



Symposium: Women and Underrepresented Minorities in Orthopaedics

Editorial Comment: Women and Underrepresented Minorities in Orthopaedics

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Our profession is stronger and our patients are better cared for when we, as their orthopaedic surgeons, mirror them in gender, race, and ethnicity. But the statistics remain grim. The percentage of women in orthopaedic residency programs in the United States has risen only slightly from 8.8% in 2001 to 13.6% in 2011. Overall, the percentage of women in residency programs has grown from 39% in 2001 to 46% in 2011 [1].



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The stats are even worse for minorities in orthopaedic surgery. In 2012, minorities accounted for just 3% of all orthopaedic surgeons [4]. Graduate medical education data noted that the three medical specialties with the lowest numbers of women, blacks, and Hispanics were radiology, otolarangology, and orthopaedic surgery [5].

In order to attract the most capable medical students to our specialty, we must be inclusive and willing to

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increase the numbers of women and underrepresented minority physicians who practice orthopaedic surgery [3]. We also need to diversify our leadership positions. From a purely economic standpoint, a correlation has been drawn in business between improved financial performance and gender parity in leadership roles [2].

“We have to appeal to all of the medical school class,” Dr. Valerae O. Lewis, Chief of Orthopaedic Surgery at MD Anderson Cancer Center in Houston, TX, USA, told the *Chicago Tribune* [5]. “If we’re not appealing to

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50% of the class that is women then we're losing the best and the brightest."

In exploring the current status of recruitment of women and underrepresented minorities into orthopaedic surgery, programs have been offered as early as high school to garner interest and form mentorships. The Ruth Jackson Orthopaedic Society, The Perry Initiative, and the Nth Dimension offer programs at every level, starting from high school, in the hopes of providing mentorship opportunities and increasing interest in our specialty among women and minority youth.

The narrative continues in medical school, as physicians choose their specialties and apply for residencies. Understanding the choices women and minority orthopaedic surgeons make regarding specialty area, fellowship, and practice type are important to making orthopaedics more attractive to all groups. Residency and fellowship training occur during the years that many young doctors start families, and allowing for maternity, paternity, and adoption leave may make it easier for women and men who plan to contribute to the child-care equation to choose our profession.

It is important that we prove to medical students that life as an orthopaedic surgeon and raising a family are not mutually exclusive pursuits. In 2013, Sheryl Sandberg, now the chief operating officer of Facebook, published her book, *Lean In: Women, Work, and the Will to Lead* [6]. In the bestselling book, Sandberg, while acknowledging her own insecurities as she pursued a professional career dominated by men, suggests that women should embrace the workplace, take risks, and aspire for leadership positions. Her positive message sparked a game-changing environment, encouraging women in all fields to help one another rise to positions of leadership.

In this symposium, we sought to increase our understanding of the causes of the disparities in women and minorities in orthopaedics today, and by identifying these causes, to begin to move towards solutions. We hope that the material presented in this symposium will generate discussions whether in the form of letters to the editor, orthopaedic surgery departments, or in medical schools. We hope to begin resolving these disparities, and thus improving our specialty and increasing our effectiveness in caring for patients.

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