

Understanding and Addressing
Sexual Harassment
in Academic Medicine

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Understanding and Addressing Sexual Harassment in Academic Medicine

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EXECUTIVE SUMMARY

Academic medicine, like most industries, has a sexual harassment problem. A variety of events since #MeToo started in 2006, up to academic medicine's own reckoning in recent years, has provided much-needed data, frameworks, and foundational understanding of sexual, including gender, harassment that bolstered existing and initiated new anti-harassment efforts. Yet, with the COVID-19 pandemic, as well as with the much-needed outcry over racial injustice and equity, focus on harassment efforts has waned. While these crises demand immediate action, they also demand an understanding of how many equity and justice issues are interconnected.

Sexual harassment should be seen as one of the critical issues to resolve as part of addressing equity and inclusion writ large. Our attention must be focused on harassment now more than ever, as rates and experiences of harassment may have gone unchecked and unreported for more than two years due to the COVID-19 pandemic. Academic institutions must be bold and brave in eliminating harassment by addressing the foundational cultural traits at their institutions that continue to allow it to persist, such as tolerance for harmful behavior, acts of retribution, rigid hierarchy, and dominating behavior, often by men.

This report presents a unique opportunity to achieve two goals: (1) to share a new multi-institutional analysis of the prevalence and experiences of sexual harassment, with a focus on gender harassment, among U.S. medical school faculty in the workplace and (2) to highlight institutional practices to prevent and address harassment in the context of those experiences. We chose to focus on these goals because gender harassment is the most common harassment experience, several reports have recommended it receive further study,¹⁻³ and medical school faculty are an underassessed community.

High-level analysis of the 2019-2021 AAMC StandPoint™ Faculty Engagement Survey data featured in this report showed that 22% of all faculty and 34% of women faculty experienced sexual harassment. The highest rates of harassment among women faculty were in departments of anesthesiology and emergency medicine, and the lowest were in urology and radiology. Rates among faculty groups varied by gender, race/ethnicity, department, and age. Notably, even for departments with a majority of women, such as pediatrics and OB-GYN, rates of harassment were similar to the overall average of 34%.

Faculty of all genders who experienced harassment were less engaged, less satisfied with their medical school as a place to work, and less likely to stay at their institution, according to data analyzed for this report. Interviews conducted with leaders from nine medical schools gathered innovative practices across four areas: evaluation and assessment, prevention and education, support for perpetrators and targets, and transparency and accountability. Leaders shared many approaches to addressing and preventing harassment that others can readily adopt, including taking a coordinated cross-institutional approach, involving leaders in accountability, and addressing repeat offenders and less overt, though still harmful, behaviors, such as using potentially patronizing language or commenting on a person's appearance, through proportionate responses.

The data presented in this report suggest that to drive and support retention, performance, and organizational excellence, medical schools must address sexual harassment and prevent it before it happens. The findings from the institutional interviews provide useful strategies for building cultures of prevention and inclusion in which anti-harassment efforts are integrated throughout institutional operating policies and procedures; are part of the institution's larger diversity, equity, and inclusion strategy; and reinforce accountability for all members of the community, including leadership.

NOTES

1. Leskinen EA, Cortina LM, Kabat DB. Gender harassment: broadening our understanding of sex-based harassment at work. *Law Hum Behav.* 2011;35(1):25-39. doi.org/10.1007/s10979-010-9241-5.
2. Leskinen EA, Cortina LM. Dimensions of disrespect: mapping and measuring gender harassment in organizations. *Psychol Women Q.* 2014;38(1):107-123. doi.org/10.1177/0361684313496549.
3. Dresden BE, Dresden AY, Ridge RD, et al. No girls allowed: women in male-dominated majors experience increased gender harassment and bias. *Psychol Rep.* 2018;121(3):459-474. doi.org/10.1177/0033294117730357.



1 | Understanding Sexual Harassment in Academic Medicine

Academic medicine, like most industries, has a sexual harassment problem. Gender harassment (GH), the most common type of sexual harassment, is defined as “verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status about members of one gender.”¹

Academic medicine and science has had a reckoning with sexual harassment with the resurgence of the #MeToo movement, the publication of a seminal report from the National Academies of Science, Engineering, and Medicine (NASEM) in 2018, and the formation of groups such as Time’s Up Healthcare. These crucial events provided much-needed data, frameworks, and foundational understanding of sexual harassment that bolstered existing and initiated new anti-harassment efforts. Yet, with the COVID-19 pandemic, as well as with the much-needed outcry over racial injustice and equity, focus on sexual harassment efforts has waned.²

While the pandemic and social justice crises demand immediate action, they also demand an understanding of how their issues are interconnected. Sexual harassment should be seen as one of the critical issues to resolve as part of addressing equity and inclusion writ large. Our attention must be focused on sexual harassment now more than ever because rates and experiences of harassment may be going unchecked and unreported, given our new ways of living and working since the start of the pandemic in March 2020. The imperative for academic medicine to address sexual harassment is clear. We cannot deliver the best education, medical care, and scientific advancements while harmful, often illegal, behaviors are tolerated — and we need the best of academic medicine in our current environment. During

these times of crisis when some would put sexual harassment on the backburner, we need to address this issue head on — and as a necessary component of addressing equity and inclusion issues.

Studies over the past few decades have shown that sexual harassment experiences have far-reaching negative impacts on individuals, from poor mental and physical health outcomes to decreased performance and engagement and even loss of employment.^{3,4} One study of working women found that while rates of overt sexual harassment, such as unwanted sexual advances and coercion, decreased between 2016 and 2018, reports of gender harassment increased.⁵ Although GH is the most common form of sexual harassment now, it receives less attention because it is harder to identify than other forms and there is often no legal course of action to take against it.

We cannot deliver the best education, medical care, and scientific advancements while harmful, often illegal, behaviors are tolerated — and we need the best of academic medicine in our current environment.

Major recent reports, such as NASEM's 2018 *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine*, have provided foundational information about the research, definitions, and causes of sexual harassment and recommended solutions to it.^{1,6-10} Recommendation 2 from the NASEM report calls for focusing on GH because this form of sexual harassment is more common than the other forms — sexual coercion and unwanted sexual attention — and is often indicative of climates that are more tolerant of other types of harassing behavior, overt or covert. Yet, current literature on sexual harassment within academic medicine lacks research specifically addressing the rates of GH among medical school faculty across multiple institutions. Many recent studies have focused on learners, who are usually protected under state and federal laws. More information is needed on rates of harassment among medical school faculty, with a focus on GH, as well as on how institutions are holistically addressing harmful, harassing behaviors.

To explore faculty experiences of sexual harassment for this report, we used both a quantitative approach and interviews with institutional leaders about how and why they are addressing harassment on their campuses. In this report, we asked the following questions: (1) What is the prevalence of sexual harassment among medical school faculty, (2) how do faculty perceive their institution's ability to address harassment, and (3) how are institutions creating the programs, policies, and practices that focus on preventing sexual harassment and the types of cultures and climates necessary to establish these practices?

Categories of Sexually Harassing Behavior¹

gender harassment: verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status about members of one gender

unwanted sexual attention: verbal or physical unwelcome sexual advances, which can include assault

sexual coercion: when favorable professional or educational treatment is conditioned on sexual activity

Harassing behavior can be either direct (targeted at an individual) or ambient (a general level of sexual harassment in an environment).

To answer these questions, we conducted a multi-institutional analysis using the 2019-2021 AAMC StandPoint™ Faculty Engagement Survey data and structured interviews with institutional leaders. We examined the prevalence and experiences of sexual, specifically gender, harassment among U.S. medical school faculty and gathered innovative institutional practices for preventing and addressing harassment in the context of those experiences. Discussions with institutional leaders allowed for deep examination of the subtle culture and climate reasons for addressing harassment, what impact the interventions have had, and what types of groundwork must be laid to create an anti-harassment institutional culture. Given the lack of reports in the literature about GH in academic medicine, this report focuses on understanding how to prevent GH — before it even begins — through intentional institutional efforts to foster a safer, more inclusive organizational culture and climate.



2 | This Report's Unique Approach

Recently, sexual harassment has received much-needed media attention, not only in academia, medicine, and science, but in many industries.

The flood of news, research, and public summits was a promising sign that sexual harassment was being taken seriously. With so much attention and effort made to research, document, and expose the issue of sexual harassment, we were able to focus on the experiences of particular communities for this report. We did not seek to reproduce the excellent foundational research that has already been done in this area. Instead, we sought to fill in research gaps by looking specifically at experiences within academic medicine, especially experiences of faculty. So, this report differs in two main ways from existing ones.

First, this report focuses on medical school faculty educators, physicians, and scientists, an often overlooked or under-documented group, and segments of faculty, by gender, race/ethnicity, rank, and other demographic categories, as well as by department and specialty. To understand how to address sexual harassment in academic medicine, we must first understand and bring awareness to the specific environmental, structural, and governance factors that present unique barriers to developing effective solutions. Solutions to harassment in a private practice setting may or may not be viable in an academic health center — and vice versa. The report also provides an opportunity to understand harassment through an intersectional lens, particularly for women of color (see page 37 for more about intersectionality). We also acknowledge there is often overlap, and interconnectedness, of experiences of sexual harassment between faculty and learners and that faculty can be the perpetrators of harassment not just to other faculty and staff, but to learners and trainees as well.

To understand how to address sexual harassment in academic medicine, we must first understand and bring awareness to the specific environmental, structural, and governance factors that present unique barriers to developing effective solutions.

Second, this report does not address patients as either perpetrators or targets of harassment. Understanding and addressing patients as perpetrators and targets of harassment, violence, and bias is a critical issue for academic medicine to address, and many institutions are enacting anti-harassment and anti-bias policies to protect providers, learners, and patients from these types of behaviors. Although we don't include data about patients' or learners' experiences in this report's analysis, we do discuss climate factors in academic medicine that allow harassment to happen.



3 | Prevalence of Sexual Harassment in Academic Medicine

Analyzing specific rates and types of harassment experiences in academic medicine provides the data needed to design unique and targeted prevention approaches.

METHODS

The sexual harassment data presented in this publication are from the 2019-2021 administrations of the AAMC StandPoint™ Faculty Engagement Survey. They include responses from 13,239 full- and part-time faculty members across 22 U.S. medical schools, each surveyed once during those three years (13,239/23,703, or 56% response rate). While that survey is one of the largest sources of medical school faculty data on this issue to date, the data represent a sample, so we compare them with AAMC Faculty Roster statistics to place the data into the context of all full-time medical school faculty.

StandPoint™ Faculty Engagement Survey Sexual Harassment Questions

The following questions were incorporated into the StandPoint™ Faculty Engagement Survey in 2019 to assess sexual harassment. They refer to five behaviors specifically associated with gender harassment.

In thinking about unwanted behaviors over the past 12 months, how often did a medical school faculty or staff member (including supervisors): [One or more times a day, A few times a week, A few times a month, Once every few months, Once in the past year, Never]

- Tell sexist stories or jokes that were offensive to you
- Make offensive remarks about your appearance, body, or sexual activities
- Refer to people of your gender in offensive, insulting, or vulgar terms
- Put you down or act in a condescending way toward you because of your gender
- Send offensive messages based on your gender or show you obscene (e.g., sexually explicit) images via email, text, social media, calendars, and desktop screens

Please indicate the extent to which you agree or disagree with the following statements: [Five-point Agreement Scale]

- If I experienced harassment, I would feel safe reporting the incident(s) at my medical school
- If I experienced harassment, I know to whom I can report the incident(s) at my medical school
- If I reported harassment, I feel confident my medical school would resolve the incident(s) effectively

SUMMARY OF FINDINGS

We provide a summary of the key points of this analysis below and encourage readers to deeply examine the data in this section on their own.

- | **Thirty-four percent of women faculty and 22% of faculty overall experienced sexual harassment.**
- | **The highest rates of harassment among women faculty were in departments of anesthesiology and emergency medicine, each at 52.6%. The lowest rates were in urology and radiology, at 20.7% and 21.6%, respectively.**
- | **Faculty who experienced harassment were less knowledgeable about how to report it, felt less safe reporting it, and were less confident their institution would resolve their complaints.**
- | **The most frequent sexual harassment behaviors were gender putdowns and the telling of sexist and offensive jokes.**
- | **Even in departments with high proportions of women, such as OB-GYN and pediatrics, rates of sexual harassment were comparable to the overall average rates for women faculty.**
- | **Across genders, faculty who experienced harassment were less engaged, less satisfied with their medical school as a place to work, and less likely to stay at their institution.**

LIMITATIONS OF THE DATA ANALYSIS

While the medical school faculty data presented in this publication represent one of the largest multi-institutional analyses to date, we acknowledge the following limitations:

- There were 155 U.S. medical schools in 2021. The StandPoint Survey results presented here are from 22 institutions, or 14% of all schools.
- The AAMC Faculty Roster represents all full-time U.S. medical school faculty, and the StandPoint Survey includes both full-time and part-time faculty. Comparisons between the populations show that the StandPoint Survey had slightly more women faculty and basic science faculty respondents than the Faculty Roster. The StandPoint Survey population was fairly representative of the overall racial/ethnic diversity and distribution of faculty by rank compared with the Faculty Roster.¹¹ This analysis was done only with Faculty Roster records

where gender and race/ethnicity were known and only included comparisons with full, associate, and assistant professors.

- The StandPoint Survey focused on gender harassment behaviors and did not assess sexual coercion or advancements. Thus, it is possible that overall rates of harassment were lower than reported in other studies that examine the full spectrum of harassment behaviors.
- The focus of the StandPoint Survey questions was on faculty and staff peer perpetrators. Other harassment experiences involving learners and patients that further affected faculty may have occurred.
- The StandPoint Survey captures intent to leave one's institution but not retention outcomes. Further, leaving one's institution is a complex decision, and these data can't tell us whether experiences of harassment drove a person's reported intent to leave.

RESULTS

This section provides the results of the StandPoint Faculty Engagement Survey data analysis. They are organized into six areas that illustrate rates of sexual harassment, faculty perceptions of the reporting process, and links between sexual harassment and faculty engagement:

1. StandPoint Faculty Engagement Survey Respondents
2. Experiences of Sexual Harassment Among Faculty
3. Sexual Harassment of Faculty Across Departments Faculty
4. Experiences of Five Sexual Harassment Behaviors
5. Faculty Knowledge of and Confidence in Reporting Sexual Harassment
6. Sexual Harassment and Measures of Faculty Engagement

Aggregated harassment statistics in this report are based on data from people who experienced at least one of five types of behavior associated with gender harassment at least once in the past 12 months.

Table 1. 2019-2021 StandPoint Faculty Engagement Survey Respondents by Gender and Other Demographics

While the StandPoint Survey’s sample represented 22 U.S. medical schools, the proportions of men and women faculty members were very similar to the 2020 AAMC Faculty Roster dataset, making the survey’s dataset comparable to full-time faculty overall. The StandPoint Survey data had similar proportions of faculty by race/ethnicity and rank, but it had a larger proportion of basic science faculty than the 2020 Faculty Roster (Table 1).

Demographic	Gender			
	Number		Percentage	
	Men	Women	Men	Women
All Faculty	7,264	5,952	55.0%	45.0%
Race/Ethnicity				
American Indian/Alaskan Native	21	16	0.3%	0.3%
Asian	1,628	1,317	23.6%	23.9%
Black or African American	152	275	2.2%	5.0%
Hispanic, Latino, or of Spanish Origin	368	341	5.3%	6.2%
Native Hawaiian/Other Pacific Islander	11	20	0.2%	0.4%
White	4,600	3,424	66.8%	62.2%
Other races/ethnicities	62	41	0.9%	0.7%
Multiple races/ethnicities	46	69	0.7%	1.3%
Department Type				
Clinical department	6,145	5,230	84.6%	87.9%
Basic science department	1,119	722	15.4%	12.1%
Rank				
Full professor	2,014	758	32.2%	15.4%
Associate professor	1,579	1,183	25.2%	24.0%
Assistant professor	2,665	2,995	42.6%	60.7%
Age				
Born 1996 or later	34	49	0.5%	1.0%
Born 1977-1995	2,094	2,423	32.0%	47.4%
Born 1965-1976	2,013	1,556	30.7%	30.4%
Born 1946-1964	2,206	1,037	33.7%	20.3%
Born 1945 or earlier	206	49	3.1%	1.0%
Length of Appointment				
≤5 years ago	3,004	2,985	41.8%	50.6%
6-15 years ago	2,211	1,891	30.7%	32.1%
>15 years ago	1,977	1,018	27.5%	17.3%
Sexual Orientation				
LGB+	214	155	4.1%	3.7%
Straight/Heterosexual	5,050	4,044	95.9%	96.3%

(continued)

Table 1. 2019-2021 StandPoint Faculty Engagement Survey Respondents by Gender and Other Demographics (continued)

Demographic	Gender			
	Number		Percentage	
	Men	Women	Men	Women
Administrative Title				
With	2,980	2,131	42.2%	36.9%
Without	4,082	3,645	57.8%	63.1%
Mentoring Status				
Receives formal mentoring	2,436	1,970	36.2%	36.6%
Receives only informal mentoring	2,170	2,111	32.3%	39.3%
Receives no formal or informal mentoring	2,122	1,295	31.5%	24.1%
Tenure Status				
Tenured or on tenure track	2,424	1,362	35.8%	25.2%
Not on tenure track	4,353	4,044	64.2%	74.8%

Note: AAMC Faculty Roster data were used for comparisons by gender, department type, race/ethnicity, and faculty rank (excluding instructors and faculty of other ranks) and are sourced from a Dec. 31, 2020, snapshot as of Dec. 31, 2020, of Table 19. U.S. Medical School Faculty by Gender, Race/Ethnicity, Rank, and Department, 2020. Not all StandPoint Survey respondents provided data for the demographic questions presented in Table 1, so denominators vary. For example, some individuals did not report their age but did report their gender.

Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

STANDPOINT FACULTY ENGAGEMENT SURVEY RESPONDENTS

Table 2. Comparison of AAMC 2020 Faculty Roster and 2019-2021 StandPoint Faculty Engagement Survey Respondents by Department Type and Gender

The proportions of men and women faculty members across most departments in the StandPoint Survey dataset were similar to the proportions of faculty in the 2020 AAMC Faculty Roster (Table 2).

DEPARTMENT	Faculty Roster			StandPoint Faculty Engagement Survey		
	Number	Percentage		Number	Percentage	
		Men	Women		Men	Women
Basic Sciences						
Anatomy	1,452	63.6%	36.4%	70	65.7%	34.3%
Biochemistry	2,487	70.1%	29.9%	162	69.1%	30.9%
Microbiology	1,978	65.1%	34.9%	186	66.1%	33.9%
Pharmacology	1,957	68.3%	31.7%	162	69.1%	30.9%
Physiology	1,461	70.2%	29.8%	143	67.1%	32.9%
Other Basic Sciences	8,888	60.3%	39.7%	1,118	56.4%	43.6%
Subtotal	18,223	64.1%	35.9%	1,841	60.8%	39.2%
Clinical						
Anesthesiology	9,225	63.7%	36.3%	682	59.5%	40.5%
Dermatology	1,550	47.3%	52.7%	111	40.5%	59.5%
Emergency Medicine	5,874	61.7%	38.3%	493	59.4%	40.6%
Family Medicine	5,929	46.6%	53.4%	505	45.5%	54.5%
Internal Medicine	44,134	58.6%	41.4%	2,623	58.4%	41.6%
Neurology	6,334	57.9%	42.1%	496	56.9%	43.1%
Obstetrics and Gynecology	6,599	34.0%	66.0%	508	36.2%	63.8%
Ophthalmology	3,138	59.7%	40.3%	182	60.4%	39.6%
Orthopedic Surgery	4,234	79.5%	20.5%	298	77.9%	22.1%
Otolaryngology	2,348	63.7%	36.3%	195	59.5%	40.5%
Pathology	6,197	56.2%	43.8%	474	54.0%	46.0%
Pediatrics	24,072	40.1%	59.9%	1,802	37.2%	62.8%
Physical Medicine and Rehabilitation	1,799	51.3%	48.7%	132	47.7%	52.3%
Psychiatry	11,524	45.3%	54.7%	658	42.1%	57.9%
Radiology	9,890	70.4%	29.6%	803	67.6%	32.4%
Surgery	16,468	72.8%	27.2%	1,078	71.8%	28.2%
Other Clinical Sciences	5,384	59.0%	41.0%	335	39.7%	60.3%
Subtotal	164,753	56.4%	43.6%	11,375	54.0%	46.0%
Total	182,976	57.2%	42.8%	13,216	55.0%	45.0%

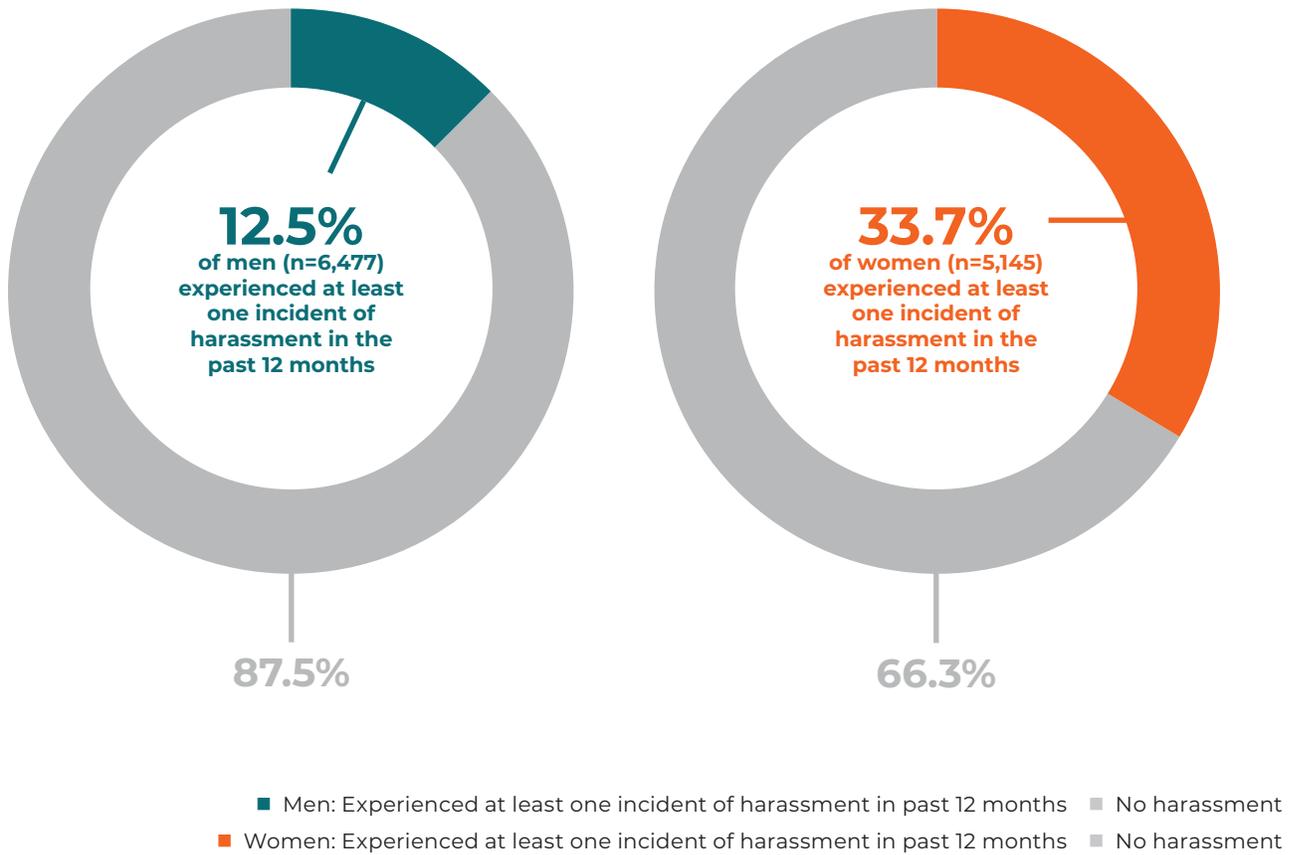
Note: The AAMC Faculty Roster data for "Pathology (Basic Science)" and "Pathology (Clinical)" were combined for this table because StandPoint Surveys use an aggregated department, "Pathology," for benchmarking purposes. This table excludes 201 faculty with missing gender data.

Sources: AAMC Faculty Roster data are from the Dec. 31, 2020, snapshot as of Dec. 31, 2020, of Table 13. U.S. Medical School Faculty by Gender, Rank, and Department, 2020. StandPoint Faculty Engagement Survey data were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 1. Faculty experiencing sexual harassment in the past 12 months, by gender.

Women faculty were about three and a half times more likely than men to have experienced harassment, with 33.7% of women experiencing at least one incident of harassment in the past 12 months.

