



AAOSnow



## AAOS Now

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Diversity

# Early Career Advice from the LGBTQ Community

***Editor's note:*** This article is part two of a three-part series of interviews seeking recommendations to make orthopaedics more open and inclusive. The other installment appeared in the [October](#) and [December](#) issues of AAOS Now.

In this article, individuals in the LGBTQ (lesbian, gay, bisexual, transgender, and queer [or questioning]) community share experiences about their orthopaedic training and early careers, as well as provide advice to individuals who may be considering a career in orthopaedics but feel excluded.

Six individuals openly shared their stories: Leah Gitajn, MD; Beverlie Ting, MD; Joseph Letzelter, MD; Sand Mastrangelo, MD candidate; Ayesha Rahman, MD, MSE; and Chloe E. H. Scott, MD, MSc. Two additional participants wished to remain anonymous.

**Dr. Samora:** Did you feel more comfortable sharing your identity as you moved further along in your career?

**Dr. Ting:** I did feel more comfortable sharing information about my personal life as I became a senior resident. I think this was due to both my own personal confidence and also trusting my peers whom I had come to know much better by that time. I was also fortunate enough to have a coresident who was “out” and married. Having her as a support system as well as watching her navigate residency was invaluable. I was also fortunate enough to find my first job after fellowship in a very inclusive city with an incredibly progressive group of partners. They immediately welcomed my partner and invited her to come to the final round of interviews where every partner and their significant other attended an informal dinner event. These small gestures meant the world to us, and I could not have felt more welcomed. To my surprise, in my first year of practice, my group had already arranged for our practice to march in Seattle’s pride parade to celebrate the diversity of our staff and show support for the LGBTQ community.

**Dr. Letzelter:** When I was young in my residency, I wanted to prove myself on the basis of my work ethic. I didn’t want anything else to influence how people evaluated me. Being gay is a part of me, but it does not define me. As such, it’s something that I share with people to whom I feel close. I wanted my work ethic to define how I was perceived at work, not my home life. Early on, I was open with my coresidents, and they were always supportive. Their acceptance and sense of inclusivity made me feel comfortable enough to share my personal life with my attendings later on in residency, and they were just as accepting.

**Dr. Scott:** I am a consultant (attending) in the same hospital where I trained. I do feel more comfortable now that I am no longer a trainee, but I think that is because my 10-year job interview is now over! Being employed as an attending is recognition of my abilities, and running a practice boosts confidence; in that respect, I am more comfortable in general. Being appointed as an attending also implies acceptance: If my sexuality weren’t accepted by my colleagues, they would not have employed me as permanent staff. However, I am aware of other orthopaedic surgeons who have waited until becoming attendings to come out at work, presumably concerned about career progression.

**Dr. Rahman:** Two things come to mind—familiarity and rank. The more time I spend getting to know my colleagues and their significant others, the more comfortable we are with each other. Regarding rank, our field is very hierarchical, and with seniority comes security. As a young trainee, I did not feel it would be appropriate or comfortable to discuss my personal life as openly as the chiefs or fellows. This was not just limited to my LGBTQ identity. Young trainees are generally more hesitant to share personal information because of their position and how it may affect them. Meanwhile, most attendings feel very little discomfort in sharing information about themselves or speaking their mind, even to strangers. Now that I'm further along in my career and currently work in a group that is very accepting and supportive, I am not only more comfortable but am actively encouraged to bring my spouse to work events and to engage in hospital-sponsored LGBTQ events.

### Did you ever feel discriminated against?

**Anonymous #2:** Yes, although primarily as a result of implicit bias. Much of the discrimination is outside of the breadth of the orthopaedic community, from patients. I'm asked about my husband when patients see my wedding ring, and more often than not, I am not comfortable correcting them. There is still work to be done for societal acceptance of the LGBTQ community that includes the microcosm of orthopaedics. One attending warned me that I would have a difficult time starting a practice or treating children as an out member of the LGBTQ community. It is frustrating that there are still those who believe the LGBTQ community is perverse and has no place in society.

**Dr. Letzelter:** I never felt personally discriminated against. I think discrimination happens in many forms. I take the least offense to personal discrimination because it generally stems from an issue with the person who is being derogatory. However, when it is group oriented, it tends to be more detrimental. In some places I rotated as a medical student, certain people would make derogatory statements about particular groups. This happens in many different fields. As a young study, hearing these comments made me feel uncomfortable and unwelcome. That feeling would sometimes preoccupy me to the point where I felt I was off my game. Because I felt unwelcome, I couldn't and didn't want to connect with the surgeons with whom I was working. This type of behavior happens in multiple fields of work, but in medicine, we are taught to be inclusive of all people and patients. Knowing that surgeons I was supposed to be learning from and modeling after would say derogatory statements about LGBTQ people not only made me feel uncomfortable and unwelcome but also made me lose any desire to learn from them, impress them, and share anything about myself with them. When someone says

something derogatory about LGBTQ people and they are in a position of power, it makes me less likely to participate in conversations and make contributions. This can end up being detrimental to educational and career opportunities.

