



AAOS Now

Published 9/1/2020 | Douglas W. Lundy, MD, MBA, FAAOS; Gary W. Stewart, MD, FAAOS

Diversity

Stop Talking About Diversity and Do Something

Orthopaedic surgeon partners discuss their perspective on diversity awareness and how their organization developed a diversity and inclusion committee to drive meaningful discussions and changes related to workplace diversity.

Douglas W. Lundy, MD, MBA, FAAOS

In my article published in the July issue of AAOS Now (“[My Diversity Journey](#)”), I reviewed my personal journey in increasing diversity awareness. Let me state again that true understanding of the depths of diversity and inclusion is probably impossible, and all of us who are becoming aware of our biases and predilections are at some point on the spectrum of cognizance and revelation. I come at this topic from a position of humility, realizing that I learn more from listening to others than extolling my limited understanding.

The purpose of this article is to describe the efforts Resurgens Orthopaedics has undertaken toward diversity and inclusion, and I have asked one of my partners to explain it from his perspective as well.

When I became copresident of Resurgens Orthopaedics, I endeavored to develop a strong culture where increasing diversity and inclusion awareness was hardwired in our practice. Although there is a strong business case for why this effort should be core to our mission, our overwhelming motivation is that this initiative is unequivocally the “right thing to do.” We need no other justification, and we should require no other motivation than that simple truth.

I selected two strong leaders in our practice to spearhead the Diversity and Inclusion Committee: Karen Dalton, MD, a well-respected and highly regarded senior regional director trusted by physicians and employees, and Gary W. Stewart, MD, FAAOS, FAOA, a highly accomplished, well-respected, and distinguished orthopaedic surgeon known throughout the community.

I have enjoyed longstanding, trusting relationships with both of these individuals, and I knew that we could have safe discussions about flammable topics with complete candor and understanding. This trust is absolutely critical. As copresident, I could remove obstacles from their path and supply them with necessary resources, but my contribution ended there. Our committee cochairs had unquestionable “street credibility,” and their message was proclaimed throughout the organization with unwavering endorsement from the copresidents. This endorsement enabled the Diversity and Inclusion Committee to advance the effort not as a self-centered endeavor but rather as a mandate.

Every other task force or committee I have ever convened was given a specific objective, boundaries, and appropriate resources. The chairs of those other committees always knew what success “looked like,” what they were responsible for accomplishing, and what resources they could utilize. When we formed the Diversity and Inclusion Committee, none of that would work. It would be naïve and counterproductive for me to define the focus of the group, so I simply said, “Your job is to make ‘this’ better.” I wanted to empower them to see what I cannot see and to accomplish what I would never know needed to be done. As a result, they needed authority and responsibility, as well as the freedom to be innovative and creative. We empowered them in that manner, and then let them get to work.

The committee sought to clarify the complicated issues of diversity and to enable conversations among coworkers at the local level. Individuals within the organization were encouraged to consider unconscious bias and openly discuss their concerns.

To better describe the impact of our efforts on those not in the majority, I have asked Dr. Stewart to give his honest assessment of our efforts.

Gary W. Stewart, MD, FAAOS

I am cochair of the Diversity and Inclusion Committee at Resurgens Orthopaedics, and even though I wholeheartedly support diversity, equity, and inclusion (DEI), I hesitated to join the committee, in large part because I did not want to be part of a committee that was

not empowered to make a positive difference. But I also hesitated because the hard work of DEI often falls to those who have struggled to find inclusion themselves.

The committee was founded by Resurgens past president Dr. Lundy. We have a relationship of mutual respect and had talked about the principles of DEI often enough to have the nuanced discussions that are necessary for success and change. Dr. Lundy was able to convince me that the committee would have the support of leadership without interference. But the hard truth is that change management isn't possible without the involvement of those in power. In short, I needed the support of my white, male partners and their buy-in to establish the committee's power to make change.



Douglas W. Lundy, MD, MBA, FAAOS



Gary W. Stewart, MD, FAAOS, FAOA

It wasn't easy, but we were able to learn from each other. We spoke hesitantly at first but honestly throughout. We were able to view DEI through a lens that is not limited to diversity of race but also ethnicity, religion, identity, and socioeconomic background.

We started by identifying physician and employee volunteers who were not only interested in the committee but also positioned as leaders in Resurgens Orthopaedics to demonstrate

the committee's importance. Our core group met regularly to discuss its short- and long-term goals.

We developed a mission that is to provide a forum for intentional focus on diversity in order to create a more tolerant and inclusive work environment so we can continue to fulfill our patient care mission, which is to provide excellent, innovative, patient-focused, and comprehensive care to the greater Atlanta community.

We have published a quarterly newsletter for the practice called "UN~BIASED," featuring staff interviews and educational pieces highlighting various historical milestones, religious holidays, and civic perspectives to foster conversations around the many issues of diversity and inclusion in the workplace and patient care. The custom newsletter series was so well received, it's now published monthly with new content.

Most impactful for the staff have been our Diversity Roadshows, which are led by a committee physician at our sites, openly discussing issues including but not limited to implicit and explicit bias in the workplace, inclusion of women in the workplace, LGBTQ (lesbian, gay, bisexual, transgender, and queer [or questioning]) inclusion, racial discrimination, and religious tolerance. We also developed custom diversity and bias training utilizing educational tools and resources.

Our mission is a mouthful, but, in essence, our initial goal was to identify unconscious bias, educate our practice on unconscious bias, and provide tools to overcome it to aid in providing the best patient care. We are slowly seeing success in this arena. An implicit bias test is offered as prework for our roadshows, and all of our managers and senior level leadership have taken it with varying results.

More tangible gains are seen in the visuals of our practice, which include but are not limited to images on our careers page, our advertising materials, and social media posts. The visuals are purposefully representative of people from all walks of life and are reflective of our patient populations. All job descriptions have been changed to gender-neutral language. We have adopted a clear "zero tolerance" policy for our practice regarding conduct exhibiting hate, bigotry, discrimination, or racism in any form.

Our efforts appear to be supported by our staff as evidenced by consistently positive comments on feedback surveys, some of which include:

- "The activities during the roadshows, including the bias test, get our brains working to see just how important DEI is."

- “We are learning how to change our perspective of others and to look beyond our cultural differences.”
- “I enjoyed the committee’s insight and personal stories of what diversity and inclusion mean.”

The committee continues to grow and is having a positive and lasting effect on our practice. We look forward to the broader acceptance and familiarity that respectful feedback brings to an organization.

Douglas W. Lundy, MD, MBA, FAAOS, is past president of Resurgens Orthopaedics in Atlanta.

Gary W. Stewart, MD, FAAOS, FAOA, is director of Resurgens Foot and Ankle Center, chief of the foot and ankle division in the Atlanta Medical Center Orthopaedic Surgical Residency Program, and cochair of the Diversity and Inclusion Committee at Resurgens Orthopaedics. He can be reached at StewartGW@resurgens.com.

© 1995-2021 by the American Academy of Orthopaedic Surgeons. "All Rights Reserved." This website and its contents may not be reproduced in whole or in part without written permission. "American Academy of Orthopaedic Surgeons" and its associated seal and "American Association of Orthopaedic Surgeons" and its logo are all registered U.S. trademarks and may not be used without written permission.