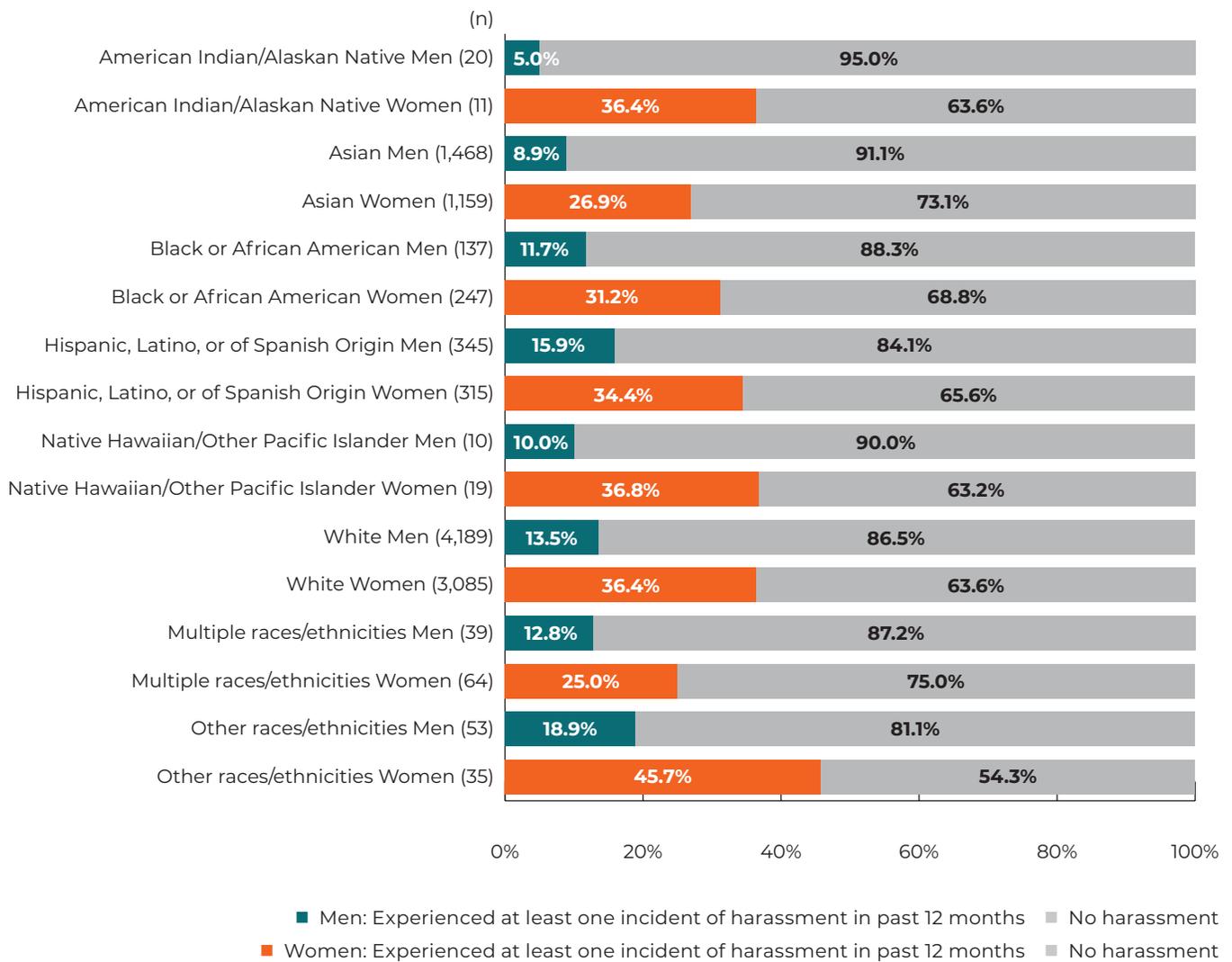


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 2. Faculty experiencing sexual harassment in the past 12 months, by gender and race/ethnicity.

Among different racial/ethnic groups, both men and women who identified themselves as an "Other races/ethnicities" reported experiencing significantly higher rates of harassment than other groups. Of all men faculty, men of "Other races/ethnicities" experienced the most harassment (18.9%), followed by men identifying as Hispanic, Latino, or of Spanish Origin (15.9%) and White (13.5%). Women of "Other races/ethnicities" experienced the most harassment among all women (45.7%), followed by Native Hawaiian/Other Pacific Islander women (36.8%) and White women (36.4%). Asian women faculty reported the lowest rates of harassment among women (26.9%), with Black or African American and Hispanic, Latino, or of Spanish Origin women reporting rates similar to the average for all women (31.2% and 34.4%, respectively).



Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 3. Faculty experiencing sexual harassment in the past 12 months, by gender and sexual orientation.

Comparisons of faculty by sexual orientation showed that a larger percentage of LGB+ faculty experienced harassment than their straight/heterosexual colleagues. Of LGB+ women, 41.8% experienced harassment compared with 33.2% of straight/heterosexual women, and of LGB+ men, 21.3% experienced harassment compared with 12.4% of straight/heterosexual men.

Note: This analysis uses the abbreviation “LGB+” because the survey question focuses only on sexual orientation and not gender identity (e.g., transgender or gender-nonconforming faculty).

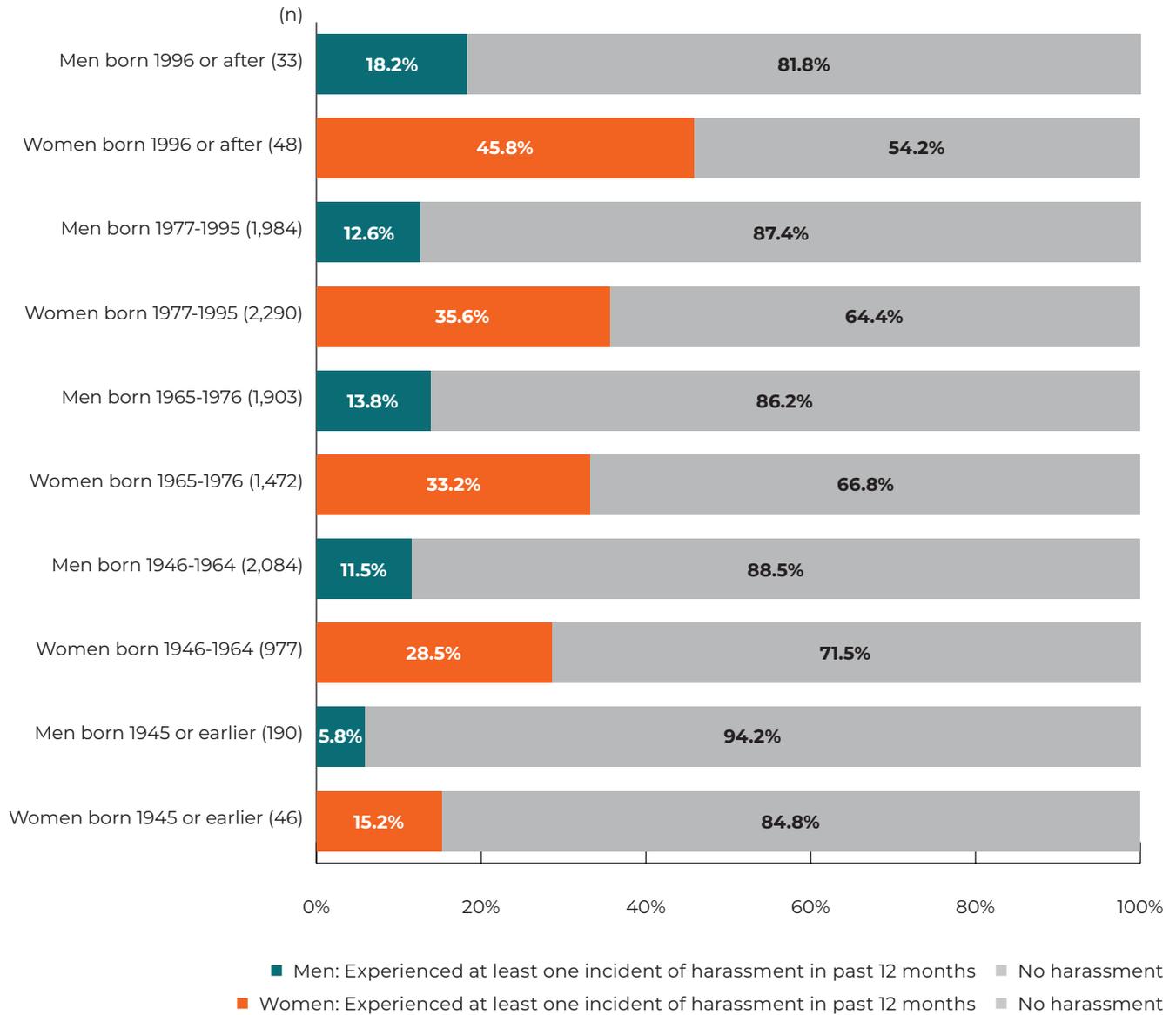


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 4. Faculty experiencing sexual harassment in the past 12 months, by gender and age.

Younger women faculty reported experiencing more harassment than older women, and rates increased with each younger age group. Of women born after 1995, 45.8% experienced harassment compared with 15.2% of women born before 1946.

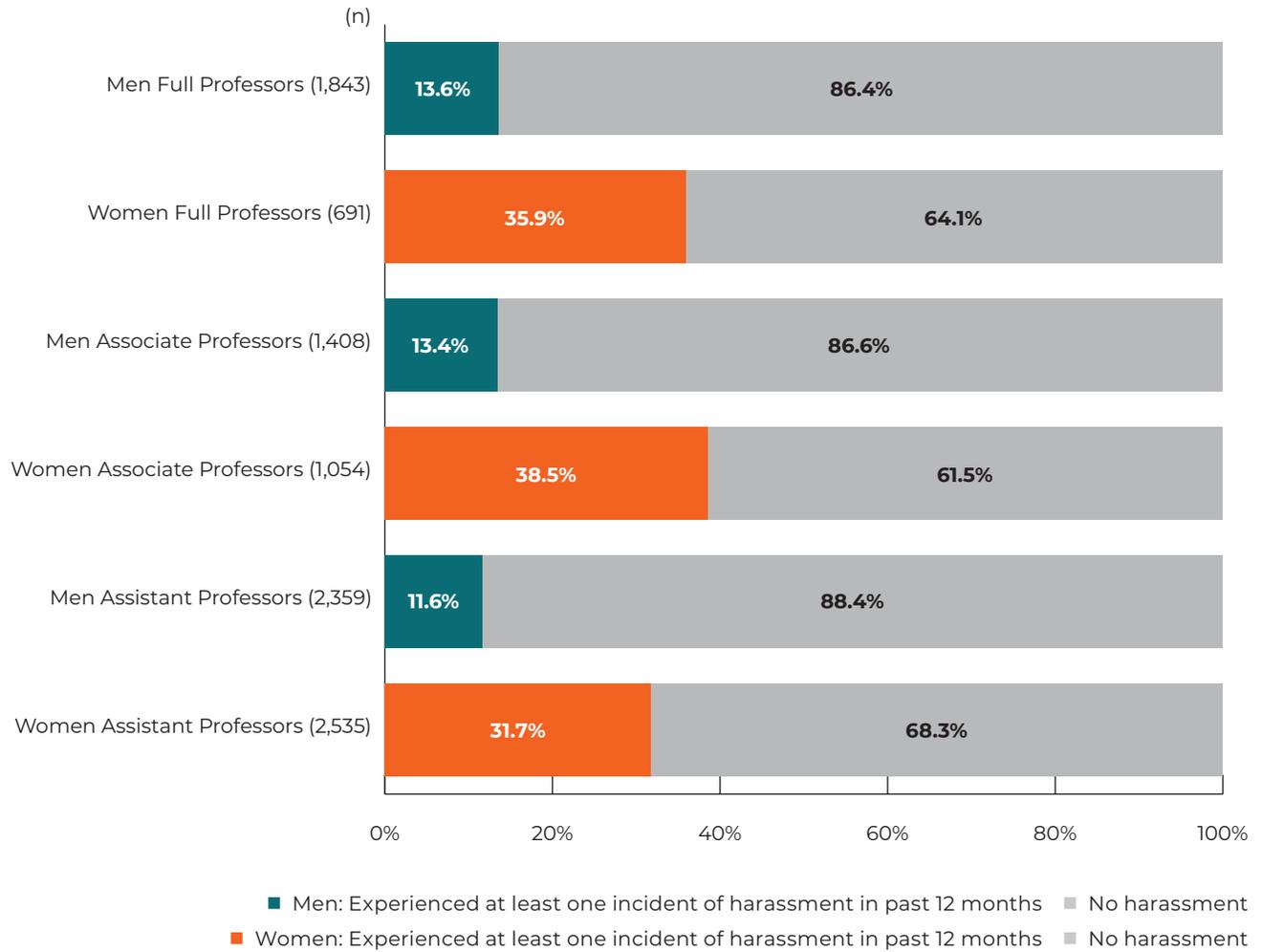


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 5. Faculty experiencing sexual harassment in the past 12 months, by gender and rank.

Women associate professors reported experiencing more harassment than men and women at other ranks (38.5%). A smaller percentage of both men and women assistant professors experienced harassment compared with men and women at other ranks.

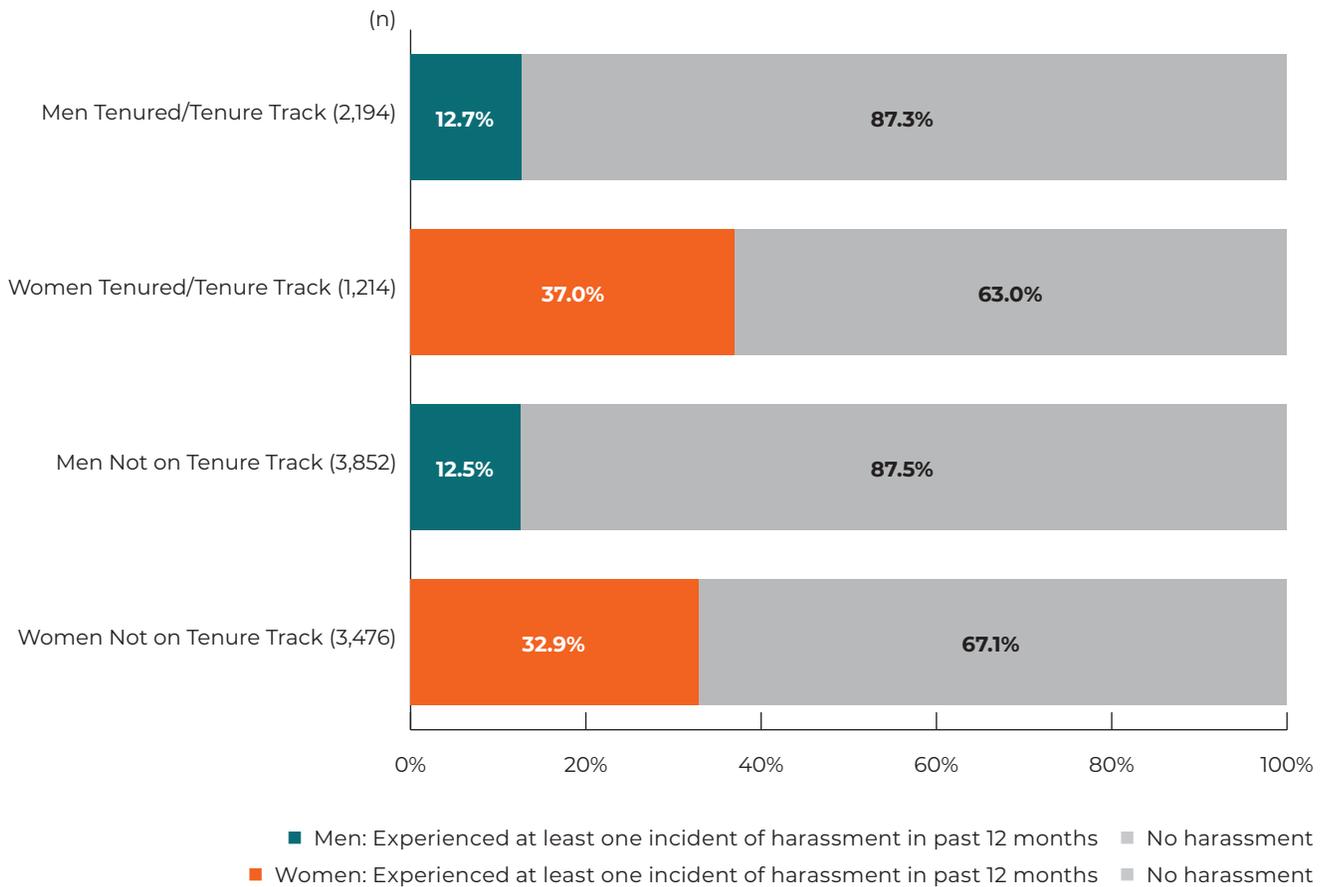


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 6. Faculty experiencing sexual harassment in the past 12 months, by gender and tenure track.

Women faculty who were tenured or on a tenure track reported experiencing harassment at a slightly higher rate than women who were not on a tenure track (37.0% vs. 32.9%).

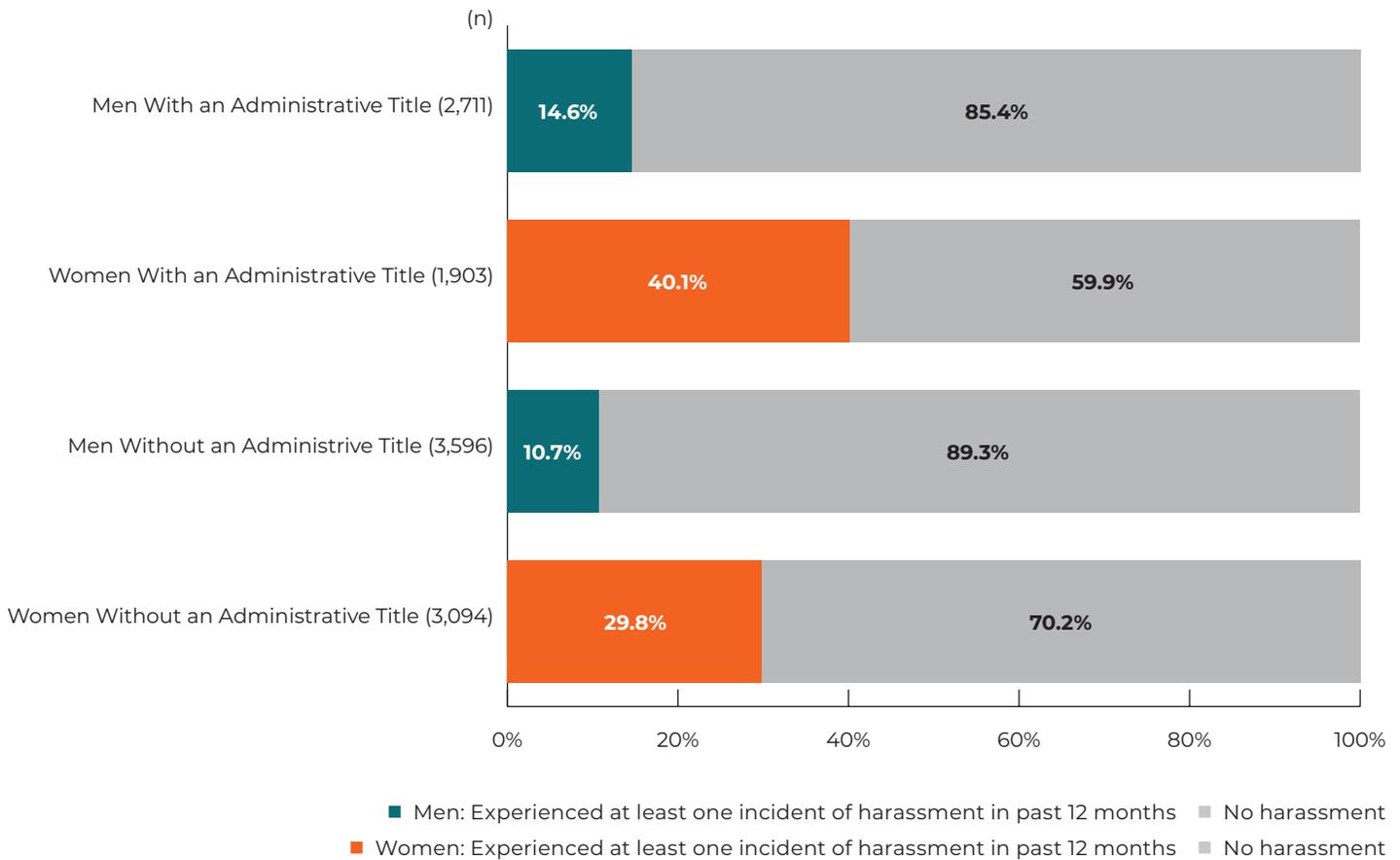


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

EXPERIENCES OF SEXUAL HARASSMENT AMONG FACULTY

FIGURE 7. Faculty experiencing sexual harassment in the past 12 months, by gender and administrative title.

A larger percentage of both men and women with an administrative title experienced harassment than those without an administrative title. For example, 40.1% of women with an administrative title experienced harassment compared with 29.8% of those without an administrative title.

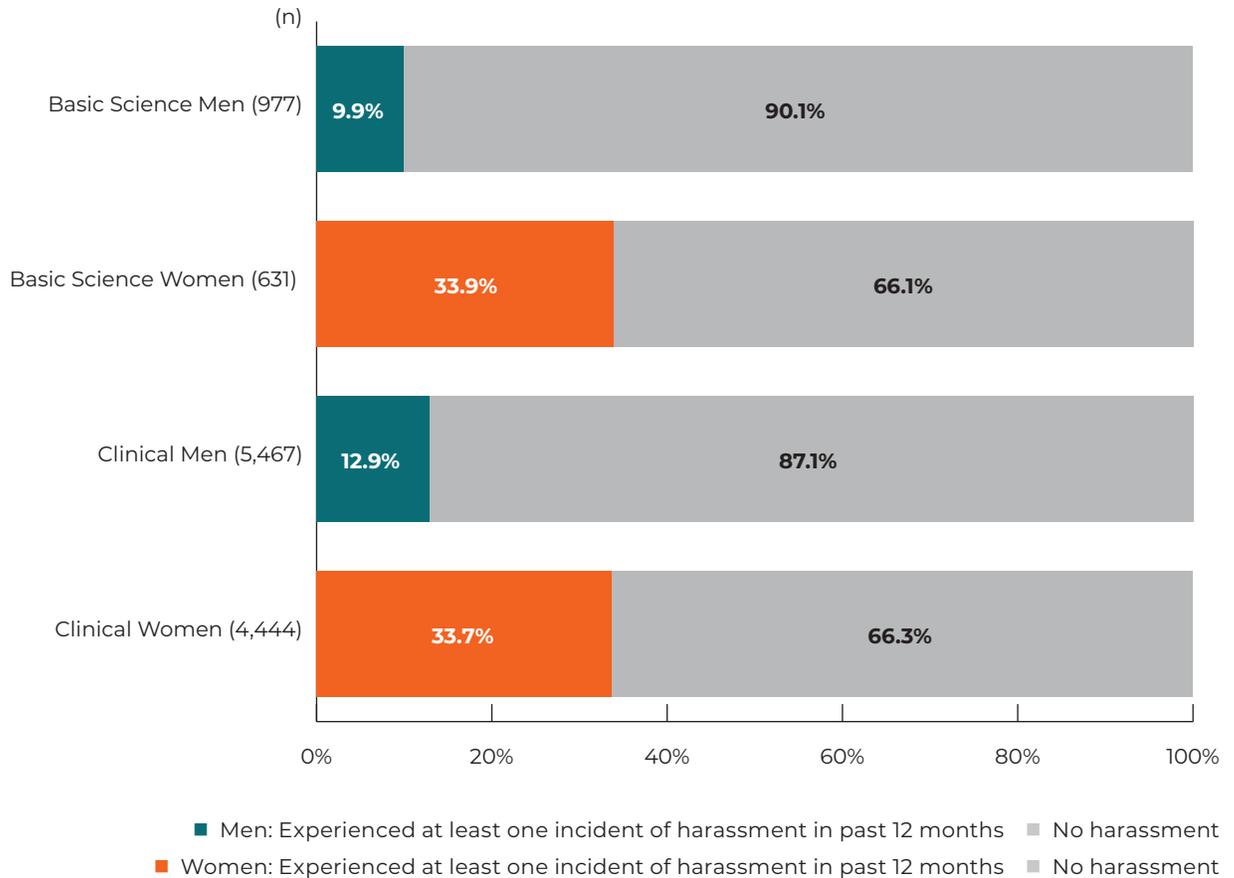


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 8. Faculty experiencing sexual harassment in the past 12 months, by gender and basic science or clinical department type.

Compared with men in basic science departments, a slightly higher percentage of men in clinical departments reported experiencing harassment (9.9% vs. 12.9%). The percentages of women in basic science and clinical departments who reported experiencing harassment were about the same (33.9% vs. 33.7%).

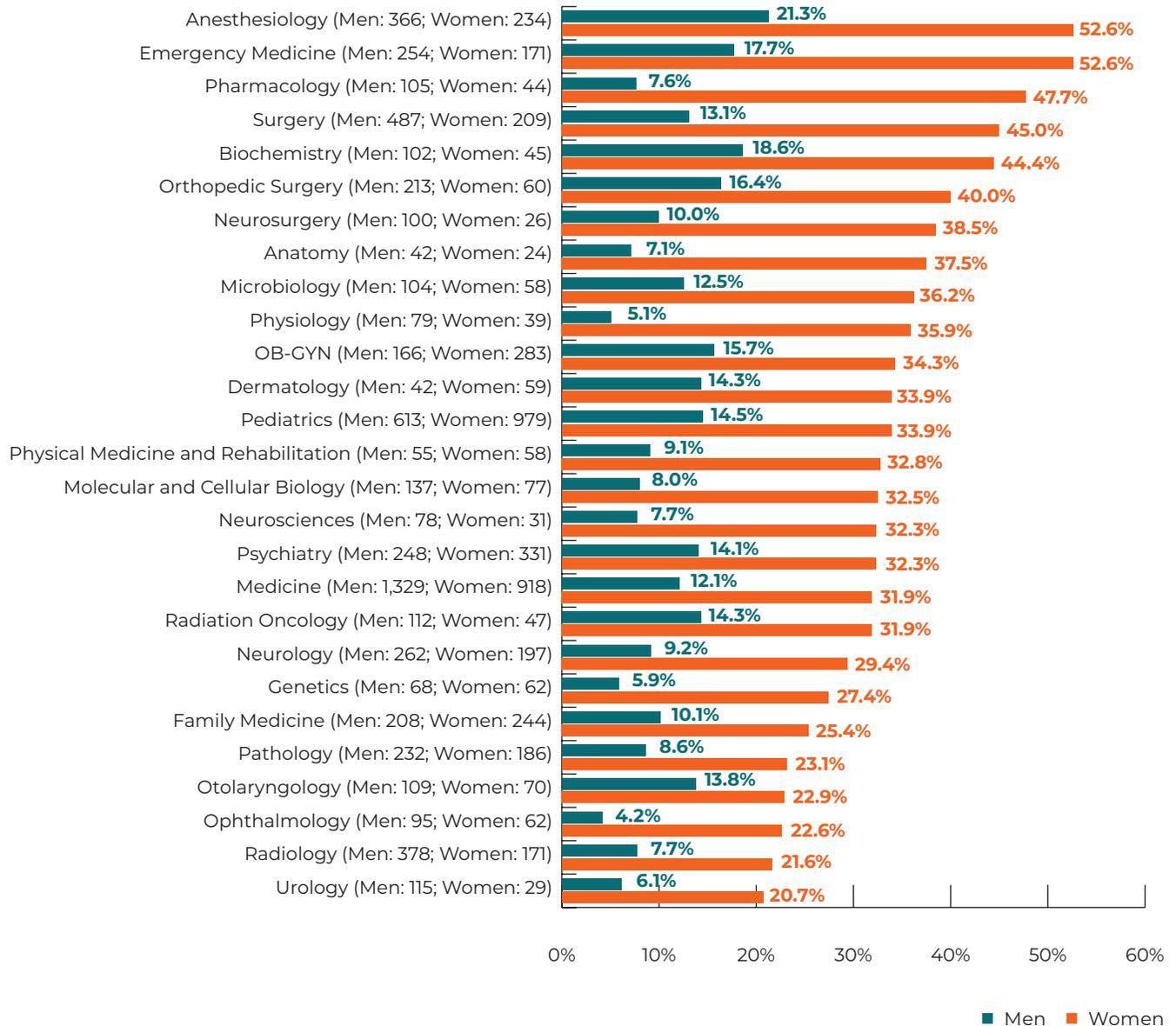


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 9. Faculty experiencing sexual harassment in the past 12 months, by gender and department.

