Following the national coverage of the #MeToo movement, academic medicine was highlighted as an area for improvement. Administrative and faculty leadership at Children’s Hospital Los Angeles (CHLA) sought to proactively support gender equity among its on-campus faculty, medical staff, advanced practice providers, and medical residents and fellows.

WHO

- A 374-bed pediatric academic medical center
- 500 physicians and scientists who are faculty at the Keck School of Medicine (KSOM) of USC and practice at CHLA
- 25% of KSOM’s total faculty
- Training site for approximately 100 residents and 100 fellows per year.
- Home to one of the largest and most productive pediatric research centers in the Western U.S.

WHAT

CHLA’s President and CEO and CHLA’s Senior Vice President of Academic Affairs jointly chartered a Task Force in March 2018, chaired by Cynthia Herrington, MD. The Task Force has 18 members, of which 2/3 are women and 1/3 are men.

Weekly Task Force Meetings
- Developed charter
- Reviewed gender issues in academic medicine, both internal and the NASEM report1
- Reviewed reporting pathways for gender-based harassment
- Introduced implicit bias training for highest leadership levels
- Developed practitioner forums to change culture through dialogue, storytelling and “breaking the silence”

Forums for Faculty and Practitioners
- Introduced the Task Force
- Queried audience on past experiences with sexual harassment and gender discrimination
- Shared personal stories of harassment
- Defined gender discrimination and harassment
- Provided resources and training on how to be a supportive listener

Developing Recommendations for Leadership

Implicit Bias Training for Leaders
- Men and women, including the Task Force and senior leaders
- Introduced gender partnership: “men and women learning from and leveraging each other’s special skills and talents.”2

INTERVENTIONS AND RESULTS

FORUM 1: Break the Silence, Start the Dialogue
- 100 attendees
- Audience poll re: harassment and gender discrimination; see Table 1.
- Solicited suggestions for future forums; see Table 2.

Table 1. Have you ever experienced …

<table>
<thead>
<tr>
<th>Yes, I have experienced …</th>
<th>Sexual Harassment</th>
<th>Gender Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Men</td>
<td>45%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Table 2. Suggested Forum Topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>71%</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to help a peer/colleague in need</td>
<td></td>
</tr>
<tr>
<td>Complaint intake and investigation</td>
<td>60%</td>
</tr>
<tr>
<td>Implicit bias</td>
<td>54%</td>
</tr>
<tr>
<td>Focus groups for input to the Task Force</td>
<td>48%</td>
</tr>
<tr>
<td>USC resources and procedures</td>
<td>41%</td>
</tr>
<tr>
<td>Sexual harassment education</td>
<td>28%</td>
</tr>
</tbody>
</table>

IMPPLICIT BIAS TRAINING
- 4-hour workshop
- 31 attendees: 15 women and 16 men
- Small and large group activities to share gender perspectives
- See Figure 1 for participants’ responses to the training

Figure 1. Participants’ Responses

Thinking about this also from the men’s context and how their pre-formed thoughts on being a man then influence their interactions.

I learned something new (e.g., a new insight, a different perspective, a tool or methodology, etc.) that I did not know before.

I learned that 100% of our department chairs and most division chiefs are men.

I am more aware of the different reasons men or women don’t speak up when confronted with sexist comments.

That many others are struggling with these issues but more importantly, are motivated to see change.

WHAT COMES NEXT

Recommendations for CHLA Leadership

Structure
- Create Office of Diversity and Inclusion
- Develop diversity criteria for leader recruitment, hiring and promotion
- Implement periodic survey to measure progress

Reporting
- Clarify processes for reporting for both CHLA and USC
- Provide additional training on reporting, investigation, and resolution processes

Training
- Expand implicit bias training to more people
- Hold additional forums for practitioners

Support
- Provide counseling, coaching, professional development
- Enable professionally-facilitated support groups

CHALLENGES

- Shame requires silence. Breaking the silence will release suppressed memories; individuals will need support.
- Raising awareness has fostered open discussions about harassment and inequity. Unprofessional behaviors will not be overlooked; incident reporting will increase.
- Other areas of inequity (e.g., race, age, ethnicity, religion, sexual identity and more) may surface and require attention.
- Culture change takes time and patience.

ADVICE WE SEEK

- How best to develop and deploy a climate survey that will meaningfully assess gender harassment and inequity?
- What are others’ experiences with fostering culture change?
- How can an Office of Diversity and Inclusion be most effective?
- What approaches create the greatest impact?


2 Rayona Sharpnack, Institute for Gender Partnership

Pictured (left to right): Cynthia Herrington, MD; Lara Nelson, MD; Rima Jubran, MD