

Background and Objective

Background

- The Professional Climate Committee (PCC) is intended to help UC Davis respond to the The National Academies of Sciences, Engineering, and Medicine report (NASEM), "Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine," describing the biases and barriers—particularly sexual harassment—women face in the sciences.
- Sexual harassment is rampant in academic science and medicine, **with no evidence that current policies are sufficient to halt the trend.**
- The report covers surveys from two years of research into harassment in higher education, finding that the issue is more common in engineering and medical settings than non-STEM fields, with nearly half of female medical students reporting they were harassed by faculty or staff.

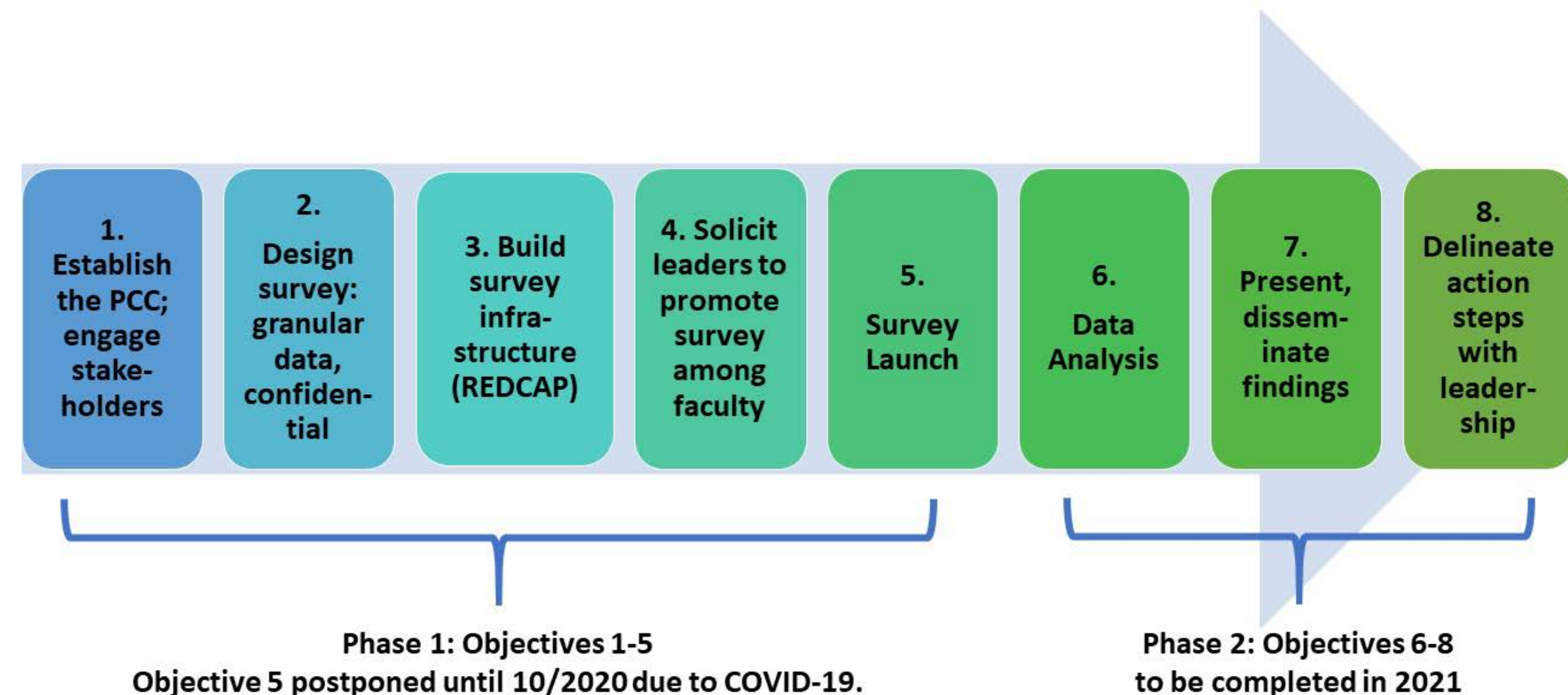
Academic science, engineering, and medicine exhibit at least four characteristics that create higher levels of risk for sexual harassment to occur:

- a. Male-dominated environment, with men in positions of power and authority.
- b. Organizational tolerance for sexually harassing behavior (e.g. failing to take complaints seriously, failing to sanction perpetrators, or failing to protect complainants from retaliation).
- c. Hierarchical and dependent relationships between faculty and their trainees (e.g. students, postdoctoral fellows, residents).
- d. Isolating environments (e.g. labs, field sites, hospitals) in which faculty and trainees spend considerable time.

