Equity 360: Gender, Race, and Ethnicity—Harassment in Orthopaedics and #SpeakUpOrtho

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The NYTimes [8] and New Yorker [1] dual investigations into acclaimed movie producer Harvey Weinstein sparked a worldwide dialog about sexual harassment in the workplace. Following these Pulitzer Prize-winning investigations [2], both women and men shared personal stories through #MeToo, a hashtag that spread across popular social media platforms, revealing just how widespread sexual harassment, bullying, and discrimination in the workplace was and continues to be [3]. No industry has been spared—certainly not healthcare [6, 7, 10].

A Necessary Forum

For all its faults, social media is a generally welcoming forum for individuals in orthopaedics to share their concerns regarding a “safe, equitable, and dignified” [7] workplace environment. In 2016, Dr. Samara Friedman formed the “Women in Orthopaedics” Facebook group with 400 initial members. This members-only group served as a safe space for women in orthopaedics—a small minority of the profession, at about 6% of orthopaedic surgeons—to share experiences, ask clinical questions, network, and support one another. This group since has grown to more than 1500 members. In early 2021, stories of harassment were shared in the group in response to a posted question: “What is the most sexist thing you’ve ever had said or asked of you during your interviews, during your residency, or fellowship?”

As of this writing, there are more than 325 responses to this query, some of which are hard to read, while others, if verified, would be considered criminal.

After reading a collection of these stories on Facebook, a group of like-minded women orthopaedic surgeons created #SpeakUpOrtho in March 2021. #SpeakUpOrtho provides a forum for individuals to anonymously share through Facebook, Instagram, and Twitter experiences and events related to disparities in orthopaedic surgery and to remind these storytellers that they are not alone.

While providing a space for individuals to tell their stories anonymously, #SpeakUpOrtho is limited in its ability to verify posts. The administrators of the handle @speakuportho on all social media feeds (LKC, Jennifer M. Weiss MD, Arianna L. Gianakos DO, and Nancy Yen Shipley MD) have access to the stories submitted, and while some choose to provide their identity and the identity of the perpetrators, the administrators do not publicize names identifying details. Still, these stories increase awareness of the extent of the problem in orthopaedic surgery. We encourage readers to read these stories, both the ongoing episodes of blatant sexual harassment and the positive actions taken by advocates for equity.
More Than a Hashtag

The goal of #SpeakUpOrtho postings is to call out harassment, bullying, abuse, and marginalization in orthopaedic surgery and foster a culture of zero tolerance of toxic behavior in our profession. This will ultimately involve more than a hashtag and social media presence. As of this writing, the administrators running @speakuportho on all social media feeds are in the process of developing a website, finalizing a mission statement, creating governance guidance, publishing a conflict-of-interest statement, and providing content such as podcasts, lectures, and symposia on this topic. Indeed, the groundwork is being laid to have an impact on many action items involving harassment in orthopaedic surgery.

Not Just Social Media

Above, we mentioned how social media offers forums for individuals in orthopaedics to share their concerns regarding their “safe, equitable, and dignified” [7] workplace environment. The term “safe, equitable, and dignified” comes from Time’s Up Healthcare, an organization created to give a voice to the thousands of healthcare workers affected by harassment [7].

So how close are we to providing a “safe, equitable, and dignified” workplace environment in orthopaedics? Recently, CORR published a survey specifically focused on sexual harassment of women during orthopaedic residency training [5]. In the survey of 250 women, Whicker et al. [10] reported that 68% of respondents said they were sexually harassed during residency. Only 7% reported this harassment to their program director, and only 5% to an attending surgeon in their residency program. The reasons for not reporting included concern related to negative impact on career (50%), a belief that reporting was pointless because the department would not act on the concern (43%), and not wanting to report a superior (39%). Of the 34% of respondents who did not report the harassment, 33% stated that the incident “wasn’t that big a deal” or that they “brushed it off,” highlighting that there is a spectrum of sexual harassment behaviors and how these are perceived by women residents. These data clearly show that orthopaedics is not close to providing a “safe, equitable, and dignified” workplace environment for residents and faculty. The creation of anonymous reporting to a third-party organization with the expectation that perpetrators would face consequences for confirmed offensive behaviors is a goal we need to work toward in medical training programs.

