

Unique Ecosystems: Academic Medicine

NASEM Action Collaborative
Summit on Preventing Sexual Harassment in Higher Education
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Distinctive Features of Medical Education

- Clinical mission
 - Daily interactions with patients & families in addition to colleagues, staff, & learners
 - Hierarchical culture
 - Unusual work hours, late nights, isolated settings, call rooms...
 - Unique process of professional socialization
- Can amplify well-recognized challenges for women in STEM

NASEM Report 2018

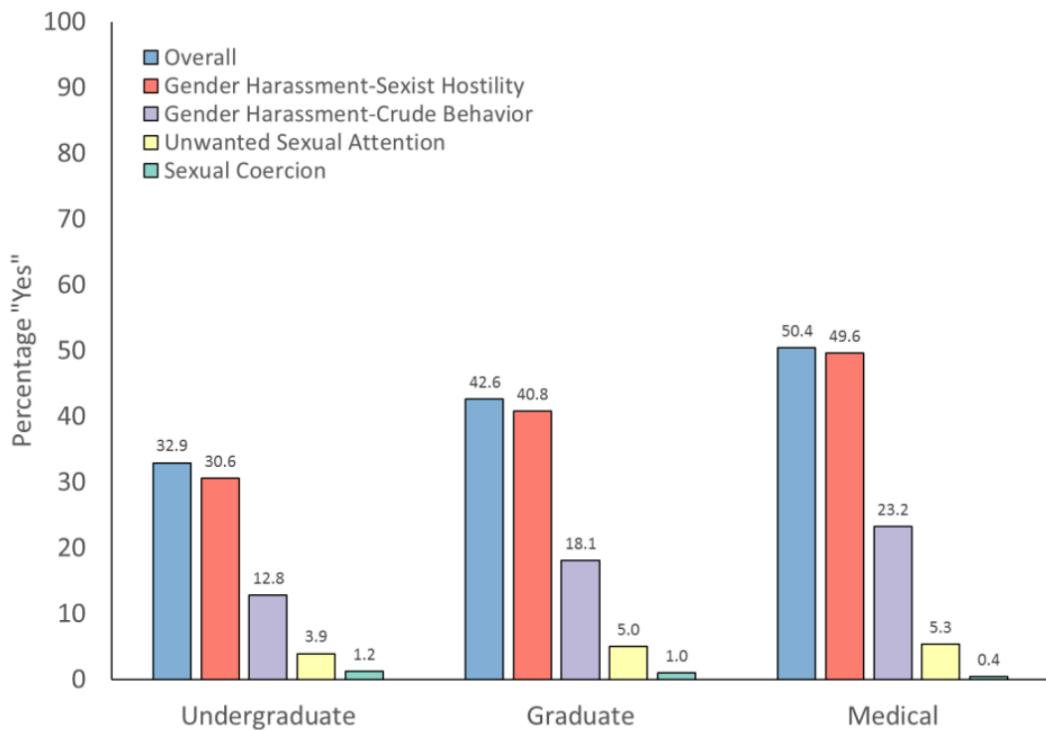
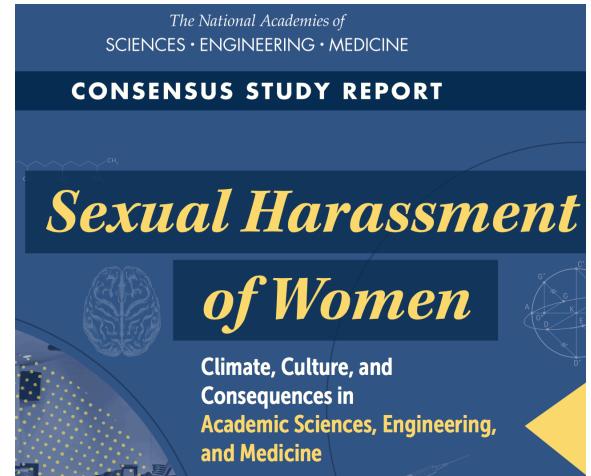


FIGURE D-2 Faculty/staff sexual harassment incidence for female students by student major (Penn State Data).



female medical students 220% more likely than students from non-STEM disciplines to have experienced sexual harassment by faculty or staff (OR 3.2, $p < 0.001$)

