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NEW IDEAS

Empathy Rounds: Residents Combating Impostor Syndrome

Setting and Problem

Resident physicians are at high risk for impostor syndrome: inaccurate, devaluing self-assessments that limit feelings of adequacy. Estimated syndrome prevalence among residents approaches 75% and is greater in women and minorities. Consequences may include burnout, social isolation, and fear of asking for help or admitting failures. Numerous factors contribute, including frequent transitions, variable expectations, and new environments. Not to supplant efforts addressing root causes of impostor syndrome, but to serve adjunctively, we created a forum to openly acknowledge the issue through a peer lens.

Intervention

Empathy Rounds is an event featuring respected resident panelists being vulnerable and sharing themed personal stories with an audience of peers. The goals of Empathy Rounds include peer normalization of imperfection and recognition of shared struggles to target impostor syndrome and nurture the resident community. Hearing peers being vulnerable can drive recognition that audience members are not alone and that they share work-related emotions, doubts, and fears.

At our pilot event, 3 recruited panelists and a facilitator—all residents from across postgraduate years and specialties—engaged with an exclusively resident audience under the theme "Transitions in Training," where they candidly shared personal impacts of challenging situations. Importantly, Empathy Rounds are not intended as a morbidity and mortality conference to assign blame or drive process improvement. Instead, they are designed for panelists to reflect on their *experience of an experience* and open up about uncertainties, struggles, and coping strategies—recognizing their way might not be right or wrong but has been their journey. Panelist stories were varied and included powerlessness on a care team, uncertainty making the "right" code status recommendation in patients who later died, antidepressant use, unexpected family loss and pregnancy, and a residency leave of absence.

The 1-hour event replaced 1 of 2 previously scheduled all-resident meetings, whose historically addressed grievances included whether the peanut butter in the lounge should be crunchy or creamy. Because of the content substitution at a preexisting meeting, the audience took no additional time or preparation for the event. The event had pre-allocated continental breakfast items and coffee, but their inclusion was not strictly necessary for the gathering. Logistically, it required only a space reservation, chairs, a microphone, cups of water, and facial tissues.

Outcomes to Date

The term "resident wellness" is encumbered with rhetorical baggage following a well-intentioned history of interventions that effectively amount to victim-blaming. Often, wellness activities convey "residents would be better *if* they would *do*…" a combination of yoga, reflective writing, or some other new to-do list item, often without addressing underlying issues. Aside from listening, we did not ask residents to *do* anything or ambitiously offer panaceas but simply sought acknowledgement and validation. "Wellness" through Empathy Rounds passively de-emphasizes resilience, work-life balance, or hours worked. Rather than turning to faculty or administration, it relies on peers to deliver a genuine message.

Of the 45 attendees (representing 35% of graduate medical education trainees on any rotation at any site), 12 (27% of attendees) completed a voluntary survey, with 100% supporting continuation of Empathy Rounds. While our graduate medical education department is small, the event framework can be easily scoped depending on program needs and sizes. Future work could include quantification with the Clance Impostor Phenomenon Scale, proactive coupling with simulations addressing common scenarios, or integration with longitudinal peer support programs.

Empathy Rounds represents an adaptable framework intended to combat impostor syndrome and its potential

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consequences through peer support, with normalization of vulnerability and emotional disclosure.

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NEW IDEAS

Addressing Sexual Harassment Allegations With a Colleague: A Challenging OSCE Station

Setting and Problem

Sexual harassment is a significant problem in academic and work settings. Residency programs are obliged to teach and assess professionalism competencies (Accreditation Council for Graduate Medical Education Common Program Requirements VI.B.6. and VI.B.7.). In addition to setting clear boundaries and behavior expectations, educators also need to prepare their trainees to take appropriate actions. Typically, such situations are very complicated, and they require a knowledge of policies and regulations (eg, the Title IX law combating sexual harassment of learners), sophisticated interpersonal communication skills, as well as a commitment not to be a bystander when misconduct is suspected or has occurred. Objective structured clinical examinations (OSCEs) provide unique opportunities to address such challenging situations. Learners can practice complex skills in safe settings, receive feedback from multiple sources, and reflect on cognitions, emotions, and actions, alone as well as with other learners.

At Maimonides Medical Center in Brooklyn, New York, all pediatric residents must complete a 5- to 6-station formative OSCE in each training year. For the last 3 cohorts, the postgraduate year 3 OSCE focused on professionalism. Residents have 2 minutes to read the station instructions, 10 minutes to complete the assigned tasks, and 5 minutes of instant feedback from the observing faculty as well as the standardized patient (SP) or standardized resident (SR). A pre-OSCE 2-hour workshop addresses all relevant topics without giving away the individual scenarios and challenges. When all stations are completed, residents and faculty join for a 1-hour debriefing session. By reflecting on what worked and what did not work in each station, learners also benefit from peer teaching.

Intervention

When preparing for the new professionalism OSCE, the interprofessional Pediatrics OSCE Committee identified a need to address sexual harassment and bystander challenges. The "Hard to Get" station was developed by the residency program director in collaboration with 2 medical education consultants and 2 chief residents. By now the station has been deployed in 3 consecutive academic years covering a total of 49 residents.

The perpetrating SR (portrayed by an SP) undergoes 2 hours of training with 1 of 2 medical educators. The post-OSCE group debriefing is guided by the other medical educator. To combat frequent assumptions that perpetrators are male, and that victims are female, the station features a female SR and a male medical student who complained to the learner about various sexual advances. The station task requires residents to address the issues with the SR directly, while the SR strongly denies all problematic behaviors. In addition to exploring the allegations in greater depth, learners need to come to the conclusion that the student's complaints must be escalated to an appropriate party. By all accounts, this is one of the more difficult stations in the OSCE.

Outcomes to Date

A blueprint validation study was performed with the 2 SRs and the 6 faculty members who worked in that station for the 3 OSCE administrations. The FIGURE illustrates the pediatric milestones covered. Written program evaluations by the last cohort of residents indicated that 12 of 18 (67%) considered the degree of difficulty as "just right," and the rest assessed it as "too high." The educational value of the station was rated as "high" by 15 of 18 residents (83%). One person thought it was "low," and 2 rated it as "moderate." Only 2 of the 18 residents (11%) reported "prior exposure to a similar scenario." In focus groups, SRs stated that compared to the first year, there were significantly more residents ready to escalate the incident to further investigations. This

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