Objective

The PCC is Phase 1 of a 2-3 year plan to identify climate issues at UCD Health and establish a long-term initiative to improve professional climate and implement structural interventions to prevent sexual harassment in STEM at UC Davis

- As a first step it's critical to evaluate and characterize the climate issues specific to our institution so that we have data-informed decisions regarding changes we want to make. It's also imperative to collect data that is comparable to other institutions so we know our metrics versus other academic health centers.
- Phase 1 (Objectives 1-5) is my ELAM project, while Phase 2 (Objectives 6-8) will commence after ELAM in 2020-2021. Due to COVID the PCC made a decision to delay the survey launch to October 2020 versus June 2020.



Phase 1: Methods and Results

Key Stakeholders UC Davis Health



Milestones Phase 1 (2019-2020)

Survey instrument

- Several different surveys were considered and discussed.
- While it was agreed up on that there may be better survey instruments ultimately decided to use NASEM survey.
- NASEM survey enables us to measure our climate at UC Davis and compare to other institutions.

Balancing granularity and confidentiality

- Biochemistry & Molecular Biology, Cell Biology & Human Anatomy, Pharmacology
 - Medical Microbiology & Immunology, Physiology & Membrane Biology, Public Health Sciences
 - Anesthesia & Pain Medicine, Dermatology/Pathology and Laboratory Medicine/Physical Medicine & Rehabilitation
 - Emergency Medicine, Pediatrics, Family & Community Medicine, Internal Medicine
 - Radiology/Radiation Oncology/Nuclear Medicine
 - General Surgery/Obstetrics/ Gynecology, Neurosurgery, Urology, Plastic Surgery, Otolaryngology, Orthopedic Surgery, Thoracic Surgery, Vascular Surgery, Ophthalmology
 - Neurology/Psychiatry and Behavioral Sciences
 - Other
 - Prefer not to say
- Anonymous
-Faculty rank and line (in residence, adjunct, clinical, or ladder rank will be asked but not required)
-Departments will be clustered to preserve confidentiality while also obtaining information on rank and gender

