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Sexual Harassment in Academic Medicine: How Should SGIM Respond?

Thomas H. Gallagher, MD, President, SGIM, and Jada Bussey-Jones, MD. Dr. Bussey-Jones is a member of SGIM's Council and is leading a Council work group on sexual harassment (jcbusse@emory.edu).

> . . . academics, in general, and academic general internal medicine, in particular, are areas where the risk for sexual harassment is especially high. Fortunately, SGIM is ideally positioned to address this issue. A high proportion of our members and leaders are women, and we are lucky to have several national thought leaders on this topic amongst our members. A robust response to this critical issue will require we draw heavily on these resources.

We were starting to work our way through the typically packed agenda at our December two-day in-person Council Retreat when one member suggested we try to squeeze an additional topic into the meeting—namely that of sexual harassment in academic medicine and how SGIM should respond. All agreed it was an important topic, and we decided to have an informal discussion about it that night over dinner.

Most of the men on Council likely came to the discussion envisioning that the issue was how SGIM should respond to reports of harassment happening in the public sphere and at other organizations. What we heard instead were raw, personal, painful stories about how sexual harassment is as much an issue in academic medicine as it is elsewhere in society, and perhaps more so, given how the hierarchies in academic medicine can inhibit reporting. Knowing that some data suggests that professional society meetings are environments where sexual harassment is actually more common, we asked Kay Ovington, our deputy CEO who has been with the organization for 20 years, how many times a complaint has been filed relative to sexual harassment at our Annual Meeting. "Never" was the reply.

Several of my columns addressed the key role that culture plays in academic medicine, the importance of transparency, how speaking up about problems is critical yet challenging, how we often shy away from difficult conversations with our peers, and how easy it is to convince ourselves of things that turn out to be false. All of these issues converge when it comes to the topic of sexual harassment in academic general internal medicine. Much as we would like to think otherwise, academics, in general, and academic general internal medicine, in particular, are areas where the risk for sexual harassment is especially high. Fortunately, SGIM is ideally positioned to address this issue. A high proportion of our members and leaders are women, and we are lucky to have several national thought leaders on this topic amongst our members. A robust response to this critical issue will require we draw heavily on these resources.

There are multiple definitions of sexual harassment; for example:

1. "Unwelcome sexual advances, requests for sexual favors and other verbal or physical contact of a sexual nature that tends to create a hostile or offensive work environment."[1]
2. "Harassment is any form of unwanted or unwelcome attention that invades the physical and emotional spaces of others in a way that is frightening, insulting or disrespectful."[2]

Sexual harassment is a form of discrimination prohibited under title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972, which affect any federally funded education program or activity.[3]

The epidemiology of sexual harassment in academic medicine is disturbing. As summarized by lead author and SGIM luminary Carol Bates in her article "It is time for zero tolerance for sexual harassment in academic medicine," 52% of female faculty in academic medicine in 1995 reported they had personally experienced sexual harassment.[4] Multiple other studies have suggested that roughly 1/3 of medical students and residents report having experienced sexual harassment. Thirty percent of women in a national survey of NIH Career Development grant awardees described being sexually harassed. A relatively small proportion of those who described having experienced sexual harassment had formally reported it. Prior work has also shown that workplace discrimination is associated with increased job turnover, career dissatisfaction, and contemplation of career change. Further, there are also well documented

continued on page 2

PRESIDENT'S COLUMN

continued from page 1

inequities in achievement and promotion in academic medicine.

Sexual harassment is a special problem in academic medicine largely because of its intensely hierarchical culture, a culture that is deeply entrenched.[5] These hierarchies not only increase the probability of sexual harassment taking place but also severely dampen the likelihood of reporting these episodes due to legitimate fear of retribution which, in turn, impacts opportunities for career advancement and reputation. As Eileen Reynolds noted in her thoughtful *Forum* President's Column in October 2016 and her keynote presentation "Equity and Transparency in Leadership" at the ACLGIM retreat this fall, the reminders of this culture are simultaneously subtle and pervasive, ranging from a disproportionate number of male leader photos displayed on institutional walls to disproportionate use of first names of women faculty presenters. These and other examples suggest ongoing efforts are required to reach true equity and inclusion across academia.

The national response to the topic of sexual harassment has been swift and robust. Multiple organizations have published position papers and articulating codes of conduct and zero tolerance policies. The National Academy of Medicine is undertaking a study on this topic, with a report due out in mid-2018. The National Science Foundation is considering framing sexual harassment as a form of scientific misconduct.

Academic meetings present a risk, and were labeled a "Danger zone" in a recent *Scientific American* article "Confronting sexual harassment and science"[2] The combination of being away from home, multiple social events involving alcohol, easy access to hotel rooms, and attendance at meetings by subordinates and superiors increases the risk of sexual harassment. Multiple high-profile episodes of harassment taking place at scientific meetings have been published, but no rigorous population-based data exists regarding the prevalence of sexual harassment at academic meetings. Some organizations are responding by developing formal programs to prevent sexual harassment at academic meetings, asking attendees and speakers to sign codes of conduct, and providing training to session chairs and moderators to stop harassment and bullying by or of speakers and during question-and-answer sessions.

How can SGIM respond to sexual harassment in ways that align with our priority of creating value for our members and recognize the resource constraints our organization faces? Dr. Jada Bussey-Jones, the chief of general medicine and geriatrics for Emory at Grady Memorial Hospital, is leading a Council workgroup examining this issue, and expects to pursue several avenues:

- Tap our internal resources: As above, SGIM includes several thought leaders on this issue of sexual harassment in academic medicine, multiple groups within the organization with expertise on this topic, and a membership that strongly supports the importance of promoting equity.
- Undertake a broader dialogue: The men on Council left the discussion with an entirely new understanding of the nature and scope of sexual harassment in academic general medicine. We hope this was just the first step in promoting respectful and open conversations among all our members about this issue. A town hall meeting on sexual harassment is planned for this year's Annual Meeting.
- Unequivocally articulate our expectations for appropriate behavior: On the one hand, it's discouraging that a written policy stating the organization's zero tolerance for sexual harassment is necessary, but this is clearly the case. SGIM must develop a formal code of conduct that

continued on page 3

continued from page 2

covers all aspects of the Society's activities, including the Annual and Regional Meetings. Clear mechanisms should be developed for reporting and investigating incidents of harassment.

- Supporting our members who experience sexual harassment: One idea that the Council workgroup is discussing involves how SGIM could train a cadre of members to be sexual harassment support resources, available to talk with interested members about their experiences both within the organization and at their workplace and suggest strategies for addressing these problems.

Even in the absence of prior reports, it's wishful thinking to imagine that SGIM is an environment that is free of sexual harassment. It is our responsibility to promote a better understanding of this critical issue among all of our members, develop mechanisms to ensure all who participate in SGIM activities understand the organization's expectations and address breaches of these expectations, and support our members who have been sexually harassed. We welcome your thoughts about the most productive path forward in this area.

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