

Background

- ❖ Women medical students are 220 times more likely than non-STEM students to experience sexual harassment
- ❖ 94% of university faculty and staff who experience Sexual and Gender Harassment (SGH) did not report their experience
 - ❖ Black women, Asian-American women, and Latinx women report even less frequently than white women
- ❖ The systemic impact of harassment creates a hostile institutional culture and results in many leaving academic medicine, inequitable allocations of resources for promotion to leadership roles, and increasing burnout rates

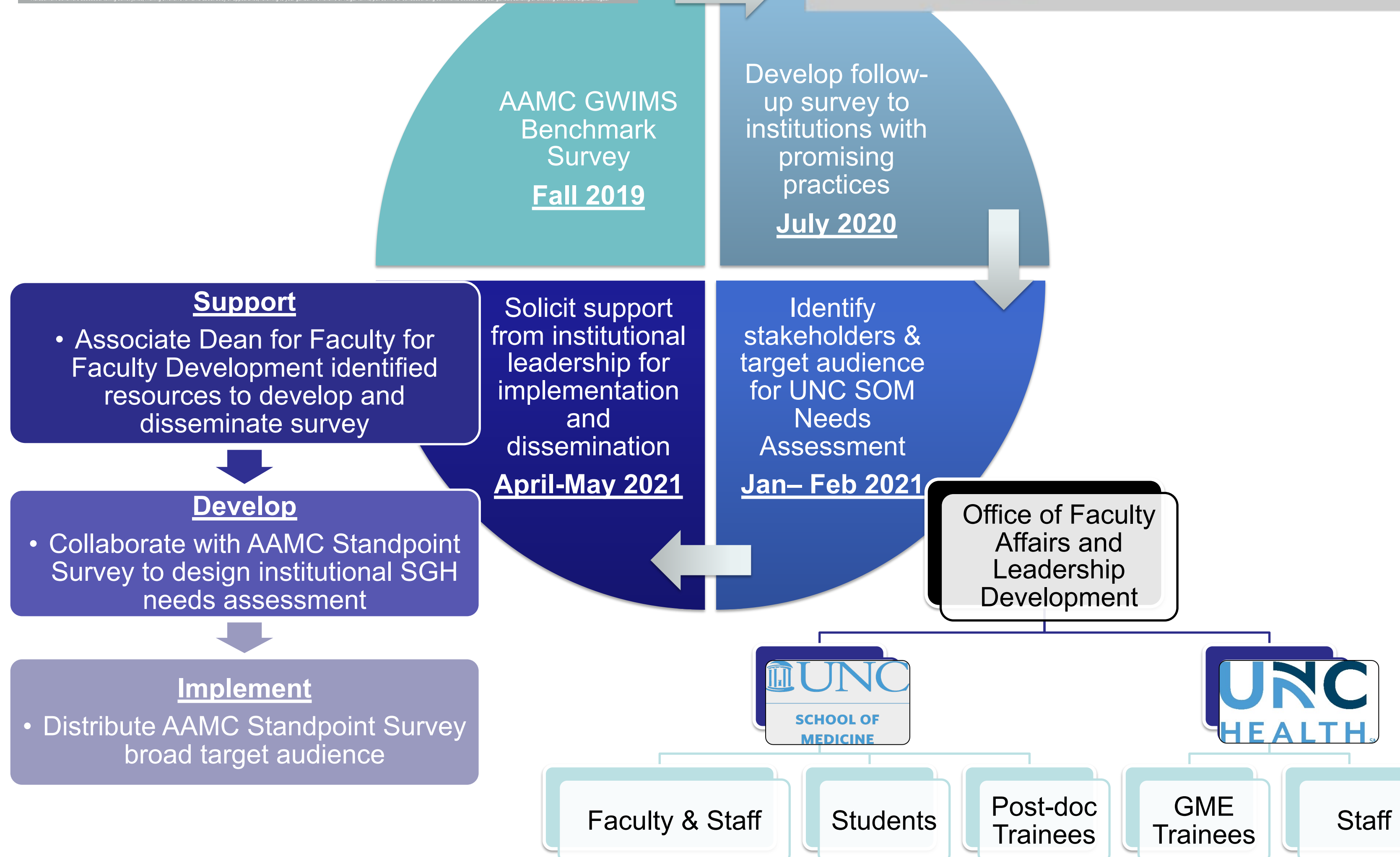
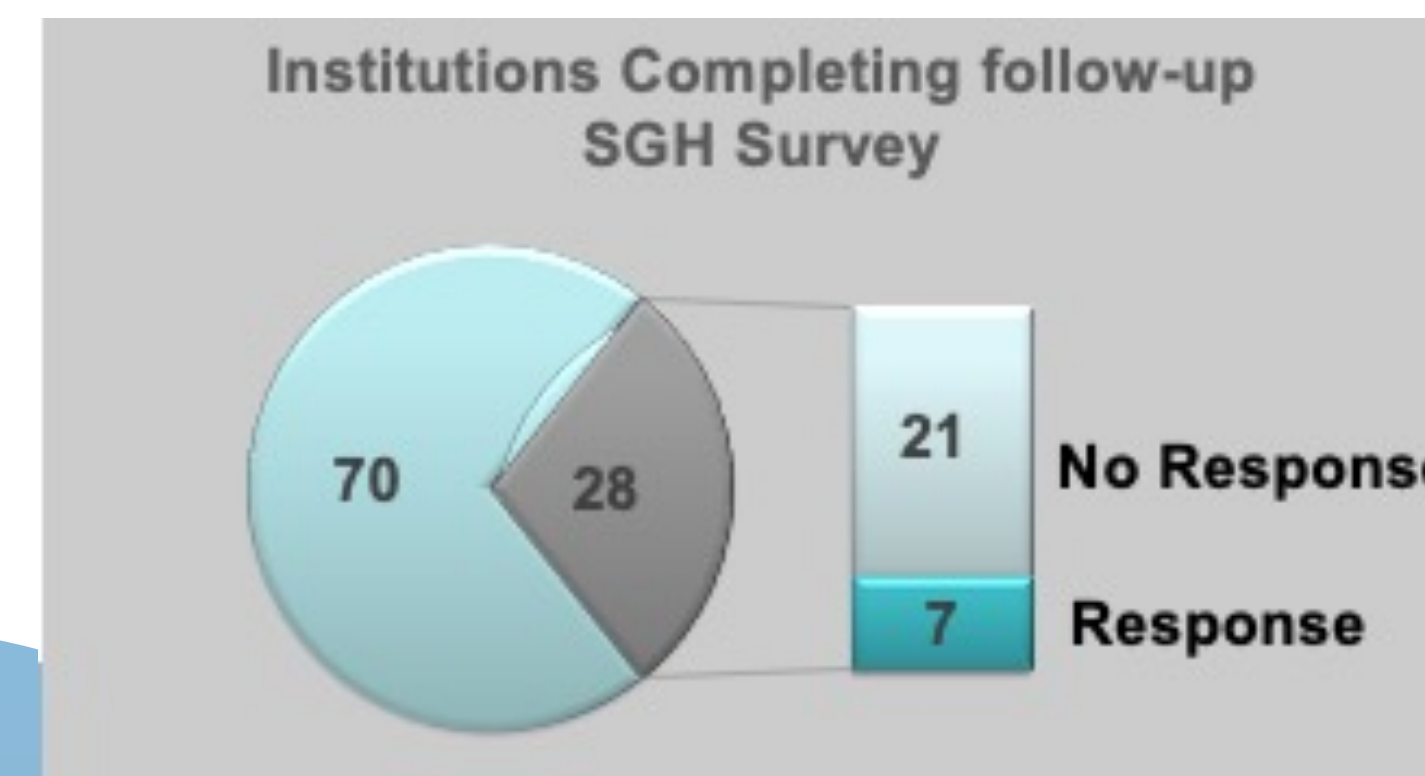
Specific Aims

