WOMEN IN MEDICINE: AN EXAMINATION OF MICROAGGRESSIONS AND SEXUAL HARASSMENT AT ACADEMIC MEDICAL CENTERS

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by
Katya F. Ahr
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Thesis Approvals:

Nora Jones, Thesis Advisor, Center for Urban Bioethics

ABSTRACT

Many women at academic medical centers experience gender-based microaggressions and sexual harassment during their careers.[1-5] Women in surgical specialties experience a particularly high rate of these incidents, but these incidents occur across medical fields.[1,2] As a result of microaggresions and sexual harassment in the workplace, women physicians experience a higher rate of burnout and moral injury, have fewer opportunities for promotion, and experience difficulty finding mentors when compared with their male colleagues.[1,3,4] I argue that for these and myriad other reasons, microaggressions and sexual harassment of women physicians by their physician colleagues violates the bioethical principles of beneficence and non-maleficence. I also explore the importance of mentorship of women physicians by women physicians for navigating a career in academic medicine.

Dedicated to my mother:

For teaching me strength with grace.

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CHAPTER 1: INTRODUCTION

Sometimes when I reflect on the career I have had thus far in academic medicine, it feels like nothing more than a series of workdays punctuated by innumerable gender-based microaggressions and troubling encounters with sexual harassment. The perpetrators of these incidents have predominantly been men in positions of power at major academic medical centers. The incidents started almost as soon as I began working, right at the beginning of my career, at the age of twenty-three.

The men involved were generally much older and much more comfortable walking the halls of prestigious academic medical centers than I was. They took up space effortlessly, commanded the rooms they entered, and I never knew quite what to say in reply. Their comments were made quietly in passing, in rooms full of people, or at my desk within earshot of close co-workers. I learned quickly that the settings did not matter, my clothes did not matter, forgoing makeup did not matter, the presence or absence of others did not matter. These men had strong opinions about my appearance and my existence, and their voices never wavered. Their message was clear. I, in all my subjectively experienced autonomous personhood, did not matter in the least.

Reflecting on these incidents can be discouraging, but the words and actions of these men have stuck with me for many years. For quite some time afterward, their words influenced how I dressed, how I presented myself to the world, how little and how quietly I spoke, and what I was willing to say in public. After experiencing microaggressions and sexual harassment in the workplace, I started medical school less confident in my academic abilities than I had been in college. For the first time in my

life, I was afraid to raise my hand in class, lest I call unwanted attention to myself from my male classmates. I worried that every room I walked into I was being judged for my appearance, not my thoughts or opinions, so I offered them less freely than was characteristic for me. This stress made me quieter, less engaged, and less present in my own education at a critical time in my professional development as a physician.

My experiences are not unique. There is an emerging body of research examining the overall experience of women at various levels of training and across different fields within academic medical centers. An overwhelming number of these women have experienced microaggressions, defined for the purpose of this thesis as quotidian workplace comments or interactions that communicate bias against traditionally marginalized groups, including women. Many women at academic medical centers have also experienced sexual harassment, meaning overt comments or actions that convey unwanted sexual advances in the workplace. Plenty of women, including myself, have experienced both microaggressions and overt sexual harassment repeatedly throughout their careers. The effects these incidents have on women in the medical workplace continue to be studied, particularly in the context of physician burnout.

Although it is difficult, I think it is important to revisit the more salient comments of my harassers and their impact on the very beginning of my career as a young woman and future physician. I will begin this thesis with a narrative recollection of my experiences working in academic medical centers as a young professional. These stories are true, unembellished, and deeply memorable to me. I have found solace in processing these experiences through writing, and hope that other women may derive collective power in the unfortunate familiarity of my stories.

Next, I will examine ways in which my experience is not unique but shared among many women in academic medicine. I will review literature on gender-based microaggressions, sexual harassment, and burnout among women physicians at academic medical centers. I will discuss the prevalence and effects of sexual harassment and gender-based microaggressions, and how the perpetration of these incidents within academic medicine violates the bioethical principles of beneficence and non-maleficence by physicians against their women physician colleagues.

