

Just the Beginning – A Brief Look at the Past, Present, and Future of POSNA Diversity

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Formation of the Committee

The roots of the Justice, Equity, Diversity, and Inclusion (JEDI) Committee of POSNA started with a conversation among members concerned about the lack of diversity in orthopaedic surgery and persistent disparities in healthcare access and quality, with a desire to do better for our patients and the profession. Then the events of 2020, including the deaths of George Floyd and Breonna Taylor, caused all of us to reflect and reevaluate how we could do better within all facets of our personal and professional lives. The committee started through the collective efforts of then POSNA President Michael Vitale, POSNA Board Members Coleen Sabatini and Bob Cho, and POSNA Committee Chairs Corinna Franklin and Selina Poon. The Presidential Line authorized forming a task force to evaluate where we were with regards to DEI initiatives and where we wanted to be.

The initial leadership of the task force began by identifying members of the POSNA community from a diverse array of viewpoints and experiences, so we could identify gaps in how POSNA was addressing race/ethnicity, gender, religion, sexual orientation, age, and geography in our organization (Figure 1). The first discussions between our task force members were enlightening and at times difficult to hear as experiences were shared that highlighted that POSNA had work to do to achieve true inclusion of our diverse members.

Through discussion and consensus, we set goals and charges for the Task Force and future committee (Table 1, page 5). There was agreement that, for us to truly enact change, we needed to be a committee with the full backing of POSNA members and leadership. The Board of Directors agreed, and they chose to put the JEDI Committee within the President’s Council so that any recommendations that were put forth would be heard directly from those in a position to enact immediate change.

Where is POSNA with Regard to Diversity?

It is well known that orthopaedic surgery is one of the least diverse medical subspecialties. Despite near equal representation of women in medical schools since 2008, the percentage of women in orthopaedic surgery residency has remained stagnant at 11–15%.¹ As of April 2020, 8% of practicing orthopaedic surgeons were women and it is projected that it will take 217 years for orthopaedic surgery to achieve gender parity with the medical profession.² However, as a subspecialty, pediatric orthopaedics is doing relatively well. Pediatric orthopaedic fellowships enrolled a significantly greater percentage (29.52%) of female fellows than all other orthopaedic subspecialties, except oncology, from 2005–2015.³ POSNA has steadily increased female representation in its membership rosters from 18–22% from 2014–2014⁴ and throughout the leadership.

Figure 1. Founding Members of POSNA's JEDI Committee

As for ethnic and racial diversity, the 2018 *AAOS Orthopaedic Surgeon Census* showed that minorities accounted for only 15.3% of AAOS membership (6.7% Asians, 2.2% Hispanics, 1.9% African Americans). Furthermore, orthopaedic surgery had the greatest percentage decrease (32.48%) in minority residents between 2006–2015 and the lowest representation of minorities since 2008.³ Once again, POSNA is leading the way, albeit we have a long way to go. From 2010–2020, the percentage of Asian (7.4% to 11.2%), Hispanics (2.5% to 2.9%), and African American membership (1.6% to 1.8%) increased in POSNA. The number of Asian members holding positions on both the Board of Directors and Committee Chairs increased (0% to 18.2% and 4.5% to 11.8%, respectively) as did the number of females (10.5% to 18.2% and 13.6% to 35.3%, respectively). Latinx and Black members were proportionally represented in leadership for the years 2010 and 2015 (manuscript in press).

POSNA Firsts

As we work towards a more diverse and inclusive future, we must first pause and acknowledge those from our past who paved the way for the diversity and inclusion that we have today. This is not inclusive of all the amazing “firsts” we have benefited from as an organization

**Figure 2. Dr. Liebe Sokol Diamond**

but a few important highlights of those we have learned from along the way.

Dr. Liebe Sokol Diamond was the first female member of the Pediatric Orthopaedic Society and the 12th woman to be board certified in orthopaedic surgery (Figure 2).

Born in Baltimore, she and her parents were deeply involved in helping Jews in Eastern Europe flee their homelands and resettle in the United States during the 1930s. She attended Smith College, and medical school at the University of Pennsylvania. Dr. Sokol Diamond first did a residency in pediatrics at Sinai Hospital in Baltimore and then became the first female orthopaedic resident at the Hospital at the University of Pennsylvania in 1960. Dr. Sokol Diamond was certified by the American Board of Orthopaedic Surgery in 1963. She was born with congenital hand differences that required special gloves, and when she later became a specialist in pediatric deformity, she noted that her own

differences helped to make patients and families feel more comfortable. Dr. Sokol Diamond achieved extraordinary success—she became chairman of the board at Baltimore Hebrew University and was inducted into both the Maryland Women’s Hall of Fame and the Jewish Hall of Fame. Dr. Sokol Diamond died of leukemia in 2017.