- ❖ Identify best practices from academic medical and healthcare institutions for addressing SGH
- ❖ Develop an institutional needs assessment survey inclusive of diverse stakeholder groups

Methods

- ❖ Collaborate with the Association of American Medical Colleges (AAMC) Group on Women in Medicine and Science (GWIMS) to identify institutions with promising practices for addressing SGH utilizing survey sent to member institutions
- ❖ Develop a follow-up survey for dissemination to academic medical institutions identified via the initial GWIMS survey
- ❖ Identify stakeholders and resources for developing a unique, institutional needs assessment for the University of North Carolina School of Medicine (UNC SOM)
- ❖ Solicit support from institutional leadership for implementation and dissemination of needs assessment

Results



Conclusion

- ❖ Despite many institutions reporting promising practices in identifying and addressing SGH, few provide details on specific programming and outcomes
- ❖ There are no nationally representative models for SGH workplace assessments that include data from medical schools and affiliated healthcare organizations
 - ❖ Medical student data is often taken from AAMC Graduation Questionnaire
- ❖ Research staff, graduate students, and postdoctoral trainees are particularly vulnerable to SGH due to extended time in the same environment and influence of supervisors on degree acquisition and training opportunities.
- ❖ Deliberate assessments should be developed with an inclusive target population to ensure accuracy of data surrounding prevalence of SGH and institutional culture

Next Steps

- ❖ **Fall 2021:** Implementation and rollout of institutional needs assessment utilizing questions from AAMC Standpoint Survey
- ❖ **Winter 2021-22:** Collection and analysis of survey results
- ❖ **Spring 2022:** Review/Revise policies and procedures in place to address SGH in the educational, clinical, research, and administrative environments of both the SOM and healthcare system
- ❖ **Summer 2022:** Develop toolkit for dissemination of resources, faculty and leadership development

Collaborators

1. AAMC - Gender Equity Lab
2. AAMC - Group on Women in Medicine & Science
3. UNC SOM – Office of Faculty Affairs and Leadership Development