Finally, I will discuss a path forward for women pursuing gender equity in the academic medical workplace. I will highlight the role of mentorship of women in medicine, and how receiving the support of other women can help mitigate experiences of microaggression and sexual harassment. I will discuss the genesis and implementation of my scholarly project as a fourth-year medical student, the Womxn in Medicine Mentoring Program, and its effects on women medical students at a major urban academic medical center.

To avoid exposing identifying details of my own encounters with gender-based microaggressions and sexual harassment, I have opted not to specifically name any institutions in this thesis.

CHAPTER 2

PERSONAL EXPERIENCES

I began my career in the administration of a prominent academic medical center. I was twenty-three years old, and a recent college graduate. It was my first experience with academic medicine, and my first salaried job. I worked in a high-ranking office and interacted with many men in varying positions of power across the institution. Throughout my time in this role, I had numerous wonderful and supportive experiences that inspired me to become a physician. I was fortunate to have a mentor who took a strong interest in my career and helped me achieve my early professional goals, including getting into medical school. For his support, and the support of many other incredible men and women at that institution, I continue to be humbled and grateful.

I also had many unfortunate experiences of gender-based microaggressions and sexual harassment by various men across that same institution. There were a few repeat offenders who couldn't seem to keep themselves from making comments to me regularly over a period of years, and I think discussing the specifics of these interactions is important. As these things were happening to me, I craved solidarity and sympathy, but often felt ashamed that I hadn't said the right thing to stop these interactions from occurring. Far too often, I said nothing at all. I was much younger and much less professionally powerful than every man detailed in this narrative. I hope that by sharing the exact nature of these interactions, other women may feel more empowered than I did to come forward and attempt to put an end to this behavior from others.

The earliest troublesome interaction I remember was with a physician-leader from another department. He was a person my supervisor met with often, and I generally saw him once a week. Once, as he was waiting for a meeting in the common space between my desk and a co-worker's, he looked me up and down, stared at my shoes which had decorative gold chains on them and asked me, "Oh, are you into bondage?" My co-worker and I stared at each other in disbelief. I had no idea how to respond to his question, so I said nothing at all. The shoes had been a gift from my mother, and I loved them. I never wore them to work again.

About a year into my job a man joined our group from another respected institution. He immediately began commenting on my clothes, telling me he loved my dresses and asking me where I bought them so he could get his wife the same ones. He pointed out that his wife and I had the same name and made innuendos to me regularly. When I wore nylon tights, he called me sexy. He told me I was too pretty for whatever I'd be doing in a given moment and asked if he could be my boyfriend. At a work event he got drunk and put his number in my phone then called me repeatedly. Over the course of years, he frequently positioned himself to be physically near me, to speak to me, and to make comments about my appearance. Others witnessed his behavior and said nothing. I usually did not know what to say either, as he was my superior and well known in his field. I was careful to never be in a room alone with him, avoid him in the hallways, and walk quickly to the bathroom. I asked my supervisor to consider intervening tactfully, and his behavior only slightly improved before he transferred to a new position.

Regular interactions with other men included being called "princess," "sweetheart," "honey," and being told I "clean up nice," or was "very nice to look at." I

was escorted across the street between meetings with a man's hand on the small of my back. I was careful while kneeling to put things away, lest I hear another "Of course you're on your knees," or "While you're down there…". I was enveloped in hugs in lieu of the handshake that my arm was already outstretched for, and asked by visiting scientists to walk them back to their hotel rooms at the end of the day. These were men, middle-aged or older, in positions of substantial power relative to my own, and they consistently made me profoundly uncomfortable.

I continued working for a few years, then quit my job to complete my pre-medical studies full time. After finishing my pre-medical coursework, I took another position at a different academic medical center while I interviewed for medical school. I was hopeful that my experiences with sexual harassment and gender-based microaggressions would be different in a new place. I thought I could ensure that I'd have less trouble by modifying my appearance and my behavior. I stopped wearing any makeup to work, wore pants instead of dresses, and spoke less to my male co-workers. I was careful to be less dynamic and engaging, less friendly, and make less eye contact. I did not speak up or voice my opinion as often, and maintained a more rigid demeanor as an effort to discourage men from talking to me. I realized quickly that my experiences were not a problem unique to one institution, but a problem with academic medical centers as a whole.