Sexual Harassment and Discrimination Experiences of Academic Medical Faculty

Reshma Jaggi, MD, DPhil

Kent A. Griffith, MS

Rochelle Jones, MS

Chithra R. Perumalswami, MD

Peter Ubel, MD

Abigail Stewart, PhD

Self-Reported Experiences of Recipients of NIH K08 and K23 career development awards from 2006-2009 (survey conducted in 2014)

	Women No. (%) n = 493	Men No. (%) n = 573
Respondents who perceived gender-specific bias in the academic environment	343 (69.6)	125 (21.8)
Respondents who reported they personally experienced gender bias in professional advancement	327 (66.3)	56 (9.8)
Respondents who reported they personally experienced harassment *	150 (30.4)	24 (4.2)

* "In your professional career, have you encountered unwanted sexual comments, attention, or advances by a superior or colleague (yes or no)?"

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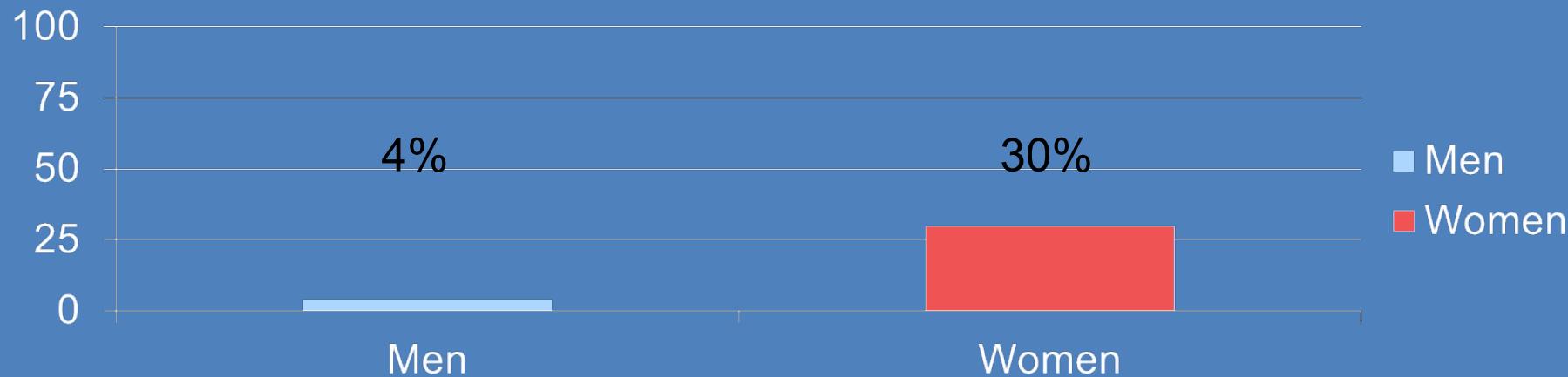
Severity Among Women Who Reported Having Experienced Harassment (n = 150)

Experience	No. (%)
Sexist remarks or behavior	138 (92.0)
Unwanted sexual advances	62 (41.3)
Subtle bribery to engage in sexual behavior	9 (6.0)
Threats to engage in sexual behavior	2 (1.3)
Coercive advances	14 (9.3)

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In your professional career, have you encountered unwanted sexual comments, attention, or advances by a superior or colleague?



- 59% perceived a negative effect on confidence in themselves as professionals
- 47% reported that these experiences negatively affected their career advancement

Dr. Jagsi,

Your paper struck a particular chord with me... I brushed what happened under the rug; and **in a residency program where the chair invites the male (and not female) residents & attendings over every week for poker, these things largely go unnoticed.**

Over the past 4 years, **I've wondered if something was pathologically wrong with me that I invited that kind of behavior (was it because I wasn't smart enough, was it because I was soft-spoken, was it because there was something so wrong with me that I couldn't even recognize it)** and whether it would keep me from achieving anything of merit.

I read your article with a mixture of simultaneous dismay and relief - dismay because how could such successful women be subject to that kind of discrimination - **relief because** despite what they endured, they were successful...and **if they have gone through similar things, then maybe I'm not defective.**

I don't think I can ever talk about my experiences partially because of fear, partially because it seems ungrateful to do so...

I hope institutions pay attention. I hope people care. Your article helped me gain the closure that I didn't realize I needed.