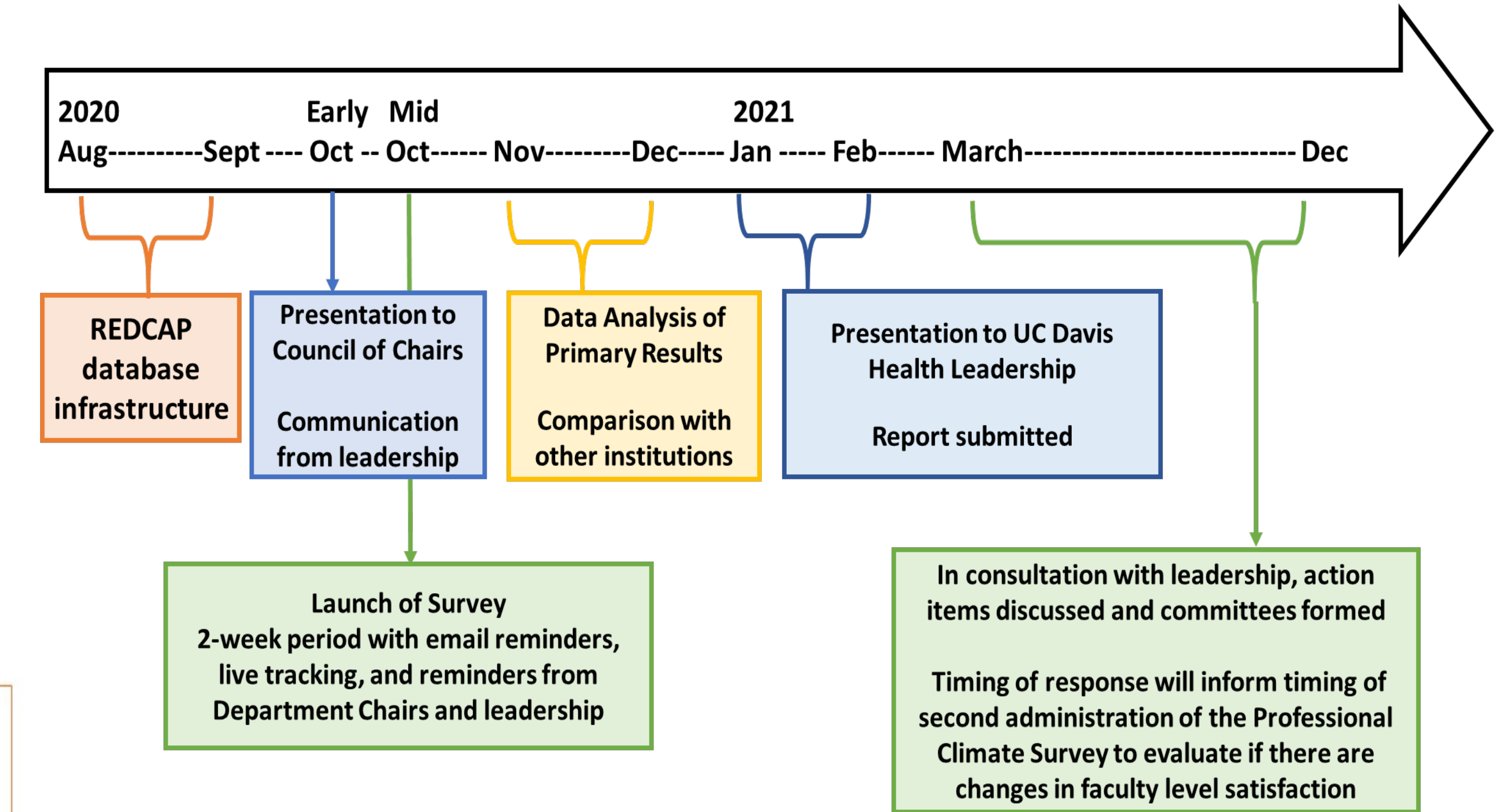
Repeated measures

- The decision was made to replicate the survey after a certain time period to evaluate potential changes.
- This led to the survey becoming official research triggering an IRB application and the creation of a REDCap database.

Marketing approach

- Buy in from UCD Health leadership and Department Chairs was discussed.
- The climate survey development was discussed at the Gender Sexual Harassment Committee, the Women's Faculty Mentoring Group, and the Women's Health and Science in Medicine Group.
- Survey response rate will be tracked by departmental clusters
- Email reminders will be sent.

Phase 2: Timing



Discussion/Next Steps

-Characterizing our institution on the domains in the NASEM survey is crucial to designing interventions to prevent and reduce gender and sexual harassment. Our data will not only characterize our institution but also how we compare.

-We will analyze the data we collect by clusters of department and evaluate if there are trends of higher prevalence in clusters that have more of the characteristics that predispose institutions to these behaviors.

-Descriptive data will be presented as well as multivariate modeling to account for sociodemographic differences and confounding .

-We will evaluate the metrics for each department cluster (ie ,number of faculty at each rank and faculty line, number of females versus males, number of females and males in leadership positions) to delineate if these are predictors of prevalence.

-Data will be disseminated system wide in the form of an official report. The PCC will discuss the report and findings with leadership and together will decide on next step UCD Health structural interventions.

-The PCC will work closely with the UC Davis Health Gender and Sexual Harassment Committee.

-The survey will be replicated and additional data collection instruments which focus on other domains of harassment will also be considered for data collection .

ACKNOWLEDGEMENTS: I am extremely grateful to ALL members of the PCC who were very engaged, each member contributed wholeheartedly to every step of this process. They all brought enthusiasm and commitment ; I'm excited to continue working with