Anesthesiology faculty had the largest proportions of reported harassment experiences in the past 12 months among both men (21.3%) and women (52.6%). Similarly, 52.6% of women in emergency medicine departments reported experiencing harassment. Pharmacology faculty reported the largest gender differences in harassment experiences: 7.6% of men and 47.7% of women.

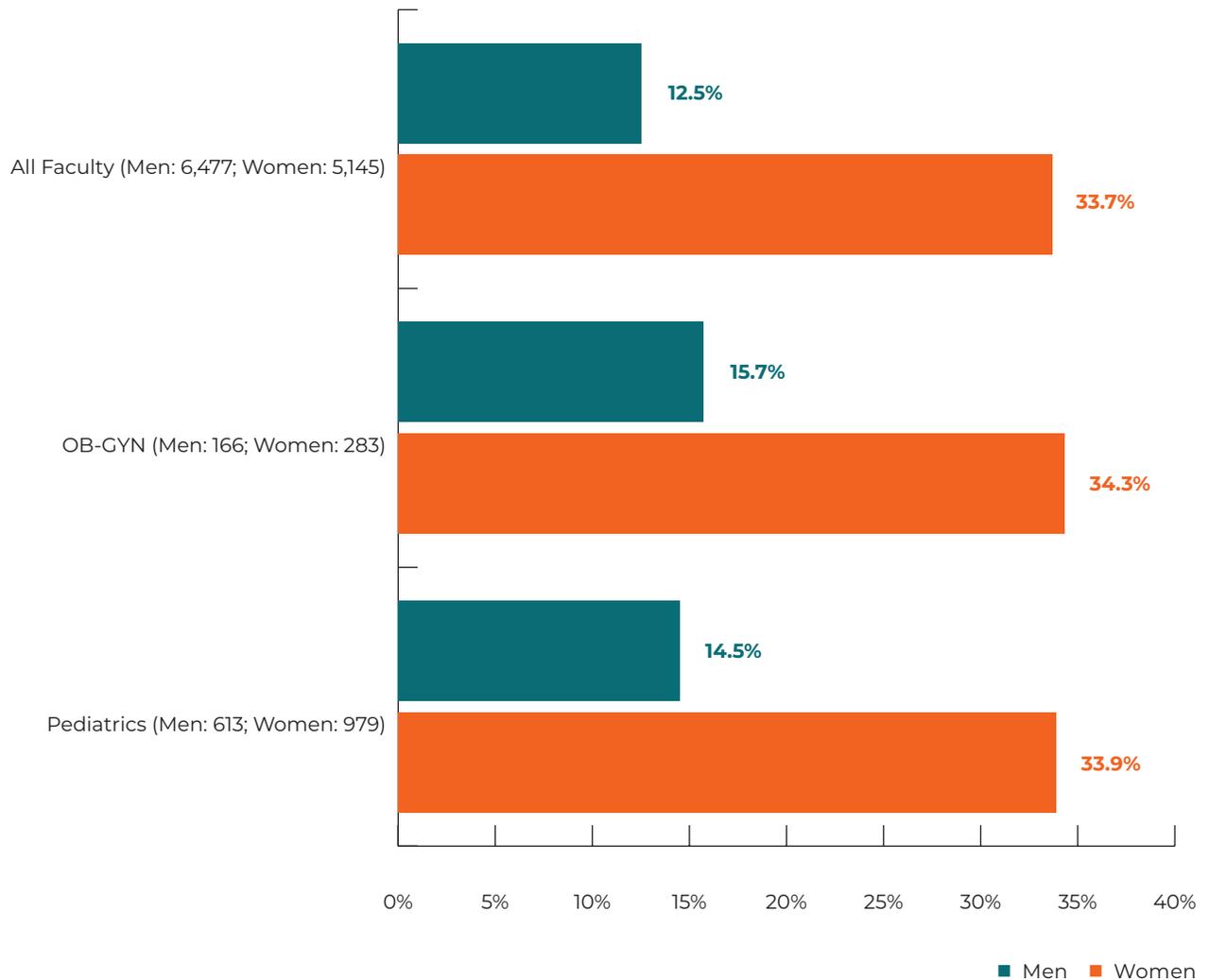


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 10. Faculty experiencing sexual harassment in the past 12 months, by gender and OB-GYN and pediatrics departments.

Even among the departments with the highest proportions of women faculty according to the Faculty Roster, OB-GYN (66.0% women) and pediatrics (59.9% women), rates of harassment reported by women were similar to the overall average for women, at 34.3% and 33.9%, respectively.

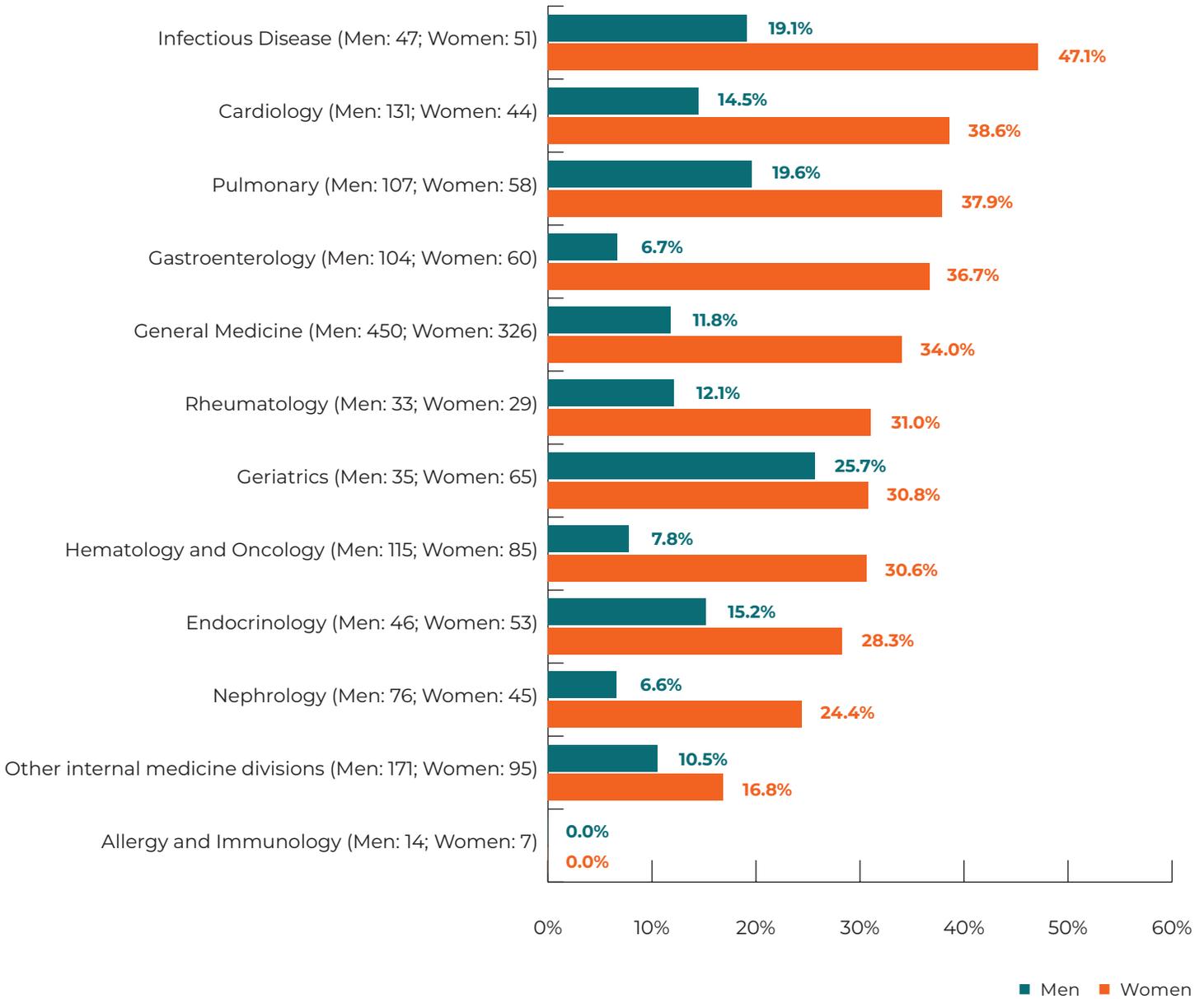


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 11. Faculty experiencing sexual harassment in the past 12 months, by gender and internal medicine division.

In departments of internal medicine, infectious disease divisions had the largest proportion of women who reported experiencing harassment (47.1%), and geriatrics had the largest proportion of men experiencing harassment (25.7%). Additionally, the largest gender differences were found in gastroenterology, where 6.7% of men compared with 36.7% of women reported experiencing harassment.

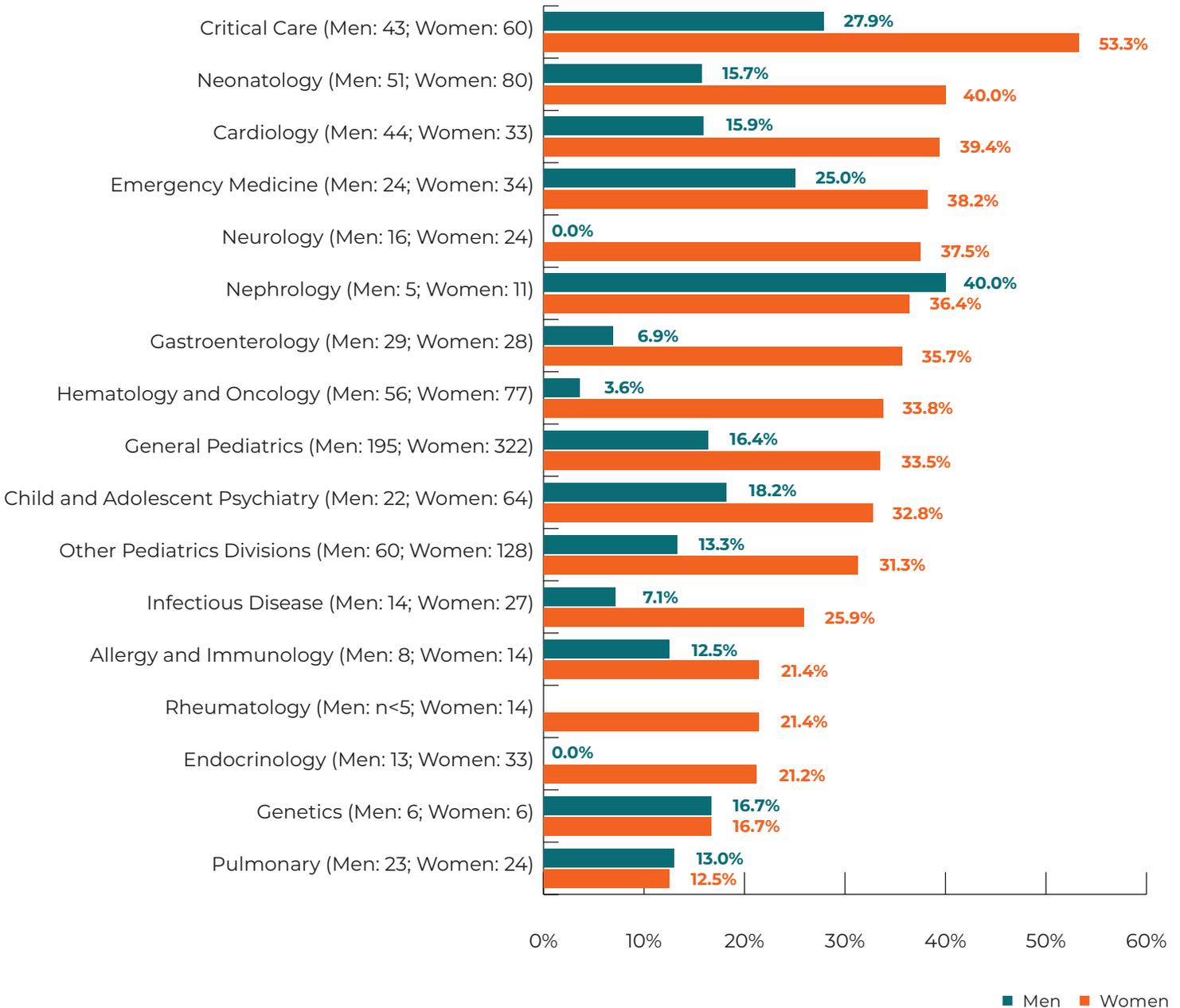


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

| SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 12. Faculty experiencing sexual harassment in the past 12 months, by gender and pediatrics division.

Within departments of pediatrics, critical care divisions had the largest percentage of women faculty reporting experiencing harassment, at 53.3%. Among men faculty, those in divisions of nephrology reported experiencing the most harassment (40.0%). The largest gender differences were found in neurology, with 0.0% of men and 37.5% of women reporting experiencing harassment.

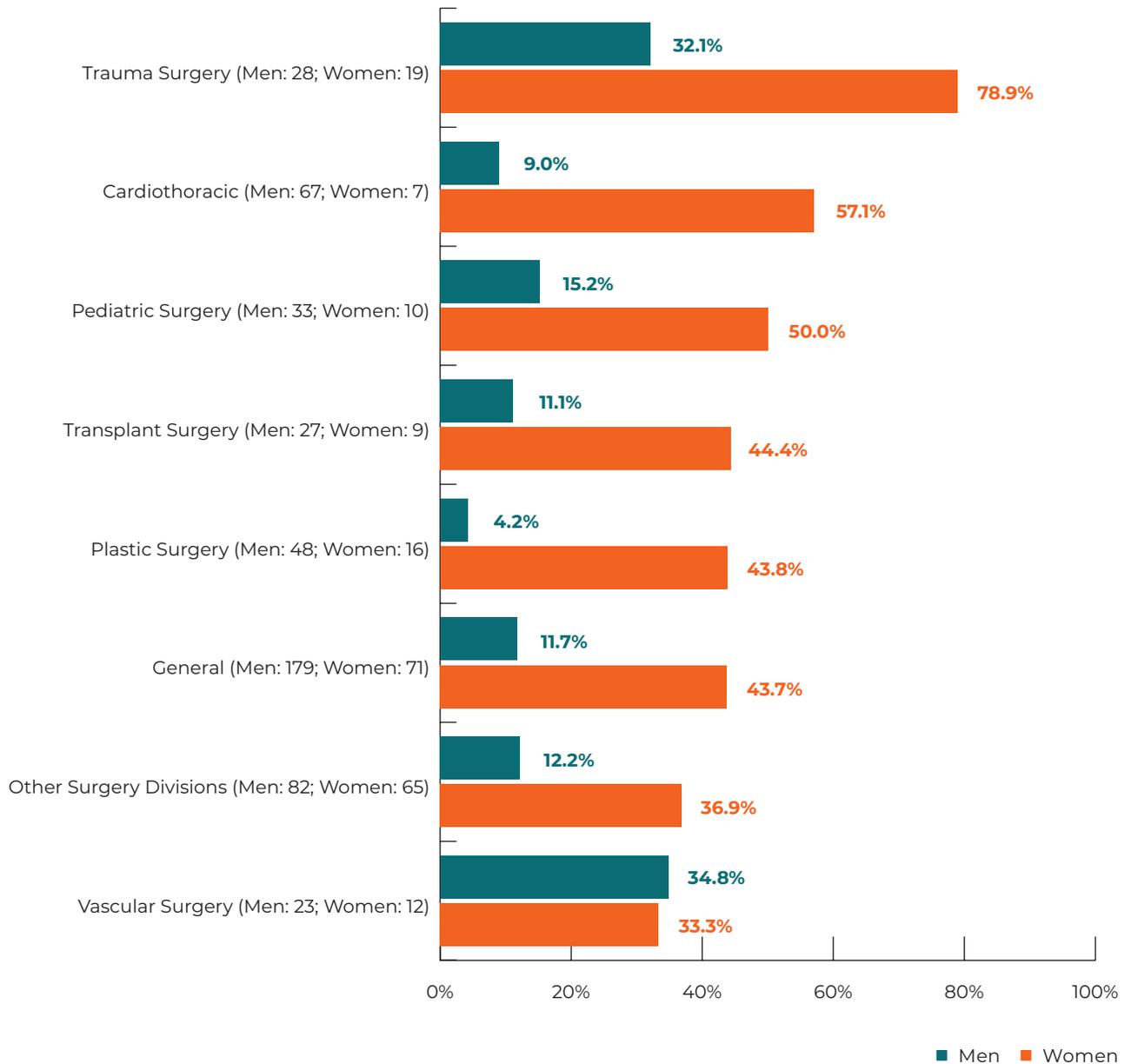


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT OF FACULTY ACROSS DEPARTMENTS

FIGURE 13. Faculty experiencing sexual harassment in the past 12 months, by gender and surgery division.

Among divisions within departments of surgery, trauma surgery had the largest percentage of women reporting experiencing harassment (78.9%), and vascular surgery had the largest percentage of men reporting experiencing harassment (34.8%). The largest gender differences were in divisions of cardiothoracic surgery, with 9.0% of men and 57.1% of women reporting experiencing harassment.



Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FACULTY EXPERIENCES OF FIVE SEXUAL HARASSMENT BEHAVIORS

Table 3. Faculty Experiences of Five Sexual Harassment Behaviors, by Gender, Department Type, Race/Ethnicity, and Rank

Among harassment behaviors, putdowns or condescension because of one’s gender (24.0%) and telling offensive sexist stories or jokes (19.7%) were the most common types of harassment women faculty reported experiencing (Table 3). The telling of offensive sexist stories or jokes was the most common sexual harassment behavior men reported experiencing (9.6%).

Demographic Group (number)	Experienced at least one incident of this harassment behavior in the past 12 months (% of group)				
	Tell sexist stories or jokes that were offensive to you	Make offensive remarks about your appearance, body, or sexual activities	Refer to people of your gender in offensive, insulting, or vulgar terms	Put you down or acted in a condescending way toward you because of your gender	Send offensive messages based on your gender or show you obscene images
All Faculty					
Men (6,571)	9.6%	3.0%	3.6%	2.8%	0.8%
Women (5,196)	19.7%	7.4%	12.0%	24.0%	1.4%
Department Type					
Basic Science Men (989)	7.6%	2.3%	2.5%	1.5%	0.7%
Basic Science Women (640)	18.9%	7.0%	9.4%	23.1%	0.6%
Clinical Men (5,549)	10.0%	3.2%	3.8%	3.0%	0.8%
Clinical Women (4,484)	19.8%	7.5%	12.3%	24.0%	1.4%
Race/Ethnicity					
American Indian/Alaskan Native Men (20)	0.0%	0.0%	0.0%	5.0%	0.0%
American Indian/Alaskan Native Women (12)	33.3%	8.3%	25.0%	16.7%	9.1%
Asian Men (1,491)	7.2%	2.6%	2.6%	2.1%	0.9%
Asian Women (1,173)	16.6%	5.1%	9.3%	19.0%	0.9%
Black or African American Men (139)	10.1%	3.6%	0.7%	1.4%	0.0%
Black or African American Women (247)	21.9%	6.9%	9.3%	19.8%	0.8%
Hispanic, Latino, or Spanish Origin Men (350)	11.1%	5.4%	4.9%	4.9%	1.4%
Hispanic, Latino, or Spanish Origin Women (318)	20.1%	7.2%	11.0%	22.6%	1.3%
Native Hawaiian/Other Pacific Islander Men (11)	0.0%	0.0%	9.1%	10.0%	0.0%
Native Hawaiian/Other Pacific Islander Women (19)	21.1%	15.8%	10.5%	22.2%	5.3%
White Men (4,244)	10.5%	3.0%	3.8%	2.9%	0.8%
White Women (3,112)	21.0%	8.4%	13.3%	26.3%	1.5%

(continued)

FACULTY EXPERIENCES OF FIVE SEXUAL HARASSMENT BEHAVIORS

Table 3. Faculty Experiences of Five Sexual Harassment Behaviors, by Gender, Department Type, Race/Ethnicity, and Rank (continued)

Demographic Group (number)	Experienced at least one incident of this harassment behavior in the past 12 months (% of group)				
	Tell sexist stories or jokes that were offensive to you	Make offensive remarks about your appearance, body, or sexual activities	Refer to people of your gender in offensive, insulting, or vulgar terms	Put you down or acted in a condescending way toward you because of your gender	Send offensive messages based on your gender or show you obscene images
Multiple Races/Ethnicities Men (42)	7.1%	4.8%	4.8%	4.9%	0.0%
Multiple Races/Ethnicities Women (64)	17.2%	7.8%	12.5%	15.9%	0.0%
Other Races/Ethnicities Men (55)	12.7%	1.8%	9.4%	1.9%	1.9%
Other Races/Ethnicities Women (35)	14.3%	8.6%	11.4%	45.7%	0.0%
Rank					
Full Professors Men (1,862)	10.7%	3.0%	3.7%	2.8%	1.1%
Full Professors Women (698)	20.9%	5.9%	13.3%	25.8%	1.2%
Associate Professors Men (1,433)	10.3%	3.1%	3.8%	3.0%	0.6%
Associate Professors Women (1,060)	23.4%	7.7%	15.6%	27.4%	0.9%
Assistant Professors Men (2,398)	8.9%	3.3%	3.8%	2.8%	0.9%
Assistant Professors Women (2,564)	18.5%	8.1%	10.6%	22.2%	1.5%

Note: Faculty counts in this table differ from counts in the figures because they reflect the number of individuals who answered the question about whether or not they experienced the "telling of sexist stories or jokes that were offensive." The aggregated harassment score in the figures assesses behaviors across the five harassment questions, and individuals may or may not have provided responses to each question.

Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FACULTY EXPERIENCES OF FIVE SEXUAL HARASSMENT BEHAVIORS

Table 4. Faculty Experiences of Five Sexual Harassment Behaviors, by Gender and Department

Across departments with the highest rates of harassment among women, there were also higher rates of women reporting experiencing harassment behaviors that were less common across all faculty. For example, 37.9% of women in anesthesiology reported experiencing offensive, insulting, or vulgar terms expressed about people of their gender (Table 4), compared with 12.0% across all women faculty (Table 3). And 37.9% was also the proportion of women in anesthesiology who reported experiencing putdowns and condescension, the most frequently experienced type of harassment behavior across all women faculty (Table 4).