Within a few weeks of starting this new job, a male senior faculty member became overly friendly with me. His attention was well known to other women in administrative roles, and they cautioned me that he was often inappropriate, particularly with new hires. Despite warning me about his behavior, they excused it as all in good

fun, saying that was just his personality. Over the course of my employment, he frequently looked me up and down, grabbed my hand as I was walking down the hall and pretended to kiss it, and showed up at the elevator banks while I was waiting alone. He asked me if I had a boyfriend, made inappropriate jokes, and commented on my appearance. He got drunk at a holiday party and cornered me in a very crowded room to discreetly put his hand on my lower back and leave it there, mid-conversation, for an uncomfortably long time. One of my colleagues who was his close friend asked me to consider dating him more than once. Their behavior culminated in asking me to join their weekly swim class, stating their instructor was attractive, but I would be a real asset to the team, and that they would pay for everything.

At this same institution, an attending physician pulled me aside and told me he had a person I needed to meet. He went on to say that this man, another attending physician, had recently broken up with his girlfriend and was considering moving across the country because he was lonely, but that he was a critical physician to their practice, and they needed to retain him. He had told the man about me and he was "interested." I asked the attending if he had offered me as part of this man's retainment package, and he told me that I should be grateful because the man was a wealthy attending physician. I was mortified.

As a medical student, I was fortunate not to experience any overt sexual harassment from my superiors. I did, however, experience a series of gender-based microaggressions on a core clinical clerkship that led me to question my decision to pursue residency in internal medicine. The person in question was my direct supervisor and responsible for evaluating me and contributing to my clerkship grade. He made

comments consistently over the course of weeks that made clear he did not respect me because I was a woman. He treated me harshly compared to my male peers, insinuated I was unintelligent and did not belong in medicine, and created a stressful work environment to prevent me from succeeding. He made disparaging comments about people of other races and ethnicities, and disparaging comments about women.

On speaking with my women peers who had also rotated with this person, many expressed that he had made them cry openly in public by belittling them, criticizing them, and treating them in polar opposition to their male peers. They were unsurprised by my experiences, but none had reported him to the medical school administration. I ultimately decided to report his behavior to my attending and my medical school deans, and they intervened with his program directors on my behalf. Despite feeling incredibly supported throughout this experience by my colleagues and administration, I still had serious reservations about coming forward. Although I do not regret reporting his behavior, I continue to feel uncomfortable around him in the hospital to this day.

The majority of the encounters detailed above are clearly more egregious than gender-based microaggressions, and most constitute overt sexual harassment. I, as one young woman employed by major academic medical centers, have many more stories like these. How many other women have these stories too, or worse? How does this continue to happen? How did these encounters, perpetrated by men in power, shape who I became as a woman, a professional, and a future physician? Why did I rarely feel capable of speaking up or defending myself in these moments? These stories represent prevalent, difficult, and nuanced experiences that many women in academic medicine and across the workforce share, and they are damaging.

CHAPTER 3

GENDER-BASED MICROAGGRESSIONS AND SEXUAL HARASSMENT AT ACADEMIC MEDICAL CENTERS

Gender-based microaggressions and sexual harassment are experienced by many women at academic medical centers in the United States, Europe, and elsewhere.[1-5] Non-physician employees, as well as physicians, encounter harassment and bias on a regular basis, but for the remainder of this thesis, I will focus primarily on the experiences of women physicians. These problems are particularly prevalent in surgical specialties, but exist across medical fields.[1,2] The effects of these incidents on women physicians are wide-ranging. Women physicians experience more burnout and moral injury, are given less opportunity for promotion, and have more difficulty finding mentors than their male colleagues.[1,3,4] I argue that for these and myriad other reasons, gender-based microaggressions and sexual harassment of physicians by physicians violates the principles of beneficence and non-maleficence that stand as core bioethical pillars of medical practice.

