

Message from the Director

Zea Borok, MD

Dear Keck Community,

Due to the recent challenges related to the COVID-19 pandemic, and recognizing the limited bandwidth of many of those involved in the Center for GEMS, we have curtailed most GEMS-related activities over the last two months. As we slowly emerge from the stay-at-home orders, we are considering ways to re-engage the community and restart some activities while being respectful of other commitments. Unfortunately, both our leadership conference and appreciation events will need to be rescheduled once we have received clarity around resumption of in-person activities.

Gender equity issues remain at the forefront of challenges faced by academic medical centers, and some of these challenges may be highlighted even further by the pandemic. As a first step toward resuming activities, we are sending out this newsletter, in which we are including some resources and information that is particularly relevant to gender equity issues during the pandemic.

Notwithstanding the pandemic, we are actively exploring research opportunities based on existing data at the Keck School of Medicine, through a collaboration with Ange-Marie Hancock-Alfaro, Dean's Professor and Chair of the Department of Gender & Sexuality Studies in the USC Dana and David Dornsife College of Letters, Arts and Sciences. Analysis of available data will give us an important baseline for future evaluation of initiatives implemented at KSOM to address gender inequity.

Some of you may be aware of USC's participation in the [Action Collaborative on Preventing Sexual Harassment in Higher Education, sponsored by the National Academies of Science, Engineering and Medicine \(NASEM\)](#). Arising from a NASEM report on Sexual Harassment, the collaborative is intended to create resources for academic institutions around best practices to address and reduce sexual harassment. In order to delineate how USC will participate and contribute to the collaborative, Felicia Washington, Senior VP for Human Resources, and Executive Vice Provost Elizabeth Graddy, organized a retreat in January titled "A Conversation about Sexual Harassment: Prevention, Response, Remediation, and Evaluation." This has led to the formation of a new Policy and Community Advisory Committee under Felicia's leadership. The committee will be comprised of faculty, staff and students, and will help to develop revised Title IX processes with the goal of genuine systemic change through informed policies and practices. I will be serving on that committee, and in that capacity will be able to represent GEMS as well as KSOM-specific issues.

I'd like to thank the GEMS Governing Board, Advisory Council and all the leaders and members of the GEMS working groups for their hard work over the past year to help develop and advance the Center's priorities. Please stay tuned for more to come as our three working groups addressing leadership development, sexual harassment and equity and representation resume their activities.

Zea Borok, MD, is the Director of the Center for Gender Equity in Medicine and Science (GEMS). She is Professor of Medicine and Biochemistry and Molecular Medicine and Chief of the Division of Pulmonary, Critical Care and Sleep Medicine (DPCCSM) at the Keck School of Medicine of USC.

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– ZEA BOROK, MD



Announcements

SAVE THE DATE! Productivity During COVID

Thursday, June 18
12:00 pm – 1:00 pm

*Co-sponsored by the Center for GEMS and USC
Women in Management (WIM)*

Panel and facilitated discussion

Registration and more info to come soon!

What Does COVID-19 Mean for Academic Productivity: Will There Be Gender Differences?

Kathleen Nelson, MD

Academic productivity for faculty members, which generally means writing journal articles/books that are accepted after peer review and/or securing grant money, are some of the most essential benchmarks for professional advancement in universities. The recent shelter-in-place orders have moved many academicians from their offices and laboratories back to their homes for several months and disrupted the routines and schedules that many faculty members had been planning on as they traverse the academic ladder to promotion. There is concern that this is particularly worse for women in academia because most of the household responsibilities are not equally shared among partners, especially regarding childcare, supervising homework/home schooling, and housework.

Some recent articles have pointed out that recent submissions to journals from women authors have declined. The American Journal of Political Science (AJPS) has shown a decrease in papers submitted by solely women authors, from 22% last year to 17% in the same period this year, with an overall increase in overall submissions. Similarly, the Journal of Astrophysics has seen an overall increase in submissions but a 50% decrease in the number submitted by women astrophysicists.