Figure 3. Dr. Lori Karol

Dr. Lori Karol was the first (and so far, only) female president of POSNA (Figure 3). She completed her undergraduate and medical school at the University of Michigan, residency at Wayne State, and fellowship at Texas Scottish Rite, where she ultimately spent much of her illustrious career, becoming a full professor at

UT Southwestern and assistant chief of staff of TSRH. Dr. Karol is currently the Chief of Pediatric Orthopaedic Surgery at Children’s Hospital Colorado and has inspired an entire generation of pediatric orthopaedists through her grace, intelligence, integrity, and clinical skill. Beloved by patients, families, trainees, and colleagues alike, she is the winner of numerous awards, including the 2021 POSNA Distinguished Achievement Award. Dr. Karol has had a long-lasting impact on the field of pediatric orthopaedics. She has authored more than 90 papers and lectured extensively both nationally and internationally. Emblematic of her love of her work she once said, “The most rewarding aspect of treating children is their incredible optimism and desire to recover.” These are words for us to live by.

Dr. Alvin H. Crawford was the first African American member of POSNA and has been an active member since our inaugural year (Figure 4). He grew up in the segregated suburb of Orange Mound in Memphis and graduated cum laude from Tennessee State University in 1960, earning degrees in chemistry and music. He was the first African American to attend the University of

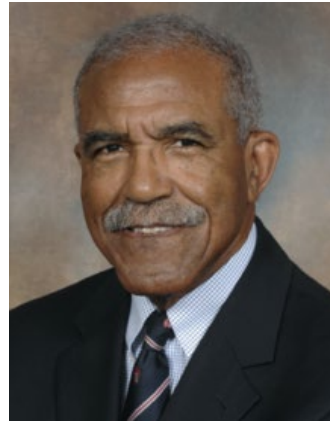


Figure 4. Dr. Alvin Crawford

Tennessee College of Medicine (UTCOM). After medical school, Dr. Crawford entered the Navy and completed his internship at the U.S. Naval Hospital Chelsea and served 2 years in Southeast Asia. He completed his residency in the Harvard Combined Orthopaedic Residency Program, then the Otto E. Aufranc Fellowship in Adult Reconstructive Surgery, followed by a fellowship in pediatric orthopaedics at Boston Children’s Hospital. Upon completing training, Dr. Crawford organized the first pediatric orthopaedics and scoliosis service at the San Diego Naval Hospital, where he served as chief from 1971–1975. He became the Director of Orthopaedic Surgery at Cincinnati Children’s Hospital in 1977 and remained chief for 29 years. Under his leadership, the program grew to become one of the largest and highly ranked pediatric orthopaedic programs in the country. Dr. Crawford expanded our understanding of neurofibromatosis and was a pioneer in video-assisted thoracoscopic surgery. He has been a prolific academic surgeon, authoring more than 200 publications, 60 book chapters, and 6 books. He has trained numerous residents and fellows during his career.



Figure 5. Dr. Keisha DePass

Tennessee College of Medicine (UTCOM). After medical school, Dr. Crawford entered the Navy and completed his internship at the U.S. Naval Hospital Chelsea and served 2 years in Southeast Asia. He completed his residency in the Harvard Combined Orthopaedic Residency Program, then the Otto E. Aufranc

Dr. Keisha DePass was the first black female member of POSNA (Figure 5). She pursued her undergraduate studies at Cornell University, medical school at the Weill Cornell School of Medicine, and orthopaedic surgery residency at the Johns Hopkins Hospital.

Dr. DePass pursued fellowship training in pediatric orthopaedics at the Nemours/A.I. Dupont Hospital, which she completed in 2006. In that same year, she became the first black

female POSNA member, nearly 35 years after Dr. Sokol Diamond became the first ever female POSNA member. Dr. DePass had a thriving practice in Baltimore and in 2009, discovered she was pregnant with her first child. She gave birth prematurely to a baby girl that she and her husband named MiKayla Grace, but unfortunately MiKayla did not survive long after birth. In the aftermath of this loss was additional tragedy—Dr. DePass collapsed a couple days later after complaining of shortness of breath. She passed away on January 19, 2010, likely from a pulmonary embolic event related to her pregnancy. We lost Dr. DePass too soon. She was on track to be a true leader in the field of pediatric orthopaedics and was an important member of our family.