Department and Gender (number)		Experienced at least one incident of sexual harassment behavior in the past 12 months (% of group)				
		Tell sexist stories or jokes that were offensive to you	Make offensive remarks about your appearance, body, or sexual activities	Refer to people of your gender in offensive, insulting, or vulgar terms	Put you down or acted in a condescending way toward you because of your gender	Send offensive messages based on your gender or show you obscene images
Anatomy	Men (42)	7.1%	0.0%	4.8%	0.0%	0.0%
	Women (24)	20.8%	4.2%	12.5%	33.3%	4.2%
Anesthesiology	Men (369)	16.3%	5.4%	5.7%	5.7%	1.4%
	Women (235)	35.7%	13.6%	37.9%	37.9%	4.3%
Biochemistry	Men (103)	14.6%	4.9%	3.9%	3.9%	1.9%
	Women (45)	26.7%	17.8%	31.1%	31.1%	0.0%
Dermatology	Men (42)	9.5%	7.1%	2.4%	2.4%	0.0%
	Women (59)	27.1%	5.1%	22.0%	22.0%	1.7%
Emergency Medicine	Men (257)	14.4%	4.3%	3.1%	3.1%	1.9%
	Women (170)	37.1%	16.3%	39.2%	39.2%	3.5%
Family Medicine	Men (209)	6.7%	2.4%	4.3%	4.3%	1.4%
	Women (245)	15.5%	8.1%	14.7%	14.7%	0.4%
Genetics	Men (68)	4.4%	2.9%	0.0%	0.0%	1.5%
	Women (63)	17.5%	4.8%	17.5%	17.5%	0.0%
Medicine	Men (1,355)	9.8%	3.0%	2.4%	2.4%	1.0%
	Women (930)	17.4%	6.8%	24.1%	24.1%	1.0%
Microbiology	Men (105)	10.5%	3.8%	1.0%	1.0%	1.0%
	Women (59)	18.6%	8.5%	27.6%	27.6%	0.0%
Molecular and Cellular Biology	Men (141)	5.7%	2.1%	1.4%	1.4%	0.7%
	Women (76)	17.1%	6.6%	26.0%	26.0%	1.3%
Neurology	Men (267)	6.7%	2.2%	3.4%	3.4%	0.8%
	Women (198)	15.2%	6.6%	19.9%	19.9%	2.0%
Neurosciences	Men (79)	5.1%	1.3%	5.1%	5.1%	0.0%
	Women (33)	18.2%	3.1%	22.6%	22.6%	0.0%

(continued)

FACULTY EXPERIENCES OF FIVE SEXUAL HARASSMENT BEHAVIORS

Table 4. Faculty Experiences of Five Sexual Harassment Behaviors, by Gender and Department (continued)

Department and Gender (number)		Experienced at least one incident of sexual harassment behavior in the past 12 months (% of group)				
		Tell sexist stories or jokes that were offensive to you	Make offensive remarks about your appearance, body, or sexual activities	Refer to people of your gender in offensive, insulting, or vulgar terms	Put you down or acted in a condescending way toward you because of your gender	Send offensive messages based on your gender or show you obscene images
Neurosurgery	Men (102)	9.8%	1.0%	1.0%	1.0%	0.0%
	Women (26)	30.8%	15.4%	30.8%	30.8%	3.8%
OB-GYN	Men (170)	10.6%	1.2%	6.6%	6.6%	0.6%
	Women (285)	22.1%	7.4%	21.2%	21.2%	2.5%
Ophthalmology	Men (97)	4.1%	0.0%	0.0%	0.0%	0.0%
	Women (62)	9.7%	1.6%	14.5%	14.5%	0.0%
Orthopedic Surgery	Men (217)	14.3%	4.6%	4.2%	4.2%	1.9%
	Women (61)	29.5%	4.9%	26.2%	26.2%	0.0%
Otolaryngology	Men (110)	10.0%	5.5%	0.0%	0.0%	0.0%
	Women (72)	15.3%	4.2%	18.1%	18.1%	0.0%
Pathology	Men (233)	6.4%	2.1%	2.1%	2.1%	0.9%
	Women (188)	11.2%	4.3%	18.7%	18.7%	1.1%
Pediatrics	Men (623)	10.6%	3.0%	4.2%	4.2%	0.2%
	Women (993)	18.5%	6.3%	25.2%	25.2%	1.2%
Pharmacology	Men (105)	7.6%	1.9%	1.0%	1.0%	1.0%
	Women (45)	22.2%	4.4%	35.6%	35.6%	0.0%
Physical Medicine and Rehabilitation	Men (55)	5.5%	0.0%	1.8%	1.8%	0.0%
	Women (59)	16.9%	10.3%	23.7%	23.7%	3.4%
Physiology	Men (80)	3.8%	1.3%	0.0%	0.0%	0.0%
	Women (40)	25.0%	0.0%	20.0%	20.0%	0.0%
Psychiatry	Men (251)	10.0%	3.2%	4.8%	4.8%	0.4%
	Women (331)	16.6%	6.9%	21.7%	21.7%	1.2%
Radiation Oncology	Men (114)	8.8%	3.5%	2.6%	2.6%	1.8%
	Women (47)	19.1%	10.6%	25.5%	25.5%	0.0%
Radiology	Men (383)	6.3%	2.1%	0.3%	0.3%	0.0%
	Women (174)	12.1%	6.3%	14.9%	14.9%	1.2%
Surgery	Men (495)	10.9%	4.0%	2.8%	2.8%	1.2%
	Women (210)	31.0%	9.5%	32.4%	32.4%	1.0%
Urology	Men (117)	5.1%	1.7%	0.9%	0.9%	0.9%
	Women (29)	10.3%	3.4%	17.2%	17.2%	0.0%

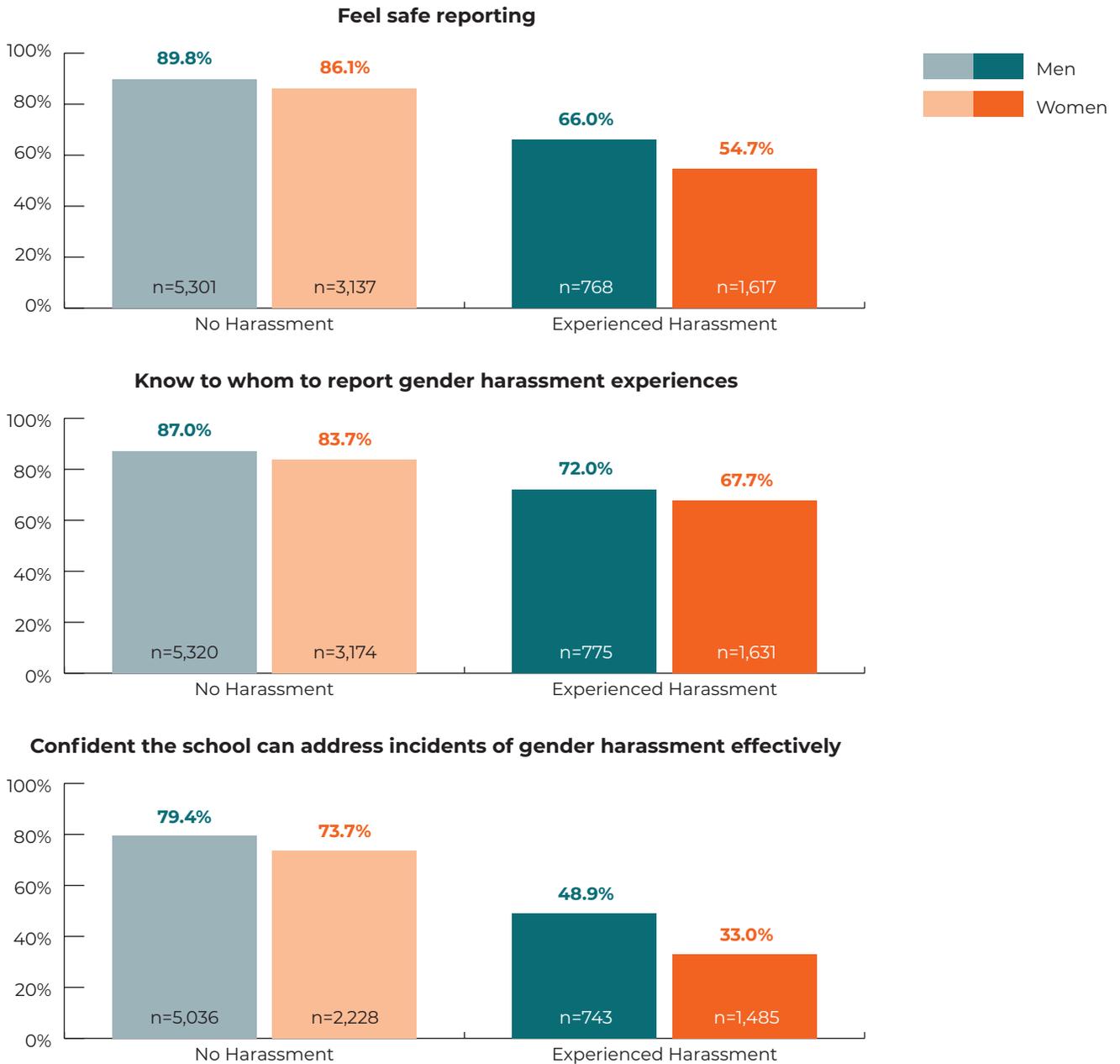
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Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FACULTY KNOWLEDGE OF AND CONFIDENCE IN REPORTING SEXUAL HARASSMENT

FIGURE 14. Faculty perceptions of reporting processes, by gender and whether they experienced sexual harassment.

Compared with faculty who did not experience harassment, far fewer faculty who experienced harassment would feel safe reporting it, knew how to report it, or were confident their school would effectively address reports of harassment. Moreover, these perceptions were more pronounced for women who reported experiencing harassment than for the men who did.

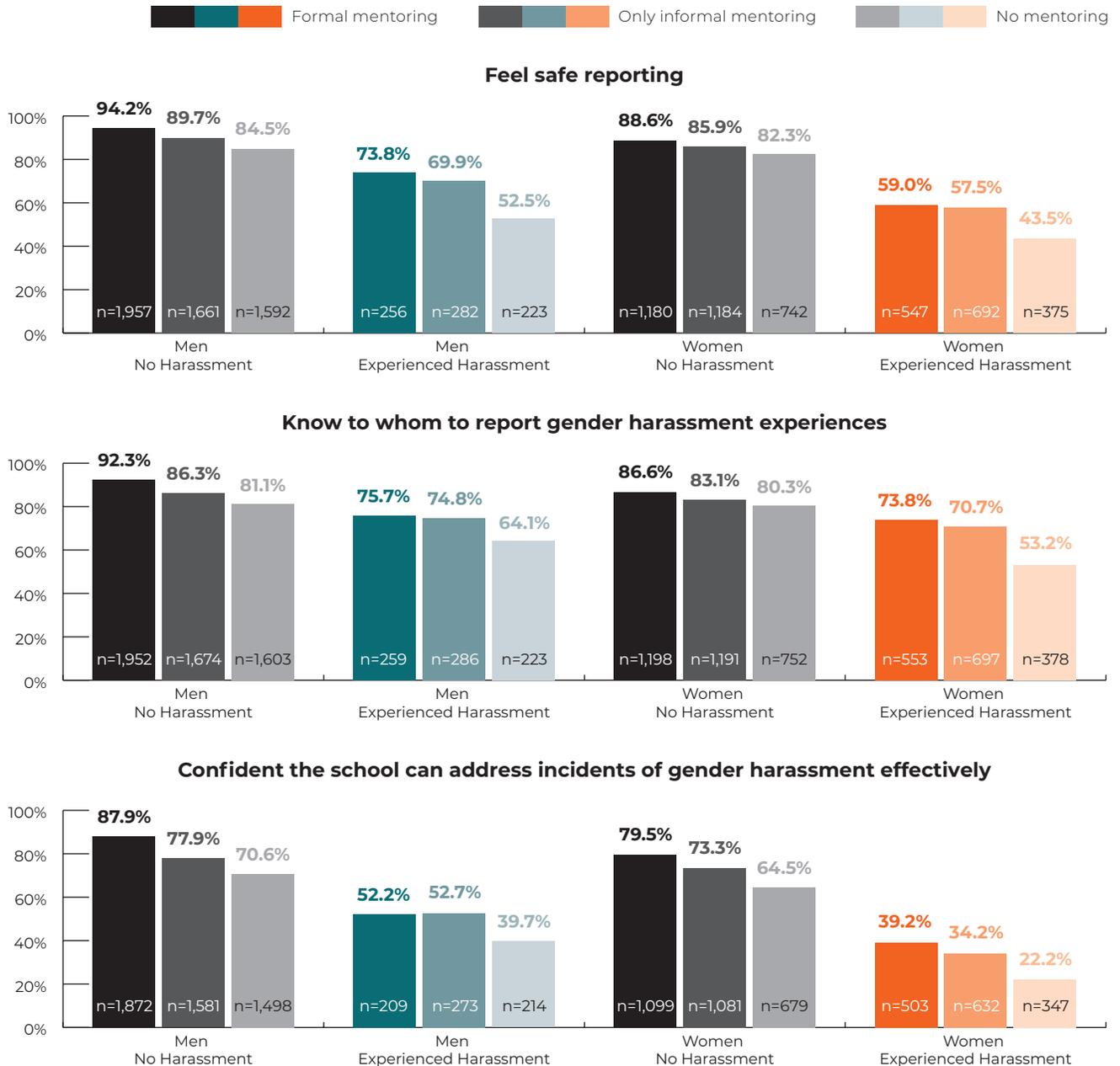


Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FACULTY KNOWLEDGE OF AND CONFIDENCE IN REPORTING SEXUAL HARASSMENT

FIGURE 15. Faculty perceptions of reporting processes, by gender, mentoring status, and whether they experienced sexual harassment.

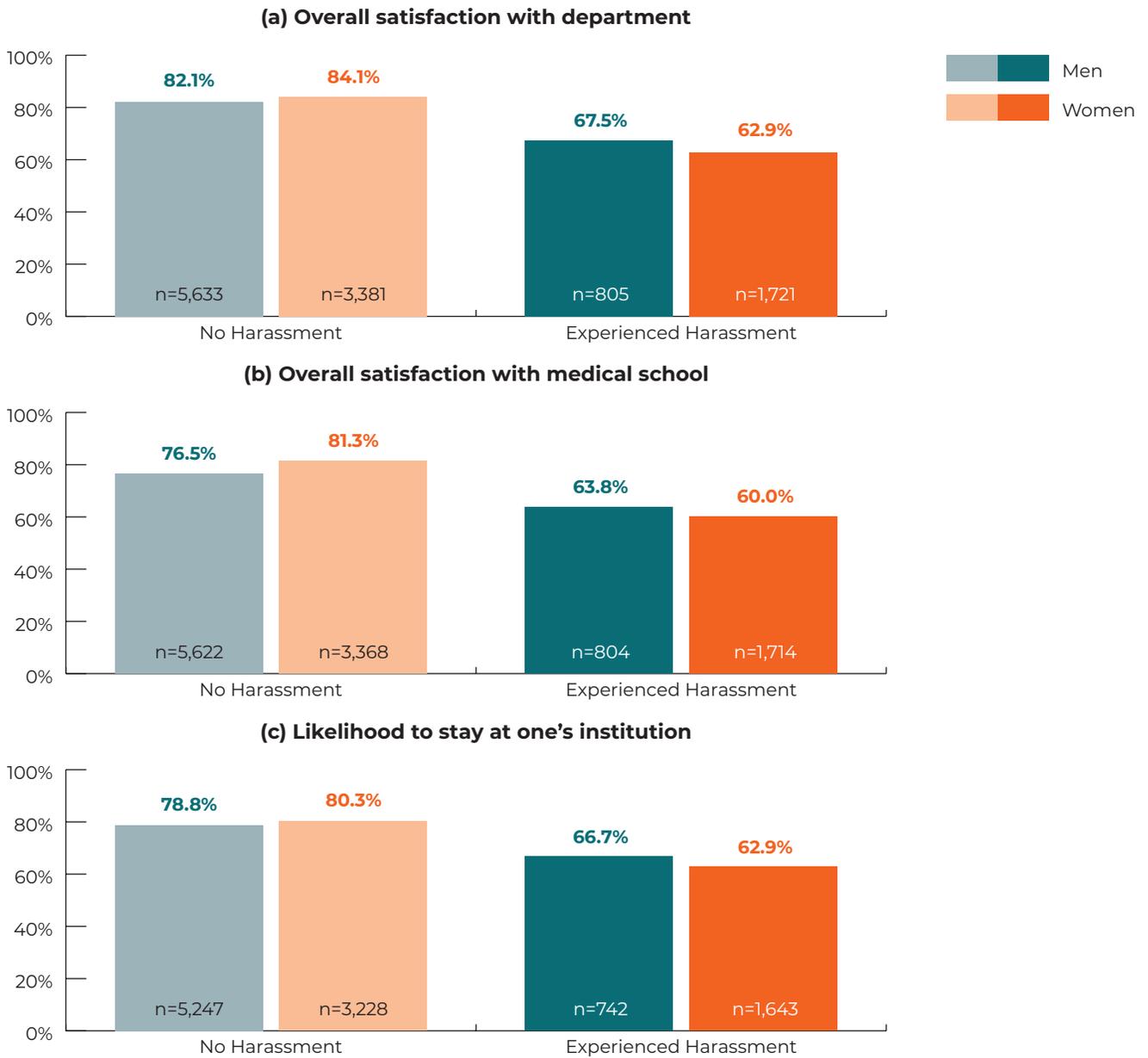
A larger proportion of faculty who received formal mentoring had positive perceptions of reporting processes than did colleagues who only received informal mentoring or no mentoring at all. Among women experiencing harassment, 73.8% of those with formal mentoring, 70.7% of those with only informal mentoring, and 53.2% of those with no mentoring knew to whom to report harassment at their medical school.



Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FIGURE 16. Measures of faculty engagement, by gender and experiences of sexual harassment.

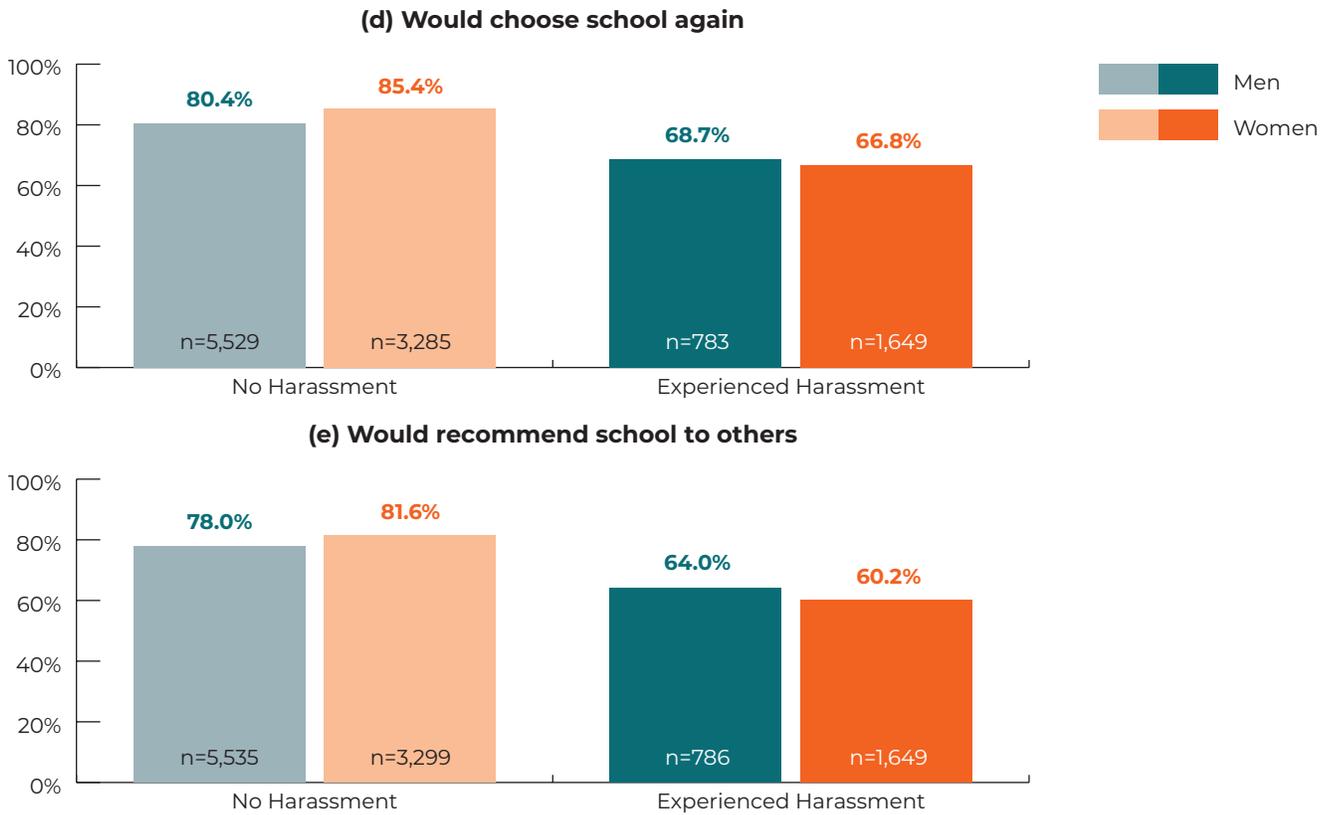
Across all five measures of global engagement, both men and women who reported experiencing harassment reported lower levels of engagement than those who did not report experiencing harassment. Moreover, women who reported experiencing harassment had the lowest engagement across all measures.



(continued)

FIGURE 16. Measures of faculty engagement, by gender and experiences of sexual harassment (continued).

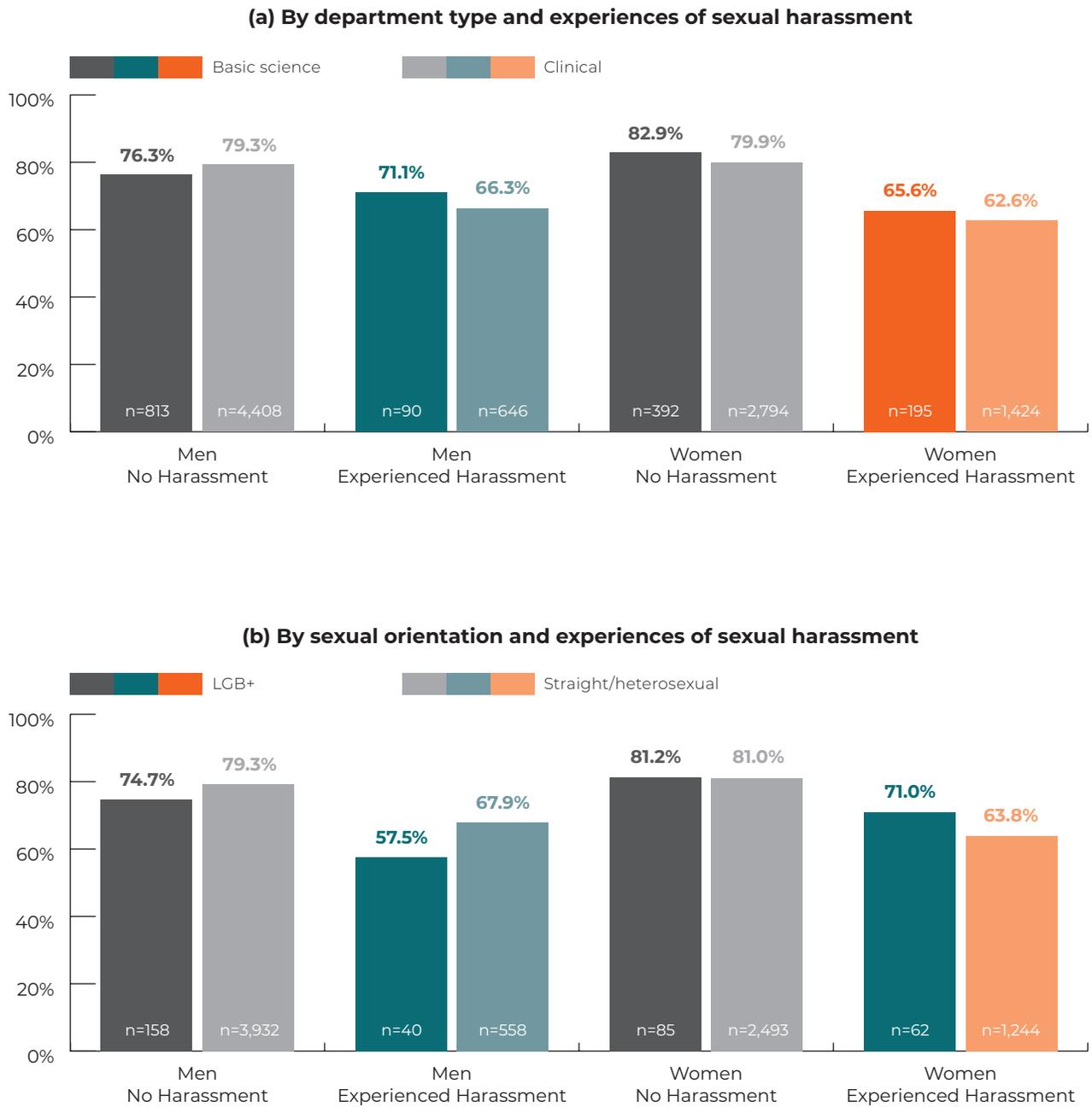
Across all five measures of global engagement, both men and women who reported experiencing harassment reported lower levels of engagement than those who did not report experiencing harassment. Moreover, women who reported experiencing harassment had the lowest engagement across all measures.



Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

FIGURE 17. Retention intentions: Likelihood to stay at school.

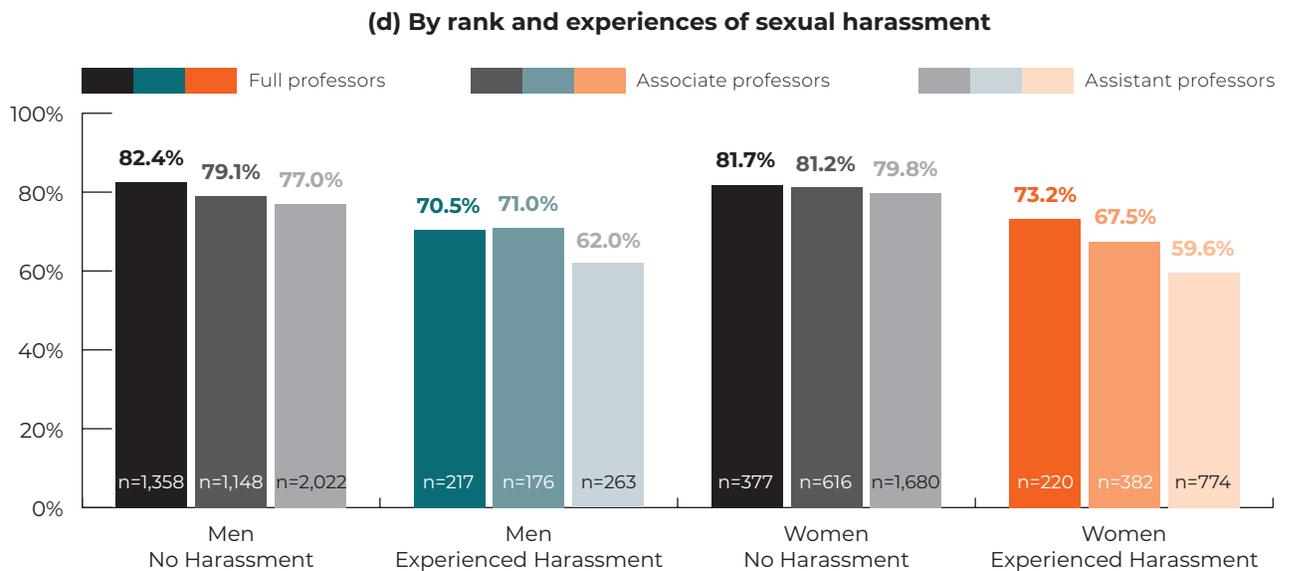
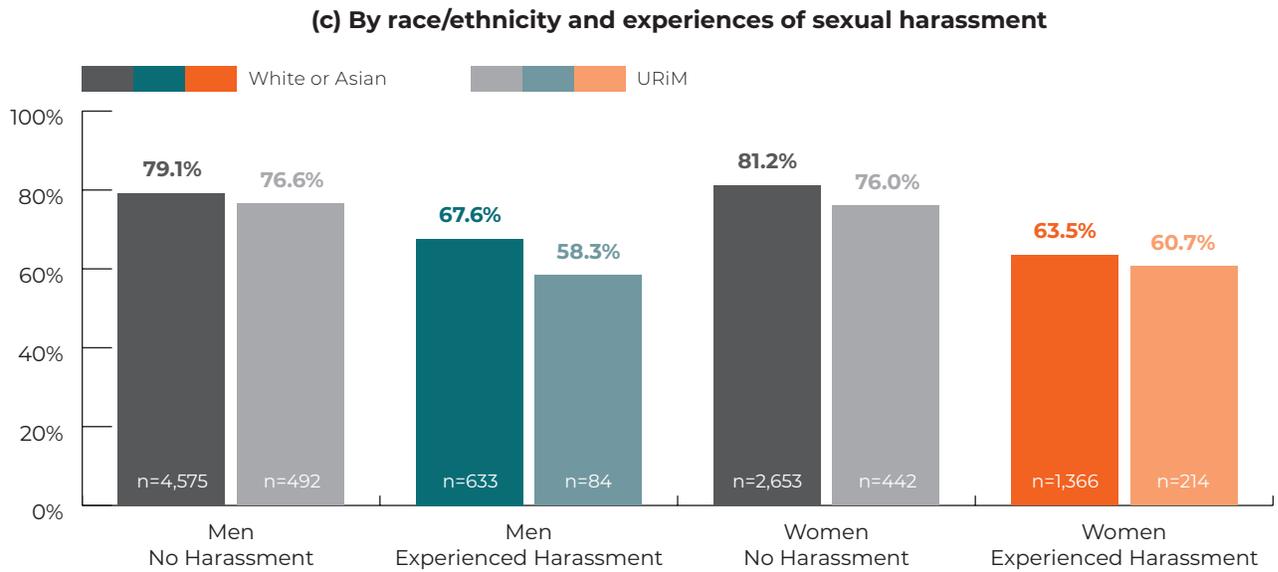
Looking across demographic groups, faculty who experienced harassment were less likely to stay at their institutions than those who did not experience harassment. In some instances, men who experienced harassment were more likely to leave than women.



