**Submission Id:** 5173

## **Title**

Sexual Harassment: Experiences and Intervention in One Department of Family Medicine

## **Priority 1 (Research Category)**

Qualitative research

## **Presenters**

Colleen Fogarty, MD, MSc, FAAFP, Kevin Fiscella, MD, MPH, Susan McDaniel, PhD, Holly Russell, MD, MS, Mechelle Sanders, PhD

## **Abstract**

Context: Awareness of sexual harassment and gender discrimination has spread throughout popular culture and politics due to several high profile cases. In a recent study of clinician-researchers, women were much more likely than men to report gender bias in their professional roles (66.3% vs 9.8%) and have personally experienced sexual harassment (30.4 vs 4.2%). Medicine's hierarchy deters response to sexual harassment. Current evidence consists largely of quantitative data regarding the frequency and types of sexual harassment. Objective: Our study addressed a gap in knowledge by identifying and characterizing experiences of Family Medicine residents and faculty with sexual harassment and gender discrimination. We also explored barriers and facilitators to reporting such occurrences, and examined changes in perception prior to and after a departmental training developed based on our study findings. Study Design and Analysis: We conducted audiotaped, confidential focus groups, divided by gender and level of training, facilitated by members of the study team. Setting: Family Medicine Residency Program in Academic Department of FM. 4 faculty groups met twice for 1 hour each time and 2 resident groups met once for two hours. A total of 28 faculty and 24 residents participated. Instrument: Semi-structured interview guide. Outcome Measures: 10 de-identified transcribed focus groups. Used MAXQDA software with grounded theory to identify emergent codes from the data. Iterative coding with disagreements resolved through team discussion. Results: Major themes: 1. Family medicine faculty and residents frequently experienced and/or witnessed sexual harassment by patients and colleagues 2. Participants identified several facilitators to reporting such incidents, including trusted mentors, a clear reporting process and follow-up, and, education and training. 3. Our training, designed based on the findings of the qualitative study, showed improvements in ability to identify and discuss sexual harrassment.