



Penn Medicine

Women in Orthopaedics and Implicit Bias

Oregon Association of Orthopaedic Surgeons

November 1, 2019

Kristy Weber, MD
Professor - U Penn Orthopaedics
AAOS President

Numbers/♀

33

16

34

51

3

6

1

3

6

25

50

25

23

14.7

9

24

Numbers/♀

33 fortune 500
CEOs

16 %Neurosurgery
residents

34
% residents in
Oto/General Surg

51 %US
population

3 on Supreme
Court

6 FTSE 100
Index CEOs

1
AAOS
ABOS/ASES
ASSH/POSNA
President

3 Ortho
Dept
Chairs

6 %Women
in Ortho
practice

25 %Urology
residents

25
US Senators

23 % US House of
Reps

50 % medical
students

14.7
%Ortho residents
(2016-17)

24 %professors in
US Medical
Faculty

9 % of
Ortho
professors

Why Diversity Matters in Orthopaedics

- ◆ **More striking disparity in gender/race**
- ◆ **Field does not reflect our patients**
- ◆ **We are missing out on the best and brightest**
- ◆ **Risk of losing relevance – to prospective surgeons and patients**

- ◆ **Critical assumptions:**
 - People have equal rights regardless of differences
 - Applicants who meet/exceed the criteria for selection into Ortho Residency programs are equally recruited and have the potential to become competent Ortho surgeons
 - Board scores, Core Clerkships, Research, Volunteer service, Letters of Ref

Women Residents in Surgical Specialties

U.S. and Canadian Medical School Graduates					Total Active Residents
Men		Women		Total	
Number	Percent	Number	Percent		
3,006	83.6	529	14.7	3,535	
					3,597

2016-2017
Orthopaedic Surgery

***14.7%**

Wide variation in
academic departments of
those considered
underrepresented

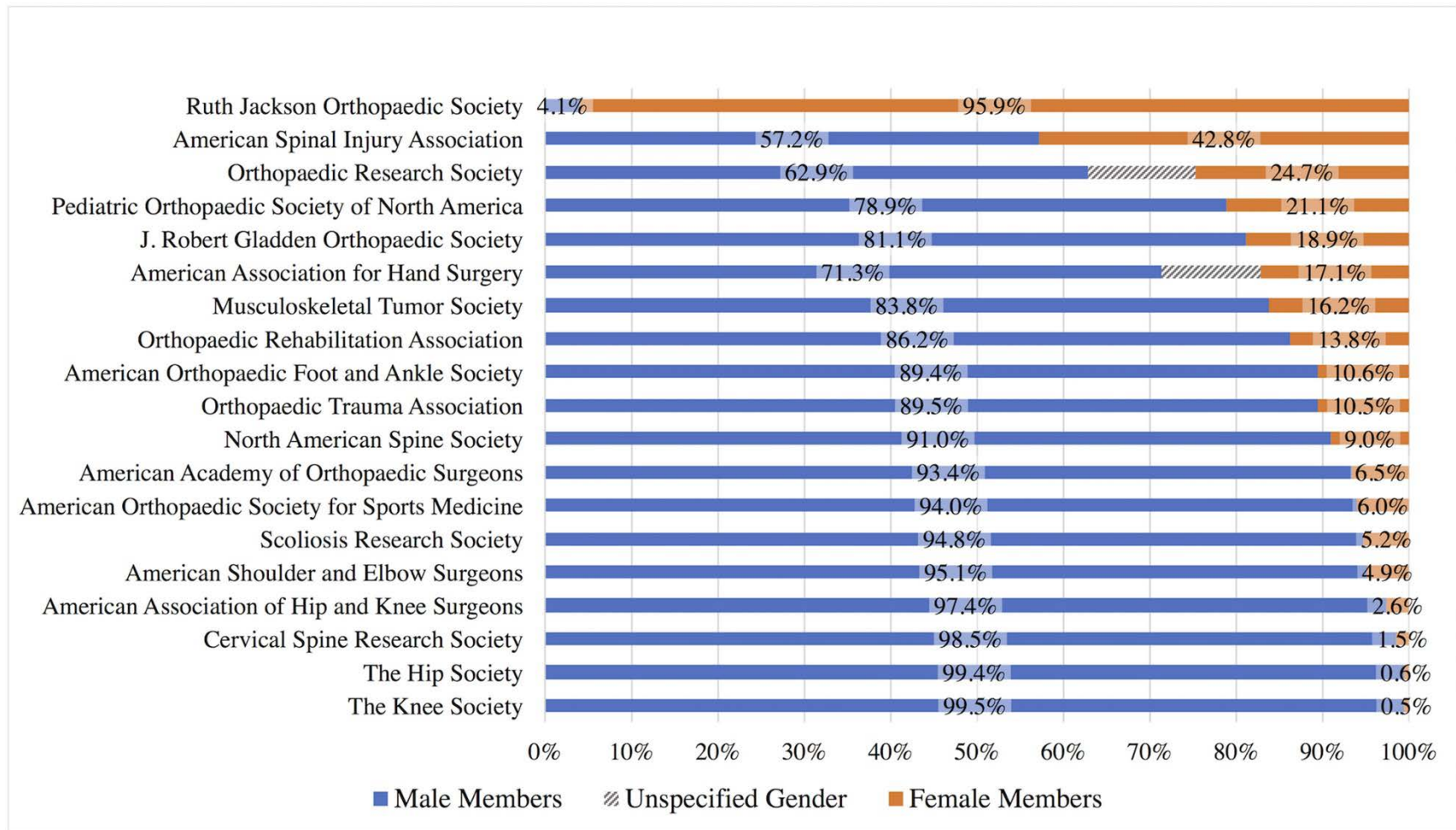


Self fulfilling prophecy

%Women in Other Specialties

Colorectal Surgery –	36.6%
General Surgery –	34.4%
Otolaryngology –	34.3%
Vascular Surgery –	28.3%
Plastic Surgery –	25.6%
Urology –	25.3%
Thoracic Surgery –	20.6%
Neurosurgery –	16.4%

Sex Demographic Data of Ortho Specialty Societies - 2017




Chambers CC, JBJS 2018

If Diversity Matters.....How do we get there?


