Nearly 15 percent of medical students—one in seven—have reported being subjected to offensive sexist remarks or names, while 4 percent reported being the victim of unwanted sexual advances, according to data from the 2017 Association of American Medical Colleges’ graduation questionnaire. About 6 percent of med students said they believed they got lower evaluations or grades solely because of their gender, rather than their performance.

As the national conversation around the #MeToo movement has extended well beyond its Hollywood origins, light has been shed on the pervasiveness of the problem in medicine. Medical students and residents are in a particularly vulnerable position when it comes to such mistreatment because their success depends on the evaluations of their superiors.

A recent expert panel discussion in the AMA’s Accelerating Change in Medical Education Community examined how institutions, students and faculty members can combat the sexual harassment of learners in the clinical environment. Here is a look at some of the more compelling aspects of a dialogue among many key stakeholders in medical education and the legal community.

**Defining sexual harassment in medical training**

*Chris Curry, MD, PhD, assistant professor of obstetrics and gynecology at University of Miami Miller School of Medicine:* Sexual harassment is unwanted sexual advances or obscene and sexually explicit remarks. In the medical context, I would consider extending this to the misuse of power in a gendered or sexual way in a setting of power imbalance.

This could be a medical student who is the recipient of sexual advances from a resident or attending, with the person in power also holding grading or evaluation authority over them. This takes sexual harassment and adds a layer of power or authority complexity.
How harassment plays out

Wendy Cohen, MD, psychiatry, physician evaluation director at Physician Health Services Inc.: Harassment in the physician workplace can take many forms, from the overt to the subversive. Offenders can include administrators, attendings, peers, staff or patients. Examples of experiences vary from having sexual comments made directly to an individual to overhearing comments directed towards others, such as sexually charged comments made regarding patients.

More subtle forms of harassment include systematic, demeaning attitudes towards members of one sex, or favoritism of one sex above another, such as giving preferential assignments, advancement opportunities or additional praise.

Sara Neill, MD, ob-gyn resident at Beaumont Health System: Sexual harassment of the clinical learner can present in ways other than a direct, unwanted sexual advance. As clinical learners, whether a medical student, resident, fellow, etc., we look to our senior colleagues and faculty for cues about workplace culture and norms.

This functions the same way as the "hidden curriculum" of medicine. A clinical culture where senior members of the group sexualize patients, colleagues or others signals that this is acceptable behavior that could also be targeted toward the learner.

Impact on learner well-being

Dr. Cohen: Physicians who face harassment often feel shame and humiliation. They may feel helpless, especially if the aggressor is senior to them and they do not have a clear path for recourse. A sense of helplessness can trigger feelings of anxiety and depression and can make their job feel more undoable.

For this, and many other reasons, it is imperative that health care systems ensure that they provide support and a clear path for physicians to report harassment. This directly impacts physician health and well-being. Empowering physicians who have been harassed may make the difference between someone leaving medicine or staying on to help promote cultural change.

Ease burden of reporting offenders

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Barbara Barzansky, PhD, co-secretary of the Liaison Committee on Medical Education; director of the AMA’s division of undergraduate medical education: Policy needs to be clear and shared among all who would be impacted—not only those who would be affected but also faculty, administrators and others in the learning environment.

Having multiple mechanisms for reporting is important—ones where the individual would feel comfortable. It also helps if information about reporting is easily available. Follow-up also is important; reports need to be seen to make a difference. If learners see that the reports are acted on there may be more comfort to report.

Sexual harassment’s root causes

Francis Nuthalapaty, MD, professor of obstetrics and gynecology at University of South Carolina School of Medicine Greenville: It is certainly easy to say that someone has a "blind spot" when it comes to sexual harassment behavior, slap them on the wrist and ask them to stop the behavior. But simply calling something a "blind spot" doesn’t address the root cause of the sexual harassment.

Sexual harassment is a symptom of bias, usually rooted in sexism, racism, elitism or cronyism—the big four "isms" that we see in academic environments today. Any response to sexual harassment needs to include a call to not only eradicate the behavior but to also have the perpetrator reflect on these isms and create a plan to eliminate them from their professional ethos.

Experts weigh in at JAMA

Recently published essays in JAMA have explored building on #MeToo in medical schools and the movement’s potential impact on male-female mentoring relationships.

The AMA Code of Medical Ethics says “sexual relationships between medical supervisors and trainees are not acceptable, even if consensual,” adding that “physicians should promote and adhere to strict sexual harassment policies in medical workplaces.”

The AMA has policy banning “any type of harassment of AMA staff, fellow delegates or others by members of the House of Delegates or other attendees at or in connection with HOD meetings, or otherwise, including but not limited to dinners, receptions and social gatherings held in conjunction with HOD meetings.” At the 2018 AMA Annual Meeting, delegates will consider policy to establish a formal process for meeting attendees to report incidents of harassment.