

Letter to the Editor

Leadership of Black Women Faculty in Otolaryngology—More than A Rounding Error

Key Words: academic medicine, African American, American Association of Medical Colleges, Black, diversity, equity, ethnic, inclusion, inclusivity, intersectionality, Latin American, Latinx, leadership, medical education, minority, otolaryngology, professor, racial, tenure and promotion, underrepresented in medicine, URiM, women.

Laryngoscope, 133:E36–E37, 2023

Dear Editor:

We commend *The Laryngoscope* for promoting scholarship around diversity, equity, and inclusion in otolaryngology – head and neck surgery.^{1–6} We read with interest the article by Uppal and colleagues on otolaryngology departmental and societal leadership.⁷ The authors found that otolaryngology has an underrepresentation of women and specific ethnic-racial group leadership, underscoring the importance of recognizing underrepresented women leaders in medicine. These trailblazers elevate the specialty with their achievements and inspire the next generation through role modeling, mentoring, and sponsorship—contributions often underappreciated. It was, therefore, regrettable that this article did not fully report data on URiM women professors and leaders.

Figure 1C, labeled “Full Professor by Race and Gender,” omits the categories of Black and Latina women. There is also no mention of these women in the paper’s results section. Yet, the AAMC data table of faculty by sex, race/ethnicity, gender, and department from 2020 reports them. Why the exclusion? A similar omission of Black men who were Assistant or Associate Professor occurred. We were also disheartened that these errors were not identified by the peer review process.

In addition, the study inferred a person’s race, ethnicity, and sex based on “name, image, country of medical school, languages spoken, and other publicly available information.” These measures introduce bias into the analysis and constitute a major flaw. We cannot presume someone’s identity based on a picture or their given name. More reliable resources, for example, the Harry Barnes Medical Society and the Diversity and Inclusion Committee of the AAO-HNSF, could have been leveraged to ensure proper inclusion of URiM faculty and leaders.

URiM women continue to enter the fragile pathway to professorship and leadership, navigating challenges

associated with the diversity tax and structural inequities.^{8,9} URiM women are department chairs, division chiefs, program directors, and society leaders. Unless we collectively work to accurately measure and report the gap and take action to acknowledge and support those who choose to enter, these individuals will select another pathway.

The most meaningful message from the article is that small numbers do not mean a small impact, and partnership matters. Through stakeholder engagement and avoiding assumptions we can build together, brick-by-brick, creating a more inclusive and equitable future.

VALERIE FLANARY, MD, FACS

Department of Otolaryngology and Communication Sciences and Office of Diversity and Inclusion, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

GINA D. JEFFERSON, MD, MS, FACS

Department of Otolaryngology – Head and Neck Surgery, The University of Mississippi Medical Center, Jackson, Mississippi, USA

DAVID J. BROWN, MD, FACS

Department of Otolaryngology – Head & Neck Surgery, University of Michigan Medical School, Ann Arbor, Michigan, USA

ONEIDA A. AROSARENA, MD, FACS

Department of Otolaryngology – Head and Neck Surgery, Temple University, Lewis Katz School of medicine, Philadelphia, Pennsylvania, USA

MICHAEL J. BRENNER, MD, FACS 

Department of Otolaryngology – Head and Neck Surgery and Committee on Antiracism, Senate Advisory Committee on University Affairs, University of Michigan Medical School, Ann Arbor, Michigan, USA

CRISTINA CABRERA-MUFFLY, MD

Department of Otolaryngology – Head and Neck Surgery, University of Colorado Anschutz Medical Campus, Aurora, Colorado, USA

TRINITIA Y. CANNON, MD

Department of Head and Neck Surgery & Communication Sciences, Duke University Medical Center, Durham, North Carolina, USA

ERYNNE A. FAUCETT, MD

Department of Otolaryngology – Head and Neck Surgery, University of California, Davis, Sacramento, California, USA