- ♦ Define 'there'.....
- ♦ KW – when there are no barriers to admission of qualified applicants to residency and to leadership roles

- ♦ Dilemma:

- ♦ 1. Recruit more women/URM  Culture Change
- More role models (Can't be what you can't see)*
- Increase the pipeline (Perry Initiative and Nth Dimensions)*
- Ortho rotations/lectures in medical school

.....(to check the 'box')

OR

- ♦ 2. Culture Change  Recruit more women/URM
- RJS/Gladden societies*
- ICLs/Symposia/Grand Rounds*
- Need white men to champion
- Captive audience for exposure (ASES, COA, etc)

Perry Initiative



Orthopaedic Pipeline Programs

Clin Orthop Relat Res (2016) 474:1962–1966
DOI 10.1007/s11999-016-4908-y

Clinical Orthopaedics
and Related Research®
A Publication of The Association of Bone and Joint Surgeons®



CrossMark

SYMPOSIUM: WOMEN AND UNDERREPRESENTED MINORITIES IN ORTHOPAEDICS

The Perry Initiative's Medical Student Outreach Program Recruits Women Into Orthopaedic Residency

Lisa L. Lattanza MD, Laurie Meszaros-Dearolf PhD, Mary I. O'Connor MD,
Amy Ladd MD, Amy Bucha BE, Amy Trauth-Nare PhD, Jenni M. Buckley PhD

Published online: 31 May 2016
© The Association of Bone and Joint Surgeons® 2016

Abstract

Background Orthopaedic surgery lags behind other surgical specialties in terms of gender diversity. The percentage of women entering orthopaedic residency persistently remains at 14% despite near equal ratios of women to men in medical school classes. This trend has been attributed to negative perceptions among women medical students of workplace culture and lifestyle in orthopaedics as well as lack of exposure, particularly

during medical school when most women decide to enter the field. Since 2012, The Perry Initiative, a nonprofit organization that is focused on recruiting and retaining women in orthopaedics, had conducted extracurricular outreach programs for first- and second-year female medical students to provide exposure and mentorship opportunities specific to orthopaedics. This program, called the Medical Student Outreach Program (MSOP), is ongoing at medical centers nationwide and has reached over 30 medical students in its first 2 program years (2012–2014).

Clin Orthop Relat Res (2016) 474:1979–1985
DOI 10.1007/s11999-016-4846-8

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SYMPOSIUM: WOMEN AND UNDERREPRESENTED MINORITIES IN ORTHOPAEDICS

Can a Strategic Pipeline Initiative Increase the Number of Women and Underrepresented Minorities in Orthopaedic Surgery?

Bonnie S. Mason MD, William Ross MD, Gezzar Ortega MD, MPH,
Monique C. Chambers MD, MSL, Michael L. Parks MD

Published online: 25 April 2016
© The Author(s) 2016. This article is published with open access at Springerlink.com

Abstract

Background Women and minorities remain underrepresented in orthopaedic surgery. In an attempt to increase the diversity of those entering the physician workforce, Nth Dimensions implemented a targeted pipeline curriculum

that includes the Orthopaedic Summer Internship Program. The program exposes medical students to the specialty of orthopaedic surgery and equips students to be competitive applicants to orthopaedic surgery residency programs. The effect of this program on women and underrepresented minority applicants to orthopaedic residencies is highlighted in this article.



2019-2020 Penn Women Residents/Faculty



Residents

2017: 26%

2018: 31%

2019: 31%

Definitions

- ◆ **Explicit Bias:** Reflection of conscious attitudes or set beliefs which people are usually unwilling to change
- ◆ **Implicit (Unconscious) Bias:** Reflection of unconscious attitudes or stereotypes that affect individual decisions and actions
- ◆ **Microaggression**
 - Casual degradation of any marginalized group
 - Brief everyday exchanges that send denigrating messages to certain individuals because of their group membership — Derald Wing Sue (psychologist)

Implicit (Unconscious) Bias

- ◆ **Implicit (Unconscious) Bias:** Reflection of unconscious attitudes or stereotypes that affect individual decisions and actions

You are really
'strong for a girl'.....



Has this happened to you?



Dr. Wilson

Kristy

Implicit Bias in Patient Care



*“We’re doing everything we can to make him comfortable,
short of dressing up as male doctors.”*

Implicit Bias

- ♦ **Universal**
- ♦ **Compelling body of scientific evidence**
- ♦ **Human survival – identify friend vs foe**
- ♦ **Human mind – quickly/automatically categorize people (provides order)**
- ♦ **Categorization – foundation of stereotypes**
- ♦ **Resistance to change prejudice**
 - Despite evidence contrary to views
 - Embrace anecdotal experiences that reinforce bias

Implicit (Unconscious) Bias - Gender

◆ Examples in Ortho:

- Avoid ranking residents who might get pregnant
- Different introductions during Grand Rounds for men/women
- Women residents assumed by patients to be nurses
- Persistence of 'wives events' at meetings
- Sexist names (sweetie, sugar, honey)
- Resident nights out at strip club/entertainment at meetings
- Golf outings for graduation (without other more inclusive events)
- Being spoken over or talked down to at meetings, in board rooms
- Not having, or being aware of, maternity leave/lactation policies

Speaker Introductions at Internal Medicine Grand Rounds: Forms of Address Reveal Gender Bias. – J Womens Health 2017

Surgeon Stereotype

◆ Prescriptive Gender Norms

- Men = **Agentic** (decisive, competitive, ambitious, independent, willing to take risks)
- Women = **Communal** (nurturing, gentle, supportive, sympathetic, dependent)
- Social penalties for violating norms
 - Assertive women are less well liked
 - Women who reach positions of power/influence
 - ‘style becomes an issue’
- Most effective leadership = **Transformational**

Managing Gender Stereotypes



Threading the needle.....

NY Times – August 27, 2019 – “*But is she likable enough?*”

“Women who behave in authoritative ways risk being disliked as insufferable prima donnas, pedantic schoolmarms or witchy women.”

— *Joan C. Williams*, professor of law, on the “likability trap” that continues to plague powerful women

“Likability Trap”

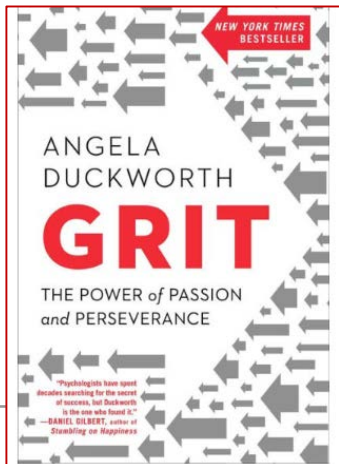
“Gender Judo”

“It’s not women who are the problem. It’s that we still define leadership in male terms.”