Prevalence of Gender-Based Microaggressions and Sexual Harassment

Anecdotally, women and women physicians seem to feel that gender-based microaggressions and sexual harassment are fairly widespread. In my personal experience, most women know another woman who has been subjected to difficult or uncomfortable comments or actions at work by male co-workers or superiors. Many women have experienced these things firsthand. It is often talked about on social media platforms, particularly in the wake of the #MeToo movement.

A study conducted by Pololi et al. examined the prevalence of sexual harassment at thirty-four residency programs across fourteen academic medical centers in the United States.[1] They also looked for a relationship between prevalence of sexual harassment, type of residency program, and year of training for resident physicians at these centers. They found that among 1,700 general surgery, internal medicine, and pediatric residents, women general surgery residents had the highest rates of sexual harassment at 12%. Frequency of harassment among internal medicine residents and pediatrics residents was 7% and 2%, respectively. Women trainees experiencing harassment also reported ethical and moral distress, with women surgical trainees experiencing the highest levels of distress.[1]

In a study of nearly 600 surgeons and anesthesiologists at a large academic health system in the United States, 94% of female survey respondents reported experiencing sexist microaggressions at work.[2] The authors also found that 81% of minority physicians reported experiencing racial/ethnic microaggressions. Women minority physicians, at the intersection of both types of microaggressions, experienced the highest rates of burnout across all groups.[2]

These issues are not unique to academic medical centers in the United States. Among over 700 physicians at a major urban academic medical center in Germany, 76% of women reported experiencing some type of sexual harassment at work.[5] The perpetrators of this harassment were predominantly men, with nonphysical harassment perpetrated by men 85% of the time, and physical harassment perpetrated by men 95% of the time. Colleagues and superiors were the majority harassers of women physicians,

with some physicians also experiencing harassment from patients and patients' family members.[5]

As multiple studies have shown, men are the predominant perpetrators of gender based microaggressions and sexual harassment of women physicians, but who are these men?[2,5,6] A recent study attempted to describe the characteristics of perpetrators of sexual harassment, misconduct, discrimination, assault, and rape at major medical and biomedical institutions across the United States.[6] The authors found that of the 125 faculty members accused and found guilty of perpetrating these acts between 1982 and 2019, 97.6% were men and 91.5% targeted women exclusively. Three-quarters of perpetrators targeted women subordinate to them, and three-quarters of perpetrators were full professors or high-ranking university members. 87.2% of these men were repeat offenders over a period of years, and less than one-third of them were fired or punished for their actions.[6]

These studies provide a sobering glimpse into the state of women physicians and trainees at academic medical centers across the United States and throughout the world. Microaggressions and harassment are consistently perpetrated by men in positions of power, across medical fields, against women who are often their subordinates. The effects of these incidents have the potential to reverberate for many years, in many ways, throughout the careers and lives of women.

Effects of Gender-Based Microaggressions and Sexual Harassment

Gender-based microaggressions and sexual harassment in the workplace have been shown to impact the mental and physical wellbeing of women, in addition to their overall productivity as workers.[3] In the context of academic medicine, this becomes

critical due to the already high degree of career burnout experienced by physicians, regardless of gender.[2] In addition to detrimental effects on women physicians' well-being, harassment and microaggressions have been shown to negatively impact their career trajectories, particularly in surgical specialties.[4]

Across industries, women who experience sexual harassment in the workplace report decreased job satisfaction and increased psychological stress compared with women who do not experience sexual harassment.[3] Women experiencing harassment are more likely to feel disengaged at work, less able to meet productivity thresholds, and more likely to leave their fields entirely. Sexual harassment of women students and trainees not yet in the workforce similarly affects scholastic performance, participation, and retention in their programs of study. Women experiencing sexual harassment are also more likely to suffer from symptoms of depression, anxiety, stress, and decreased well-being.[3] These effects are particularly devastating for women of color, non-binary women, and non-heterosexual women, who are more likely to experience symptoms of emotional distress.[2,3]