Send correspondence to Michael J. Brenner, Department of Otolaryngology – Head & Neck Surgery, University of Michigan Medical School, 1500 East Medical Center Drive, 1903 Taubman Center SPC 5312, Ann Arbor, MI 48104, USA. Email: mbren@med.umich.edu

CARRIE L. FRANCIS, MD

Department of Otolaryngology, Head & Neck Surgery, Workforce Innovation and Empowerment, Faculty Affairs & Development, University of Kansas Medical Center, Kansas City, Kansas, USA
Harry Barnes Society, White Plains, Maryland, USA

ERIN HARVEY, MD

Department of Otolaryngology and Communication Sciences, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

ROMAINE F. JOHNSON, MD, MPH, FACS 

Department of Otolaryngology – Head and Neck Surgery, University of Texas Southwestern Medical Center, Dallas, Texas, USA
Department of Pediatric Otolaryngology, Children Medical Center Dallas, Dallas, Texas, USA

MYRIAM LOYO, MD, MCR

Division of Facial Plastic & Reconstructive Surgery, Department of Otolaryngology & Head and Neck Surgery, Oregon Health & Sciences University, Portland, Oregon, USA

MELONIE A. NANCE, MD

Department of Otolaryngology, University of Pittsburgh SOM, Section Chief Otolaryngology VAPHS, Pittsburgh, Pennsylvania, USA

KIMBERLY N. VINSON, MD

Department of Otolaryngology – Head & Neck Surgery, Vanderbilt University School of Medicine, Nashville, Tennessee, USA

DANA M. THOMPSON, MD, MA, MBA, FACS

Division of Pediatric Otolaryngology – Head and Neck Surgery, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, USA

Department of Otolaryngology – Head and Neck Surgery, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, USA

The authors have no funding, financial relationships, or conflicts of interest to disclose.

BIBLIOGRAPHY

1. Faucett EA, Newsome H, Chelius T, Francis CL, Thompson DM, Flanary VA. African American otolaryngologists: current trends and factors influencing career choice. *Laryngoscope*. 2020;130(10):2336-2342.
2. Kollu T, Giutashvili T, Uppal P, Ruffner R, Mortensen M. Diversity in academic laryngology: an evaluation of academic advancement and research productivity. *Laryngoscope*. 2022;132(6):1245-1250.
3. Lee KH, Thompson DM, Pensak ML. Evaluation of current Triological society thesis trends and membership demographics. *Laryngoscope*. 2022;133:73-78.
4. Lopez EM, Farzal Z, Ebert CS Jr, Shah RN, Buckmire RA, Zanation AM. Recent trends in female and racial/ethnic minority groups in U.S. otolaryngology residency programs. *Laryngoscope*. 2021;131(2):277-281.
5. Munjal T, Nathan CA, Brenner MJ, Stankovic KM, Francis HW, Valdez TA. Re-engineering the surgeon-scientist pipeline: advancing diversity and equity to fuel scientific innovation. *Laryngoscope*. 2021;131(10):2161-2163.
6. Suurna MV, Leibbrandt A. Underrepresented women leaders: lasting impact of gender homophily in surgical faculty networks. *Laryngoscope*. 2022;132(1):20-25.
7. Uppal PA, Kollu T, Thomas M, Mammen L, Mortensen M. Otolaryngology department and society leadership: evaluation of diversity in a Nationwide study. *Laryngoscope*. 2022;132(9):1729-1737.
8. Faucett EA, Brenner MJ, Thompson DM, Flanary VA. Tackling the minority tax: a roadmap to redistributing engagement in diversity, equity, and inclusion initiatives. *Otolaryngol Head Neck Surg*. 2022;166(6):1174-1181.
9. Truesdale CM, Baugh RF, Brenner MJ, et al. Prioritizing diversity in otolaryngology-head and neck surgery: starting a conversation. *Otolaryngol Head Neck Surg*. 2021;164(2):229-233.