(continued)

FIGURE 17. Retention intentions: Likelihood to stay at school (continued).

Looking across demographic groups, faculty who experienced harassment were less likely to stay at their institutions than those who did not experience harassment. In some instances, men who experienced harassment were more likely to leave than women.



Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

SEXUAL HARASSMENT AND MEASURES OF FACULTY ENGAGEMENT

Table 5. Percentage Agreeing With Top 10 StandPoint Faculty Engagement Survey Items That Most Predict Intent to Leave, by Gender and Experience of Sexual Harassment

Across the top 10 workplace measures known to drive faculty retention, both men and women who experienced harassment reported lower levels of agreement than those who had not (Table 5).

Survey Item	No Harassment (% agreeing (n))		Experienced Harassment (% agreeing (n))	
	Men	Women	Men	Women
My day-to-day activities give me a sense of accomplishment	84.1% (5,640)	85.8% (3,393)	75.5% (807)	74.2% (1,730)
My role here is clear to me	83.9% (5,628)	83.9% (3,388)	70.0% (799)	66.2% (1,723)
My medical school's mission is clear	80.8% (5,511)	85.5% (3,250)	66.0% (785)	71.0% (1,657)
I feel appreciated by my supervisor	80.4% (5,640)	82.3% (3,394)	66.7% (806)	64.1% (1,729)
My supervisor sets a good example to reflect this medical school's values	81.5% (5,628)	83.0% (3,390)	66.1% (805)	66.4% (1,727)
My supervisor actively encourages my career development	74.6% (5,626)	77.4% (3,388)	64.1% (804)	60.4% (1,728)
My supervisor listens to what I have to say	81.3% (5,597)	83.0% (3,373)	66.3% (802)	64.6% (1,716)
I am satisfied with my opportunities for professional development at this medical school	63.2% (5,525)	61.9% (3,290)	51.4% (794)	46.7% (1,712)
I am satisfied with my sense of belonging in my department	79.6% (5,645)	80.4% (3,388)	67.1% (806)	63.9% (1,727)
I am satisfied with my sense of belonging in my medical school	71.7% (5,633)	71.3% (3,384)	59.3% (804)	52.9% (1,729)

Source: Data are from the AAMC StandPoint Faculty Engagement Survey and were collected between 2019 and 2021 from 22 institutions representing 13,239 faculty respondents.

DISCUSSION

Understanding the Analysis Through the Cultural Context of Academic Medicine

Understanding what aspects of academic medicine's culture drive the high rate of sexual harassment — almost double that of other science and engineering specialties, according to the NASEM report — is critical to implementing effective solutions. As the NASEM report notes, “the cumulative effect of sexual harassment is a significant and costly loss of talent in academic science, engineering, and medicine, which has consequences for advancing the nation's economic and social well-being and its overall public health.”¹ Readers should consider the cultural context of academic medicine in interpreting the findings of this report.

Addressing the Impact of Intersectionality When Assessing Rates of Harassment

To understand and effectively address sexual harassment, it is essential to acknowledge the impact of intersectionality and the complex nature of harassment experiences among marginalized individuals. Intersectionality is “the ongoing examination of the overlapping systems of oppression and discrimination that communities face based race, gender, ethnicity, ability, etc.”¹² Research has found various rates of sexual harassment among women of color (WOC), with many studies showing the rates are greater than among other groups across various industries.¹³ Women, underrepresented in medicine (URiM), Asian, multiracial, and LGB students seem to bear a disproportionate burden of the mistreatment reported in medical school, such as being humiliated, threatened, and sexually harassed.¹⁴ Yet, we found in our analysis for this report that some groups of WOC experienced sexual harassment at lower rates than others and that data vary across faculty demographic, department, and other groupings (Figure 2).

These rates may vary for several reasons. First, we know that sexual harassment experiences do not always fall neatly into being either sexual harassment or racial harassment — sometimes, they can be both or influenced by a combination of many other factors, forms of oppression, or identities. When a person identifies as a woman and as someone from a marginalized racial/ethnic group, we can't always label their experience of harassment as one type or another — she may be experiencing interlocked oppression, or “racialized sexual harassment.” As intersectionality scholar Yolanda Wilson explains, for women of color, “race is gendered and gender is racialized,” in the example of women of color.¹⁵ These intersectional experiences can happen to people with other marginalized identities, such as people with disabilities, LGBTQIA+ identities, or varying physical or neurodivergent abilities or immigrants.

We know that sexual harassment experiences do not always fall neatly into being either sexual harassment or racial harassment — sometimes, they can be both or influenced by a combination of many other factors, forms of oppression, or identities.

Second, acknowledging the impacts of intersectionality broadens the conversation to considering how women of color have developed and used unique coping or defense strategies to endure and survive the racialized sexual harassment they face. To be clear, we are not suggesting that women of color are not affected by the harassment they experience. On the contrary, we acknowledge that they can be, and we must understand what has led to the need for them to develop additional coping strategies to endure the racialized sexual harassment they experience, along with any harassment related to other marginalized identities they may hold. Greater attention and focus must be paid to understanding the experiences of women of color and how institutions can support them.

Ongoing Faculty Harassment Affects Engagement and Retention

The rates of sexual harassment are highly variable, with studies reporting 30%-82% of women experience it.^{6,16,17} Our study shows that at least a third of women faculty in academic medicine experience gender harassment — enough to be considered prevalent. Given that gender harassment involves “behaviors that convey hostility, exclusion, or second-class status about members of one gender,”¹¹ it is reasonable to expect that those behaviors, when experienced regularly and over time, can have a cumulative and overwhelming effect on a person’s health, well-being, and career success. In addition to physical effects, sexual, including gender, harassment has been shown to negatively affect individual work, such as by decreasing motivation to work and work quality, productivity, and performance and by increasing absenteeism.¹ A 2019 study found that reports of burnout and gender harassment from colleagues were significantly correlated.¹⁸ The effect of sexual harassment on women’s well-being is stronger than the effect of other job stressors, even when accounting for stress outside work, job rank or level, tenure status, workload, personality, and demographic factors.¹⁹

Not addressing sexual harassment among faculty can have drastic consequences for individuals, their organization, and the finances of their institution. The cumulative effects of harassment on a person’s career and personal life can also include leaving one’s institution. Research shows that when faculty leave an institution, it can take up to 10 years for the institution to recoup the investment. Loss in productivity due to sexual harassment was estimated at \$22,500 per affected employee in a 2007 study.²⁰ Our study also shows that engagement was lower and intent to leave was higher among faculty who experienced sexual harassment. Even at institutions with a lower prevalence of harassment, such as where 30% of women faculty have reported

experiencing it, the dollars lost to harassment add up. Assuming even greater proportions of faculty are experiencing harassment, our study and others show it can have a significant impact on the success of the institution. Institutions are spending money to deal with sexual harassment that could be used for other things that would make the institution more successful, such as hiring employees or providing training, education, and resources.

Understanding the Impact Faculty Harassment May Have on Students and Trainees

Understanding the rates and experiences of sexual harassment among faculty also helps us understand harassment among learners. In the 2020-2021 AAMC Graduation Questionnaire, 15.6% of medical students reported experiencing offensive sexist remarks or names during their undergraduate medical education. That percentage has increased since 2017, when it was 14.8%. The rate of sexual harassment among students is likely much higher

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than that, since students don't often formally or informally report harassment, choosing instead to say nothing out of concern about the potential impact reporting may have on their careers.²¹ A 2020 study found the rate of intimidation, harassment, and discrimination (IHD) experiences among resident physicians is also high — about 64% — and associated with multiple negative outcomes, including burnout.²² That study found that even with multiple anti-harassment and anti-discrimination interventions in place, IHD may be rising in many residency programs.²² Schools should continue to assess harassment among both learners and faculty to understand how harassment experienced by faculty can also affect harassment experienced by learners.

Harassment Experienced by Men and Ambient Harassment

An often underassessed and underaddressed aspect of harassment is the experiences of men. While sexual harassment is overwhelmingly perpetrated by men and experienced by women and people of marginalized genders, it happens to many men in

academic medicine. Our study found that men do indeed report experiences of sexual harassment, and in almost all departments where harassment was more frequently experienced by women, it was also more frequently experienced by men. Addressing the harassing behaviors men experience avoids the “us versus them” approach, where women are victimized and men are villainized, and it helps create the safe and inclusive environments we are striving for in academic medicine, where everyone deserves to be treated with respect.

The effects of the substantially lower, although still important, rates of experiencing direct harassment reported by men are separate from the effects of ambient harassment. Ambient harassment is the general level of sexual harassment in a particular setting as defined by the frequency of harassing behaviors of all types and levels of severity. In this type of harassment, the people negatively affected are not directly targeted but are still affected by the harassment in their environment. For example, bystanders who witness students or coworkers being repeatedly targeted by unwanted sexual attention are experiencing ambient harassment. So, while men clearly also experience harassment directly as targets, it’s likely that many people, including men, are also affected by ambient harassment in their workplaces. Studies of the psychological and physical health outcomes of ambient harassment have shown that they’re similar to outcomes for direct exposure and they should be studied further.²³

It is a fact that women are overwhelmingly the targets of sexual, including gender, harassment. Yet, men also experience harassment, and approaching harassment in a binary way – men as perpetrators, women as victims — ignores the many types and identities of people who face harassment and how other behaviors, such as bullying, contribute to an overall culture of harassment, bias, and harm. Approaching anti-harassment efforts with a focus on prevention allows us to focus on, describe, and strive for the type of environment we want to create in academic medicine.

Institutional Cultural Risk Factors and the Role of Institutional and Departmental Leadership in Prevention

In addition to raising awareness about sexually harassing behaviors of perpetrators, equal attention must be paid to raising awareness about the negative aspects of academic medicine culture that encourage these behaviors, such as masculine culture, hierarchical leadership structures, and a tolerance of other bullying and disrespectful behaviors. Focusing on prevention at the institutional level can and must also mean addressing the negative foundational elements — that is, the less overt but still

Academic medicine must confront the cultural and environmental factors that allow sexual harassment to occur and recognize the continuum of interrelated negative behaviors that have such a drastic impact on individual and organizational performance, from bias and microaggressions to bullying and aggression.

harmful behaviors — that create hostile and unsafe climates for everyone. Given the variation in harassment experiences by department and specialty, department chairs and leaders should be vigilant about addressing harassment and building positive, inclusive cultures. Existing literature gives us some clues about the role the negative elements play in allowing harassment to go unchecked by reinforcing patterns that establish and maintain dominance over others.^{24,25}

We know from the literature that institutions with fewer women and institutions that are dismissive of “milder” forms of sexual harassment have greater rates overall of sexual harassment, including among learners, because of greater tolerance of these behaviors.²⁴ Academic medicine has its own institutional and cultural factors that make sexual harassment so prevalent. Academic medicine exhibits what scholar Jennifer Berdahl and colleagues refer to as Masculinity Contest Culture (MCC), where dominant masculine traits are imposed on everyone in the system and come to control the types of work styles and environments considered acceptable.²⁶ In MCC, the need and requirement to continually prove or show masculinity can lead men to “behave aggressively, embrace risky behaviors, sexually harass women (or other men), and express homophobic attitudes.”²⁵ Sexual harassment occurs in all specialties regardless of the number of women present, such as in pediatrics and OB-GYN, which means the factors that allow harassment to persist are indeed pervasive in academic medicine.

Sexual harassment is specifically defined by a set of actions, but it is experienced along a continuum of negative and harmful behaviors. Institutions that have a high tolerance of harmful behaviors, such as bullying, are also likely to have more egregious forms of harassing behavior. In a recent systematic analysis of almost 80 studies on academic bullying in medicine, researchers found that bullying behaviors were common and more often perpetrated by men against women, and their greatest impact was psychological distress.²⁷

Sexual harassment cannot be treated as an isolated “women’s issue.” Academic medicine must confront the cultural and environmental factors that allow sexual harassment to occur and recognize the continuum of interrelated negative behaviors that have such a drastic impact on individual and organizational performance, from bias and microaggressions to bullying and aggression.

How These Findings Inspire Institutional Action

These findings show us that harassment is experienced by people of every gender, specialty, faculty rank, and administrative level and at all types of medical schools. The findings point to a clear imperative for institutions to address harassment through prevention as a key workforce, retention, and organizational performance issue. People who experience harassment, and these results indicate a substantial number do, are less engaged at their institution, potentially less productive, and more likely to leave the institution.

Institutions need to start addressing sexual harassment as a critical issue that has major implications for their bottom line, not just in the high financial costs of investigations – potentially hundreds of thousands of dollars per year, if not more – but in lost productivity and talent. Preventing sexual harassment starts with addressing the less overt but still harmful behaviors, such as patronizing language and comments about appearance, which sets the foundation and tone for creating a safe and inclusive environment. When institutions focus on the less overt behaviors and comments and address them head on and early, they can create cultures of accountability that build trust, engagement, and, ultimately, greater support for all in academic medicine.

Although previous efforts to address harassment have been important, our findings suggest they have not been sufficient in effectively decreasing harassment, and innovative approaches to creating safe and inclusive environments are needed. To create lasting and impactful change in our academic medicine climates, we must imagine new approaches that ensure accountability and transparency, actively encourage the positive behaviors we wish to see, and contribute to an overall environment of safety, inclusion, and belonging. The following section provides examples of preventive actions that readers can adapt to their own institutions.



4 | Adapting Preventive Strategies to Address Sexual Harassment at Your Institution

COLLECTING INNOVATIVE PRACTICES

The data in Section 3 illustrate the prevalence of sexual harassment in academic medicine, the impact of sexual harassment on retention of faculty, and the gaps in knowledge about harassment reporting processes and the lack of confidence in their effectiveness. Institutions must continue to put policies and practices in place to report, investigate, and resolve sexual harassment experiences while bolstering their prevention efforts to create a climate and environment where these experiences do not occur in the first place. Ultimately, approaching sexual harassment through the lens of prevention helps us focus on how institutions do or do not hold people accountable (formally and informally) and do or do not allow harmful behavior to exist.

There are many interrelated and interdependent ways to address and eliminate harassment. Because the focus of this publication is primarily on gender harassment among faculty in peer interactions, we gathered a subset of solutions that take a preventive approach to sexual harassment overall. Moreover, given that some types of harassment may be declining,⁵ we need to know what strategies are working. While multiple efforts to reduce sexual harassment must be in place simultaneously, we chose to examine in detail the efforts institutions can readily adapt to foster a climate of harm prevention.

Therefore, we conducted interviews with people at nine institutions to gather information on the prevention, education, and climate-related actions they implemented. Questions about other strategies for addressing sexual harassment, such as reporting and investigation, were included in these interviews so that we could clearly understand each institution's overall approach. We include in Appendix A the list of recommendations for addressing sexual harassment in academia and STEM published in the 2018 NASEM report¹ as a reference for our four

Approaching sexual harassment through the lens of prevention helps us focus on how institutions do or do not hold people accountable (formally and informally) and do or do not allow harmful behavior to exist.

main areas of inquiry, outlined below, and the interventions academic medicine leaders should consider adapting for their institutions.

- **Evaluation and assessment:** How does your institution collect data to understand your own climate and prevalence of sexual harassment? How are these data translated into action?
- **Prevention and education:** What types of programs are in place to prevent and address sexual harassment behaviors before they occur? How is your institution working to create respectful environments and address diversity, equity, and inclusion?
- **Support for perpetrators and targets:** What types of innovative reporting and investigation policies and practices have you developed and implemented? How do you support both the targets and perpetrators of sexual harassment? How do you hold perpetrators accountable and inform the community of the resolution to a particular incident?
- **Transparency and accountability:** How do you inform the school community about your sexual harassment efforts, data, and activities? How do you hold leaders accountable for meeting the institution's sexual harassment goals?

The process we used to choose the institutions to interview for this report was complex. In 2019, through the AAMC Women in Medicine and Science Benchmarking Survey,²⁵ institutions responded that they both have innovative practices for addressing sexual harassment and they would be willing to be contacted by the AAMC about these practices for a forthcoming publication. The list of institutions was narrowed down using various research methods to account for institutional diversity (e.g., region, size, mission) and to identify the institutions' anti-harassment activities, and they were cross-referenced with institutions participating in the NASEM Action Collaborative to Address Sexual Harassment, a group of academic institutions committed to working together through collective action to address and prevent sexual harassment. Nine institutions accepted the invitation to be institutional interviewees for this publication.

We recognize that many institutions in academic medicine have innovative policies, practices, and activities for addressing sexual harassment and that no institution is perfect or free from instances of harassment. The medical schools profiled in this publication offer tangible examples of innovative, cross-institutional activities that can be replicated and adapted elsewhere. We asked each institution to focus on just a few of their practices: the ones that go beyond traditional practices, are aimed at the whole institution, and focus

on prevention and creating safe and respectful environments. So, although these profiles don't capture everything an institution is doing to address sexual harassment, we hope they highlight their most novel approaches.

Using the qualitative data from the institutional interviews, we identified a set of common strategies and activities that contribute to creating a safe and inclusive environment focused on preventing sexual harassment. The strategies below can be adapted by institutions as they take their first steps toward addressing sexual harassment or bolstering their current strategies. Appendix B includes complete profiles of each institution's holistic, coordinated approaches.

Institutional Strategies for Preventing and Addressing Sexual Harassment



Begin with zero tolerance



Take a coordinated approach



Hold chairs accountable



Leverage the parent university



Hire trained investigators



Centralize and expand reporting



Address less overt, yet still harmful, behavior problems early and often



Use proportionate sanctions



Communicate transparently about harassment incidents



Train beyond compliance



BEGIN WITH ZERO TOLERANCE: Institutions can make clear their commitment to a harassment-free environment during the recruitment process by implementing hiring practices that include contacting past employers about whether recruits had previous behavior issues. Given the costs of retention, linking the prevention of sexual harassment to talent management processes, such as hiring and promotion, can be a bold first step in building safe workplaces.

- | Ask candidates to disclose any previous or ongoing investigations related to sexual harassment in the initial job application.
- | Include information and statements related to institutional values and zero tolerance for sexual harassment as part of recruitment materials.
- | Work with compliance and HR offices together to screen candidates for any potential behavior issues at previous institutions.

Mayo Clinic College of Medicine and Science: Fostering Anti-Harassment in Hiring and Initial Employment

At the beginning of the hiring process, Mayo Clinic communicates to prospective faculty and staff the institution's values, which include fostering a respectful culture, expectation of professionalism, and zero tolerance for sexual harassment. Job candidates receive a values assessment tool to complete as part of the recruitment process to help both the candidates and the organization determine whether their values align. Once a person is hired, they also receive a series of trainings over the first three years of their employment that teaches them about the expectations and responsibilities of employees to promote a positive organizational culture.

The Ohio State University College of Medicine: Faculty Pre-Hire Screening for Misconduct

Beginning in January 2021, Ohio State launched a university-wide policy that requires a screening process for previous history of misconduct, including sexual harassment, for any tenure-track faculty position as part of the application process. This process is operated through the Office of Academic Affairs and requires any potential candidate to sign an authorization form that permits contacting their current and past employers about ongoing and incomplete investigations on any misconduct behavior. With the authorization to contact their current and past employers, the Office of Academic Affairs contacts the candidate's previous university, asking whether the individual is the subject of pending investigations. If the individual is the subject of a pending investigation, available information is reviewed to determine appropriate next steps for the hiring process. Of the reviews done each year, only one or two candidates, on average, are found with a history of harassment. Candidates are also asked about and expected to disclose any pending investigations or past findings related to misconduct. Ohio State is also adding language to all offer letters for all faculty positions stating the expectation that history of misconduct be shared and if it is determined that a candidate did not provide accurate information, the university has the right to rescind the

employment offer or terminate the employee. Leaders believe that knowing these university policies up front will likely deter applicants with a history of misconduct from applying.

University of Wisconsin School of Medicine and Public Health: Stop Passing the Harasser

The entire UW System uses the Stop Passing the Harasser background check process to address the practice of faculty and staff members leaving one institution after they have been found responsible for harassment or while an investigation is pending and to prevent them from starting at another institution. Before hiring, any final candidate needs to disclose whether they have ever been found responsible for sexual violence or sexual harassment or whether they are currently under investigation or have ever left employment during an active investigation. The substance of the disclosure, or dishonesty in response, can affect their candidacy for employment. The institution has had very few candidates with reported sexual harassment history but has still collected this information and is considering ways to track it across institutions.



TAKE A COORDINATED APPROACH: Institutional leaders can take a holistic, thoughtful approach by engaging multiple offices and institutional leaders in designing and implementing a multipronged strategy across the institution.

- | Convene a multidisciplinary team from various offices to coordinate sexual harassment prevention work, such as Faculty Affairs, Legal, Human Resources, Chief Medical Officer, Risk Management, Corporate Investigations, Compliance, Title IX, Faculty Ombuds Office, and others.
- | Establish an accountable executive team that's connected to senior institutional leadership with responsibility for sexual harassment work within the context of the institution's overall diversity, equity, and inclusion (DEI) goals.
- | Appoint accountable leaders at department and unit levels to expand accountability and account for department-specific needs.

Wake Forest University School of Medicine: Cross-Institutional Group of Stakeholders to Handle Cases

The university has invested in creating reporting infrastructure by establishing the Faculty Legal Affairs Committee (FLAC). FLAC is a multidisciplinary group of content experts that addresses professionalism and employee issues, including reports of sexual harassment by and among faculty. This group provides an impartial body to document and investigate reports, enforce institutional policies and processes for remediation, and provide legal advice on terminations. The institution has seen vast improvement in the handling of reports, including by having several institutional offices all represented in one committee and having easier access to one another (offices include Faculty Affairs, Legal, Human Resources, Chief Medical Officer, Risk Management, Corporate Investigations, Compliance, and Title IX).

Columbia University Vagelos College of Physicians and Surgeons: Faculty Liaison Network and Action Collaborative Committee

Columbia University Vagelos College of Physicians and Surgeons works as part of the Columbia University Irving Medical Center (CUIMC) and with Columbia University to prevent and address sexual harassment. Various institutional offices and groups work together on strategy, and both the university and medical center have joined the NASEM Action Collaborative for the Prevention of Sexual Harassment in Higher Education. As Action Collaborative members, they have created an internal steering committee and a faculty liaison network, which includes representatives from each department across the university who meet regularly to discuss issues of gender-based misconduct, bullying behaviors, and issues pertaining to professionalism and civility and to develop recommendations to address these issues at the department and institutional levels. The group includes broad representation from the faculty, ensuring representation from each department. This allows better information flow across the institution, creates a learning community of peers, provides opportunities for synergies across departments, and enhances department-specific accountability. Further, as part of the 2020-2025 Columbia CUIMC Staff DEI and Belonging Strategic Plan, the institution has developed goals including administering a culture and climate assessment, offering bystander intervention, offering allyship trainings, and increasing staff awareness and adherence to reporting. As part of these efforts, department leadership receives training about successful preventive measures and strategies for fostering a zero-tolerance culture.



HOLD CHAIRS ACCOUNTABLE: Department chairs play a pivotal role in encouraging ongoing and improved training, coordinating investigations with appropriate offices, and leading informal remediation through counseling conversations with perpetrators in their departments.

- | Require department chairs to provide detailed plans on sexual harassment prevention and how these efforts contribute to larger DEI goals.
- | Provide training for chairs about how to address minor behavior issues early on through counseling conversations with offenders.
- | Include information about sexual harassment, such as reporting, counseling, and sanctioning policies and practices, as part of orientation materials for new chairs.

University of Michigan Medical School: Leadership Accountability as a QI Effort

Equipped with the results of their internal sexual harassment survey, the institution treated its anti-harassment approach like a quality improvement (QI) project, where leaders at Michigan Medicine are held responsible for promoting the values of the institution and creating a harassment-free environment. Department chairs were required to submit plans and provide training for how harassment would be addressed in their departments. As part of this commitment, the medical school also committed to improving gender diversity in leadership. The school made this a priority because leaders recognized that “just as sexual harassment is a mechanism by which gender inequity in representation develops, that gender inequity in representation, particularly in positions

of influence and authority, leads to an environment within which sexual harassment thrives.” This connection between climate and leadership inequities is also carried forward through the school’s processes for faculty searches and women’s leadership development training programs, including a tracking tool that regularly monitors progress toward building diversity in leadership positions. Policies were updated and others created — such as the Policy on Sexual and Gender-Based Misconduct and the new Supervisor-Employee Relationship Policy — and in 2018, the Equity, Civil Rights and Title IX Office (at the time, named the Office for Institutional Equity) started producing an annual report on sexual harassment rates involving faculty and staff to complement its existing report on student sexual and gender-based misconduct. Sexual harassment work overall became more integrated with other DEI work.

The Ohio State University College of Medicine: Resources for New Department Chairs

The university created an Office of Institutional Equity (OIE) in August 2019 as a way to consolidate all civil rights investigations into one office so that issues could be addressed consistently. A notable OIE program is the New Department Chairs Program, which equips newly appointed chairs with information and resources for addressing harassment and other behaviors, such as retaliation by perpetrators when reports are made against them. Chairs and leaders can ask the OIE to hold educational conversations with perpetrators when reports don’t rise to the level of harassment, with the consent of the target.

University of Wisconsin School of Medicine and Public Health: Triaging Learner Mistreatment

UW Medicine created a Student Mistreatment Triage Committee to address all types of learner mistreatment among undergraduate and graduate medical education (UME and GME) students and graduate students. Learners have a standardized process for reporting that the institution consistently communicates to the campus community, in all student orientations, and in the student handbook. The Student Mistreatment Triage Committee, which includes representatives from HR and the Faculty Affairs office, meets once monthly to review complaints and assign investigations to members of the committee. Protocols for addressing complaints are clearly defined, as are guidelines for following up with those who report. This committee is sensitive to learner requests about when and how investigations are conducted, including delaying action until after a learner completes a course, for example. The complaint is taken to the department chair, who is then responsible for deciding what action needs to be taken and for sending a report back to the committee. In addition to tracking statistics from those reports, the committee tracks the number of victims who don’t wish to be identified or seek investigations as additional climate data.



LEVERAGE THE PARENT UNIVERSITY: If your institution has a parent university, schools of medicine can leverage existing trainings, resources, and tools developed at the university level.