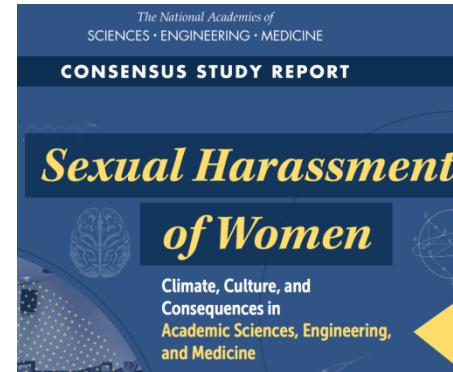
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Perspective

Sexual Harassment in Medicine — #MeToo

Reshma Jaggi, M.D., D.Phil.

Interventions



- To address strikingly high rates of harassment in medicine, institutions are beginning to:
 - Gather data
 - Improve understanding (especially regarding women in under-represented or vulnerable groups)
 - Inform interventions
 - Demonstrate commitment
 - Facilitate reporting and offer choices
 - Clarify policies
 - *Lowest rates of sexual harassment in organizations that proactively develop, disseminate, and enforce sexual harassment policy (Gruber 1998)*
 - Address harassment by patients & families

#MedToo

Vargas, Brassel, Cortina, Settles, Johnson, Jaggi. JWH 2019.

