

Editorial: What You Can Do to Support Women in Orthopaedics Worldwide

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Women in orthopaedic surgery face a tougher professional road than do men. Mentorship and sponsorship of women by women, which must be considered an advantage in a specialty where the gender ratio is nearly 15 to 1 against [2], obviously is scarce. Complicating matters in the wake of the #MeToo movement is the apparent squeamishness of some men to help women along in their careers [4].

But look closely and you'll see the problem actually is even worse than that. It's not merely that women lack support. The actions of men—overtly sexist behavior, or worse—explicitly hinder the professional progress of women in our specialty. Seven in 10 women in our specialty report having

been sexually harassed during their residencies, with no apparent improvement in that deplorable statistic over time [6].

If you don't blush easily, check out the reprinted table from the study by Whicker et al. [6] (Table 1); it contains the free-text responses from a survey of several hundred women orthopaedic surgeons. In fact, if you blush easily and you're a man, read it anyway. Men need to know that this is going on, and we need to take specific steps to stop it. No woman, no person, should have to experience what the women in that survey reported. I can't come up with a better word than disgusting, and that was before I had to look up the meaning of one word in that table just to understand the level of depravity to which some men in our specialty appear to have stooped.

Small wonder that some women in orthopaedic surgery have taken to social media to find support. It's a great tool for dispersed groups to support one another. And as a < 7% minority in the United States, women in our specialty indeed are dispersed. If you're unsure of the scope and severity of the problems women still face in our profession, check out #SpeakUpOrtho on Facebook, Twitter, and Instagram [1]. It's worth a visit; women may find it

helpful to know that they're not alone in their experiences, and men should know what our colleagues must experience just to go to work.

In the face of this, or I should say despite it, large numbers of women are focusing on the positive, and seeking larger, structural ways to support one another in our specialty. The most promising one I've heard about lately is called Women in Orthopaedics Worldwide (WOW), and I'd say the acronym is well earned. Elements of WOW's international mission include [7]:

- To showcase the work of women in orthopaedic surgery, as well as that of the international professional societies to which they belong, particularly those that are just developing,
- To empower women in orthopaedic surgery in countries where they have no professional organizations, and to facilitate the formation of new associations for women in orthopaedics in those locations,
- To advance cultural change in our specialty through research and advocacy,
- To celebrate the legacies of women pioneers in orthopaedics around the world whose accomplishments have not yet been recognized,
- To raise awareness of the professional barriers that women face in our specialty, and to lower those barriers,

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Table 1. Specific examples of sexual harassment provided by respondents

Residency status	Allegation
Current resident	"Had co-workers grab and/or slap my buttocks more than once. Was asked as an intern about how many men I've had sex with, what kind of birth control I use, how heavy my menstrual flow is, and if I've ever tasted cum. Was told I'm not allowed to get pregnant during residency. Have had co-workers and clinic staff discuss and vote on my best physical attributes."
Current fellow	"Attending made comments about having sex with me and told a male resident to take me into a clinic room and 'do me right' when I said I was cold in clinic. Blood on floor once was referenced as me getting my period. Going through joint capsule with rush of joint capsule attending would repeatedly say to me 'you gave him a happy ending.'"
0-5 years ago	"Many comments about how I shouldn't get pregnant in residency and people were going to put birth control in my food."
0-5 years ago	"My buttock was grabbed by a patient as I held counterforce during a reduction maneuver."
0-5 years ago	"Event occurred during a rank meeting when applicants were being ranked based on appearance and when I tried to speak up I was told to know my place."
6-10 years ago	"While fixing a lateral epicondyle fracture, a male attending normally says 'get on your knees to better see the fracture.' After he said that to me, he followed up with 'I know that you're used to that position.'"
6-10 years ago	"Attending used me as a human lead shield during a fluoro case and stated in my ear 'I'm close enough to kiss your neck right now but I won't.' I was introduced by a co-resident to a group of med students as the fluffer for the other residents. I had to look that one up."
11-15 years ago	"An attending talked about his sexual escapades during surgery. These were relations with someone other than his wife. An attending made comments about an asleep patient's breasts."
16-20 years ago	"Talk of other women's bodies, of the guys' sexual exploits with nurses and medical students."
21-30 years ago	"Male attending playing footsies under the OR table and talking in a sexual banter way. My not playing along started his campaign of why I was a bad resident."
> 30 years ago	"An unscrubbed attending grabbed my butt while I was nailing a femur fracture."

These allegations were taken verbatim from the free-text field of the survey. Reprinted with permission from Whicker et al [6].

- To push other professional societies to track and make public the progress (or lack thereof) toward greater representation of women in the profession and in society leadership positions, and
- To offer a professional home to all who share the goals of advancing diversity, equity, and inclusion for women (and those who identify as women) in orthopaedic surgery around the world.

WOW is genuinely international. Its first meeting, earlier this year, included women from more than 40 countries. Its leadership structure brings together women's professional organizations from all six inhabited continents, and they've put some points on the board early (Appendix 1, Supplemental Digital Content, <http://links.lww.com/CORR/A614>). As of this writing, WOW is scheduled to host a virtual symposium at the American Academy of Orthopaedic Surgeons meeting in August 2021, and will be preparing for another at the upcoming British Orthopaedic Association meeting in September 2021. WOW also has helped start the first national professional organization for women orthopaedic surgeons in Italy, and assisted women in Brunei to do likewise; others are forming even as you read this.