- | Conduct a scan of university-level activities, policies, and resources that the school of medicine can participate in and adapt for local use.
- | Consider coordinating the medical school's and the parent university's efforts to address sexual harassment through the Title IX, Compliance, and HR offices of both institutions.
- | Leverage university-wide DEI efforts and initiatives that address harassment to bolster the school of medicine's efforts.

Wake Forest University School of Medicine: Working With the University to Adapt Policies for the School of Medicine

Working closely with the university, the medical school revised their grievance policies to account for the fact that the academic year in the medical school is different from the undergraduate campus's academic year. This change meant sexual harassment reports can be addressed year-round. The school also adopted an incivility policy a few years ago to clearly define incivility behaviors, reinforce a zero-tolerance environment, and provide instructions for reporting incidents as well as for adopting a new Personal Code of Conduct. Finally, the school established an Ombuds Office, through their Faculty Affairs office, which has helped reduce fear of retribution on campus and provide a resource to reporters and targets in addressing harassment incidents. The Ombuds Office is a resource for faculty to use to share their concerns, and the office can escalate an incident to the dean's office if the situation requires that. The ombudsperson prepares a twice-yearly report for the dean that includes observations about overall trends in reported incidents.

University of Virginia (UVA) School of Medicine: Community Efforts to Create Inclusion and Belonging University-Wide

At the university level, UVA offers training, reporting, and preventive resources. The Office of Diversity, Equity, and Inclusion developed a framework for reporting discriminatory behavior and educational programming about bias, microaggressions, and privilege. Training includes the use of didactic dialogues to give individuals the opportunity to talk about issues they've faced and how they have affected them, including in the health care setting. The Office of DEI also dedicates efforts to promoting belonging through sponsorship. The UVA School of Medicine leverages these tools and resources to augment their other efforts, already in place, to address and prevent harassment.

University of Minnesota Medical School: Leveraging Leadership at the University Level

In 2017, the University of Minnesota announced the President's Initiative to Prevent Sexual Misconduct, which "aims for long-term culture change to build a university community free from all forms of sexual misconduct." This work started as an initiative with 100 members representing 62 formal stakeholders from across the university. The advisory committee for the initiative was tasked with policy development and has worked to assess university policies about responding consistently

to faculty misconduct, communicating policies for preventing and addressing harassment, and expanding the range of sanctions to include harassment in specific environments, including externally funded laboratories. Five years later, efforts focus on updating the administrative structure to ensure the achievements of the initial initiative translate into permanent change that prevents sexual misconduct.

The university also hosts the Climate Support Network, a group that provides sexual harassment training to high-level leaders and individual departments. The Climate Support Network is composed of two to four faculty representatives from each of the university's colleges, including the medical school. In addition to delivering skill-building trainings to their peers, this group is another example of successful university-wide collaborations that can transform the culture and climate.



HIRE TRAINED INVESTIGATORS: Hiring, training, and integrating professional, experienced sexual harassment investigators improves the institution's overall response to and handling of reports.

- | Invest in professionally trained investigators to handle reports of sexual harassment cases and other discriminatory or harmful behavior.
- | Advertise and communicate widely to leaders, faculty, staff, and learners the availability of trained investigators and the benefits of using them.
- | Engage trained investigators in uncovering themes in sexual harassment reports, repeat offenders, and common behaviors to be addressed.

Mayo Clinic College of Medicine and Science: Investing in Investigation and Response

Mayo Clinic College of Medicine and Science has a well-known process for investigating harassment that has served as a model for other medical schools. When harassment reports are made, they are screened by HR and then assigned to one of HR's trained professional investigators. This core group of highly trained investigators is housed within the HR office and also connected to investigators from the Compliance Office and the Office of Risk Management. The investigators, currently numbering about 100 staff, receive ongoing training in Mayo Clinic policies to ensure consistency in how reports are addressed. Once an investigation is completed, the Personnel Committee and departmental leadership jointly review the results to decide next steps. Once those groups have made a decision about next steps, they apply the processes outlined in the Mayo Clinic Fair and Just Culture Framework. The framework defines tiers of actions to be taken based on the severity, riskiness, and impact of behaviors, including harm done to individuals, patients, and the organization. The processes outlined in this framework are progressive in terms of disciplinary action, starting with a conversation, moving to a written warning, and then termination, depending on the severity of the behavior. Lastly, leaders from various offices, including HR, the Personnel Committee, and the DEI office, communicate the Mayo Clinic's anti-retaliation policies to the perpetrators at both the outset and the close of an investigation, with the option to conduct follow-up reviews of retaliation, if it occurs, and depending on the severity of the case. Any retaliation by a perpetrator can then be classified and addressed again as an additional harmful behavior requiring attention.

University of Wisconsin School of Medicine and Public Health: Centralizing Harassment Reports

At the university level, sexual harassment reports were moved from the HR department to the Office of Compliance. Professional investigators, whose role is to investigate and resolve sexual harassment and sexual violence investigations, conduct the investigations. The institution recognizes the immense value of hiring professional, trained staff investigators who have the skills and background to properly resolve sensitive and complex issues of harassment. The Office of Compliance also developed a third-party, institution-wide database for allegations of sexual harassment, both among students and employees. Access to the database is limited to a small group of individuals in the Office of Compliance and select deputy Title IX coordinators, who track complaints and repeat perpetrators. UW also has a Hostile and Intimidating Behavior Policy that addresses student mistreatment that does not clearly fall under sexual harassment policy violations.



CENTRALIZE AND EXPAND REPORTING: At the medical school or university level, depending on your institution's needs, identify mechanisms to track patterns of harmful behaviors and repeat offenders.

- | Centralize all reporting through one system, either through the medical school broadly or the parent university, if there is one, and make that system widely known and accessible.
- | Adapt or adopt a system for tracking reports on a broad, yet detailed, level to identify repeat offenders (e.g., a PARS/CORS (Patient Advocacy Reporting System and Co-worker Observation Reporting System)).
- | Consider strategies that address all learners, faculty, staff, and patients across the institution.
- | Develop your own sophisticated tracking methods to identify your institution's potential risks of reputational damage and financial loss.

University of Michigan Medical School: Identifying and Correcting Repeat Offenders

The University of Michigan Medicine is now a participant in the Vanderbilt University Medical Center's Patient Advocacy Reporting System and Co-worker Observation Reporting System (PARS/CORS) that allows both reporting and tracking of unprofessional behavior, including harassment complaints from patients and colleagues. Through this tracking system, department chairs can have real-time conversations with individuals about these inappropriate behaviors to increase awareness and prevent further repeated or escalated behaviors. The institution has developed resources and training for chairs on how to have these counseling conversations, which is critical for addressing problem behavior early. Learners, faculty, staff, and patients also have access to a university-wide website for reporting harassment that is easily accessible through the university's online portal and hosted by Michigan's Equity, Civil Rights and Title IX Office (ECRT). This website captures not only reports of sexual harassment, but also discrimination and discriminatory harassment based on various aspects of personal identity. The reporting of various types of behavior allows ECRT to

address reports of harassment as well as to identify less egregious behaviors that may lead to or signal future more egregious behaviors and correct the less egregious behaviors early.

University of New Mexico School of Medicine: Dedicated Learning Environment Office

The medical school's Learning Environment Office (LEO), launched in 2019, manages an online reporting portal for harassment and mistreatment that asks individuals several questions to fully gather details of the incident. These questions have been revised over the past two years as the office better understands the types of mistreatment being commonly reported. For example, the office has recently added questions to help understand how the behavior experienced or witnessed negatively affected the reporting individual. Reports can be made in either a self-identified or anonymous way, and the reporter can ask for confidentiality, delayed action, and resources for addressing the impact of the incident. Offering these options provides control and agency for the learner so they can decide, with the support of LEO, how they want to move forward and what resources might be available. Similarly, to prevent potential retaliation, learners must give permission before an investigation moves forward. These approaches are in line with LEO's learner-centered, trauma-informed approaches to addressing mistreatment and harassment. LEO works with the University of New Mexico's Compliance, Ethics, and Equal Opportunity Office to resolve Title IX issues, and it also coordinates with them to respond to incidents that may not be Title IX violations but still go against the mistreatment policy.

The Ohio State University College of Medicine: Infrastructure for Reporting

In August 2019, the university established the Office of Institutional Equity (OIE) to coordinate the response to all reports of protected-class discrimination, harassment, and sexual misconduct, streamline processes into one office, and promote consistency in addressing these matters. OIE provides a system for consolidated reporting of all protected-class discrimination, harassment, and sexual misconduct; investigates and adjudicates reports; provides resources and supportive measures for affected individuals; and provides education and training to the university community.

OIE also works to ensure employees know how to report discrimination, harassment, and sexual misconduct and educates the students, faculty, and staff about university processes and the types of support available for affected individuals. Resources for reporting harassment and other support services are available to the community on the university's website and the OSU digital app. OIE holds educational conversations with individuals to ensure they are aware of the university's policies and the behavioral expectations the university has established for the campus community. The office also educates parties involved in the process and other community members about the university's prohibitions against retaliation and takes steps to prevent retaliation and address reports of retaliation. OIE assists the Office of Academic Affairs (OAA) in facilitating the New Department Chairs Program, which equips newly appointed chairs with information and resources to help prevent and address protected-class discrimination, harassment, sexual misconduct, and retaliation.

Within the OSU College of Medicine, the Women in Medicine (WIMS) committee has informally supported other offices in addressing sexual harassment. When the committee receives informal complaints from female faculty about discrimination and microaggressions, it refers the faculty member to OIE or other institutional or outside resources that can provide the support they need to get their reports addressed.

University of Virginia School of Medicine: Reinforcing Positive Behavior University-Wide

The Office of Equal Opportunity and Civil Rights (EOCR), HR, and other key partners in the university work to educate all members of the university about expectations for appropriate behaviors and setting boundaries through disseminating its policies, requiring online and in-person trainings, and providing other avenues of communication. UVA provides an online reporting option, Just Report It (JRI), for anyone to report concerns about potential bias, discrimination, and harassment, including sex- and gender-based harassment and violence. EOCR and HR evaluate reports submitted through this online system that relate to employee conduct to determine whether any applicable university policies are implicated, the appropriate response under the circumstances reported (e.g., initial inquiry, formal complaint and investigation, alternative and informal resolutions), and the range of appropriate consequences, if applicable, including coaching conversations, education and training, suspension, and/or termination. EOCR aims to share information about reports of discrimination, harassment, and sexual misconduct through annual reports and climate surveys. The institution uses formal and informal approaches to address harmful behavior to ensure the response is comprehensive, timely, and effective in preventing future issues.



ADDRESS LESS OVERT, YET STILL HARMFUL, BEHAVIOR PROBLEMS EARLY AND OFTEN: Hold counseling conversations with supervisors, department chairs, or other leaders to correct less overt behavior issues identified through formal and informal reporting systems.

- | Develop support for perpetrators of less overt, yet still harmful, behaviors to address issues early and often.
- | Train and empower supervisors to hold counseling conversations with perpetrators.
- | Outline clear guidelines for what consequences there will be if the behavior continues.

Columbia University Vagelos College of Physicians and Surgeons: Addressing Professionalism and Civility as Prevention

To sustain efforts for fostering respectful environments, Columbia University Vagelos College of Physicians and Surgeons created an Office of Professionalism. This is a joint initiative among the HR, Student Affairs, and Faculty Affairs offices and the result of a medical center-wide task force that discussed strategies for addressing structural racism, of which professionalism and civility are a part. The goal of the office is to support positive changes to the organizational climate and provide resources for people dealing with professionalism issues. While the Equal Opportunity and Affirmative Action office (EOAA) investigates harassment based on protected categories, the Office of Professionalism supports the management of negative and demeaning behaviors that do not fall under the responsibilities of the EOAA. The office is fully staffed with a faculty associate dean, who is trained in mediation and restorative justice. The office works with departments on preventive education as well as with the Ombud's Office and other key stakeholders to improve reporting processes.

University of New Mexico School of Medicine: Working With Supervisors to Respond

LEO provides recommendations to supervisors about how to respond to substantiated incidents of mistreatment based on a process for classifying mistreatment response adapted from policies at Stanford University that uses standardized actions across the school. The office also offers training for supervisors who will be interacting with harassment perpetrators and is developing educational programming about building inclusive environments and preventing harassment in various learning environments, including research, clinical, classroom, and community.

University of Virginia School of Medicine: Restorative Practice to Prevent Repeat Offenses

UVA's Medical Center hosts the Wisdom and Wellbeing Program, designed to facilitate restorative conversations and provide resources when professional and communication breakdowns have occurred and created conflict or harm in the workplace. The program facilitates coaching with the referred party and their supervisors on how to manage incidents and facilitate restorative conversations between the referred party and the referring party, not as formal corrective action but as a restorative, forward-thinking dialogue. An important aspect of the coaching conversations is that the training covers what the consequences will be if the reported behavior is experienced again, reinforcing accountability for policies by the referred party and their supervisors. Focusing on leaders, the medical center trains faculty coaches to lead these informal conversations using a standardized approach based on a restorative justice framework.

Wake Forest University School of Medicine: Reporting to Correct Problem Behavior Immediately

Wake Forest has adapted the Vanderbilt University Medical Center's PARS (Patient Advocacy Reporting System) program to track patient complaints of inappropriate behaviors, including sexual harassment, by health care providers and to intervene quickly. At Wake Forest, interventions range from conversations to efforts by department chairs to reduce risk, to senior leadership review. The medical school is also considering a CORS (Co-worker Observation Reporting System) program for monitoring colleague-observed behaviors. While these types of reporting systems require financial investment, Wake Forest leadership believes the return on investment offsets the costs of building a respectful culture and reduces attribution and liability claims.



USE PROPORTIONATE SANCTIONS: Hold perpetrators accountable with measures that are proportionate to the type and level of severity to their behavior, publicize the tiers of sanctions, and, to the extent possible, be transparent about the number or rate of actions taken against perpetrators by publicizing them.

- | Create a scale of sanctions proportionate to the levels of offenses.
- | Consider “cup of coffee” conversations for first-time or less egregious comments or behavior and more formal conversations to discuss behavior that could lead to termination.
- | Educate all faculty, staff, and learners regularly (at least yearly) and transparently on the institution’s sanction scale.
- | Use the sanction scale before, during, and after any incident to educate both targets and offenders of the institution’s response.

Columbia University Vagelos College of Physicians and Surgeons: Improving Title IX Training and Resources

Columbia University’s Title IX Office provides support services for preventing and reporting sexual harassment. In coordination with the Compliance Office, the Title IX Office works to review reports of sexual harassment, discuss the incidents and outcomes, and observe and track any larger patterns that may emerge, including retaliation. The office discusses with respondents and reporters relevant policies and consequences and fleshes out the details of the incident reported. After the Title IX Office concludes an investigation, the respondent goes through one-on-one training, depending on the level and type of offense. If a report comes in that does not need a full investigation, the office still holds conversations with the respondents to discuss issues that arose. The office also provides online training for leaders responsible for sanctioning and in-person training for individual departments that request their support.

University of Minnesota Medical School: Consistent, Proportionate Sanctions

In response to faculty feeling the sanctioning guidelines were unclear, now learners, faculty, and staff are held accountable through new guidelines created in partnership with the EOAA office, Recommendations for Responsive Action, which emphasize effectiveness, proportionality, and consistency in response to incidents. The institution views proportionality of sanctions as a key component to the success of the new guidelines, where the impact for perpetrators ranges from a letter outlining rehabilitative or restorative action to a salary reduction, to possible termination or other actions but is in line with the level and type of offense. As with other institutions, the University of Minnesota publishes an annual report of misconduct statistics, including the types of sanctions issued in aggregate. As part of this effort, leaders are working on internal monitoring mechanisms to identify internal faculty and/or staff who have had sanctions against them; such sanctions could affect grants and other outside funding.



COMMUNICATE TRANSPARENTLY ABOUT HARASSMENT INCIDENTS:

Transparency and acknowledgment of harassment that has occurred are key to building a culture of trust. Institutions should share aggregated reports of the number of harassment incidents and types of sanctions employed with the campus community while maintaining confidentiality.

- | Regularly report to your campus community your institution's rates of harassment or intentions to begin collecting rates of harassment.
- | Regularly communicate your institution's efforts to address harassment reports, acknowledging that certain details might be confidential; consider redacting identifying information but let the institution's community know that leadership has addressed incidents.
- | Engage your department chairs and section leaders to distribute information related to harassment rates in regular newsletters, departmental dashboards, and other communication channels.

Mayo Clinic College of Medicine and Science: Transparency in Reporting

Learners and employees at Mayo Clinic can report harassment through multiple avenues, including their compliance hotline. Chairs who fail to report issues within their departments may be removed from their leadership positions. HR leadership at Mayo Clinic tracks reports of harassment, updates their board of trustees regularly on these issues, and shares results annually with employees on harassment reporting trends and improvements in the investigation process. Sexual harassment reports are also assessed as part of the organization's annual security report. HR holds conversations with individuals within units where people have been at risk of harassment to reiterate policies and organizational expectations, thereby taking a targeted and risk-management approach to units that need additional training or support. Institutional leaders receive a monthly dashboard with their department's sexual harassment-specific information so they can have real-time information about reports and investigations. Finally, Mayo Clinic leaders chose to put information about sexual harassment reports into their recurring newsletters in an effort to raise both transparency and visibility of the institution's commitment to addressing these issues.

University of New Mexico School of Medicine: Tracking as Prevention

Reports received through an online system have increased as the process and LEO have become more widely known at the Health Sciences Center (HSC). LEO staff continue to analyze the data collected through the system to identify trends in reported harassment, including when, where, and what types of harassment are occurring. They create quarterly reports that document the types of mistreatment reported, the targets, and the interventions or actions taken. This ongoing analysis helps create a culture of anti-harassment by promoting transparency while preserving confidentiality and anonymity. Quarterly reports also highlight faculty who are exemplary at teaching and engaging with learners, as a way to encourage prevention.



TRAIN BEYOND COMPLIANCE: While annual compliance training is necessary, building a culture of prevention requires training above what is required by state and federal mandates. Educational activities involving real case studies, participant skill building, and dialogue practice can build lasting prevention skills. Trainings should also acknowledge how different populations may experience harassment differently, such as men, LGBTQIA+ individuals, and women of color.

- | Offer intervention training that uses real-world scenarios and case studies so participants can practice responding to or discussing events they might realistically encounter.
- | Build off required training to host smaller, division-level discussions of local and specific behaviors that may arise in different environments (e.g., research labs, clinical rotations).
- | Include in your training examples of positive behaviors that can create inclusive and equitable environments.
- | Explore implementing restorative justice practices as part of your educational offerings to repair harm.

Columbia University Vagelos College of Physicians and Surgeons: Training Beyond Compliance

In addition to the required New York Anti-Sexual Harassment training, the Columbia University Compliance Office provides training that includes focused content about different protected classes, affirmative action law, relationship policies, and the types of behaviors that build respectful communities, as well as the behaviors that do not and that should be reported. The university tracks training completion each year, and those who do not complete the training are blocked from accessing Columbia resources and websites until completion, building in real-time accountability for training. The Compliance Office provides customized training resources to the campus community, beyond state requirements, such as training for managers and customized department and restorative justice trainings.

University of Michigan Medical School: Prevention Through Positive Behavior Reinforcement

Michigan approaches their sexual harassment education by focusing on the institution's values and reinforcing the behaviors they want to see, not just the behaviors to avoid, as well as on training programs to educate learners and faculty about bystander intervention and allyship. Their bystander program focuses on how individuals can intervene when they see misconduct and discriminatory acts, whether in peer-to-peer relationships or patient-to-staff interactions. Their Allyhood Development Training Program was established in 2005 to support individual and organization-wide LGBTQ inclusivity and advocacy. This program uses a social justice framework to illustrate the lived experiences of LGBTQ-identified people and helps equip medical students to address sexual harassment and trauma in this population in the clinical environment. Participating in preventive training and values-based behavior modeling are now included in the evaluation for promotion.

University of Minnesota Medical School: Preventive and Restorative Education

Education and assessment efforts are also part of the strategies the University of Minnesota uses to address sexual harassment. The medical school hosts an annual workshop and asynchronous trainings online that address microaggressions and sexism and train individuals how to respond when they experience or witness sexual harassment. The medical school also offers training in restorative justice practices and has implemented these practices to collectively address incidents and facilitate healing in their community. While training can be expensive, leaders leverage partnerships across the university to develop in-house resources, which further builds a sense of community commitment to preventing harassment. The institution also lauds the return on investment for this training as critical to creating an environment where everyone can thrive.

University of New Mexico School of Medicine: Training and Education

At both the university and the medical school, the University of New Mexico hosts several educational activities aimed at harassment prevention. LEO and the Health Sciences Center (HSC) Office for Diversity, Equity, and Inclusion created the Building Inclusive Environment Speaker series, which is in high demand, to provide examples and resources for how to create inclusive and respectful environments. Additionally, the UNM Clinical and Translational Science Center is exploring curricula about how to prevent harassment in the research environment and will pilot an experimental course using evidence-based approaches in the future, open to learners, postdocs, faculty, and staff across the HSC.

The university received an Office of Violence Against Women Grant and used it to build a coordinated community response team to address issues of gender-based violence. Funds from this grant helped develop online bystander training such as the U Got This! Program and projects such as the Engaging Men & Masculine People Narrative Project to help explore bystander behaviors for learners, faculty, and staff in the face of gender-based violence, among other initiatives. UNM also hosts a gender equity group that allows people to gather from across the main campus and HSC to discuss sexual harassment and that will drive a number of training and educational efforts moving forward.

The Ohio State University College of Medicine: Educational Trainings and Programs

Ohio State requires all students, faculty, and staff to take an annual training in sexual harassment. Incoming students must complete the required training to be able to register for classes, and employees must complete the training to be eligible for merit increases. The university offers additional trainings for students and employees. Medical students also receive training about sexual misconduct and prohibited relationships with faculty and staff as part of their orientation. A recently established preventive initiative is OSU's Advocates and Allies program. This program is available for people who identify as men to provide education on sexual misconduct prevention and gender equity and facilitated conversations where men can openly discuss these issues with each other in a group setting. Content for the programming includes understanding power dynamics, microaggressions, and bystander and upstander skill development through case studies and role playing.

University of Virginia School of Medicine: Prevention Through Real-World Training

UVA has developed several educational programs including the SteppingIn4Respect Program, which is now publicly available to all institutions. Since 2019, the program has trained more than 1,500 people through its two-hour video-based workshop. The curriculum uses the BEGIN framework — Breathe, start with Empathy, set the Goal, Inquire, eNgage — to help individuals build skills to intervene and effectively respond when they witness or experience situations of disrespect

or discrimination, including sexual harassment, among patients, visitors and family members, and colleagues. Case studies presented in the training are based on real events in clinical and nonclinical settings on campus and spark conversations that allow for open discussions of reporting policies, requirements, and resources. The institution finds that using real scenarios instead of hypothetical or exaggerated cases lends credibility and enhanced problem-solving to the training. This training was intentionally designed for people who have supervisory responsibility and for people others might turn to for help (e.g., all residents, all managers of any domains, students). In pre- and post-workshop testing, the SteppingIn4Respect Program has demonstrated a statistically significant positive change in how comfortable participants felt about stepping in when situations of disrespect occur. The program has even progressed, at participants' request, to a SteppingIn4Respect 2.0 specifically for women faculty — which the institution recently successfully completed with case studies from workshop participants' personal experiences. The program has also empowered staff to address issues by providing a transparent and supportive climate for them to step into and respond. This type of climate change demonstrates subtle, but impactful, changes in organizational hierarchies that allow individuals from a variety of levels in the organization to speak out.

Wake Forest School of Medicine of Wake Forest Baptist Medical Center: Prevention Through Co-facilitated Training

In addition to annual compliance training, Wake Forest offers WAKE Active Bystander Influence (BI) Strategy training for departments, units, and teams to ensure all know how to address sexual harassment. In partnership with their DEI office, faculty are asked to co-lead sessions with BI educators, through a train-the-trainer model, to bring increased credibility to these efforts and serve as additional resources to their colleagues. Trainings include didactic content about social psychology, bystander apathy, and why people don't intervene during instances of incivility, in addition to discussions of video case studies where faculty can share their thoughts and comments about addressing the behaviors in the videos. Conflict-management courses are also available to help people build problem-solving skills. Situational and peer mentorship opportunities, such as the WFU Peers Network, are available to faculty who need to find colleagues they can trust to discuss their experiences and to have peer support as they work to address those experiences.

Strategies for Individuals and Faculty Leaders to Support Cultures of Anti-Harassment

In addition to the institutional strategies summarized above, individuals and faculty leaders can take immediate actions to educate themselves and peers about fostering a culture of harassment prevention. Here are ways to take action and be accountable in building safe and inclusive environments.

INDIVIDUAL ACTIONS

1. Familiarize yourself with your institution's policies and expectations on:
 - a. Sexual, including gender, and other types of harassment.
 - b. Mistreatment and disruptive behavior.
 - c. Prohibited relationships.
 - d. Anti-retaliation.
 - e. Professionalism and code of conduct.
 - f. Reporting harassment and discriminatory behavior and incidents.
2. Gather and disseminate institutional resources for reporting and support of victims of harassment. This may include:
 - a. Human Resources.
 - b. Ombudsperson.
 - c. Title IX Office.
 - d. Diversity, Equity, and Inclusion or similar type of office.
 - e. Compliance Office.
 - f. Office of Risk Management.
 - g. Other groups, programs, or individuals dedicated to and/or trained in supporting anti-sexual, including anti-gender, harassment efforts.
3. Participate in annual or regular training and education programs to develop skills for recognizing and responding to harassment or discrimination, including about:
 - a. Anti-sexual harassment.
 - b. Recognizing unconscious bias, microaggressions, and privilege.
 - c. Bystander and upstander intervention.
 - d. Allyship.
 - e. Leadership.
4. Communicate with leaders in diversity, equity, and inclusion and other stakeholder groups (e.g., a women in medicine and science (WIMS) group) at your institution to:
 - a. Collaborate on efforts to combat sexual, including gender, harassment and address gender equity issues.
 - b. Strategize in developing effective methods for disseminating local, regional, and national training opportunities and resources.
5. Engage allies at your institution, especially those in leadership positions, in gender equity programs and platforms. Invite or encourage male-identifying colleagues to attend an event focused on gender equity.

