with other providers (<0.01), or staff felt comfortable asking for clarifications about unclear requests (p<0.01). Staff were more likely to expect a good day at work when working with always professional surgeons (p<0.01).

CONCLUSION: The perception of professionalism is heavily influenced by communication and interpersonal skills. In an unprofessional environment, staff are less likely to enjoy their time at work, which could lead to increased staff turnover. By identifying behaviors that affect the perception of professionalism in the OR, we can target interventions to improve overall culture and patient safety.

Sexual Misconduct in Academic Medicine
Kshipra Hemal, BS, Breanna Jedrzejewski, MD, Jane Aiken, JD, LLM, Rachel Golden, BA, Alexandra Meyer, BA, Julie A Freischlag, MD, FACS, Wendy Chen, MD
Wake Forest School of Medicine, Winston Salem, NC
Oregon Health & Sciences University, Portland, OR
Wake Forest School of Law, Winston Salem, NC
University of California Los Angeles, Los Angeles, CA

INTRODUCTION: Academic medicine has the highest rate of sexual misconduct among scientific fields, but little is known about perpetrators, survivors, or the legal action involved.

METHODS: Using Westlaw, a database of publicly available federal and state court records, we randomly sampled 100 cases, which constitutes one-third of all cases describing sexual misconduct in a clinical setting.

RESULTS: Thirty percent of perpetrators were surgeons or anesthesiologists, 47% were in medical specialties, 5% in emergency medicine, and 19% in other. Among the operative specialties, cardiothoracic, orthopaedics, and obstetrics and gynecology were most commonly implicated, in 19% of cases each. General surgery and anesthesia were each implicated in 12% of cases. Plastic surgeons comprised 8% of cases; neurosurgery, ophthalmology, and other comprised 4% each. In total, there were 394 survivors, ranging from 1 per perpetrator to as many as 103. Sixty-seven percent of survivors were patients; 6%, physicians; 23%, staff; and 4%, other. The 3 most common injuries claimed in court were nonconsensual contact (25%), rape (13%), and sexual exploitation (13%). The court proceedings favored the perpetrator in 19% of cases, the survivor in 17%, and the remaining were mixed/pending. In 11 cases, the survivor received a mean payout of $839,110. The perpetrator’s fate was clear in 47 cases: 51% are still practicing, and 49% were reprimanded with a jail sentence or revocation of medical license.

CONCLUSION: Sexual misconduct is pervasive in academic medicine. Changes in policy and culture are needed to protect survivors and ensure a safe workplace for all.

Shedding Sunshine on Gender Inequities in Industry Compensation to Physicians - a Centers for Medicare and Medicaid Services (CMS) Open Payment Analysis
Kyle D Paul, BS, Adam M Almagner, MD, Brent A Ponce, MD
University of Alabama at Birmingham, Birmingham, AL

INTRODUCTION: Gender income inequality has been attributed to higher proportions of males in the workforce and female physicians working fewer hours. Salary discrepancies cannot be fully explained by specialty choice, hours worked, or preferences of work-life balance. A frequently overlooked component of physician income is industry-related compensation. The purpose of this study is to compare payments reported in the Centers for Medicare and Medicaid Services (CMS) Open Payments Database (OPD) according to gender. We hypothesized that female physicians would have fewer payments and lower total compensation from pharmaceutical and medical device companies.

METHODS: Data were obtained from CMS OPD for 2014 to 2017. From all physician providers available in the aggregate data, a 10% random sample was selected for analysis. Reported gender of physicians was identified. Physicians were categorized into surgical or nonsurgical specialties, as recognized by the American College of Surgeons. Median values of individual payments, total amount paid over the 4-year study period, and annualized total amounts paid over the 4-year study period were compared.

RESULTS: A higher proportion of males received >$1,000,000 in compensation from industry, and a higher proportion of females received <$1,000 in compensation from industry. The largest discrepancy in compensation between genders was seen in royalties/licensing, faculty/speaking, and consulting.

CONCLUSION: Review of CMS OPD found that gender inequality exists in compensation from pharmaceutical and medical device companies. Female physicians receive less total compensation from industry. It is important to highlight this disparity between genders so that changes can be made to ensure that equal opportunities exist.

This Is Our Lane: the Surgeon’s Role in Social Justice Advocacy
Heather Liebe, MD, Christie Buonpane, MD, Samara Lewis, MD, Ryan C Phillips, MD, Catherine J Hunter, MD
Children’s Hospital at Oklahoma University Medicine, Oklahoma City, OK
Geisinger Medical Center, Danville, PA
The University of Oklahoma Health Sciences Center, Oklahoma City, OK
Ochsner Medical Center, New Orleans, LA