How this is affecting academic medicine is not yet known, but we can project that it will not be too dissimilar from what we are seeing in other academic disciplines. Here at the Keck School of Medicine (KSOM), I asked some of our scientists about their perceptions of the ability to do their research during COVID-19 workplace situations, including working from home. I heard several different types of stories: An academic surgeon found that as her elective surgeries were cancelled, she found more time to spend on her research, but childcare definitely disrupted her concentration. Another, a scientist who works with getting subjects to answer questions through face-to-face contact, was having to restructure her data collection process. She found that operationally, her career trajectory was challenged, but thinking creatively to find solutions was quite stimulating. Another, whose partner is also a physician, found absolutely no time to do science when working from home, as childcare and homelife responsibilities, even with both partners pitching in, was exhausting and left no time for reflection, even after the children were in bed.

We do not yet have any data available about papers or grants submitted from KSOM, but I understand that we are also examining this for our faculty. It is still too early to see if this prognosis of academic infertility for women faculty is accurate, or if it is true for all faculty who have substantial parenting responsibilities. But we can attempt to be proactive in looking at our promotion policies and seeing if they should be modified, as has been done for childbearing/parental leave. We can also see if there are any resources we as a University/KSOM can offer to help—for childcare/tutoring/housework/food procurement and/or preparation services.

If you'd like to share your thoughts about what USC could be doing better to support those with significant caregiving responsibilities during this time, please submit your responses via the [online form](#).

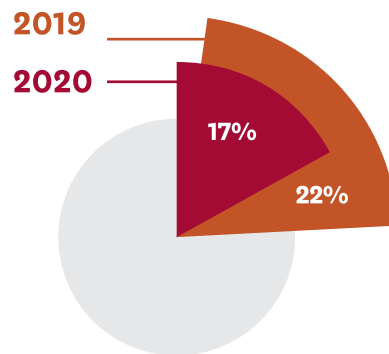


Related reading: Minello, Alessandra. *The pandemic and the female academic.* (2020). *Nature*. doi: 10.1038/d41586-020-01135-9

Kathleen Nelson, MD, is Clinical Professor of Pediatrics and Associate Dean for Leadership and Wellness at KSOM. She is also Co-Director of the KSOM/Keck Medicine Healthcare Leadership Academy. She has spent more than 40 years in academic medicine.

"Some recent articles have pointed out that recent submissions to journals from women authors have declined."

American Journal of Political Science Submissions by Women



Journal of Astrophysics 2020 Submissions

Overall: Increase

By women: 50% decrease



Commentary On...

Characteristics of Faculty Accused of Academic Sexual Misconduct in the Biomedical and Health Sciences

Jane van Dis, MD

[A study published in the April 21, 2020 issue of JAMA](#) may be of interest to those who are looking for substantive means by which to measure, track and change academic medicine's culture around sexual harassment and gender discrimination. Researchers from the Department of Internal Medicine at UT Southwestern Medical Center were interested in understanding the career trajectory of those who had been accused of sexual misconduct. They investigated and identified faculty accused of sexual misconduct via internet searches of publicly accessible federal and state court decisions, FindLaw, and the Academic Sexual Misconduct Database. Their search results included public social profiles, institutional websites, news reports, journal websites, and clinician board websites. The authors categorized misconduct into: assault, harassment, consensual relationships, and exploitation. They identified a total of 125 faculty accused of sexual misconduct between 1982 and 2019, affecting at least 1,668 targets.

Staggering numbers were reported in terms of how many careers were affected (on average, mathematically, more than 13 lives per perpetrator, knowing, of course, the numbers are not distributed equally). Of accused faculty, 97.6% were male and 91.5% targeted only females. Nearly 3 out of 4 perpetrators targeted subordinates, and nearly 1 in 5 targeted clinical trainees. Half of perpetrators were full professors and 16.8% were department chairs, directors, or deans. Sexual assault was committed by 29.6% and sexual harassment by 56%. Of accused faculty, half resigned or retired, 1 out of 5 were terminated, and nearly 1 in 10 were sanctioned by funding sources or boards governing clinical practice. The researchers identified that 40% of accused faculty remained in academia, of whom 40% held positions at a different teaching institution. According to the authors, "the lack of transparency in investigations suggests that misconduct behaviors may not have been wholly captured by the public documents." The authors also note that continued work is necessary to eliminate nondisclosure agreements, which protect perpetrators and institutions, as well as allow perpetrators to find work at other institutions. Authors also recommend additional institutional mechanisms to prevent sexual misconduct and harassment in medicine.