Sylvia Ann Hewlett - economist

Grit/Resilience related to Bias in Orthopaedics

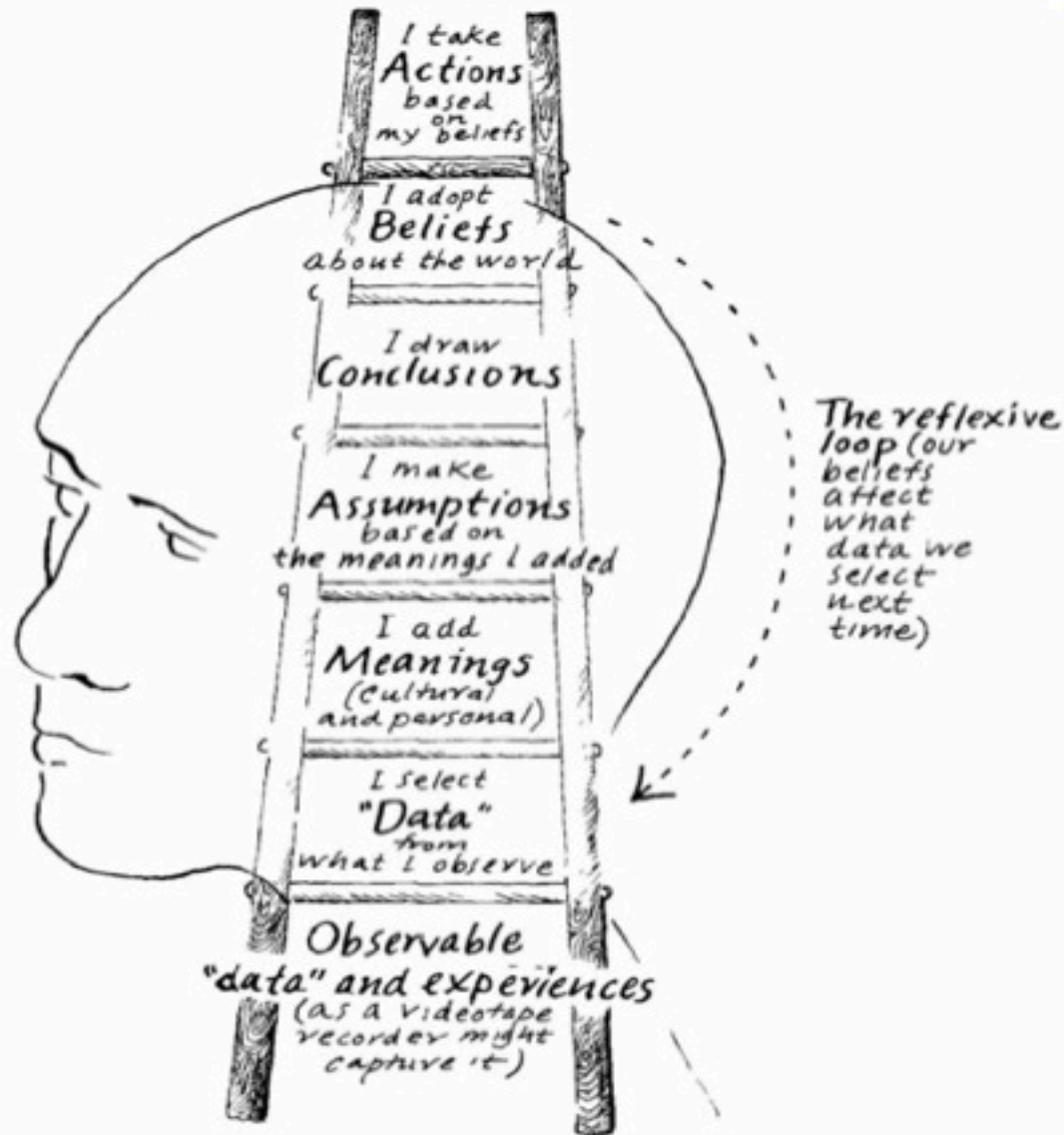
- ◆ Potential for Bias is increased in current culture
- ◆ Those in the minority are not as advantaged
- ◆ Grit/resilience critical for success/staying power
- ◆ Grit alone is not enough (change the environment)



Implicit Bias

- ◆ Different than conscious intention
 - ◆ Different than stated values/beliefs
 - ◆ Reflects a wealth of assumptions about people (based on experiences)
 - ◆ Predicts nonverbal behavior (+ comments)
 - ◆ May impact how we see another person
 - ◆ Downstream effects on decisions
-
- ◆ Key step – individual chooses to explore attitudes toward others

Ladder of Inference



Ladder of Inference – Ortho Example

- ♦ Ortho Residency – 21M/4F
 - ♦ 1 female resident has 2 young kids
 - ♦ 8 male residents have young kids
 - ♦ All residents/faculty are at Dept picnic with families
 - ♦ You focus preferentially on female resident with 2 kids
 - ♦ “Woman is likely spending much of her time outside of work caring for children”
 - ♦ “She must not be spending time preparing for cases or OITE”
 - ♦ “She must not be as competent as male residents or residents without children”
 - ♦ “Her OITE scores are probably low”
 - ♦ Develop belief that women don’t perform as well as men in orthopaedics
 - ♦ This bias affects how potential female resident candidates are viewed during selection
- Observed facts
- Select data
- Add meaning
- Make Assumption
- Conclusion
- Form belief
- Allows us to ignore the facts

Implicit Bias

- ◆ When the author's gender is known, women are less likely to have their publications accepted (Budden et al. Trends Ecol Evol 2008)
- ◆ Women faculty are provided fewer institutional resources and lower pay (Lo Sasso et al Health Affairs 2011, Ash et al Ann intern Med 2004, Tesch et al JAMA 1995)
- ◆ Women faculty are more likely to be assigned 'institutional housekeeping' duties (DesRoches et al Acad Med 2010, Shollen et al Acad Med 2009)
- ◆ Letters of recommendation for women faculty are shorter, have more references to personal life, and contain fewer 'outstanding' descriptors (Trix & Psenka Discourse & Soc 2003)

