C-suite is tasked with financial solvency, they should recognize a diverse workforce boosts the bottom line. Ultimately financial return may be the motivating factor but the true value is the human return.

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Commentary: We need diversity in cardiothoracic surgery

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There have been many appalling events this year that highlight the inequities faced by underrepresented communities. Many surgical specialties have struggled with a lack of diversity. Only 5% of general surgeons are African American,¹ and as of 2017, there were only 6 female African American cardiothoracic surgeons practicing in the United States.² In their article in this issue of the *Journal*, Ortmeyer and colleagues³ discuss strategies to improve the level of diversity in cardiothoracic programs. More diversity would bring such benefits as increased creativity and better ability to relate to a wider percentage of the population.⁴

Many institutions have created committees dedicated to improving diversity, equity, and inclusion in response to

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CENTRAL MESSAGE

Diversity in workforce increases creativity and broadens the community served. Specific goals and projects will improve the chance of increasing diversity in cardiothoracic surgery.

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Disclosures: The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

Received for publication Nov 19, 2020; revisions received Nov 19, 2020; accepted for publication Nov 19, 2020; available ahead of print Nov 28, 2020.

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J Thorac Cardiovasc Surg 2021;162:1789-90

0022-5223/\$36.00

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<https://doi.org/10.1016/j.jtcvs.2020.11.094>

national tragedies. Unfortunately, however, most diversity efforts do not succeed.⁵ Strategies with noble intentions, such as mandatory diversity training, actually have been associated with a decreased level of diversity.⁶ When evaluating the function of these diversity committees, there is one glaring observation: there is no standard among them.

The GOALS checklist presented by Ortmeyer and colleagues attempts to address this lack of consistency by creating a set of guidelines for institutions. The authors have created a useful starting point. Using their checklist

with specific metrics should result in more diversity, but it will be important for each institution to have unambiguous objectives. In the short term, each cardiothoracic program should pick a specific area in which diversity is lacking and formulate a plan to address that problem. For example, if the goal is to increase the number of underrepresented attending surgeons in the program, then the entire hiring process should be studied. The job announcement should emphasize the desire to make the program more diverse, as many job seekers will be attracted to a program that is seeking a more diverse workforce. The search committee should be encouraged to include underrepresented staff as members. If there are no underrepresented surgeons in that cardiothoracic program, a surgeon from another division or department should be included if possible. Some of these measures are simple but can be relatively effective.

In addition to these short-term measures, each institution should consider strategies to increase the number of underrepresented candidates. The “leaky pipeline” phenomenon refers to the gradual withdrawal over time of underrepresented students from many professional careers owing to a lack of support, unavailability of role models, and increased financial hardships.⁷ To address this phenomenon, our cardiothoracic division instituted an outreach program at a local high school with a predominantly underrepresented student body. On Saturday mornings, we perform basic surgical tasks with the students in our surgical simulation lab, then take the students on a tour of the hospital and medical school. A survey administered before and

after the program has shown increased interest among the participants in becoming a surgeon and more confidence in being able to accomplish career goals on the repeat survey.⁸

There is a continuing need to increase diversity in cardiothoracic programs. Having specific goals, using short-term strategies, and initiating long-term activities will reduce the disparities in the future.

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