

# It's Not a Stereotype if It's True . . . Right? Creating Welcoming Environments in Pediatric Orthopaedics

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*JPOSNA* Readers,

We are honored to provide a guest editorial for this latest issue of *JPOSNA* in which you will find three articles that address aspects of diversity and inclusion in pediatric orthopaedics. In the first article, the Pediatric Orthopaedic Society of North America (POSNA) Justice, Equity, Diversity, and Inclusion (JEDI) Committee provides an overview of POSNA diversity and have called this “just the beginning.” The second article by Tennerman et al., gives recommendations for increasing diversity in enrollment for pediatric orthopaedic research. In the third article, McCarthy and co-authors identify racial inequalities in postoperative pain medications and highlight improvements in equitable treatment when protocols are employed. Although these three topics are quite different, they each underscore an important aspect of diversity in pediatric orthopaedics—who we are as pediatric orthopaedic caregivers, how we conduct research in pediatric orthopaedic subjects, and how we deliver care to pediatric orthopaedic patients. This editorial focuses on a fourth aspect for consideration: How can we make the educational environment in pediatric orthopaedics more inclusive? The answer may lie in identifying and mitigating the prevalent stereotypes we encounter in our environment.

In a 1999 study, a group of White Princeton University students was asked to participate in a golfing task; before starting, the first cohort was told this was a test of “natural athletic ability” while the second cohort was told nothing.<sup>1</sup> The White students who were told this tested “natural athletic ability” performed worse (mean



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three additional strokes) than those who were told nothing. When this same experiment was performed with Black Princeton students, researchers found no difference in the number of strokes between the cohorts. Finally, the experiment was run again with a new group of Black Princeton students who were told that this was a measure of “sports strategic intelligence.” Black Princeton students hearing this, performed significantly worse than Black students told nothing.

This social psychology experiment exposes the concept of *stereotype threat*, when an individual is asked to complete a challenging task in a setting where the negative stereotype about their own group is at risk of being confirmed based on their performance. In the experiment, White students were battling the stereotype that they have inferior natural athletic abilities, and Black students

faced the stereotype that they have inferior intellectual abilities. The pressure to disprove the stereotype changed what they were “about,” causing them to multitask mentally which affected their performance.

Orthopaedic surgery is the most White and male specialty in medicine which carries down to the demographics of pediatric orthopaedics. When our trainees who are not White or male come into our clinic or operating rooms, they already know that poor performance on their part puts them at risk of confirming the negative stereotypes about their group.

Although we can't quickly change the stereotypes for underrepresented trainees, we can mitigate the stereotype threat by creating an identity-safe environment.<sup>2</sup> This involves redirecting learners away from the negative stereotype and creating cues that they are welcomed, supported, valued and that they *belong* in the environment of pediatric orthopaedics. Creating diverse faculty and supporting all careers changes our culture. We might say, “Our program only takes the best applicants in the country . . . if you are a resident or fellow, then you belong here.” Visiting professors can represent broad back-

grounds, articles chosen for journal clubs can incorporate the topic of diversity, and departments can form diversity, equity, and inclusion committees with staff, faculty, and trainees. As we become more aware of how concepts like stereotype threat affect our learners, as we work towards expanding diversity in our pediatric orthopaedic workforce and research, and as we strive for cultural humility in our practices, we are optimistic that we will successfully transform pediatric orthopaedics into a truly inclusive subspecialty. This is hard work, but that means it is worth doing. For pediatric orthopaedics, this is just the beginning.

## References

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2. Davies PG, Spencer SJ, Steele CM. Clearing the air: Identity safety moderates the effects of stereotype threat on women's leadership aspirations. *Journal of Personality and Social Psychology*. 2005. 88:276-287.