WISELI 2010

Change the Habit of Gender Stereotype Bias

- ♦ **What You Don't Know: The Science of Unconscious Bias – AAMC (video)**
- ♦ **Bias Literacy – learn types of bias in academic settings**
 - Expectancy bias
 - Prescriptive gender norms
 - Occupational role congruity
 - Redefining credentials
 - Stereotype priming
 - Stereotype threat
- ♦ **Overcome bias with evidence-based strategies**
 - Stereotype replacement
 - Positive counterstereotype imaging
 - Perspective taking
 - Individuation
 - Increasing opportunities for contact with counterstereotypic exemplars

Positive Data About Women in Medicine

JAMA Internal Medicine | [Original Investigation](#)

Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians

Yusuke Tsugawa, MD, MPH, PhD; Anupam B. Jena, MD, PhD; Jose F. Figueroa, MD, MPH; E. John Orav, PhD; Daniel M. Blumenthal, MD, MBA; Ashish K. Jha, MD, MPH

JAMA
Network | **Open**

[Original Investigation](#) | Health Policy

Physician Characteristics Associated With Ordering 4 Low-Value Screening Tests in Primary Care

Zachary Bouck, MPH; Jacob Ferguson; Noah M. Ivers, MD, PhD; Eve A. Kerr, MD, MPH; Kaveh G. Shojania, MD; Min Kim, MSc; Peter Cram, MD, MBA; Clara Pendrith, MSc; Graham C. Meckedy, MSc; Richard H. Glazier, MD; Joshua Tepper, MD; Peter C. Austin, PhD, MSc; Danielle Martin, MD, MPP; Wendy Levinson, MD; R. Sacha Bhatia, MD, MBA

Popular Latest Sections



Agencia Photographique B&P / Getty

Evidence of the Superiority of Female Doctors

New research estimates that if all physicians were female, 32,000 fewer Americans would die every year.

JAMES HAMLIN | DEC 19, 2016 | **HEALTH**

Minimizing Implicit Bias – What can ‘you’ do?

♦ Self awareness

- Recognition that bias exists and awareness of your own blind spots and hot buttons (*take the IAT*)

♦ Slow Down

- We are most prone to bias when work quickly, are stressed or tired

♦ Transparency and Inquiry

- Make your assumptions, perspective and data clear to yourself and, if appropriate, the other person

♦ MRI - Most Respectful Interpretation, taking the other person's perspective

- *From Nancy Rothbard, Professor of Management, Wharton School, Leadership Edge*

Implicit Bias can be Measured

Implicit Association Test

*People favor men, white, youth, physically able

*Men linked with science-women with liberal arts

*Unconscious gender bias found in men and women

<https://implicit.harvard.edu/implicit/education.html>



Project Implicit®

LOG IN TAKE A TEST ABOUT US EDUCATION BLOG HELP CONTACT US DONATE

Age IAT	<i>Age</i> ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
Disability IAT	<i>Disability</i> ('Disabled - Able' IAT). This IAT requires the ability to recognize symbols representing able and disabled individuals.
Weapons IAT	<i>Weapons</i> ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.
Presidents IAT	<i>Presidents</i> ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.
Asian IAT	<i>Asian American</i> ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.
Religion IAT	<i>Religion</i> ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.
Gender-Career IAT	<i>Gender - Career</i> . This IAT often reveals a relative link between family and females and between career and males.
Gender-Science IAT	<i>Gender - Science</i> . This IAT often reveals a relative link between liberal arts and females and between science and males.
Arab-Muslim IAT	<i>Arab-Muslim</i> ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.
Sexuality IAT	<i>Sexuality</i> ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.
Skin-tone IAT	<i>Skin-tone</i> ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
Race IAT	<i>Race</i> ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.
Weight IAT	<i>Weight</i> ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
Native IAT	<i>Native American</i> ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

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Addressing Gender Bias in Ortho: 1 on 1

◆ Women

- Find ways to constructively educate colleagues about disrespectful comments
- Be clear and confident
- Consider humor, don't lecture or whine

◆ Men

- Don't be defensive if woman (esp trainee) provides feedback
- Ask about the minority perspective – listen
- Make an effort to change behavior

***There can also be same sex gender bias...**

Mentoring Women Ortho in the #MeToo Era

◆ Fear/concern

- Women – of harassment
- Men – of being accused of harassment



◆ Harder for women to find male mentors

- Given the #s, women NEED male mentors

◆ Middle ground between inappropriate and avoiding mentoring

◆ Reality is complicated and nuanced



How does Bias play out in Orthopaedics?

- ♦ **Culture of Ortho (medical student view)**
 - Top women (and some men) students not impressed with locker room culture in OR – **Be mindful/aware**
- ♦ **Residency Interviews**
 - **Ask questions about agility, decision-making in difficult situations**.....not about football
- ♦ **Residency Training**
 - Assumption that women aren't tough or strong enough - **False**
- ♦ **Faculty hire**
 - Lack of women - **Include ♀ on search committee/interviews**
- ♦ **Promotion and Tenure**
 - Penalty for women who take time to have children or have disproportionate caregiving responsibilities – **Amend policy**
- ♦ **Private Practice**
 - Lack of women partners – **Ask why/consider flex policies**

Including Women at the Table Changes the Conversation

ARCH

The New York Times

POLITICS

13 Men, and No Women, Are Writing New G.O.P. Health Bill in Senate

By ROBERT PEAR MAY 8, 2017

TALKING TECH

BUZZ VIDEO PODCASTS NEWSLETTER

Michelle Obama: You need women at the decision table

Jon Swartz, USA TODAY Published 7:29 p.m. ET June 6, 2017 | Updated 3:27 p.m. ET June 7, 2017



News > World > Americas > US politics

Donald Trump meets 30 men to discuss future of maternity care under new healthcare bill

'Here's the picture of the leaders negotiating away birth control, maternity care and abortion. Notice anything?'

Katie Forster | @katieforster | Friday 24 March 2017 10:23 GMT | 42 comments

8 shares

A photograph showing a large group of men, mostly in suits, seated around a long, dark wooden conference table in a formal room. They appear to be in a meeting or negotiation. The room has high ceilings and large windows.

NIH Director Francis Collins: I won't go on another all-male panel

The “manel” is a longstanding problem for women in STEM — and for science itself.

