

Poster presented at "Together We Can Do Better" – A National Convocation for Leaders in Academia on Preventing Sexual Harassment. The National Academies of Sciences, Engineering & Medicine; Washington, DC; November 9, 2018

## What did you do to that Medical Student?

Addressing Sexual Harassment with a Colleague

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No Conflict of Interest to Report



## WHY?

- Medical Practitioners need to be skilled in talking to colleagues about sexual harassment allegations
- Residency programs are obliged to teach and assess professionalism competencies
- Speaking up when misconduct is suspected can affect culture change



## WHAT?



- A 5-Station Professionalism Objective Structured Clinical Exam (OSCE) for 3rd year Pediatric Residents
- One station requires learners to confront a colleague about sexual harassment allegations made by a medical student
- 10 min encounter, 5 min feedback by the Standardized Resident (SR) & a faculty observer
- Post-OSCE debriefing in a small group setting

## WHO?



- Station Development: residency program director aided by 2 medical education consultants, 2 chief residents & the departmental OSCE Committee
- SR Training: one medical education consultant
- Feedback: observing faculty member & SR
- Post-OSCE Debriefing: other medical education consultant

## HOW?



- The station has been implemented during 2 Professionalism OSCE administrations (N=31 residents)
- Written program evaluations collected information about learning gains
- Debriefings with learners and SRs provided more insights
- Blueprint validation confirmed the core competencies targeted in the station

## ACGME/ABP Core Competencies/ Milestones

Hard To Get

PROF 1 Empathy	PROF 2 Speaking-Up	PROF 3 Boundaries	PROF 4 Help-Seeking	PROF 5 Trust	PROF 6 Ambiguity	ICS 1 X-Cultural	ICS 2 Emotions
•?	•	•	•	•	?	?	•

- 8/8 Faculty & SR ratings confirmed original classifications (•)
- One SR considered the addition of "Ambiguity"
- Several raters wondered whether "Empathy" is possible given the SR's continuous denial

Main teaching point = need to escalate problem for further investigations!

## EVALUATION FORM

### Playing Hard to Get

Resident Name: \_\_\_\_\_

Resident Label

Faculty Observer: \_\_\_\_\_

Not Done	Partly Done	Done	Done Well	Notes
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### GENERAL COMMUNICATION SKILLS

1.	Allows colleague to express self and explain point of view (does not interrupt, expresses interest in hearing more despite disagreement)					
2.	Communicates in respectful & non-judgmental fashion (does not get angry when met with defensiveness, disapproves without increasing tension, addresses behavior not character)					
3.	Uses language appropriate to the situation (no patronizing or arrogant comments, no swearing or foul language)					
4.	Uses non-verbal language appropriate to the situation (appropriate tone of voice, attentive posture, gestures & verbal messages match)					
5.	Expresses empathy through words &/or gestures (stresses that self-reflection is good start for change, voices concerns/intention to help)					

### ASSESSMENT OF PROFESSIONALISM PROBLEM (station specific)

6.	Explores professionalism issue (frequency/extent of sexually predatory behaviors towards students/others)					
7.	Explores potential causes for problem (frustrations in personal relationships, personal training experiences)					

### MANAGEMENT OF PROFESSIONALISM PROBLEM (station specific)

8.	Identifies/names unacceptable behavior despite rebuttals (boundary problem with junior learner, power imbalance)					
9.	Explains rationale & potential consequences (threats to student-teacher relationship, incorporates current events to strengthen impact – #Me Too Movement)					
10.	Offers potential solutions/support (de-stressing techniques, self-reflections is a good start to change, need for counseling)					
11.	Negotiates plan to move forward (stop behavior immediately, apologize to student, repair reputation, report to supervisor)					

### OVERALL COMMUNICATION SKILLS DEMONSTRATED

1 Did not establish rapport, Communications were quite ineffective	2 Inadequate rapport, Communications were partially ineffective	3 Good rapport, Communications were generally effective	4 Excellent rapport, Communications were highly effective
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### OVERALL ASSESSMENT & MANAGEMENT OF PROFESSIONALISM PROBLEM

1 No understanding of & no solutions for sexual harassment/supervision problem	2 Little understanding of & few solutions for sexual harassment/supervision problem	3 Good understanding of & good solutions for sexual harassment/supervision problem	4 Excellent understanding of & excellent solutions for sexual harassment/supervision problem
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Strengths:

Area(s) Needing Improvement:

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