide?

Kimberly J. Templeton, MD, FAMWA, FAOA: I agree- to move diversity forward, we need to work together to improve things for all underrepresented in ortho for whatever reason. This speaks to the need to remove silos and foster collaboration between groups interested in the broad issue of diversity.

Gabriella E. Ode, MD: Here is an additional important piece of data regarding challenges faced with intersectional discrimination in orthopaedics - Recent yet to be published survey evaluated perception of discrimination in residency among over 300 black orthopaedics surgeons. 96% perceived that black orthopaedic residents experience discrimination during residency training. 78% perceived it to be some to a lot of discrimination. That perception was significantly higher among black female orthopaedics surgeons (n=65) - 100% perceived discrimination of black residents and 89% described it as some to a lot of discrimination.

William A Ross: Basically, this effort for diversity, equity, inclusion, and belonging is not “either/or” but “both or (all)/ and”. Our disparate voices are more powerful if we all “sing” together.

William A Ross: The data referred to by Dr Ode also reflects the AAOS’ own data obtained in its survey on Workplace discrimination and harassment.

William Levine: Fantastic job everyone - terrific and important town hall. Thanks to AOA/CORD for hosting and thanks to all of the faculty for sharing their perspectives.

William A Ross: RE: the white, male student...It is NOT his spot. The sense of ownership over training by majority populations is part of the issue.

Sandy Klein: Great point by Dr. Ross!

Melvyn A. Harrington, Jr., MD, FAOA: You hit the nail on the head, Dr Ross!

William Levine: We have to be able to make mistakes and ask questions and learn how to improve communication on these and other sensitive topics!

William A Ross: An appropriate mantra for ALL who choose to be allies for gender, race, ethnic or other diversity, comes from Brene Brown, “ I am not here to BE right, I am here to get it right”

William A Ross: Need infra structure within the program that modifies acceptable behavior, and does not attempt to change belief.

J.L. Reed: White allies have to be willing to do the work. And not put the burden of “teaching” on URM

Gabriella E. Ode, MD: @ JL Reed - Agreed!

William Levine: Rashard - give me a call some time - I don't think I articulated my question/comment well! thanks again

Stephani Wiertel: The 2021 Spring CORD Conference will be virtual! Registration will open in early November 2020. The theme of the meeting will be Orthomatch 2021: Opportunities and Challenges created by the COVID-19 Pandemic. What did we learn?

Jaysson T. Brooks, MD: @ Dr. Levine. When I heard your question I remembered a really good chapter in the book White Fragility. The summary of the chapter was that very few real and honest conversations occurred between white and black people related to race.

Jaysson T. Brooks, MD: It takes trust first before either side will open up

William A Ross: Dr Levine, suggest that you look at the work of Sunny Nakae on Allyship. She has information that speaks to your point.

QUESTIONS/ANSWERS LOG

- 1. As a chief/department head and as an assistant program director for an ortho residency, how can I and other key players in admin help increase minority representation at our residency?**

I would recommend starting with a local pipeline. General Surgery selects from the same pool that we do but get 30% of the women and about double the URM. As a core rotation, they have the opportunity to reach 100% of the medical students before we do. Hence, my strategy is to serve on (or have a member of my recruitment committee serve) the medical school admissions & selection committee to identify promising candidates. I then reach out to them in their 1st year.

Next, I cannot stress enough the role of social media to communicate to potential applicants. Highlight activities and efforts.

Ultimately, the goal is to increase the pool of applications. People don't apply to programs they don't know of and unfortunately reputations are propagated word of mouth based on perceptions.

2. What are your strategies for staying resilient and healthy?

Personally, the COVID restrictions have prompted my college student son to move in with me. So I have built in family time now. :). I also set aside time to exercise and "personal reflection & mindfulness" which is code for cigar time.

For the residents, I meet with my residents at least quarterly by class at an off-site location after hours. I run interference for the residents with faculty, but honestly, when the residents say they need to leave early for their wellness check-in, I have never had a faculty refuse.

Wellness for the faculty is a more wicked problem that I have not formulated a good answer for....yet.

I try to find my tribe. I have been very lucky to be connected with a lot of women orthopaedic surgeons via social media and they have been my support.

3. Is there a professional JEDI network that we can create to be available to us URM residents and faculty many of whom are 1 or 2 in our respective programs?

Gladden, AALOS, and RJOS are excellent resources. The National Caucus of MSK Disparities is another networking opportunity. AAOS DAB is working to create a network for LGBTQ+. Society of Military Orthopaedic Surgeons covers the veterans. Local, regional, and specialty societies have also started Diversity or DEI or JEDI networking opportunities.

4. Question for Dr. Johnson: How do you think the current COVID-era travel and away rotation restrictions as well as the modifications of the residency interview process this year will affect a program's attempt to increase their own diversity?

COVID has definitely presented a myriad challenges across the board. I won't quote data and there are none for these times, but what we are doing are:

- a. Holding multiple virtual town halls - which is more contact than applicants would have had "traditionally"
- b. My APD and I intend to screen a larger number of applications and have zoom video screening calls, prior to assigning applications to the selection committee
- c. Increase social media communication of our diversity efforts

What I can say right now is that the number of calls and emails I get from URM applicants has approximately tripled, the number of women applicants has stayed about the same, but I am proud to say that over the past 3 years, approximately 60% of our interview offers have been to women applicants.

- 5. Question for Dr. McKnight: How do you prevent text threads for only black residents from being exclusive to others who are allies? Similar for all female threads/efforts making space for male advocates?**

Answered Live (To hear the answer, view the webinar recording.)

- 6. How should Black and Brown residents prepare to handle implicit and explicit bias? What methods should these residents use to handle disinterested, passive-aggressive, or obviously hostile faculty/ program administrators?**

Answered Live

- 7. You talked about how to FIND allies, but how can we all BE allies?**

Answered Live

- 8. We are a program with an outstanding track record of training women but we have not successfully matched URMG members. Where do we start to recruit the first?**

I would recommend starting with your local talent pool at the medical school. If your affiliated school has a SNAM/LCMA chapter, invite members to attend didactics or grand rounds.

How about sponsoring a student from one of the grass roots programs. Nth Dimension, for example.

- 9. What are some techniques/words to use with your residents /patients when you witness a micro aggression? ie: my patient asks my minority resident “where are you from?”**

Answered Live