By Sigal Samuel | Jun 14, 2019, 2:30pm EDT

NATIONAL

California Becomes 1st State To Require Women On Corporate Boards

October 1, 2018 · 4:47 PM ET

[Home](#) > [EEOC](#) > 2019 – “The Year Of the Woman” in Employment Law

2019 – “The Year Of the Woman” in Employment Law

By [Barbara E. Hoey](#) and [Diana R. Hamar](#) on February 21, 2019
Posted in [Discrimination](#), [EEOC](#)

NEWS & ANALYSIS > ASAP

Hawaii Joins Salary History Ban Trend

By William J. Simmons, Martha J. Keon and Judy M. Iriye on July 6, 2018

PRINT 

Culture Change

♦ Structural/Institutional

- Policies
 - parental leave, eligibility for leadership roles, academic promotion rules, flexibility, women at table
- Pay Inequities
- Traditions
 - ortho organizational leadership, graduation activities, ‘majority culture’
- Discuss diversity/inclusion – captive audience
- AAOS – change volunteer structure/bias training/leadership training

Early 1970s – Orchestra Auditions

- ♦ Introduction of a screen to ‘blind’ selections to orchestra
- ♦ Use of a committee rather than sole evaluator
- ♦ Instructed women to remove shoes
- ♦ More women advanced through auditions
 - Increased likelihood of ~50%
- ♦ Should other opportunities be ‘blinded’?

How blind auditions help orchestras to eliminate gender bias

To get more women into their ranks, many orchestras use blind auditions where musicians perform behind a screen. Could we replicate this in business?



▲ The number of female musicians in orchestras has increased since blind auditions became commonplace
Photograph: Lebrecht Music And Arts Photo Li/Alamy

Bias cannot be avoided, we just can't help ourselves. Research shows that we

AAOS 2018 Work Culture Survey

Member Group	Invited
Resident	1565
Candidate Member	646
Fellow	2937
Emeritus Fellow	490
Total	5638

Role	Responded
Department/Division Head	125
Trainee Supervisor	55
Attending Physician/Surgeon	662
Clinical Team Member	57
Trainee-Resident Fellow	204
Other Clinical Role	46
Non-Clinical Role	52

Ethnicity	Invited*
African American	311
Asian	177
Caucasian	1705
Hispanic/Latino	296
Other	83

* 3,066 invited did not indicate ethnicity.

Survey Data: Career Stage Q.6	Responded
Residency Training/Fellowship	197
In Practice 1-5 years	164
In Practice 6+ years	514
Retired	45
Other	7
Total	927

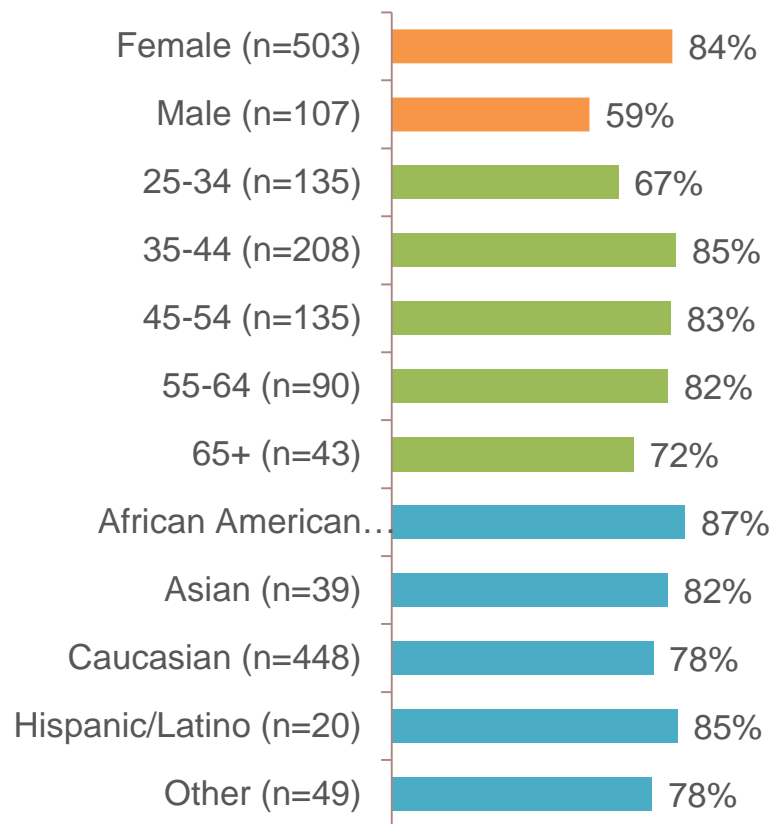
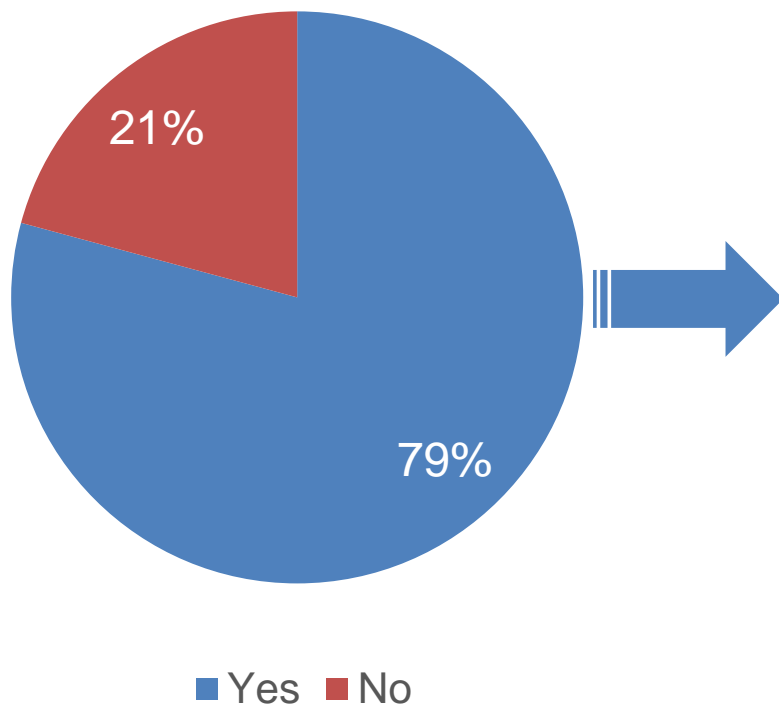
Career Stage	Responded	Percent
Residency Training/Fellowship	197	21%
In practice 0-10 years	287	31%
In practice 11-20 years	188	20%
In practice 21 or more years	203	22%
Retired	45	5%
Other	7	1%
Total	927	100%

Gender	Invited	Responded	Response Rate
Female	2322	621	27%
Male	3316	305	9%

Discrimination: Demographics

Nearly four in five members surveyed report discrimination in the workplace, with females more likely to do so. Additionally, members age 35-64 are more likely than younger members to report discrimination.

