Scenario

A junior resident is asked to remove a femoral artery line prior to a patient leaving the ICU. As she is holding pressure, the patient begins to make comments about her appearance, her dating life, and hospital romances he’s seen on medical TV shows.

The resident grows increasingly uncomfortable but is only 2 minutes into compression and no one else is in the room.
Sexual Harassment
Definitions

**Gender harassment:** sexist hostility and crude behavior

**Unwanted Sexual Attention:** unwelcome verbal or physical sexual advances

**Sexual Coercion:** when favorable professional or educational treatment is conditioned on sexual activity
Stratton, Terry, McLaughlin, Margaret, Witte, Florence, Fosson, Sue, Nora, Lois, Margaret MD, JD. Does Students' Exposure to Gender Discrimination and Sexual Harassment in Medical School Affect Specialty Choice and Residency Program Selection? Acad Med. 2005;80(4):400-408.
### Table 3. Sources of Discrimination, Harassment, and Abuse Reported in a Survey of U.S. Surgical Residents.*

<table>
<thead>
<tr>
<th>Source of Mistreatment</th>
<th>Gender Discrimination</th>
<th>Racial Discrimination</th>
<th>Verbal or Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Sexual Harassment</th>
<th>Pregnancy or Childcare Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Men</td>
<td>Women</td>
<td>Number (percent)</td>
<td>All</td>
<td>Men</td>
</tr>
<tr>
<td>Patient or patient’s family</td>
<td>1032 (43.6)</td>
<td>87 (19.7)</td>
<td>940 (49.2)</td>
<td>581 (47.4)</td>
<td>257 (38.3)</td>
<td>320 (55.8)</td>
</tr>
<tr>
<td>Attendings</td>
<td>468 (19.8)</td>
<td>126 (28.5)</td>
<td>337 (17.6)</td>
<td>213 (17.4)</td>
<td>151 (22.5)</td>
<td>61 (11.2)</td>
</tr>
<tr>
<td>Administration</td>
<td>16 (0.7)</td>
<td>10 (2.3)</td>
<td>6 (0.3)</td>
<td>20 (1.6)</td>
<td>13 (1.9)</td>
<td>7 (1.3)</td>
</tr>
<tr>
<td>Co-residents</td>
<td>179 (7.6)</td>
<td>56 (12.7)</td>
<td>121 (6.3)</td>
<td>101 (8.2)</td>
<td>59 (8.8)</td>
<td>41 (7.5)</td>
</tr>
<tr>
<td>Nurses or staff</td>
<td>503 (21.3)</td>
<td>50 (11.3)</td>
<td>452 (23.6)</td>
<td>131 (10.7)</td>
<td>73 (10.9)</td>
<td>56 (10.2)</td>
</tr>
<tr>
<td>Source not identified</td>
<td>169 (7.1)</td>
<td>113 (25.6)</td>
<td>56 (2.9)</td>
<td>181 (14.8)</td>
<td>118 (17.6)</td>
<td>62 (11.3)</td>
</tr>
</tbody>
</table>

*Data reflect responses from 7409 residents in 262 surgical residency programs. Residents were asked to report their gender. The total for each category of mistreatment is the number of residents reporting exposure to that mistreatment. Data from residents who did not report their gender are included in the total number reporting but are not included in values shown according to gender. Percentages may not total 100 because of rounding.*
Table 1. Self-reported Experiences of Gender Bias, Advantage, and Sexual Harassment of K08 and K23 Career Development Awardees

<table>
<thead>
<tr>
<th>Reporting, No. (%) [95% CI]</th>
<th>Women (n = 493)</th>
<th>Men (n = 573)</th>
<th>Estimate Difference, % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents who perceived gender-specific bias in the academic environment ¹</td>
<td>343 (69.6) [65.3-73.6]</td>
<td>125 (21.8) [18.5-25.4]</td>
<td>48.0 (42.7-53.3)</td>
</tr>
<tr>
<td>Respondents who reported they personally experienced gender bias in professional advancement ³</td>
<td>327 (66.3) [62.0-70.5]</td>
<td>56 (9.8) [7.5-12.5]</td>
<td>57.0 (52.1-61.8)</td>
</tr>
<tr>
<td>Respondents who reported they personally experienced gender advantage in professional advancement ³</td>
<td>129 (26.2) [22.3-30.3]</td>
<td>118 (20.6) [17.4-24.1]</td>
<td>5.6 (0.5-10.8)</td>
</tr>
<tr>
<td>Respondents who reported they personally experienced harassment ⁴</td>
<td>150 (30.4) [26.4-34.7]</td>
<td>24 (4.2) [2.7-6.2]</td>
<td>26.5 (22.1-30.9)</td>
</tr>
</tbody>
</table>

¹ P value adjusting for specialty, race (majority vs minority), and years in faculty position.
³ This item asked, “Do you perceive any gender-specific biases or obstacles to the career success or satisfaction of faculty by gender in your work environment (ranging from 1 [never] to 5 [yes, frequently])?” Responses of 3, 4, and 5 were considered affirmative.
³ This item asked, “In your professional career, have you had increases opportunities for professional advancement based on gender?” Responses of 3, 4, and 5 were considered affirmative.
⁴ This item asked, “In your professional career, have you ever been left out of opportunities for professional advancement based on gender.” Responses of 3, 4, and 5 were considered affirmative.