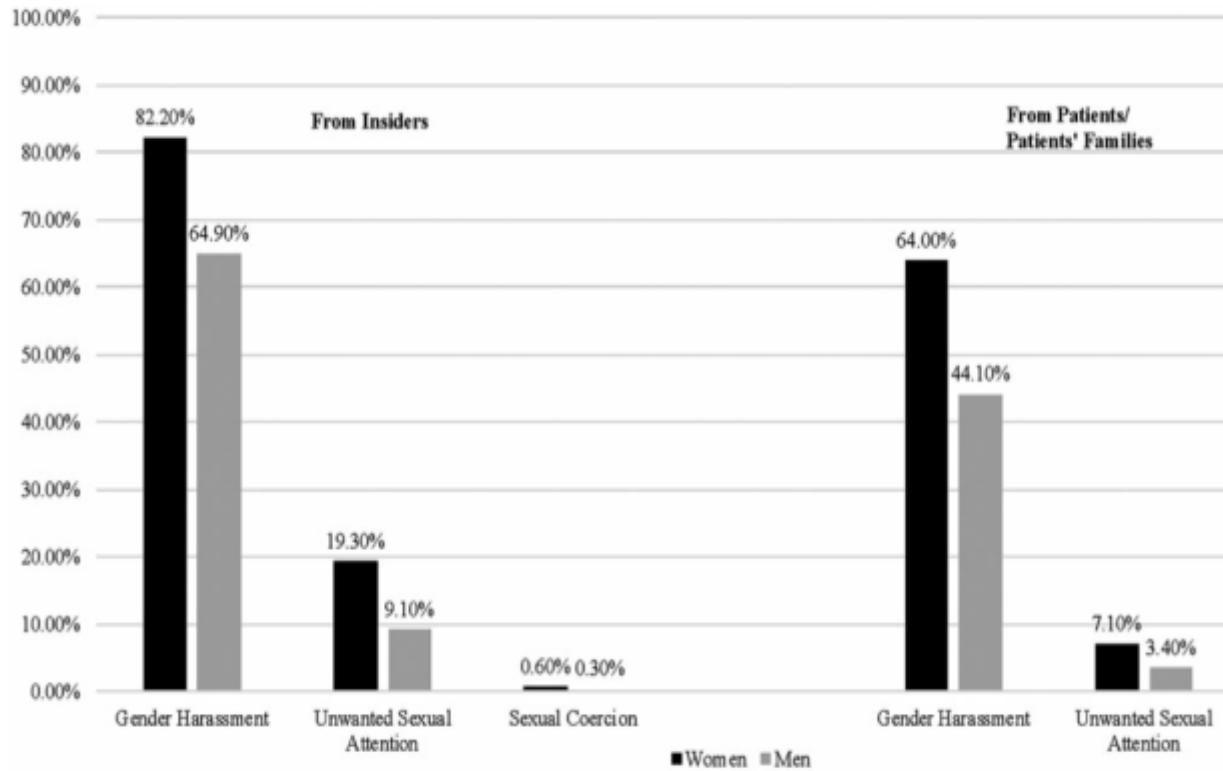
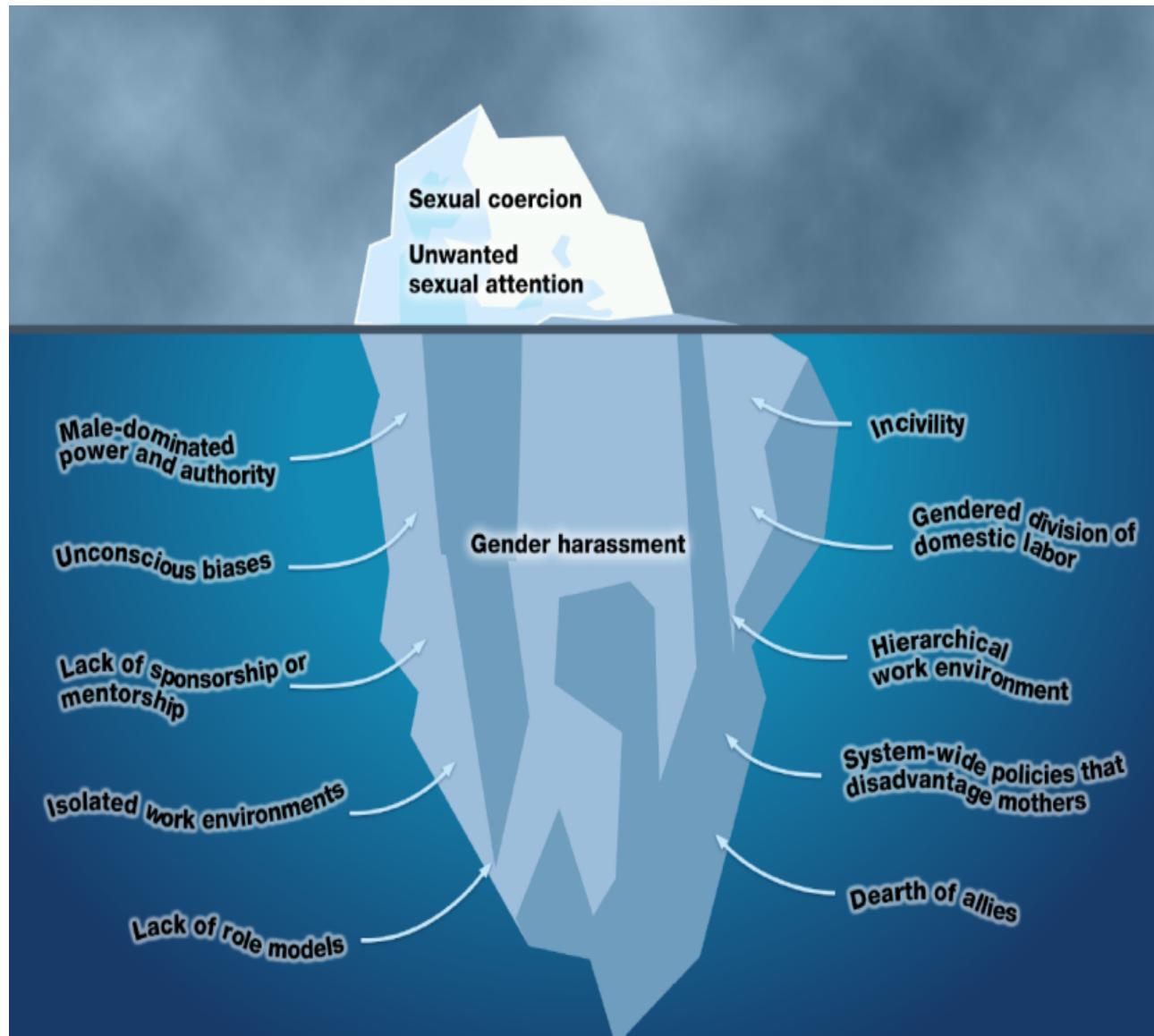