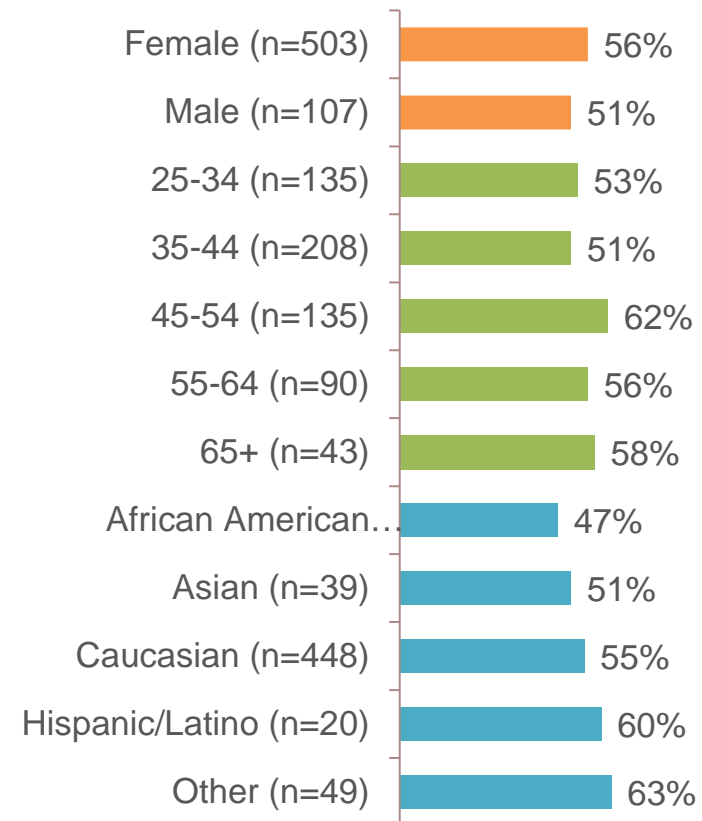
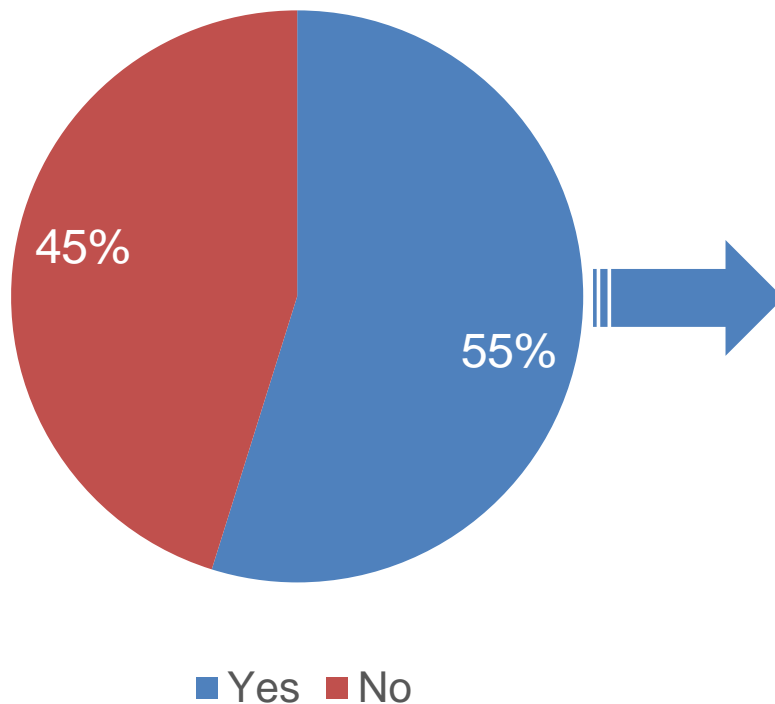
Have you ever been subject to discrimination
in the workplace?
(Total, n=611)



Bullying: Demographics

Over half of members surveyed reported bullying in the workplace, with female members aged 45-54 reporting this more frequently than those aged 35-44.

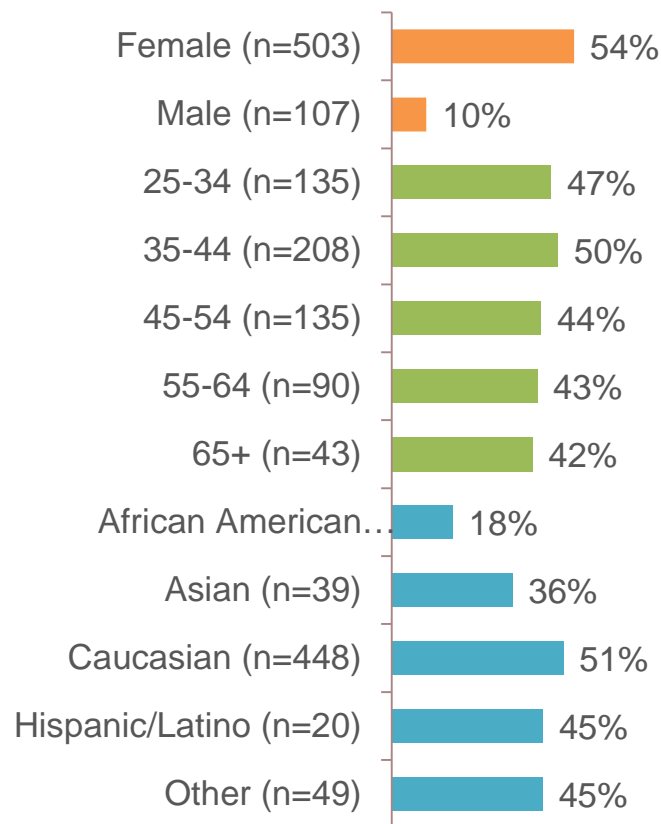
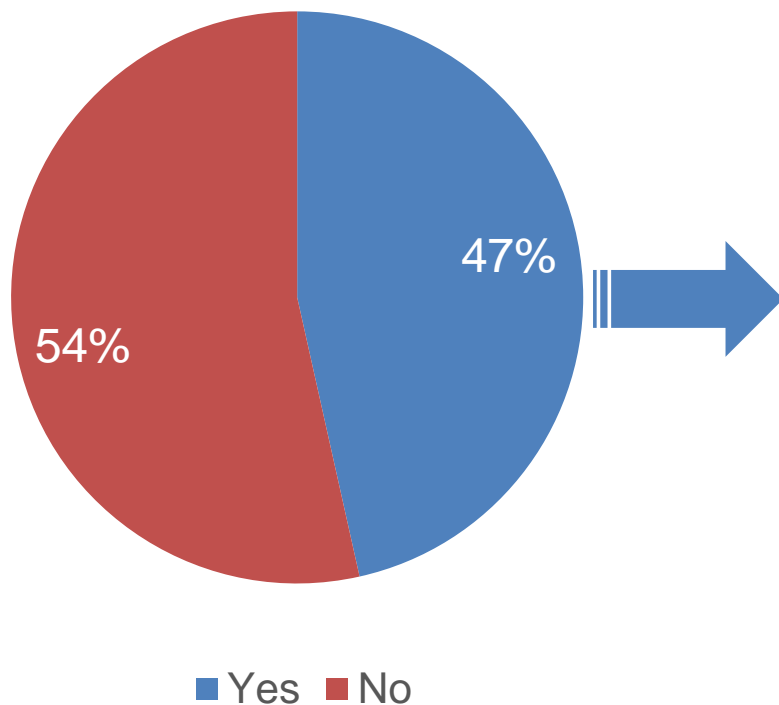
Have you ever been subject to bullying in the workplace?
(Total, n=611)