The take-aways of this study are important. There are a significant number of lives and careers affected by sexual misconduct in medicine. We know from other research that those who experience harassment often leave medicine or alter their career paths so as to avoid their perpetrator. The fact that 60% of the accused remained in their position is a testament to the failure of institutional structures and transparency to keep workplaces safe from predatory behavior. In light of these findings, I am encouraged by the news that our Senior Vice President for Human Resources, Felicia Washington, is establishing a new Policy and Community Advisory Committee, which will help to develop revised Title IX processes and improve prevention and responses to harassment and discrimination at USC.

Jane van Dis, MD, FACOG is an OB Hospitalist and voluntary clinical faculty at USC Verdugo Hills Hospital and a member of the GEMS Advisory Council. She is CEO of Equity Quotient with Drs. Esther Choo and Uché Blackstock, as well as a Founder of TIMES UP Healthcare.



Adapting Sexual Harassment Policies and Procedures During COVID-19

Lexie Filkins, MSII

In light of the COVID-19 pandemic, many components of medical education switched to a virtual format. As we develop resources and tools to support remote education, Keck School of Medicine's sexual harassment prevention and response policies must also adapt to this new setting. In our virtual spaces, users may experience gender harassment, coercion, and unwanted sexual attention. A prominent example is "Zoombombing," in which uninvited users display hateful text and explicit imagery in a Zoom classroom setting. USC virtual classrooms experienced these unwanted guests, and while Zoom authentication and privacy settings have since been enhanced, such actions highlight how the same discrimination we may experience in person can similarly present in our digital spaces.

The Keck School of Medicine may adapt existing prevention efforts by reminding faculty and facilitators of their mandatory reporting duties, as well as providing guidelines on how to create safe digital spaces. In addition, the community should be informed of harassment reporting and support resources, as well as how existing codes of conduct continue to apply in the remote setting. Remediating harassment complaints in a way that is both timely and private may be managed on a case-by-case basis, however interim no-contact measures may be appropriate across the board. Special care must be taken to support survivors of harassment. Existing USC resources, such as Relationship and Sexual Violence Prevention and Services (RSVP), may offer remote calls and conferences to survivors. While telemedicine services are often restricted by state lines, the Keck School may potentially partner with other institutions who have programs similar to RSVP, to provide referrals to those who reside outside California. The Keck School responded to the COVID-19 pandemic with proactive, innovative, and collaborative measures. It is with this same spirit we will adapt our harassment policies and procedures to best serve our community.



For more information about Relationship and Sexual Violence Prevention and Services (RSVP) at USC, visit
<https://studenthealth.usc.edu/sexual-assault>.

Lexie Filkins is a second-year medical student, student council president, and member of the Center for GEMS Sexual Harassment Working Group.

In the News

U.S. PUBLISHES NEW REGULATIONS ON CAMPUS SEXUAL ASSAULT

MAY 6, 2020

Colleges and universities that receive federal funding must be in compliance with new rules by August 14, 2020. The regulations rebalance "scales of justice," Education Department says.

WHY SEXUAL HARASSMENT PROGRAMS BACKFIRE

This article published in the May-June 2020 issue of the Harvard Business Review summarizes recent research on the effectiveness of sexual harassment training.

AAMC LAUNCHES NEW INITIATIVE TO ADDRESS AND ELIMINATE GENDER INEQUITIES

On January 29, 2020, the AAMC issued a statement and call to action on gender equity, the first in a series of efforts designed to encourage academic medical institutions to take meaningful and effective actions to correct the inequities that have led to many women leaving or being forced to abandon medical and scientific careers.



Visit our website: keck.usc.edu/center-for-gems
Contact the GEMS team at gems@usc.edu