In academic medicine, nearly half of all physicians report experiencing burnout.[7] Physician burnout is more prevalent among women physicians, particularly women physicians of color.[2] One study examining the rates of burnout among physicians found that women physicians experiencing sexual harassment and gender-based microaggressions in the workplace from male colleagues correlated significantly with increased feelings of burnout.[7] The authors also reported finding high rates of sexual harassment of women in medical school and residency. Women were at greatest risk of

experiencing harassment when the ratio of men to women at a particular institution significantly favored men.[7]

Studies suggest that women in surgical specialties experience gender-based microaggressions and sexual harassment more frequently than women in non-surgical specialties.[1,4] This is mostly unsurprising, as women are at higher risk in predominantly male environments, and many surgical specialties are traditionally male-dominated.[4,7] One study examining the careers of women physicians found that an unintended consequence of increased awareness of sexual harassment in academic medicine, particularly after the social medica movement #MeToo, was gender-based career neglect. Women surgeons in particular reported an increased incidence of men unwilling to meet with or mentor them, and unwilling to help further their careers as surgeons. In surgical fields where most people in a position to mentor trainees are men, this can be devastating to the careers of women. The authors found that an increased number of women faculty members in surgical programs increased the career productivity and mentorship of women trainees.[7]

CHAPTER 4

MICROAGGRESSIONS AND SEXUAL HARASSMENT FROM A BIOETHICAL LENS: VIOLATION OF THE PRINCIPLES OF BENEFICENCE AND NON-MALEFICENCE

The bioethical principle of beneficence as defined by Beauchamp and Childress states that one ought to try to prevent harm, promote and do good, and consider harm and good when choosing one's actions. The principle of non-maleficence states that one ought not inflict harm on others. These principles form two of the four core pillars of bioethical theory, standards which physicians are held to when practicing ethical medicine.[8] Despite the medical field widely embracing these principles to guide the behavior and decision making of physicians in patient encounters, sexual harassment and microaggressions in the medical workplace remain extremely common.

Sexual harassment and microaggressions clearly violate the bioethical principle of beneficence. Physician-perpetrators of these incidents are not acting in a way such as to prevent harm to their women colleagues, nor are they promoting or doing good in the world or considering harm and good when choosing their actions. Male physicians who commit these acts are therefore violating a core principle of medical ethics, an act that would likely not be tolerated if it occurred in a patient-care context. Their actions also clearly violate the principle of non-maleficence. The harms to women physicians who experience gender-based microaggressions and sexual harassment include detriments to their physical, mental, professional, and emotional wellbeing. These experiences render

them less able to perform their jobs effectively, keep them from being promoted, and lead to higher rates of physician burnout. [2,3,7]

Disturbingly, male physician-perpetrators are rarely being held accountable for their actions. Per one in-depth review, less than one-third of male professors at medical universities who were accused and found guilty of sexual misconduct over a twenty-year period were punished.[6] Fewer still were fired for their actions. Many continued to have illustrious careers in academic medicine, despite being found guilty by their universities of incidents ranging from sexual harassment, to violent crimes such as rape.[6] How is it possible that these men are held to the standards of bioethical theory in their encounters with patients, abiding by the principles of beneficence and non-maleficence, but are able to flagrantly violate them in their interactions with women subordinates and colleagues in academic medicine? Why do we accept that these men need not be held accountable to women in medicine?

If we as a society expect male physicians to uphold the core principles of bioethics in their actions as medical doctors, I argue we ought to demand the same of them in the context of professional interactions with their colleagues. Women physicians and trainees are more likely to experience harassment and burnout than their male peers, and less likely to be on equal footing with their male counterparts within the medical hierarchy.[6] Women, therefore, are fundamentally vulnerable in the workplace. As ethicists, we ought to pursue protections for vulnerable populations, whether among patients or workers. We have an ethical duty to protect women in medicine from harassment and microaggressions, and to hold perpetrators accountable for their actions.