Sexual Harassment: Demographics

Close to half of members surveyed have been subject to sexual harassment in the workplace, with females far more likely to respond affirmatively. Additionally, members who are Caucasian or “Other” ethnicities are more likely than African American members to indicate sexual harassment occurred.

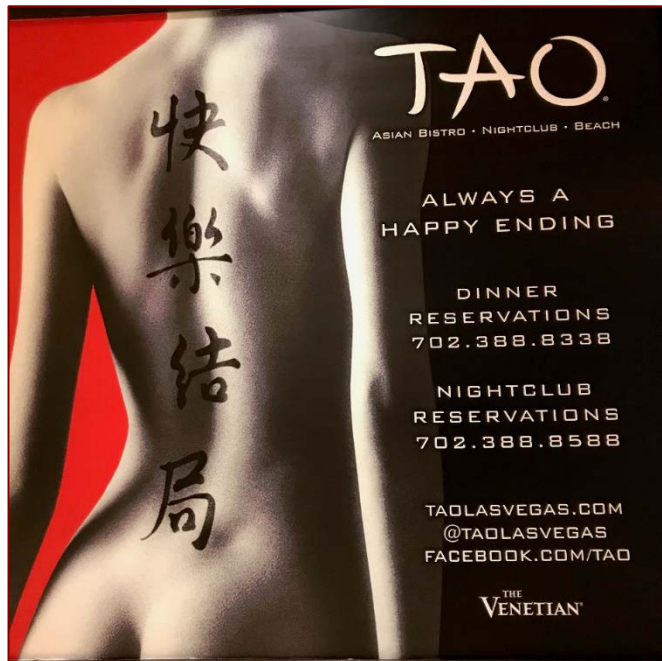
Have you ever been subject to sexual harassment in the workplace?
(Total, n=611)



Kristy L. Weber, MD, Takes Office

Making history as the first woman president of AAOS

LEARN MORE



Cultural Disconnect

2019 – 2023 Strategic Plan

The Trusted Leaders in Musculoskeletal Health

- ◆ **New vision for the Academy**
- ◆ **3 primary goals**
- ◆ **4 key enablers**
 - Advocacy
 - Communications
 - Partnerships
 - Technology



Learn more at AAOS.org/StrategicPlan

AAOS Core Values

Leading to serve

1. We relentlessly focus on **enabling our profession** to better **serve our patients**
2. We **mentor** and **support** our members to drive excellence in musculoskeletal health
3. We engage members, partners, and patients where they are, and **lead them forward**
4. We practice transparent **decision-making** and **open communication**

Shaping our future

1. We use **data** and **evidence** to stay a step ahead
2. We **advocate** to promote **quality musculoskeletal care**
3. We proactively **embrace disruptors**, and develop innovative products and services

Excellence together

1. We **empower** and seek **input from all people**, not just the majority
2. We acknowledge **unconscious biases**, and seek to address **barriers to inclusion**
3. We **collaborate** based on mutual **respect and trust**

A textbook case of sexism in medicine?

In a classic book on orthopaedics, photographs show male doctors examining smiling female patients in see-through underwear ...



Figure 2.13 Testing the deltoid.



Figure 2.14 Testing pectoralis major.

16

Illustrations from the 2014 edition of *Examination Techniques in Orthopaedics*, published by Cambridge University Press. Photograph: Cambridge University Press

In case you are unaware of the potentially sexually charged atmosphere of an orthopaedic clinic, we point you in the direction of the erotic

(1/2) We'd like to thank our members who respectfully addressed the inappropriate images in the training textbook earlier this month. On behalf of our members, @AAOS1 President, Kristy Weber, MD wrote a letter based on the powerful conversation starters through social media.

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS
AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

Cambridge University Press
University Printing House
Shaftesbury Road
Cambridge
CB2 8BS
United Kingdom

October 2, 2019

Dear Publisher,

On behalf of the more than 39,000 members of the American Academy of Orthopaedic Surgeons (AAOS), we express our concern and disappointment after becoming aware of the images of women used in the 2003 and 2014 editions of *Examination Techniques in Orthopaedics*.

The textbook exclusively used female models posed in scantily clad, occasionally "see-through" clinical expressions suggesting sexualization of the physical examination. Objectification of women is a common theme in advertising campaigns around the world. We do not condone this behavior and certainly not within a textbook emphasizing the sexuality of the subjects undermines the respect and trust between a medical professional and the patient.

The field of orthopaedic surgery is the least gender diverse medical or surgical specialty in the United States. Organizations in the US, including the AAOS, are working to improve the representation of women in pre-medical and medical school training to choose this specialty. Explicit medicine and, specifically, orthopaedic surgery, that demeans women counteracts these efforts. Your message that women are viewed as objects, with an inappropriate focus on their appearance.

We understand that Cambridge University Press has plans to publish a third edition of this textbook. We encourage you to ensure that you are reviewing the images to "ensure that they are appropriate and relevant to the necessary to demonstrate relevant areas of the musculoskeletal system. It should be done in a professional manner."