FACULTY-LEADER ACTIONS

6. Sponsor and mentor women and nonbinary individuals at your institution formally or informally. Sponsor one person a year.
7. Advocate for transparency in institutional reporting of compensation, leadership roles, resource allocation (e.g., grants, stipends, discretionary funds, retention offers), promotion, and tenure.
8. Advocate for institutional culture and climate assessments related to sexual, including gender, harassment that are inclusive of all stakeholders (e.g., leadership, faculty, staff, students, postdocs, residents, fellows).
9. Become a member of and involved with national associations and societies focused on gender equity such as the AAMC Group on Women in Medicine and Science (GWIMS), Group on Diversity and Inclusion (GDI), and Group on Faculty Affairs (GFA) among other [AAMC Affinity Groups](#). Join one source of reliable information, follow efforts closely, and share information through a local listserv or other sharing platform.

Members of the AAMC Group on Women in Medicine and Science Steering Committee compiled the above list.

5 | Conclusion

Sexual, including gender, harassment is prevalent in academic medicine among both men and women faculty, but it is experienced at far higher rates by women than men.

Rates of harassment experiences vary depending on race/ethnicity, sexual orientation, age, rank, administrative title, and department. People who experience harassment have less confidence in their school's ability to address their issue, are less engaged, and are less likely to stay at the institution. These findings suggest that institutions have an imperative to address sexual harassment and prevent it before it happens because of its effects on retention, performance, and overall organizational excellence. Institutions must also pay more attention to preventing tolerance of harassing behaviors and perpetrators, rather than solely focusing on tracking the number of reported cases. Information from case study interviews demonstrated that many institutions consider taking a preventive approach to harassment and investing both financial and people resources critical to the successful operation of their institution.

Ultimately, sexual harassment will be prevented only to the extent that leaders and everyone in academic medicine confronts both the prevalent rates of sexual harassment behaviors and the negative and harmful aspects of our culture that allow these behaviors to continue to go unaddressed. The key to building cultures of prevention and inclusion is implementing a holistic approach where anti-harassment efforts are integrated throughout institutional operating policies and procedures; are part of the institution's larger diversity, equity, and inclusion strategy; and reinforce accountability for all members of the community.

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APPENDIX A. Recommendations from *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine*¹

1. Create diverse, inclusive and respectful environments

- a. Academic institutions and their leaders should take explicit steps to achieve greater gender and racial equity in hiring and promotions, and thus improve the representation of women at every level.
- b. Academic institutions and their leaders should take steps to foster greater cooperation, respectful work behavior, and professionalism at the faculty, staff, and student/trainee levels, and should evaluate faculty and staff on these criteria in hiring and promotion.
- c. Academic institutions should combine anti-harassment efforts with civility-promotion programs.
- d. Academic institutions should cater their training to specific populations (in academia these should include students/trainees, staff, faculty, and those in leadership) and should follow best practices in designing training programs. Training should be viewed as the means of providing the skills needed by all members of the academic community, each of whom has a role to play in building a positive organizational climate focused on safety and respect, and not simply as a method of ensuring compliance with laws.
- e. Academic institutions should utilize training approaches that develop skills among participants to interrupt and intervene when inappropriate behavior occurs. These training programs should be evaluated to determine whether they are effective and what aspects of the training are most important to changing culture.
- f. Anti–sexual harassment training programs should focus on changing behavior, not on changing beliefs. Programs should focus on clearly communicating behavioral expectations, specifying consequences for failing to meet these expectations, and identifying the mechanisms to be utilized when these expectations are not met. Training programs should not be based on the avoidance of legal liability.

2. Address the most common form of sexual harassment: gender harassment

Leaders in academic institutions and research and training sites should pay increased attention to and enact policies that cover gender harassment as a means of addressing the most common form of sexual harassment and of preventing other types of sexually harassing behavior.

3. Move beyond legal compliance to address culture and climate

Academic institutions, research and training sites, and federal agencies should move beyond interventions or policies that represent basic legal compliance and that rely solely on formal reports made by targets. Sexual harassment needs to be addressed as a significant culture and climate issue that requires institutional leaders to engage with and listen to students and other campus community members

4. Improve transparency and accountability

- a. Academic institutions need to develop—and readily share—clear, accessible, and consistent policies on sexual harassment and standards of behavior. They should include a range

of clearly stated, appropriate, and escalating disciplinary consequences for perpetrators found to have violated sexual harassment policy and/or law. The disciplinary actions taken should correspond to the severity and frequency of the harassment. The disciplinary actions should not be something that is often considered a benefit for faculty, such as a reduction in teaching load or time away from campus service responsibilities. Decisions regarding disciplinary actions, if indicated or required, should be made in a fair and timely way following an investigative process that is fair to all sides.

- b. Academic institutions should be as transparent as possible about how they are handling reports of sexual harassment. This requires balancing issues of confidentiality with issues of transparency. Annual reports, that provide information on (1) how many and what type of policy violations have been reported (both informally and formally), (2) how many reports are currently under investigation, and (3) how many have been adjudicated, along with general descriptions of any disciplinary actions taken, should be shared with the entire academic community: students, trainees, faculty, administrators, staff, alumni, and funders. At the very least, the results of the investigation and any disciplinary action should be shared with the target(s) and/or the person(s) who reported the behavior.
- c. Academic institutions should be accountable for the climate within their organization. In particular, they should utilize climate surveys to further investigate and address systemic sexual harassment, particularly when surveys indicate specific schools or facilities have high rates of harassment or chronically fail to reduce rates of sexual harassment.
- d. Academic institutions should consider sexual harassment equally important as research misconduct in terms of its effect on the integrity of research. They should increase collaboration among offices that oversee the integrity of research (i.e., those that cover ethics, research misconduct, diversity, and harassment issues); centralize resources, information, and expertise; provide more resources for handling complaints and working with targets; and implement sanctions on researchers found guilty of sexual harassment

5. Diffuse the hierarchical and dependent relationship between trainees and faculty

Academic institutions should consider power-diffusion mechanisms (i.e., mentoring networks or committee-based advising and departmental funding rather than funding only from a principal investigator) to reduce the risk of sexual harassment

6. Provide support for the target

Academic institutions should convey that reporting sexual harassment is an honorable and courageous action. Regardless of a target filing a formal report, academic institutions should provide means of accessing support services (social services, health care, legal, career/professional). They should provide alternative and less formal means of recording information about the experience and reporting the experience if the target is not comfortable filing a formal report. Academic institutions should develop approaches to prevent the target from experiencing or fearing retaliation in academic settings

7. Strive for strong and diverse leadership

- a. College and university presidents, provosts, deans, department chairs, and program directors must make the reduction and prevention of sexual harassment an explicit goal of their tenure. They should publicly state that the reduction and prevention of sexual harassment

will be among their highest priorities, and they should engage students, faculty, and staff (and, where appropriate, the local community) in their efforts.

- b. Academic institutions should support and facilitate leaders at every level (university, school/college, department, lab) in developing skills in leadership, conflict resolution, mediation, negotiation, and de-escalation, and should ensure a clear understanding of policies and procedures for handling sexual harassment issues. Additionally, these skills development programs should be customized to each level of leadership.
- c. Leadership training programs for those in academia should include training on how to recognize and handle sexual harassment issues, and how to take explicit steps to create a culture and climate to reduce and prevent sexual harassment—and not just protect the institution against liability.

8. Measure progress

Academic institutions should work with researchers to evaluate and assess their efforts to create a more diverse, inclusive, and respectful environment, and to create effective policies, procedures, and training programs. They should not rely on formal reports by targets for an understanding of sexual harassment on their campus.

- a. When organizations study sexual harassment, they should follow the valid methodologies established by social science research on sexual harassment and should consult subject-matter experts. Surveys that attempt to ascertain the prevalence and types of harassment experienced by individuals should adopt the following practices: ensure confidentiality, use validated behavioral instruments such as the Sexual Experiences Questionnaire, and avoid specifically using the term “sexual harassment” in any survey or questionnaire.
- b. Academic institutions should also conduct more wide-ranging assessments using measures in addition to campus climate surveys, for example, ethnography, focus groups, and exit interviews. These methods are especially important in smaller organizational units where surveys, which require more participants to yield meaningful data, might not be useful.
- c. Organizations studying sexual harassment in their environments should take into consideration the particular experiences of people of color and sexual- and gender-minority people, and they should utilize methods that allow them to disaggregate their data by race, ethnicity, sexual orientation, and gender identity to reveal the different experiences across populations
- d. The results of climate surveys should be shared publicly to encourage transparency and accountability and to demonstrate to the campus community that the institution takes the issue seriously. One option would be for academic institutions to collaborate in developing a central repository for reporting their climate data, which could also improve the ability for research to be conducted on the effectiveness of institutional approaches.
- e. Federal agencies and foundations should commit resources to develop a tool similar to ARC3, the Administrator-Researcher Campus Climate Collaborative, to understand and track the climate for faculty, staff, and postdoctoral fellows.

9. Incentivize change

- a. Academic institutions should work to apply for awards from the emerging STEM Equity Achievement (SEA Change) program. Federal agencies and private foundations should encourage and support academic institutions working to achieve SEA Change awards.
- b. Accreditation bodies should consider efforts to create diverse, inclusive, and respectful environments when evaluating institutions or departments.
- c. Federal agencies should incentivize efforts to reduce sexual harassment in academia by requiring evaluations of the research environment, funding research and evaluation of training for students and faculty (including bystander intervention), supporting the development and evaluation of leadership training for faculty, and funding research on effective policies and procedures

10. Encourage involvement of professional societies and other organizations

- a. Professional societies should accelerate their efforts to be viewed as organizations that are helping to create culture changes that reduce or prevent the occurrence of sexual harassment. They should provide support and guidance for members who have been targets of sexual harassment. They should use their influence to address sexual harassment in the scientific, medical, and engineering communities they represent and promote a professional culture of civility and respect. The efforts of the American Geophysical Union are especially exemplary and should be considered as a model for other professional societies to follow.
- b. Other organizations that facilitate the research and training of people in science, engineering, and medicine, such as collaborative field sites (i.e., national labs and observatories), should establish standards of behavior and set policies, procedures, and practices similar to those recommended for academic institutions and following the examples of professional societies. They should hold people accountable for their behaviors while at their facility regardless of the person's institutional affiliation (just as some professional societies are doing).

11. Initiate legislative action

State legislatures and Congress should consider new and additional legislation with the following goals:

- a. Better protecting sexual harassment claimants from retaliation.
- b. Prohibiting confidentiality in settlement agreements that currently enable harassers to move to another institution and conceal past adjudications.
- c. Banning mandatory arbitration clauses for discrimination claims.
- d. Allowing lawsuits to be filed against alleged harassers directly (instead of or in addition to their academic employers).
- e. Requiring institutions receiving federal funds to publicly disclose results from campus climate surveys and/or the number of sexual harassment reports made to campuses.
- f. Requesting the National Science Foundation and the National Institutes of Health devote research funds to doing a follow-up analysis on the topic of sexual harassment in science, engineering, and medicine in 3 to 5 years to determine (1) whether research has shown that the prevalence of sexual harassment has decreased, (2) whether progress has been made on

implementing these recommendations, and (3) where to focus future efforts.

12. Address the failures to meaningfully enforce Title VII's prohibition on sex discrimination

- a. Judges, academic institutions (including faculty, staff, and leaders in academia), and administrative agencies should rely on scientific evidence about the behavior of targets and perpetrators of sexual harassment when assessing both institutional compliance with the law and the merits of individual claims.
- b. Federal judges should take into account demonstrated effectiveness of anti-harassment policies and practices such as trainings, and not just their existence, for use of an affirmative defense against a sexual harassment claim under Title VII.

13. Increase federal agency action and collaboration

Federal agencies should do the following:

- a. Increase support for research and evaluation of the effectiveness of policies, procedures, and training on sexual harassment.
- b. Attend to sexual harassment with at least the same level of attention and resources as devoted to research misconduct. They should increase collaboration among offices that oversee the integrity of research (i.e., those that cover ethics, research misconduct, diversity, and harassment issues); centralize resources, information, and expertise; provide more resources for handling complaints and working with targets; and implement sanctions on researchers found guilty of sexual harassment.
- c. Require institutions to report to federal agencies when individuals on grants have been found to have violated sexual harassment policies or have been put on administrative leave related to sexual harassment, as the National Science Foundation has proposed doing. Agencies should also hold accountable the perpetrator and the institution by using a range of disciplinary actions that limit the negative effects on other grant personnel who were either the target of the harassing behavior or innocent bystanders.
- d. Reward and incentivize colleges and universities for implementing policies, programs, and strategies that research shows are most likely to and are succeeding in reducing and preventing sexual harassment.

14. Conduct necessary research

Funders should support the following research:

- a. The sexual harassment experiences of women in underrepresented and/or vulnerable groups, including women of color, disabled women, immigrant women, sexual- and gender-minority women, postdoctoral trainees, and others.
- b. Policies, procedures, trainings, and interventions, specifically their ability to prevent and stop sexually harassing behavior, to alter perception of organizational tolerance for sexually harassing behavior, and to reduce the negative consequences from reporting the incidents. This should include research on informal and formal reporting mechanisms, bystander intervention training, academic leadership training, sexual harassment and diversity training, interventions to improve civility, mandatory reporting requirements, and approaches to

supporting and improving communication with the target.

- c. Mechanisms for target-led resolution options and mechanisms by which the target has a role in deciding what happens to the perpetrator, including restorative justice practices.
 - d. Mechanisms for protecting targets from retaliation.
 - e. Approaches for mitigating the negative impacts and outcomes that targets experience.
 - f. Incentive systems for encouraging leaders in higher education to address the issues of sexual harassment on campus.
 - g. The prevalence and nature of sexual harassment within specific fields in science, engineering, and medicine and that follows good practices for sexual harassment surveys.
 - h. The prevalence and nature of sexual harassment perpetrated by students on faculty.
 - i. The amount of sexual harassment that serial harassers are responsible for.
 - j. The prevalence and effect of ambient harassment in the academic setting.
 - k. The connections between consensual relationships and sexual harassment.
 - l. Psychological characteristics that increase the risk of perpetrating different forms of sexually harassing behaviors.
15. Make the entire academic community responsible for reducing and preventing sexual harassment.

All members of our nation's college campuses—students, trainees, faculty, staff, and administrators—as well as members of research and training sites should assume responsibility for promoting civil and respectful education, training, and work environments, and stepping up and confronting those whose behaviors and actions create sexually harassing environments

APPENDIX B. Institutional Profiles

This appendix contains each institutional interview summary in its entirety so readers have a complete picture of the institution's practices. Themes from these interviews were combined and included in the institutional practices section so readers can see examples of each practice from several institutions (Section 4). The authors hope that presenting this information in both ways helps readers get a sense of common innovative practices and how they fit in with other institutional efforts.

Columbia University Vagelos College of Physicians and Surgeons

Columbia University Vagelos College of Physicians and Surgeons works as part of the Columbia University Irving Medical Center (CUIMC) and with Columbia University to prevent and address sexual harassment. Various institutional offices and groups work together on strategy, and both the university and medical center have joined the NASEM Action Collaborative for the Prevention of Sexual Harassment in Higher Education. As Action Collaborative members, they have created an internal steering committee and a faculty liaison network, which includes representatives from each department across the university who meet regularly to discuss issues of gender-based misconduct, bullying behaviors, and issues pertaining to professionalism and civility and to develop recommendations to address these issues at the department and institutional levels. The group includes broad representation from the faculty, ensuring representation from each department. This allows better information flow across the institution, creates a learning community of peers, provides opportunities for synergies across departments, and enhances department-specific accountability. Further, as part of the 2020-2025 Columbia CUIMC Staff DEI and Belonging Strategic Plan, the institution has developed goals including administering a culture and climate assessment, offering bystander intervention, offering allyship trainings, and increasing staff awareness and adherence to reporting. As part of these efforts, department leadership receives training about successful preventive measures and strategies for fostering a zero-tolerance culture.

Training Beyond Compliance

In addition to the required New York Anti-Sexual Harassment training, the Columbia University Compliance Office provides training that includes focused content about different protected classes, affirmative action law, relationship policies, and the types of behaviors that build respectful communities, as well as the behaviors that do not and that should be reported. The university tracks training completion each year, and those who do not complete the training are blocked from accessing Columbia resources and websites until completion, building in real-time accountability for training. The Compliance Office provides customized training resources to the campus community, beyond state requirements, such as training for managers and customized department and restorative justice trainings.

Improving Title IX Training and Resources

Columbia University's Title IX Office provides support services for preventing and reporting sexual harassment. In coordination with the Compliance Office, the Title IX Office works to review reports of sexual harassment, discuss the incidents and outcomes, and observe and track any larger patterns that may emerge, including retaliation. The office discusses with respondents and reporters relevant policies and consequences and fleshes out the details of the incident reported. After the Title IX Office concludes an investigation, the respondent goes through one-on-one training, depending on the level and type of offense. If a report comes in that does not need a full investigation, the office still holds conversations with the

respondents to discuss issues that arose. The office also provides online training for leaders who are responsible for sanctioning and in-person training for individual departments that request their support.

Addressing Professionalism and Civility as Prevention

To sustain efforts for fostering respectful environments, Columbia University Vagelos College of Physicians and Surgeons created an Office of Professionalism. This is a joint initiative among the HR, Student Affairs, and Faculty Affairs offices and the result of a medical center-wide task force that discussed strategies for addressing structural racism, of which professionalism and civility are a part. The goal of the office is to support positive changes to the organizational climate and provide resources for people dealing with professionalism issues. While the Equal Opportunity and Affirmative Action office (EOAA) investigates harassment based on protected categories, the Office of Professionalism supports the management of negative and demeaning behaviors that do not fall under the responsibilities of the EOAA. The office is fully staffed with a faculty associate dean, who is trained in mediation and restorative justice. The office works with departments on preventive education as well as with the Ombud's Office and other key stakeholders to improve reporting processes.

Including Staff in Sexual Harassment Prevention

Leadership at Columbia University, the Vagelos College of Physicians and Surgeons, and the Irving Medical Center have sought to create accountability in a variety of ways. At the medical center, a staff diversity council was created by the Office of Human Resources in 2017 and is the body that creates and leads key DEI initiatives and reviews policies, including addressing issues related to, for example, gender and/or race. The council can make recommendations in conjunction with the EOAA office on how to address incidents of harassment and hold individuals accountable for their actions.

WIMS Offices Providing Resources

The Vagelos College of Physicians and Surgeons also created an Office for Women and Diverse Faculty in 2020 because of recommendations from two deans' advisory committees. Leaders from this office were formally trained by the EOAA and the Ombud's Office to triage and address reports of gender-related issues and provide resources for both the reporters and victims. The Office for Women and Diverse Faculty also provides mentorship opportunities and leadership development programming across several topics, including conflict management and emotional intelligence. In 2020, the Vagelos College of Physicians and Surgeons was one of 10 organizations to be recognized by the NIH for their work on gender equity and diversity and received the Prize for Enhancing Faculty Gender Diversity in Biomedical and Behavioral Science. The funds from the prize will be used to further support the needs of women faculty at the medical school. In 2021, the school also received a grant, the COVID-19 Fund to Retain Clinical Scientists, from the Doris Duke Charitable Foundation in concert with the American Heart Association to support early career clinician scientist faculty whose family-caregiving responsibilities grew during the pandemic and affected their research. The medical school was able to provide support to 15 faculty members, most of whom were women.

Related Resources

- Upstander workshop organized by Ombud's Office (<https://health.columbia.edu/services/bystander-intervention-step-0>)

- Departmental Climate Guide Toolkit (<https://provost.columbia.edu/content/tools-developing-climate-self-assessment>)
- Restorative justice (<https://centerforjustice.columbia.edu/content/restorative-justice>)
- Office of Women and Diverse Faculty (<https://www.vagelos.columbia.edu/about-us/explore-vp-s/leadership-and-administration/academic-affairs/faculty-professional-development-diversity-inclusion/vp-s-office-women-and-diverse-faculty>)
- Columbia University Compliance Training (<https://compliance.columbia.edu/content/training>)

Mayo Clinic College of Medicine and Science

The Mayo Clinic College of Medicine and Science uses a single operating and leadership structure to establish a single and consistent approach to issues when they arise, including having one set of policies that span all sites and campuses. Mayo Clinic approaches their sexual harassment policies and procedures through aligning their organizational values and being patient-centered, so sexual harassment and other harmful and discriminatory behaviors are seen as directly impeding being a patient-centered and excellent institution. Mayo Clinic revamped their harassment work in 2017 with an initial scan of their policies and found several that needed updating. This initial scan led to several additional efforts to create a more holistic and preventive approach to addressing harassment that could be rolled out through the entire enterprise due to the single operating structure.

Fostering Anti-Harassment in Hiring and Initial Employment

At the beginning of the hiring process, Mayo Clinic communicates to prospective faculty and staff the institution's values, which include fostering a respectful culture, expectation of professionalism, and zero tolerance for sexual harassment. Job candidates receive a values assessment tool to complete as part of the recruitment process to help both the candidates and the organization determine whether their values align. Once a person is hired, they also receive a series of trainings over the first three years of their employment that teaches them about the expectations and responsibilities of employees to promote a positive organizational culture.

Investing in Investigation and Response

Mayo Clinic College of Medicine and Science has a well-known process for investigating harassment that has served as a model for other medical schools. When harassment reports are made, they are screened by HR and then assigned to one of HR's trained professional investigators. This core group of highly trained investigators is housed within the HR office and also connected to investigators from the Compliance Office and the Office of Risk Management. The investigators, currently numbering about 100 staff, receive ongoing training in Mayo Clinic policies to ensure consistency in how reports are addressed. Once an investigation is completed, the Personnel Committee and departmental leadership jointly review the results to decide next steps. Once those groups have made a decision about next steps, they apply the processes outlined in the Mayo Clinic Fair and Just Culture Framework. The framework defines tiers of actions to be taken based on the severity, riskiness, and impact of behaviors, including harm done to individuals, patients, and the organization. The processes outlined in this framework are progressive in terms of disciplinary action, starting with a conversation, moving to a written warning, and then termination, depending on the

severity of the behavior. Lastly, leaders from various offices, including HR, the Personnel Committee, and the DEI office, communicate the Mayo Clinic's anti-retaliation policies to the perpetrators at both the outset and the close of an investigation, with the option to conduct follow-up reviews of retaliation, if it occurs, and depending on the severity of the case. Any retaliation by a perpetrator can then be classified and addressed again as an additional harmful behavior requiring attention.

Transparency in Reporting

Learners and employees at Mayo Clinic can report harassment through multiple avenues, including their compliance hotline. Chairs who fail to report issues within their departments may be removed from their leadership positions. HR leadership at Mayo Clinic tracks reports of harassment and updates their board of trustees regularly on these issues and shares results annually with employees on harassment reporting trends and improvements in the investigation process. Sexual harassment reports are also assessed as part of the organization's annual security report. HR holds conversations with individuals within units where people have been at risk of harassment to reiterate policies and organizational expectations, thereby taking a targeted and risk-management approach to units that need additional training or support. Institutional leaders receive a monthly dashboard with their department's sexual harassment-specific information so they can have real-time information about reports and investigations. Finally, Mayo Clinic leaders chose to put information about sexual harassment reports into their recurring newsletters in an effort to raise both transparency and visibility of the institution's commitment to addressing these issues.

Related Resources

- Investigative process ([https://www.mayoclinicproceedings.org/article/S0025-6196\(19\)31119-X/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(19)31119-X/fulltext))
- Anti-retaliation policy (<https://www.mayoclinic.org/documents/anti-retaliation-policy/doc-20095742>)

University of Michigan Medical School

To promote civility and respect, colleagues at the University of Michigan School of Medicine developed a faculty survey in 2018 to better understand their culture and fully assess harassment rates at their own institution. This important initiative, supported by the vice dean of academic affairs, revealed that both men and women were experiencing sexual harassment at high rates, with learners, faculty, staff, and patients as perpetrators. The survey was a catalyst for many efforts to follow because it brought the harassment issues faculty were facing to the forefront of leadership priorities. Reporting and training initiatives were thus soon implemented to improve the climate. This local in-depth survey was the initial step the school took to launch bolstered anti-harassment efforts. The survey results have since been published publicly and are available for others to learn from as they conduct surveys locally.

Leadership Accountability as a QI Effort

Equipped with the results of their internal sexual harassment survey, the institution treated its anti-harassment approach like a quality improvement (QI) project, where leaders at Michigan Medicine are held responsible for promoting the values of the institution and

creating a harassment-free environment. Department chairs were required to submit plans and provide training for how harassment would be addressed in their departments. As part of this commitment, the medical school also committed to improving gender diversity in leadership. The school made this a priority because leaders recognized that “just as sexual harassment is a mechanism by which gender inequity in representation develops, that gender inequity in representation, particularly in positions of influence and authority, leads to an environment within which sexual harassment thrives.” This connection between climate and leadership inequities is also carried forward through the school’s processes for faculty searches and women’s leadership development training programs, including a tracking tool that regularly monitors progress toward building diversity in leadership positions. Policies were updated and others created — such as the Policy on Sexual and Gender-Based Misconduct and the new Supervisor-Employee Relationship Policy — and in 2018, the Equity, Civil Rights and Title IX Office (at the time, named the Office for Institutional Equity) started producing an annual report on sexual harassment rates involving faculty and staff to complement its existing report on student sexual and gender-based misconduct. Sexual harassment work overall became more integrated with other DEI work.

Identifying and Correcting Repeat Offenders

The University of Michigan Medicine is now a participant in the Vanderbilt University Medical Center’s Patient Advocacy Reporting System and Co-worker Observation Reporting System (PARS/CORS) that allows both reporting and tracking of unprofessional behavior, including harassment complaints from patients and colleagues. Through this tracking system, department chairs can have real-time conversations with individuals about these inappropriate behaviors to increase awareness and prevent further repeated or escalated behaviors. The institution has developed resources and training for chairs on how to have these counseling conversations, which is critical for addressing problem behavior early. Learners, faculty, staff, and patients also have access to a university-wide website for reporting harassment that is easily accessible through the university’s online portal and hosted by Michigan’s Equity, Civil Rights and Title IX Office (ECRT). This website captures not only reports of sexual harassment, but also discrimination and discriminatory harassment based on various aspects of personal identity. The reporting of various types of behavior allows ECRT to address reports of harassment as well as to identify less egregious behaviors that may lead to or signal future more egregious behaviors and correct the less egregious behaviors early.