CHAPTER 5

A PATH FORWARD: THE ROLE OF MENTORSHIP OF WOMEN, BY WOMEN

Much of the literature surrounding sexual harassment and gender-based microaggressions at academic medical centers involves large surveys of women physicians on the prevalence and effects of these incidents. Some studies, however, venture to offer solutions to the problem of bias against women physicians and trainees. Many of these solutions involve the robust mentorship of women at varying professional levels, in an effort to retain and promote talent and prevent burnout. [7]

Inspiration for the Womxn in Medicine Mentoring Project

My own personal experiences of sexual harassment and gender-based microaggressions in my administrative career at large academic medical centers led me to seek the support of other women when I began medical school. Piecing through the specifics of those encounters with the help of my women classmates was critical to understanding how they had affected me as a person, and as a future physician. It took time to process the damage done, rebuild my sense of self, and regain confidence in my intellectual abilities. Many women shared detailed incidents with me that fell along the spectrum of gender-based microaggressions and sexual harassment, and I derived immense power from the solidarity of their storytelling. I learned that I was not alone, and that we as a collective were not able to forget how these encounters had made us feel.

I was also fortunate to connect with a woman faculty mentor early in medical school, and her guidance was invaluable to my navigating the complex environment of academic medicine. I was able to bounce ideas off her about my career, my schedule,

interesting projects, troubling encounters, and how to be an engine of social and cultural change in a field steeped in tradition and hierarchy. In the rise of her career to a position of substantial power within the institution, I saw the potential of my own. In her mentorship I found a path forward.

Implementing the Womxn in Medicine Mentorship Project

By my fourth year of medical school, I was interested in how to connect other women medical students with women mentors in academic medicine. I envisioned forming "mentorship pods" across the training spectrum, having women residents, fellows, and attendings mentor students in small group settings. As my fourth-year scholarly project, I organized with co-collaborators a virtual mentoring event to provide time and space for women to meet and connect. I hoped that this format of mentorship, making connections between women at various stages of training and in different medical fields, would help women medical students feel more comfortable discussing topics such as gender-based microaggressions, sexual harassment, and how to navigate a career in academic medicine.

In an effort to promote inclusivity of trans and non-binary women in this mentoring program, we used the term "womxn" in all communications regarding the project to students, trainees, and faculty. In these communications we defined the term "womxn" to mean any person affiliated with the institution who identified as a woman, regardless of the gender assigned to them at birth. Additionally, we used a gender-less hashtag to promote the event on various social media platforms in hopes of including anyone interested in gender equity in medicine in the overall conversation. I will therefore use the term "womxn" in place of woman/women when discussing the project below.

Pre-Event Strategies: Planning and Survey

To begin the mentorship project, we polled all four medical school classes at a large urban academic medical center to see if womxn students were interested in connecting with womxn mentors. The survey asked students to identify their year of training, specialty interest, and interest in joining a mentorship pod and attending a virtual mentorship event. We received an overwhelmingly positive response to this initial survey, with over 90 students signing up for mentors the first day.

Next, we polled womxn residents, fellows, and attendings across the institution to see if they were interested in mentoring students. We received over 40 responses, along with kind emails of enthusiasm for our budding project. We believed this response indicated a need within our institution for womxn to have a space to connect with other womxn.

To assess the degree of need for womxn mentors and the attitudes of students about mentoring itself, we conducted a pre-survey of students who RSVP'd for the mentoring event. We asked how important they believed mentorship was for their careers, if they currently had or ever had a mentor, and if they'd ever had a womxn mentor specifically. We also asked if they'd experienced microaggressions in medical school, if they'd talked about them with friends, peers, or faculty members, and if they had learned about sexism in medicine in formal didactics.

The results of the student pre-survey showed that nearly all respondents believed mentorship was important to their career, but most had not been able to find a womxn mentor within the institution or outside it. Most respondents had not had the opportunity to discuss their experiences as womxn in medicine but were interested in doing so, and

most endorsed sharing stories primarily with friends and classmates. All respondents identified as cis women, with no respondents identifying as transgender women or non-binary women. About three-quarters of respondents identified themselves as white, and half also identified as members of the Asian, Black, Pacific Islander, or Hispanic communities.