**Dr. Gitajn:** I have felt discriminated against, but I have not experienced any obvious, overt, or concrete discrimination. At specific times, I have felt judged and excluded, potentially because I'm gay and I don't hide it.

**Dr. Rahman:** There is a difference between discriminating against a group versus an individual, and I would say most of the discrimination within orthopaedics is at a group level. Sure, I've been called outright derogatory slurs by random strangers, which is how most people picture discrimination, but what happens at a systemwide or institutional level is almost never that obvious or personalized.

**Dr. Ting:** I never felt intentionally discriminated against. I would certainly notice, however, when peers and coworkers used pronouns that assumed I was in a heterosexual relationship. I remember I took a day off to attend my partner's graduation ceremony, and my attending asked me the day before in the middle of the operating room what kind of job "he" was looking for and what school "he" went to. Rather than correcting him and making for an awkward remainder of a long day, I responded using gender-neutral pronouns. I think that more awareness of some of the assumptions we make in everyday conversation may help facilitate a more open environment. I personally also used to look for other cues that an individual would be open and accepting, such as openly referring to friends or family who are LGBTQ in conversation, hiring LGBTQ staff, or even simply having an old faded rainbow sticker that was randomly given out at an LGBTQ event at the hospital on their badge.

**Dr. Scott:** I have never felt personally discriminated against in orthopaedics. If anything, I was more aware of the scarcity of women in orthopaedics than the scarcity of LGBTQ people, especially in my chosen subspecialty of hip and knee. I have always felt the need to work hard and excel in order to have choices in my career, which speaks more to my personality than a reaction to personally experiencing discrimination, sexism, or homophobia. Although "orthobanter" can be a little loose at times, I can safely say that I have rarely felt personally affronted by it. With that being said, the need in the United Kingdom for initiatives such as "Cut It Out" from the Royal College of Surgeons of Edinburgh and "Hammer It Out" from the British Orthopaedic Trainees Association suggest that others do feel discriminated against or bullied for a variety of reasons in all surgical specialties, and this includes orthopaedics. The issue with orthopaedic culture being off-putting to many is something that we need to accept as a problem and change.





**Beverlie Ting, MD, and her coworkers at the Pride Parade in Seattle.**

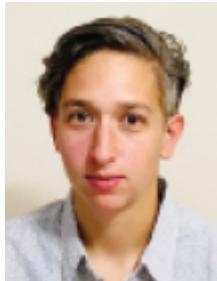
COURTESY OF BEVERLIE TING, MD



**Anonymous #1 is a male senior resident.**



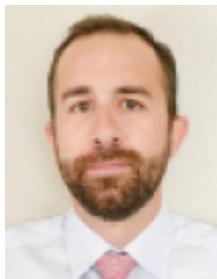
**Anonymous #2 is a female junior resident.**



**Leah Gitajn, MD, is an orthopaedic traumatologist at Dartmouth-Hitchcock Medical Center.**



**Beverlie Ting, MD, is an orthopaedic hand surgeon at the Seattle Hand Surgery Group.**



**Joseph Letzelter, MD, is an orthopaedic hand surgeon at Children's National Medical Center and Pediatric Specialists of Virginia.**



**Sand Mastrangelo, MD candidate, is a third-year medical student at Dartmouth who is interested in pursuing a career in orthopaedic surgery.**



**Ayesha Rahman, MD, MSE, is an orthopaedic hand surgeon at New York-Presbyterian Queens Hospital.**



**Chloe E. H. Scott, MD, MSc, is a consultant hip and knee surgeon at the Royal Infirmary of Edinburgh.**

**What advice would you give to someone in the LGBTQ community who might be considering orthopaedic surgery or who is in training and may be struggling?**

**Anonymous #2:** Be yourself. At the end of the day, being true to yourself and your loved ones is all that you can control. There is support out there for you, and most people I have encountered in the orthopaedic community are accepting if you give them a chance. Don't be scared to be honest when the time comes to share your personal life.

**Dr. Letzelter:** There are hundreds of programs out there, and each program has its own unique personality. Spend time researching programs and looking for ones where you feel you will thrive. Orthopaedic surgery is a fun and exciting field, and don't let a perception that orthopaedics is exclusive deter you. There are many programs in which the LGBTQ community can thrive. With more visibility within our field, it will become less of an issue.

**Dr. Scott:** If LGBTQ people stay hidden within our specialty, afraid to let colleagues know who they are, this holds both the specialty and the individual back and prevents growth and an inclusive culture within orthopaedics. Visibility is fundamental to improving diversity. For those struggling in training, I think mentorship is invaluable, even if you have to find someone outside of the field for guidance.

**Dr. Rahman:** By the nature of being a minority, there will be adversity anywhere you go, so make sure you love what you do first and foremost. Know that you are not alone and that things will get better. There is strength in numbers, and there are far more of us out there than you think. Mentorship is paramount to success, and mentors can be found in all different places. If you are really struggling, don't be afraid to seek counseling. It's okay to come out on your own time and terms, and when you do, your visibility is guaranteed to help someone else following in your footsteps.

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