Table 2. Severity Among Women With K08 and K23 Awards Who Reported Having Experienced Harassment (n = 150)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Respondents, No. (%) [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexist remarks or behavior</td>
<td>138 (92.0) [86.4-95.8]</td>
</tr>
<tr>
<td>Unwanted sexual advances</td>
<td>62 (41.3) [33.4-49.7]</td>
</tr>
<tr>
<td>Subtle bribery to engage in sexual behavior</td>
<td>9 (6.0) [2.8-11.1]</td>
</tr>
<tr>
<td>Threats to engage in sexual behavior</td>
<td>2 (1.3) [0.2-4.7]</td>
</tr>
<tr>
<td>Coercive advances</td>
<td>14 (9.3) [5.2-15.2]</td>
</tr>
</tbody>
</table>

¹ Totals sum to more than 100% because respondents were asked to indicate all that applied.
Figure. Median Scores on the Culture Conducive to Women’s Academic Success (CCWAS) by Respondents’ Gender and Years in Practice
### Unequal Burden

<table>
<thead>
<tr>
<th>Source of Mistreatment</th>
<th>Gender Discrimination</th>
<th>Racial Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Men</td>
</tr>
<tr>
<td>Patient or patient's family</td>
<td>2366</td>
<td>442</td>
</tr>
<tr>
<td></td>
<td><strong>1032 (43.6)</strong></td>
<td><strong>87 (19.7)</strong></td>
</tr>
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<td>Attendings</td>
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</tr>
<tr>
<td>Source not identified</td>
<td>169 (7.1)</td>
<td>113 (25.6)</td>
</tr>
</tbody>
</table>
## Experiences of 314 LGBTQ General Surgery Residents

<table>
<thead>
<tr>
<th>More Likely to Experience Mistreatment</th>
<th>Attendings Are Most Common Source</th>
<th>Just as likely to be satisfied with the decision to become a surgeon, but...</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.8% Sexual Harassment</td>
<td></td>
<td>More likely to consider leaving program (21.1%)</td>
</tr>
<tr>
<td>58.9% Discrimination</td>
<td>34.1% of Sexual Harassment</td>
<td>More likely to consider suicide (8.3%)</td>
</tr>
<tr>
<td>75.2% Bullying</td>
<td>35.1% of Discrimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>48.1% of Bullying</td>
<td></td>
</tr>
</tbody>
</table>

Heiderscheit, Schlick, Ellis, Cheung, Irizarry, Bilimoria, Hu
Thursday, Feb 6, 2020
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.”
Potential Critiques

Questions regarding SECOND trial methodology

Incomplete understanding

Numerous and Conflicting Policies
Operationalizing

- Title IX Coordinator (503-494-0258 or titleix@ohsu.edu)

Bystander Intervention starts with **YOU**
Scenario

A junior resident is asked to remove a femoral artery line prior to a patient leaving the ICU. As she is holding pressure, the patient begins to make comments about her appearance, her dating life, and hospital romances he's seen on medical TV shows.

The resident grows increasingly uncomfortable but is only 2 minutes into compression and no one else is in the room.

Discussion Points

• What should be the resident’s priorities in this situation?
• What if she was being threatened with physical violence?
• What if she is the only provider qualified to give this care?
• Does she have a duty to report this incident?
Scenario

Every time a woman resident checks on an elderly male patient, his genitals are exposed, and the resident is unsure if this is intentional and how she should redirect him.

Discussion Points

• What should be the resident’s priorities in this situation?
• What if she was being threatened with physical violence?
• What if she is the only provider qualified to give this care?
• Does she have a duty to report this incident?
Scenario

A patient refuses to let a member of the treatment team perform a physical exam because “he is just too cute to see me like this”

Discussion Points

- Would you classify this interaction as sexual harassment?
- How should the resident respond? How should bystanders respond?
- What challenges may recipient who may be outside the ‘traditional’ man to woman sexual harassment paradigm face when addressing this?
Case Study

While in clinic a patient jokes with the attending that the resident is too pretty to be a doctor

Discussion Points

- How can the resident respond?
- How should the attending respond?
- What happens when you don’t feel like you have the authority to remove yourself from a situation?
- How can the system help prevent this kind of behavior?
Survey

Please complete the following brief survey to assess your learning from today's session and provide feedback on your experience.