Mentoring Event

We grouped womxn students, faculty, and trainees into mentorship pods and organized a virtual meet and greet event. To facilitate conversation within the mentorship pods we sent pre-event discussion points to both mentors and students. We asked mentors to discuss their career paths, their experiences as womxn, how womxn mentors helped them throughout their careers, and what their expectations were for mentees. We asked students to consider what they hoped to get out of mentorship, how being a womxn shaped their opinions and experiences of medicine, and how mentorship could help them navigate their careers.

During the mentoring event, students were given a lecture by a senior faculty member on the benefits of mentorship and how to optimize the mentor-mentee relationship. Participants were then divided into their mentorship pods and provided ample time for small group conversation. The groups then came back together for reflection and a wrap-up discussion. After everyone came back together as a large group, the mood was light, collegial, and full of enthusiasm. Attendings, students, and trainees were shouting out their pods, commenting on how well matched they were and how supportive their conversations had been.

Post-Event Surveys and Next Steps

To assess the efficacy of our mentoring intervention, we provided separate post-event surveys to students and mentors one week after the mentoring event. We asked students if they felt connected and hoped to maintain connection with their mentorship pods, if the event had been a helpful forum for discussing their experiences as womxn in medicine, and if they had a better understanding of the mentor-mentee relationship. The results were a resounding yes.

We asked mentors if they felt connected with their mentees, if they had a better understanding of the mentor-mentee relationship, and if they were interested in participating in more events for womxn in medicine. Results from mentors were also a resounding yes. In addition, mentors expressed interest in participating in future events, and indicated they enjoyed having a relaxed environment to connect with mentees. Many mentors indicated they had participated because womxn mentors had been integral in supporting their own careers.

The reactions to this mentoring program from mentees and mentors alike demonstrate that womxn mentoring womxn is powerful, necessary, and sought after. These findings align closely with my own personal experiences of benefitting from the camaraderie and mentorship of other womxn while navigating difficult, and sometimes outright hostile work environments within academic medicine. Creating space for womxn to talk with each other about specific experiences, career paths, and interpersonal dynamics is critically important for success in this challenging field.

We hope to continue this mentoring program next year and have identified students to plan next year's mentorship event. We have also encouraged mentees and

mentors to continue checking in with each other, since we envisioned this program as a way to make longitudinal connections within academic medicine. We have identified faculty members interested in giving future seminars on topics such as the benefits of using social media to amplify the voices of womxn in medicine. We also intend to host another social event with the current mentorship pods in the near future. We hope to obtain more institutional support, with the ultimate goal being using the framework above to establish a more formal mentoring program, with an improved and formalized infrastructure.

CHAPTER 6

DISCUSSION AND CONCLUSION

The state of women at academic medical centers is tenuous. My own personal experiences with sexual harassment and gender-based microaggressions have reinforced the need to be cautious around my male colleagues and supervisors. They have caused me significant stress since the very beginning of my career, led me to change my behavior and appearance, and forced me to question my abilities. They have also fueled my drive to change existing power structures. Being harassed at work by older men in positions of power inspired me to design and implement an inclusive mentoring project and led me to connect and commiserate with peers and mentors. For every difficult experience, I have been fortunate to find supportive women at academic medical centers to trade stories with and learn from.

As more studies are conducted on the experiences of women at academic medical centers, it becomes clearer that gender-based microaggressions and sexual harassment are too-common problems for students, trainees, and faculty members. These experiences have troubling consequences, such as increased stress and physician burnout. The perpetration of microaggressions and harassment in the workplace directly violates the bioethical principles of beneficence and non-maleficence. These principles are widely considered to be the pillars of ethical medical practice, and I conclude they ought to be the pillars of how physicians treat their trainees and colleagues as well.

Although I may have painted a bleak picture of the state of women in the academic medical workplace, I do strongly believe there is reason for optimism. I hope

very much for sweeping structural changes that address gender inequity for working women such as improved parental leave policies, universal childcare, and equal pay. Until the time of broad governmental reform is upon us, however, we can try to help each other on a grassroots level, as women. The success of one small mentoring program at one urban academic medical center for womxn, by womxn, demonstrates that we have collective power. When we gather and provide space for each other to share stories and ideas, we are able to create bonds that may open doors for women throughout their careers. Ultimately, we are able to show other women that there is always a path forward.

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