Prevention Through Positive Behavior Reinforcement

Michigan approaches their sexual harassment education by focusing on the institution’s values and reinforcing the behaviors they want to see, not just the behaviors to avoid, as well as on training programs to educate learners and faculty about bystander intervention and allyship. Their bystander program focuses on how individuals can intervene when they see misconduct and discriminatory acts, whether in peer-to-peer relationships or patient-to-staff interactions. Their Allyhood Development Training Program was established in 2005 to support individual and organization-wide LGBTQ inclusivity and advocacy. This program uses a social justice framework to illustrate the lived experiences of LGBTQ-identified people and helps equip medical students to address sexual harassment and trauma in this population in the clinical environment. Participating in preventive training and values-based behavior modeling are now included in the evaluation for promotion.

Related Resources

- *Handbook for Faculty Searches and Hiring* (<https://advance.umich.edu/wp-content/uploads/2018/10/Handbook-for-Faculty-Searches-and-Hiring.pdf>)
- Office for Institutional Equity (<https://oie.umich.edu/>)
- Spectrum Center (<https://spectrumcenter.umich.edu/article/allyhood-development-training>)
- Vanderbilt University Medical Center PARS/CORS at Michigan Medicine (<https://mmheadlines.org/2019/10/improving-professionalism-and-accountability-for-physicians/>)
- Professional Development Courses and Resources (<https://hr.umich.edu/working-u-m/professional-development/courses/change-it>)
- Advancing Women in Academic Medicine (<https://faculty.medicine.umich.edu/faculty-career-development/programs-awards/advancing-women-academic-medicine>)
- Advance Program, Committee on Strategies and Tactics for Recruiting to Improve Diversity and Excellence (STRIDE) (<https://advance.umich.edu/stride/>)
- The Professional Promise (<https://medicine.umich.edu/dept/surgery/michigan-promise>)
- Office for Institutional Equity: Title IX (<https://oie.umich.edu/title-ix/>)
- Vargas EA, Brassel ST, Cortina LM, et al. #MedToo: a large-scale examination of the incidence and impact of sexual harassment on physicians and other faculty at an academic medical center. *J Womens Health*. 2020;29(1):13-20. (<https://www.liebertpub.com/doi/full/10.1089/jwh.2019.7766>)
- Sexual and Gender-Based Misconduct Reporting (<https://sexualmisconduct.umich.edu/reporting-process/>)
- UM Standard Practice Guide Policies: Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners (<https://spg.umich.edu/policy/601.22>)
- UM Standard Practice Guide Policies: Supervisor-Employee Relationships (<https://spg.umich.edu/policy/201.97>)

University of Minnesota Medical School

Leveraging Leadership at the University Level

In 2017, the University of Minnesota announced the President's Initiative to Prevent Sexual Misconduct, which "aims for long-term culture change to build a university community free from all forms of sexual misconduct." This work started as an initiative with 100 members representing 62 formal stakeholders from across the university. The advisory committee for the initiative was tasked with policy development and has worked to assess university policies about responding consistently to faculty misconduct, communicating policies for preventing and addressing harassment, and expanding the range of sanctions to include harassment in specific environments, including externally funded laboratories. Five years later, efforts focus on updating the administrative structure to ensure the achievements of the initial initiative translate into permanent change that prevents sexual misconduct.

Consistent, Proportional Sanctions

In response to faculty feeling the sanctioning guidelines were unclear, now learners, faculty, and staff are held accountable through new guidelines created in partnership with the EOAA office, Recommendations for Responsive Action, which emphasize effectiveness, proportionality, and consistency in response to incidents. The institution views proportionality of sanctions as a key component to the success of the new guidelines, where the impact for perpetrators ranges from a letter outlining rehabilitative or restorative action to a salary reduction, to possible termination or other actions but is in line with the level and type of offense. As with other institutions, the University of Minnesota publishes an annual report of misconduct statistics, including the types of sanctions issued in aggregate. As part of this effort, leaders are working on internal monitoring mechanisms to identify internal faculty and/or staff who have had sanctions against them; such sanctions could affect grants and other outside funding.

Support Networks and Training

The university also hosts the Climate Support Network, a group that provides sexual harassment training to high-level leaders and individual departments. The Climate Support Network is composed of two to four faculty representatives from each of the university's colleges, including the medical school. In addition to delivering skill-building trainings to their peers, this group is another example of successful university-wide collaborations that can transform the culture and climate.

Other groups, such as the Women's Faculty Cabinet, also exist to address issues affecting women and advance gender equity on campus. The Women's Faculty Cabinet serves as an advisory board to the university leadership and provides recommendations on policy matters, conducts research about women faculty at the university, and hosts workshops and forums to improve equity and overall campus life for everyone at the University of Minnesota.

Preventive and Restorative Education

Education and assessment efforts are also part of the strategies the University of Minnesota uses to address sexual harassment. The medical school hosts an annual workshop and asynchronous trainings online that address microaggressions and sexism and train individuals how to respond when they experience or witness sexual harassment. The medical school also offers training in restorative justice practices and has implemented these practices to collectively address incidents and facilitate healing in their community. While training can be expensive, leaders leverage partnerships across the university to develop in-house resources, which further builds a sense of community commitment to preventing harassment. The institution also lauds the return on investment for this training as critical to creating an environment where everyone can thrive.

Continuous Climate Assessment

As part of their strategies to prevent harassment, the university administered an assessment in the spring of 2021 to understand the current climate. Questions in this 11-item tool assess one's sense of respect, behavioral expectations for faculty, recognition of power differentials and professional boundaries, and how to address inappropriate behaviors and retaliation. A data review group was established to examine the assessment data and provide feedback to departments about their existing issues. In addition to quantitative assessments, the

university uses qualitative methods to understand the campus environment. The survey has been key in measuring culture change efforts to establish healthy power dynamics, as opposed to toxic ones, and how the organization can home in on specific groups needing additional support. For example, the university created an LGBTQIA quality assessment for students to help inform how to tailor prevention efforts to better acknowledge risks and protective factors for the LGBTQIA community. As a result of this assessment, the university offered academic courses to address the sexual health needs of LGBTQIA individuals.

Related Resources

- The President's Initiative to Prevent Sexual Misconduct (<https://president.umn.edu/initiatives/presidents-initiative-prevent-sexual-misconduct>)
- Equal Opportunity and Professional Development (<https://eoaa.umn.edu/about/data>)
- Addressing Implicit Bias and Microaggressions Workshop, July 21, 2021. (<https://clinicalaffairs.umn.edu/events/addressing-implicit-bias-and-microaggressions-workshop-0>)
- U'Ren C. Medical school to incorporate restorative justice and offer new path to healing. *News and Events*. Dec. 4, 2020. (<https://med.umn.edu/news-events/medical-school-incorporate-restorative-justice-and-offer-new-path-healing>)
- CFANS Diversity, Equity and Inclusion Strategic Plan (<https://cfans.umn.edu/about/diversity-inclusion/dei-strategic-plan>)

University of New Mexico School of Medicine

The University of New Mexico (UNM) School of Medicine developed a Learning Environment Office (LEO) in June 2019 to address learner mistreatment, harassment, and discrimination in medical education. The office focuses on learners and the learning environment, including learners who are both targets and witnesses or faculty and staff who witness learner mistreatment. LEO is fully supported by and reports directly to the dean. Their staff includes three full-time staff and a team of 12 individuals overall who contribute to their office's efforts.

Dedicated Office to the Learning Environment

LEO manages an online reporting portal for harassment and mistreatment that asks individuals several questions to fully gather details of the incident. These questions have been revised over the past two years as the office better understands the types of mistreatment being commonly reported. For example, the office has recently added questions to help understand how the behavior experienced or witnessed negatively affected the reporting individual. Reports can be made in either a self-identified or anonymous way, and the reporter can ask for confidentiality, delayed action, and resources for addressing the impact of the incident. Offering these options provides control and agency for the learner so they can decide, with the support of LEO, how they want to move forward and what resources might be available. Similarly, to prevent potential retaliation, learners must give permission before an investigation moves forward. These approaches are in line with LEO's learner-centered, trauma-informed approaches to addressing mistreatment and harassment. LEO works with the University of New Mexico's Compliance, Ethics, and Equal Opportunity Office to resolve Title IX issues, and it also coordinates with them to respond to incidents that may not be Title IX violations but still go against the mistreatment policy.

Tracking as Prevention

Reports received through an online system have increased as the process and LEO have become more widely known at the Health Sciences Center (HSC). LEO staff continue to analyze the data collected through the system to identify trends in reported harassment, including when, where, and what types of harassment are occurring. They create quarterly reports that document the types of mistreatment reported, the targets, and the interventions or actions taken. This ongoing analysis helps create a culture of anti-harassment by promoting transparency while preserving confidentiality and anonymity. Quarterly reports also highlight faculty who are exemplary at teaching and engaging with learners, as a way to encourage prevention.

Working With Supervisors to Respond

LEO provides recommendations to supervisors about how to respond to substantiated incidents of mistreatment based on a process for classifying mistreatment response adapted from policies at Stanford University that uses standardized actions across the school. The office also offers training for supervisors who will be interacting with harassment perpetrators and is developing educational programming about building inclusive environments and preventing harassment in various learning environments, including research, clinical, classroom, and community.

Training and Education

At both the university and the medical school, the University of New Mexico hosts several educational activities aimed at harassment prevention. LEO and the HSC Office for Diversity, Equity, and Inclusion created the Building Inclusive Environment Speaker series, which is in high demand, to provide examples and resources for how to create inclusive and respectful environments. Additionally, the UNM Clinical and Translational Science Center is exploring curricula about how to prevent harassment in the research environment and will pilot an experimental course using evidence-based approaches in the future, open to learners, postdocs, faculty, and staff across the HSC.

The university received an Office of Violence Against Women Grant and used it to build a coordinated community response team to address issues of gender-based violence. Funds from this grant helped develop online bystander training such as the U Got This! Program and projects such as the Engaging Men & Masculine People Narrative Project to help explore bystander behaviors for learners, faculty, and staff in the face of gender-based violence, among other initiatives. UNM also hosts a gender equity group that allows people to gather from across the main campus and HSC to discuss sexual harassment and that will drive a number of training and educational efforts moving forward.

Related Resources

- Learning Environment Office (<https://hsc.unm.edu/medicine/education/leo/>)
- Understanding and reporting mistreatment (<https://hsc.unm.edu/medicine/education/leo/reporting/>)
- Stanford Medicine MD Program: Mistreatment (<https://med.stanford.edu/md/student-wellness/mistreatment.html>)

- Women's Resource Center grant (<http://news.unm.edu/news/unm-womens-resource-center-awarded-300-000-grant>)
 - Engaging Men & Masculine People Narrative Project (<https://ccrt.unm.edu/programming/engaging-men-masculine-people-narrative-project.html>)
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The Ohio State University College of Medicine

Faculty Pre-Hire Screening for Misconduct

Beginning in January 2021, Ohio State launched a university-wide policy that requires a screening process for previous history of misconduct, including sexual harassment, for any tenure-track faculty position as part of the application process. This process is operated through the Office of Academic Affairs and requires any potential candidate to sign an authorization form that permits contacting their current and past employers about ongoing and incomplete investigations on any misconduct behavior. With the authorization to contact their current and past employers, the Office of Academic Affairs contacts the candidate's previous university, asking whether the individual is the subject of pending investigations. If the individual is the subject of a pending investigation, available information is reviewed to determine appropriate next steps for the hiring process. Of the reviews done each year, only one or two candidates, on average, are found with a history of harassment. Candidates are also asked about and expected to disclose any pending investigations or past findings related to misconduct. Ohio State is also adding language to all offer letters for all faculty positions stating the expectation that history of misconduct be shared and if it is determined that a candidate does not provide accurate information, the university has the right to rescind the employment offer or terminate the employee. Leaders believe that knowing these university policies up front will likely deter applicants with a history of misconduct from applying.

Infrastructure for Reporting, Including Resources for New Department Chairs

In August 2019, the university established the Office of Institutional Equity (OIE) to coordinate the response to all reports of protected-class discrimination, harassment, and sexual misconduct, streamline processes into one office, and promote consistency in addressing these matters. OIE provides a system for consolidated reporting of all protected-class discrimination, harassment, and sexual misconduct; investigates and adjudicates reports; provides resources and supportive measures for affected individuals; and provides education and training to the university community.

OIE also works to ensure employees know how to report discrimination, harassment, and sexual misconduct and educates the students, faculty, and staff about university processes and the types of support available for affected individuals. Resources for reporting harassment and other support services are available to the community on the university's website and the OSU digital app. OIE holds educational conversations with individuals to ensure they are aware of the university's policies and the behavioral expectations the university has established for the campus community. The office also educates parties involved in the process and other community members about the university's prohibitions against retaliation and takes steps to prevent retaliation and address reports of retaliation. OIE assists the Office of Academic Affairs (OAA) in facilitating the New Department Chairs Program, which equips newly appointed chairs with information and resources to help prevent and address protected-class

discrimination, harassment, sexual misconduct, and retaliation. Chairs and leaders can ask the OIE to hold educational conversations with perpetrators when reports don't rise to the level of harassment, with the consent of the target.

Within the OSU College of Medicine, the Women in Medicine (WIMS) committee has informally supported other offices in addressing sexual harassment. When the committee receives informal complaints from female faculty about discrimination and microaggressions, it refers the faculty member to OIE or other institutional or outside resources that can provide the support they need to get their reports addressed.

Educational Trainings and Programs

Ohio State requires all students, faculty, and staff to take an annual training in sexual harassment. Incoming students must complete the required training to be able to register for classes, and employees must complete the training to be eligible for merit increases. The university also offers additional trainings for students and employees. Medical students also receive training about sexual misconduct and prohibited relationships with faculty and staff as part of their orientation. A recently established preventive initiative is OSU's Advocates and Allies program. This program is available for people who identify as men to provide education on sexual misconduct prevention and gender equity and facilitated conversations where men can openly discuss these issues with each other in a group setting. Content for the programming includes understanding power dynamics, microaggressions, and bystander and upstander skill development through case studies and role playing.

Related Resources

- Women's Place advocates and allies (<https://womensplace.osu.edu/initiatives-and-programs/advocates-allies>)
- Office of Institutional Equity (<https://equity.osu.edu>)
- Women in Medicine and Science (WIMS) (<https://medicine.osu.edu/faculty/wims>)
- App (<https://www.osu.edu/downloads/apps/ohio-state-app.html>)
- Background check (<https://hr.osu.edu/wp-content/uploads/policy415.pdf>)
- Tools for responding to patient-initiated verbal sexual harassment (<https://eyerounds.org/tutorials/sexual-harassment-toolkit/index.htm>)
- New Chair Program (<https://oaa.osu.edu/new-chair-program>)

University of Virginia School of Medicine

The University of Virginia School of Medicine has emphasized training and transparency in their overall approach to addressing harassment. From educational case studies based off real events to open restorative conversations with perpetrators, a central element of the institution's approach is being transparent about the existence of sexual harassment as an initial step to addressing it. Additionally, the institution sees one foundational aspect of prevention in promoting those who are historically underrepresented and/or marginalized in academic medicine into leadership roles and senior ranks. Through dedicated sponsorship education, leadership, and award nomination tracking,

the institution views diversifying senior-level leaders as an initial step toward preventing harassment and other discriminatory behaviors.

Prevention Through Real-World Training

UVA has developed several educational programs including the SteppingIn4Respect Program, which is now publicly available to all institutions. Since 2019, the program has trained more than 1,500 people through its two-hour video-based workshop. The curriculum uses the BEGIN framework — Breathe, start with Empathy, set the Goal, Inquire, ENgage — to help individuals build skills to intervene and effectively respond when they witness or experience situations of disrespect or discrimination, including sexual harassment, among patients, visitors and family members, and colleagues. Case studies presented in the training are based on real events in clinical and nonclinical settings on campus and spark conversations that allow for open discussions of reporting policies, requirements, and resources. The institution finds that using real scenarios instead of hypothetical or exaggerated cases lends credibility and enhanced problem-solving to the training. This training was intentionally designed for people who have supervisory responsibility and people others might turn to for help (e.g., all residents, all managers of any domains, students). In pre- and post-workshop testing, the SteppingIn4Respect Program has demonstrated a statistically significant positive change in how comfortable participants felt about stepping in when situations of disrespect occur. The program has even progressed, at participants' request, to a SteppingIn4Respect 2.0 specifically for women faculty — which the institution recently successfully completed with case studies from workshop participants' personal experiences. The program has also empowered staff to address issues by providing a transparent and supportive climate for them to step into and respond. This type of climate change demonstrates subtle, but impactful, changes in organizational hierarchies that allow individuals from a variety of levels in the organization to speak out.

Restorative Practice to Prevent Repeat Offenses

UVA's Medical Center hosts the Wisdom and Wellbeing Program, designed to facilitate restorative conversations and provide resources when professional and communication breakdowns have occurred and created conflict or harm in the workplace. The program facilitates coaching with the referred party and their supervisors on how to manage incidents and facilitates restorative conversations between the referred party and the referring party, not as formal corrective action but as a restorative, forward-thinking dialogue. An important aspect of the coaching conversations is that the training covers what the consequences will be if the reported behavior is experienced again, reinforcing accountability for policies by the referred party and their supervisors. Focusing on leaders, the medical center trains faculty coaches to lead these informal conversations using a standardized approach based on a restorative justice framework.

Reinforcing Positive Behavior University-Wide

The Office of Equal Opportunity and Civil Rights (EOCR), HR, and other key partners in the university work to educate all members of the university about expectations for appropriate behaviors and setting boundaries through disseminating its policies, requiring online and in-person trainings, and providing other avenues of communication. UVA provides an online reporting option, Just Report It (JRI), for anyone to report concerns about potential bias, discrimination, and harassment, including sex- and gender-based harassment

and violence. EOOCR and HR evaluate reports submitted through this online system that relate to employee conduct to determine whether any applicable university policies are implicated, the appropriate response under the circumstances reported (e.g., initial inquiry, formal complaint and investigation, alternative and informal resolutions), and the range of appropriate consequences, if applicable, including coaching conversations, education and training, suspension, and/or termination. EOOCR aims to share information about reports of discrimination, harassment, and sexual misconduct through annual reports and climate surveys. The institution uses formal and informal approaches to address harmful behavior to ensure the response is comprehensive, timely, and effective in preventing future issues.

Community Efforts to Create Inclusion and Belonging University-Wide

At the university level, UVA offers training, reporting, and preventive resources. The Office of Diversity, Equity, and Inclusion developed a framework for reporting discriminatory behavior and educational programming about bias, microaggressions, and privilege. Training includes the use of didactic dialogues to give individuals the opportunity to talk about issues they've faced and how they have affected them, including in the health care setting. The Office of DEI also dedicates efforts to promoting belonging through sponsorship. The UVA School of Medicine leverages these tools and resources to augment their other efforts, already in place, to address and prevent harassment.

The UVA Division for Diversity, Equity, and Inclusion accomplishes its mission through the coordinated and collective impact of the Office for Equal Opportunity and Civil Rights; the Office of DEI; and the Center for Community Partnerships. The division has developed a framework for community members to report concerns of discriminatory behavior and to provide educational programming and resources to address bias, microaggressions, and privilege. The Division for DEI also dedicates efforts to promoting belonging through partnership across UVA and in the local community.

Related Resources

- Just Report It (<https://justreportit.virginia.edu/>)
- Stepping in: creating a culture of respect and inclusion (<https://steppinginforrespect.com/>)
- Insight Into Diversity (<https://www.insightintodiversity.com/2019-health-professions-heed-awards-innovative-diversity-education/>)
- Wisdom and Wellbeing Program (<https://www.medicalcenter.virginia.edu/wwwp/>)
- Division for Diversity, Equity, and Inclusion (dei.virginia.edu)

Wake Forest University School of Medicine

Leadership at Wake Forest Baptist Health School of Medicine takes gender issues seriously and ensures accountability across the organization with regard to sexual harassment. The medical school uses the AAMC StandPoint™ Faculty Engagement Survey to assess their climate, including experiences of sexual harassment and efforts to build a respectful and retaliation-free environment. Specifically, when areas around climate and harassment came back as areas of needed improvement, the institution responded swiftly. Data from their regular survey administrations have

helped shape initiatives used to prevent harassment, including the development of new policies, reporting mechanisms, and prevention training.

Working With the University to Adapt Policies for the School of Medicine

Working closely with the university, the medical school revised their grievance policies to account for the fact that the academic year in the medical school is different from the undergraduate campus's academic year. This change meant sexual harassment reports can be addressed year-round. The school also adopted an incivility policy a few years ago to clearly define incivility behaviors, reinforce a zero-tolerance environment, and provide instructions for reporting incidents as well as for adopting a new Personal Code of Conduct. Finally, the school established an Ombuds Office, through their Faculty Affairs office, which has helped reduce fear of retribution on campus and provide a resource to reporters and targets in addressing harassment incidents. The Ombuds Office is a resource for faculty to use to share their concerns, and the office can escalate an incident to the dean's office if the situation requires that. The ombudsperson prepares a twice-yearly report for the dean that includes observations about overall trends in reported incidents.

Reporting to Correct Problem Behavior Immediately

Wake Forest has adapted the Vanderbilt University Medical Center's PARS (Patient Advocacy Reporting System) program to track patient complaints of inappropriate behaviors, including sexual harassment, by health care providers and to intervene quickly. At Wake Forest, interventions range from conversations to efforts by department chairs to reduce risk, to senior leadership review. The medical school is also considering a CORS (Co-worker Observation Reporting System) program for monitoring colleague-observed behaviors. While these types of reporting systems require financial investment, Wake Forest leadership believes the return on investment offsets the costs of building a respectful culture and reduces attribution and liability claims.

Cross-Institutional Group of Stakeholders to Handle Cases

The university has invested in creating reporting infrastructure by establishing the Faculty Legal Affairs Committee (FLAC). FLAC is a multidisciplinary group of content experts that addresses professionalism and employee issues, including reports of sexual harassment by and among faculty. This group provides an impartial body to document and investigate reports, enforce institutional policies and processes for remediation, and provide legal advice on terminations. The institution has seen vast improvement in the handling of reports, including by having several institutional offices all represented in one committee and having easier access to one another (offices include Faculty Affairs, Legal, Human Resources, Chief Medical Officer, Risk Management, Corporate Investigations, Compliance, and Title IX).

Prevention Through Co-Facilitated Training

In addition to annual compliance training, Wake Forest offers WAKE Active Bystander Influence (BI) Strategy training for departments, units, and teams to ensure all know how to address sexual harassment. In partnership with their DEI office, faculty are asked to co-lead sessions with BI educators, through a train-the-trainer model, to bring increased credibility to these efforts and serve as additional resources to their colleagues. Trainings include didactic content about social psychology, bystander apathy, and why people don't intervene during instances of incivility, in addition to discussions of video case studies where faculty

can share their thoughts and comments about addressing the behaviors in the videos. Conflict-management courses are also available to help people build problem-solving skills. Situational and peer mentorship opportunities, such as the WFU Peers Network, are available to faculty who need to find colleagues they can trust to discuss their experiences and to have peer support as they work to address those experiences.

Related Resources

- Student disability grievance procedure (<https://school.wakehealth.edu/-/media/wakeforest/school/files/education-and-training/student-records/student-disability-grievance-procedure.pdf?la=en>)
 - New ombuds office (<https://inside.wfu.edu/2021/02/new-ombuds-office-to-offer-confidential-support-for-conflict-resolution-to-faculty-and-staff/>)
 - Bystander intervention (<https://thrive.wfu.edu/programs/bystander/>)
 - WFU P.E.E.R.S. Network structure (<https://thrive.wfu.edu/programs/peer-education/wfu-p-e-e-r-s-network-structure/>)
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University of Wisconsin School of Medicine and Public Health

The University of Wisconsin School of Medicine and Public Health works within the full UW and state health system to holistically review and update policies to ensure consistency across campuses and sites. They work across several offices collaboratively on policy and practice changes to implement promising practices and gain buy-in. The University of Wisconsin School of Medicine and Public Health views professionalism as a core value and sees the connection between anti-harassment and professionalism initiatives. The community is undergoing a policy review to examine mechanisms for holding individuals accountable for professionalism standards. People from across the health system, whether in traditional leadership roles or not, are involved in this process. Human Resources has worked with this policy review team to raise awareness of reporting in the campus community, track reporting trends, and design training for repeat offenders.

Stop Passing the Harasser

The entire UW System uses the Stop Passing the Harasser background check process to address the practice of faculty and staff members leaving one institution after they have been found responsible for harassment or while an investigation is pending and to prevent them from starting at another institution. Before hiring, any final candidate needs to disclose whether they have ever been found responsible for sexual violence or sexual harassment or whether they are currently under investigation or have ever left employment during an active investigation. The substance of the disclosure, or dishonesty in response, can affect their candidacy for employment. The institution has had very few candidates with reported sexual harassment history but has still collected this information and is considering ways to track it across institutions.

Triaging Learner Mistreatment

UW Medicine created a Student Mistreatment Triage Committee to address all types of learner mistreatment among undergraduate and graduate medical education (UME and GME) students and graduate students. Learners have a standardized process for reporting that the institution consistently communicates to the campus community, in all student orientations, and in the student handbook. The Student Mistreatment Triage Committee, which includes representatives from HR and the Faculty Affairs office, meets once monthly to review complaints and assign investigations to members of the committee. Protocols for addressing complaints are clearly defined, as are guidelines for following up with those who report. This committee is sensitive to learner requests about when and how investigations are conducted, including delaying action until after a learner completes a course, for example. The complaint is taken to the department chair, who is then responsible for deciding what action needs to be taken and for sending a report back to the committee. In addition to tracking statistics from those reports, the committee tracks the number of victims who don't wish to be identified or seek investigations, as additional climate data.

Centralizing Harassment Reports

At the university level, sexual harassment reports were moved from the HR department to the Office of Compliance. Professional investigators, whose role is to investigate and resolve sexual harassment and sexual violence investigations, conduct the investigations. The institution recognizes the immense value of hiring professional, trained staff investigators who have the skills and background to properly resolve sensitive and complex issues of harassment. The Office of Compliance also developed a third-party, institution-wide database for allegations of sexual harassment, both among students and employees. Access to the database is limited to a small group of individuals in the Office of Compliance and select deputy Title IX coordinators, who track complaints and repeat perpetrators. UW also has a Hostile and Intimidating Behavior Policy that addresses student mistreatment that does not clearly fall under sexual harassment policy violations.

Related Resources

- School of Medicine and Public Health Intranet (<https://intranet.med.wisc.edu/building-community/>)
- SMPH Student Mistreatment Triage Committee (<https://intranet.med.wisc.edu/smph-student-mistreatment-triage-committee/>)
- Hostile and intimidating behavior (<https://hr.wisc.edu/hib/>)
- Rethinking the harassing process (<https://www.wisconsin.edu/compliance/rethinking-the-hiring-process/>)



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