We denounce the prior editions of the text as degrading to women, eroding the trust in the medical profession, and we look forward to understanding how you will correct these offenses.

With concern,

Kristy L. Weber, MD, FAOS
President, American Academy of Orthopaedic Surgeons

CAMBRIDGE
UNIVERSITY PRESS

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3 October 2019

Dear Dr Weber

Thank you for your letter of 2 October, regarding the book *Examination Techniques in Orthopaedics*, edited by Harris et al.

The first edition of this book was published by Greenwich Medical Media in 2003. Cambridge University Press acquired GMM and its list of books just after that title was published. The Press asked the editors to replace the inappropriate images ahead of a second edition, which we published in 2014. It is clear however that the images in the second edition are still unacceptable. We deeply regret that this happened and have removed the current edition from sale. It will remain out of print (and unavailable for purchase in digital format) until a thoroughly revised third edition is produced.

We are working closely with the volume editors on the third edition, and there is a clear understanding that the new edition will contain no images that could be interpreted as portraying women in a potentially exploitative or sexualized role. Furthermore, we are insisting that a more diverse set of images and models is used for the third edition, including a balance of male and female doctors. Our in-house team will ensure that all images are carefully vetted and approved before production begins. Furthermore, all images in the book will be sent to a panel of both female and male orthopaedic surgeons to check that they are suitable for publication. As part of that process, we would welcome the opportunity to send the final proofs to a member (or members) of the AAOS of your choosing – we want to be sure that the orthopaedics community (including the AAOS) is happy with the content of the third edition.

We are confident that the steps in place to monitor the preparation of the third edition will ensure that the community's concerns are addressed, but we apologize unreservedly for the offense the previous editions have caused.

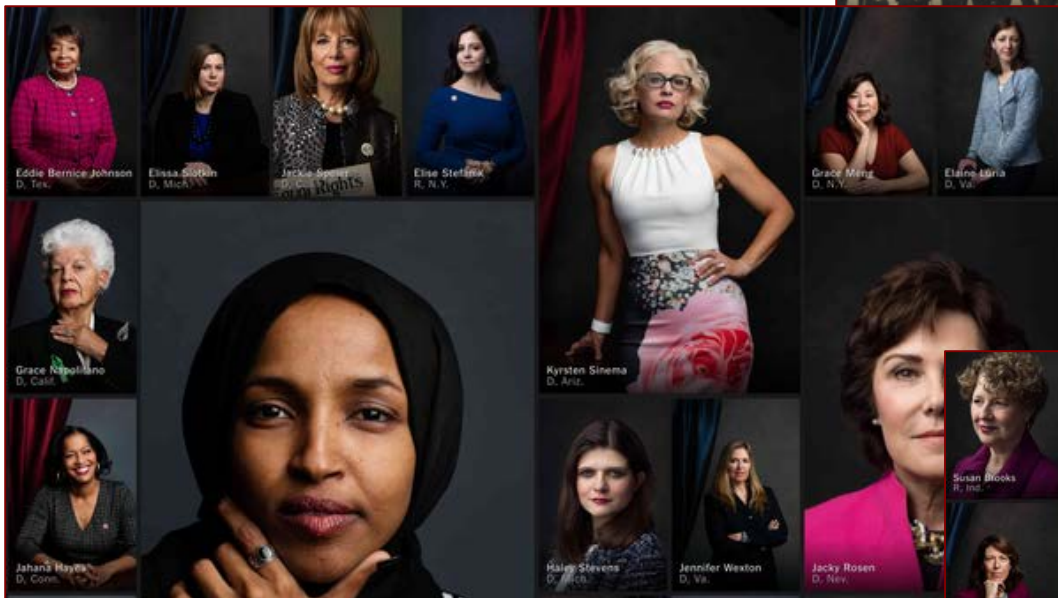
I hope that this addresses your concerns, but do please let me know if you have further questions.

Yours sincerely

Dr Philip E. Meyler

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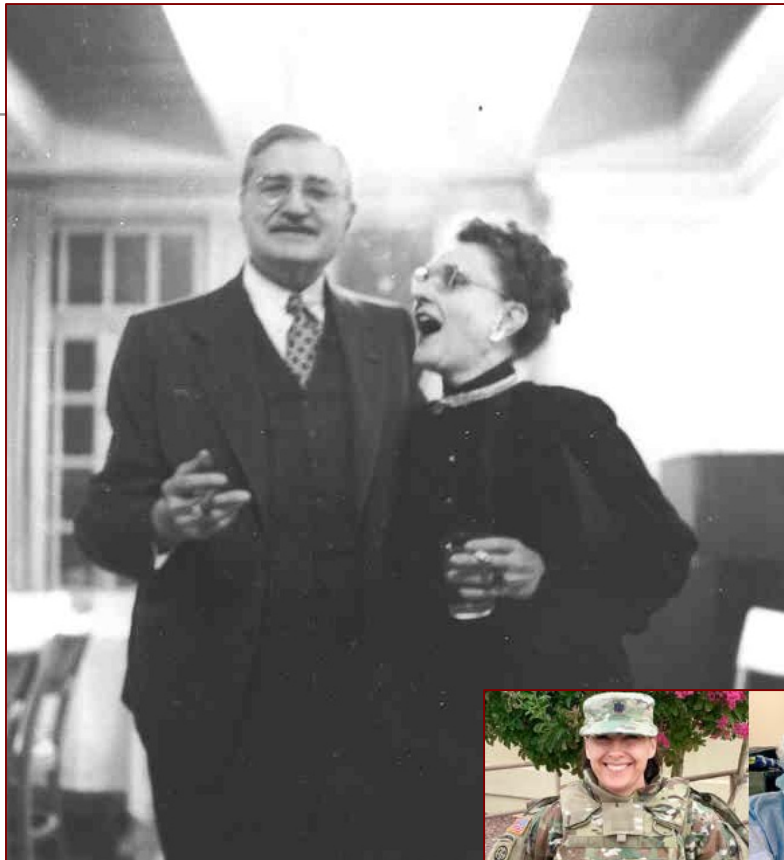
Jeannette Rankin – Montana
1st F elected to federal office
128 yrs after 1st US Congress



2019

127 F in US Congress (23.7%)





#FacesofOrthopaedics

Final Thoughts - Homework

- ◆ **Consider another perspective**
- ◆ **Challenge your assumptions**
- ◆ **Practice once each day**