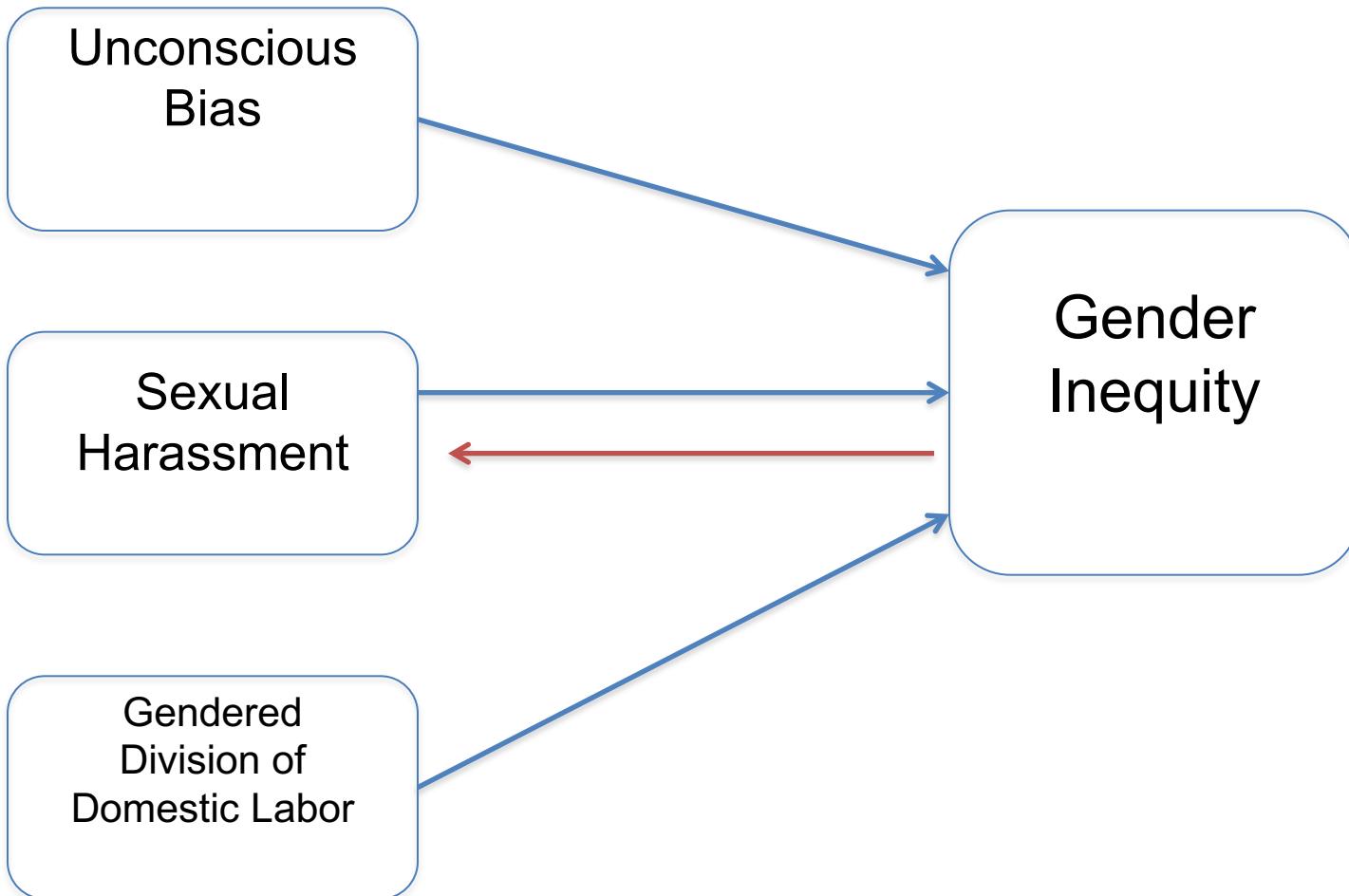
FIG. 1. Sexual harassment of faculty from insiders and patient and patients' families by faculty gender. This figure depicts rates with which 705 faculty respondents to a survey at a single academic medical institution endorsed at least one experience in each category within the past year. Insiders are defined as other institutional staff, students, and faculty, both on and off campus. SEQ is the validated Sexual Experiences Questionnaire that was modified for use to measure sexual harassment in the current study.

Why Does the Iceberg Form?

Beeler, Cortina, Jagsi. JCI 2019.



Equity is Essential





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Unplugging the Pipeline — A Call for Term Limits in Academic Medicine

Whitney H. Beeler, M.D., Christina Mangurian, M.D., M.A.S., and Reshma Jagsi, M.D., D.Phil.

From #MeToo to TIME'S UP

Choo E, Byington C, Lubin-Johnson N, Jagsi R. Lancet 2019.



- Move from awareness to action
- Address root causes of inequity with a health care quality improvement framework (structures, processes, outcomes)
- Equity important for its own sake, to reduce harassment, and to promote each of the worthy ends the profession serves (clinical, pedagogical, and scholarly)

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