Figure 6. Dr. Ignacio Ponseti

The first Hispanic/Latinx pediatric orthopaedic leader was the world-renowned Dr. Ignacio Ponseti (Figure 6). He was born in Spain in 1914. He studied medicine in Barcelona and soon after graduation, he cared for soldiers in the Spanish Civil War. In 1939, he boarded a ship to Mexico as a refugee, was a village doctor for 2

years, and eventually settled in Iowa City, IA. He completed his residency in 1944 and worked in Iowa City for 65 years. His clinical research interests were quite diverse, but his biggest contributions came after exploring the suboptimal outcomes of surgical management of clubfeet. He was dedicated to understanding the anatomy and biomechanics of the foot, which led to developing the method of clubfoot treatment that now bears his name, involving serial casting, heel cord tenotomy, and brace wear. While this method was initially described in 1963, it was not popularized until the 1990s. The “Ponseti Method” has become the gold standard of clubfoot treatment. He was the 2006 recipient of the POSNA Distinguished Achievement Award and is fondly

remembered as an inspirational leader to his students, residents and fellows, and a compassionate and dedicated physician to his patients. His legacy will live on. Because of him, millions of children all over the world live without disability.

A prominent LGBTQ+ POSNA member was Dr. Lucas Murnaghan (Figure 7). He was a true star and inspiration who left us too early. He was an amazing man—an artist, athlete, and pediatric sports surgeon. Dr. Murnaghan struggled early on with coming out, but ultimately, he lived his truth as a gay man. He attended Queen’s University Medical School and then orthopaedic residency at the University of British Columbia. He did fellowships in Canada, Australia, and the U.S., and he fell in love with pediatric orthopaedics and the art of arthroscopy. He took a job at Toronto’s Sick Children where he was dedicated to caring for growing athletes and worked diligently with pediatric and adolescent patients to help them achieve their athletic goals. He was a 2014



Figure 7. Dr. Lucas Murnaghan (center) with his POSNA traveling fellowship mates in Belgium.

POSNA-EPOS Traveling Fellow. He developed a passion for underwater photography and would go on to have more than a 100k followers of his photography on Instagram, his own art show, and a book of fine photography. In 2019, he suffered a medical condition that affected his fine motor skills and ability to do surgery, so he stepped away from his career as an orthopaedic surgeon to focus on his artistic pursuits and running “Surfing the Great” with his partner Antonio Lennart.

He passed away on March 23, 2021, of cholangiocarcinoma, surrounded by loved ones in his home in Toronto.

We stand on the shoulders of these and many other great individuals. Future work will highlight the contributions of our first Asian-Pacific Islander, Native American, differently abled members, and many others that have contributed so greatly to POSNA. We welcome information and suggestions from the membership.

Table 1. 2021-2022 JEDI Committee Charges

Promote a culture that embraces diversity, inclusion, and equity for POSNA members and POSNA activities.
Work across the organization to increase diversity within the POSNA leadership and volunteer structure.
Identify, create and share resources with the membership on issues such as health equity, culturally competent care, mentorship, allyship, unconscious bias, micro-aggressions, racism and discrimination to optimally equip our members with the skills and knowledge needed to deliver the highest quality care to our diverse patient populations including those from traditionally marginalized populations such as under-represented minority groups, LGBTQ+, immigrants/refugees, rural, and those economically disadvantaged.
Serve as an information source for POSNA members for their work as physicians, mentors, and advocates for our diverse populations of patients and trainees.
Make recommendations to Education Courses Committee and Course Chairs of Annual Meeting Committee and IPOS to ensure inclusive panels, course faculty, and content.
Enhance mentorship opportunities for under-represented members of our organization.
Help develop young and diverse members' leadership skills to assume leadership roles in the organization.
Assist in the development of culturally competent patient education materials for the OrthoKids.org website.
Work collaboratively with the Research Committee on a grant that would encourage research on pediatric musculoskeletal health equity and/or diversity within orthopaedics and assist annually in the selection of the recipient for this grant.
Collaborate with the AAOS Diversity Advisory Board and the diversity committees of the other orthopaedic subspecialty organizations and the AAP on member education materials, advocacy, and combined educational programming.
Update the POSNA website with DEI information, educational materials, and health-equity related pediatric musculoskeletal research.
Work with the POSNA Board Members-at-large and staff on an annual membership survey to include data on/assessment of diversity and inclusion within the organization.

Looking to the Future

The Board of Directors voted to make the Diversity Task Force an official Committee in Spring 2021. Members interested in participating can apply through the Committee Appointment Program (CAP) for appointment starting in 2022. We hosted the first POSNA symposium on DEI at the Annual Meeting in Dallas in May 2021. As we now focus on the future, our work will include regular programming including webinars, online educational content, and DEI events at the annual meeting. We will work collaboratively with the Mentorship Committee and POSNA leadership to enhance support of our young members to cultivate diverse leadership and engagement. A new diversity and inclusion survey has been created from which we hope to gather information to allow us to better serve all of our members and the communities we care for. Together we will work to create diverse patient education materials, expand Allyship and Mentorship for our diverse young membership, encourage support for health disparities research, and provide education and advocacy to enable all members to provide the best possible care and support to the communities we serve and those that we train. We look forward to working with all of the POSNA membership to further the great work of this phenomenal organization.

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