But as important as what WOW has done so far, is what you can do going forward to support women in our profession around the world. Your role might differ depending on who you are and where you live and work.

If you're a woman whose country already hosts one or more organizations for women in our profession, affiliating with WOW would allow you to learn from—and network with—women orthopaedic surgeons who practice in different parts of the world.

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Table 2. Steps men can take to make our specialty fairer to women and to the patients we treat

Question for Men to Ask	Answers and Steps Men Can Take
Does your scientific session, discussion group, expert panel, or grand rounds roster include women?	If not, ask yourself why not. There certainly is a woman expert on your topic whom you can call.
Are your networking events inviting to all genders?	Social events that focus on sport may not be equally inviting to everyone. Considerable career advancement occurs in those settings, and women may not feel welcome (or even be invited) depending on the events. Think about it.
Is there only one woman in your department (or on your team)?	One may not be enough; she is likely to be levered onto every diversity and equity panel and to take on a disproportionate share of tasks—such as committee work—that do not lead to promotion or career advancement.
Are men in your department taking family leave after the birth of a child, or when a relative is sick?	If not, perhaps encourage them to do so. This will help normalize women’s needs vis-à-vis maternity leave. Look into how it works in Scandinavian countries; it is possible to do this, and everybody wins.
Have you analyzed differences in time to promotion by gender in your department?	If not, consider doing so. Encourage women to apply for promotion and leadership positions and help them attain those career milestones.
If there were a pay gap between men and women in your department, would you know? How?	Ask the question and run the analysis. Though sensitive, there may be no larger step you can take for equality.
If you work in a training program, what fellowships do women graduates gravitate toward?	Encourage women to try all subspecialties. There may still be some unconscious bias nudging women residents toward pediatric orthopaedics and hand surgery. If you practice in other subspecialties, see if you can encourage the women residents to give your topics of interest a good look.
Do you know the difference between mentorship and sponsorship?	Become a sponsor to women, not just a mentor. Mentors give ideas about how someone can advance; sponsors help women advance. Nominate women for real leadership roles, include them in meaningful projects, and open professional doors for them.
Whom do you actually mentor (or sponsor)?	Look at your last five protégé(e)s. What were their genders? If they were all men, ask yourself why. Don’t deny women who may wish to enter our specialty the same opportunities you offer men because of your fear of #MeToo [4].
Have you ever attended an educational event hosted by professional women’s groups in our specialty, or “pipeline” type events (such as the Perry Initiative, www.perryinitiative.com) that encourage women to consider our profession long before the decision needs to be made?	Participate in these events, and join these societies where and when you can.

You may be in a position to share resources and experiences to help other women who may not have the support they need. Your support of WOW will help the organization to assist women

around the world to develop their own professional homes of the kind you already enjoy. If you’re a woman in a country where there is no professional organization for

women orthopaedic surgeons, joining WOW can help you to learn how to create one, and provide support for your efforts toward that goal in the form of guidance, resources, and support. You’ll

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also enjoy the partnership and community, as well as many opportunities to discuss issues with like-minded women colleagues from all over the globe.

If you work in a professional society (but not one whose primary remit focuses on gender), you might try to create opportunities for women's professional organizations in our specialty to meet under your auspices, and I hope you already are looking for ways to ensure that women are well represented in your society's leadership structure and on speakers' panels at your meetings [3].

One specific step that WOW's leadership has suggested is to be intentional in measuring and publishing your progress toward the representation of women in your organization. They're right. Good organizations measure what they care about, and try to improve those metrics over time. Professional societies that are not specifically oriented around gender issues have particular authority when they speak on gender issues, since they're not seen as advocacy groups. For that reason, I especially hope that each society will consider how it might most effectively lead the way in promoting best practices, and will publish position statements that support women's concerns. Key themes they might consider include bullying and harassment, organizational approaches to mitigate bias,

intersectionality, and fair family leave standards.

Women's professional societies, including but certainly not limited to the Ruth Jackson Orthopaedic Society, may be well positioned to share experiences, lessons learned, and the mechanics of running a society—such as writing bylaws, crafting mission statements, and drafting position papers—with the start-up societies around the world that WOW has already helped to form, and those yet to come.

Perhaps the most important responsibility falls not on women, but on men. It has been the behavior of men, and societies and organizations (yes, including journals) that are largely run by men [5], that has made things so difficult on women in our specialty. When it comes to matters of workplace harassment and bullying, men need to step up. Most men know that some of their peers behave badly, or worse, but choose not to act. We know right from wrong; we know what to do when we see wrong, and we need to do it. But that's a bare minimum in terms of our responsibility here. Men need to start asking themselves hard questions about what we are or aren't doing here (Table 2), and taking affirmative steps to treat women in our specialty with greater respect. Dare yourself to ask, and answer honestly: What have you done? And, importantly, what more can you do?

I support WOW's work, and I would encourage you to do the same.

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