Where is the Progress?

Why is this problem so difficult to solve? The reasons are many and complex. First, there is a potential lack of clarity as to what defines appropriate versus inappropriate behaviors. The Accreditation Council for Graduate Medical Education mandates training on “professionalism.” But that term is vague—what is professional to one person might be over the line for another [6]. And professionalism entails more than what is visible to others by lapses in judgements or decisions; it also includes lapses in professional values. It is these actions that are being described in the stories posted to #SpeakUpOrtho. In these instances, it appears these behaviors are remembered and not easily forgiven. Nor should they be [10].

Second, as indicated in the surveys discussed, there is a real fear of speaking up. How does a resident know they are safe to share a harassment concern? There can also be concern by others who are aware of the event regarding the potential impact of the accusation on the alleged offender. Once an allegation is made, can a reputation later become untarnished? When should a faculty member report a specific event, and is that individual comfortable doing so? In the spring of 2021, a lawsuit alleged that one of the founding women physicians of Time’s Up Healthcare failed to report alleged sexual harassment. Because of this controversy, nearly one-third of Time’s Up Healthcare members resigned [5]. Such fear and uncertainty can be mitigated by a culture of psychological safety, which is created by leadership and supported by the culture of the department and team. As of this writing, the University of Arkansas is scheduled to present the Carl L. Nelson Award at the 2021 American Academy of Orthopaedic Surgeons (AAOS) meeting in San Diego, CA, USA to an academic department that is committed to achieving diversity, equity, and inclusion of women in orthopaedic surgery [9]. We applaud the University of Arkansas for honoring Dr. Nelson in this manner and for promoting diversity in the profession.

Third, conversations about workplace harassment are difficult on everyone involved, and many people are uncomfortable having them. Ideally, a conversation occurs between the two individuals, where the offended person shares with the offender why the behavior was offensive. This creates the moment when learning and mutual understanding can promote a healthier environment for all. Some forms of subtle harassment may not be perceived as harassment by the offending individual. However, with a mismatch of power between attendings and residents, such conversations may be very difficult to initiate.
Fourth, witnesses to abusive behavior may lack appropriate skills to respond to the situation. Training individuals in the concept of “Bystander Intervention” [4] is critical to supporting both the witness and person experiencing the behavior. “Bystander Intervention” should be mandatory training in all orthopaedic programs (Table 1).

**Action Items**

Harassment of any individual in orthopaedics, regardless of gender identity, race, ethnicity, or social status, is a stain on our profession. It should never occur. While this goal may seem lofty, awareness of ongoing inappropriate behaviors can move us toward a just and fair culture. Such a culture will attract more women and individuals of color into our rewarding specialty. To that end, those involved with taking #SpeakUpOrtho from a hashtag to an organization are eager to make sure every work environment in orthopaedic surgery is safe, dignified, and fair to all, and to work alongside other orthopaedic organizations and educational accreditation bodies to create a coalition to effect change, including:

- Developing a process to report harassment concerns without fear of retaliation.
- Building a consistent vetting process for applicants for positions in all aspects of our field with regard to their commitment to diversity, equity, and inclusion. Such positions would include faculty candidates, program directors, department chairs, board examiners, and AAOS Board of Director positions.
- Training people on how to have uncomfortable but essential conversations, particularly those related to perceptions of harassment and microaggressions.
- Including the mandatory teaching of bystander intervention to all trainees and faculty in residency programs.

**Table 1. The 5 Ds of Bystander Intervention [4]**

<table>
<thead>
<tr>
<th>Direct</th>
<th>Use verbal or nonverbal clues to let the harasser know that the behavior or comments are not acceptable</th>
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<tbody>
<tr>
<td>Distract</td>
<td>Change the subject, draw attention away from the target of harassment</td>
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<tr>
<td>Delegate</td>
<td>Ask for help from someone in authority</td>
</tr>
<tr>
<td>Delay</td>
<td>Support the target after the event and see if they want to talk</td>
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<tr>
<td>Document</td>
<td>Note the details of the event while it is fresh in your mind</td>
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**References**