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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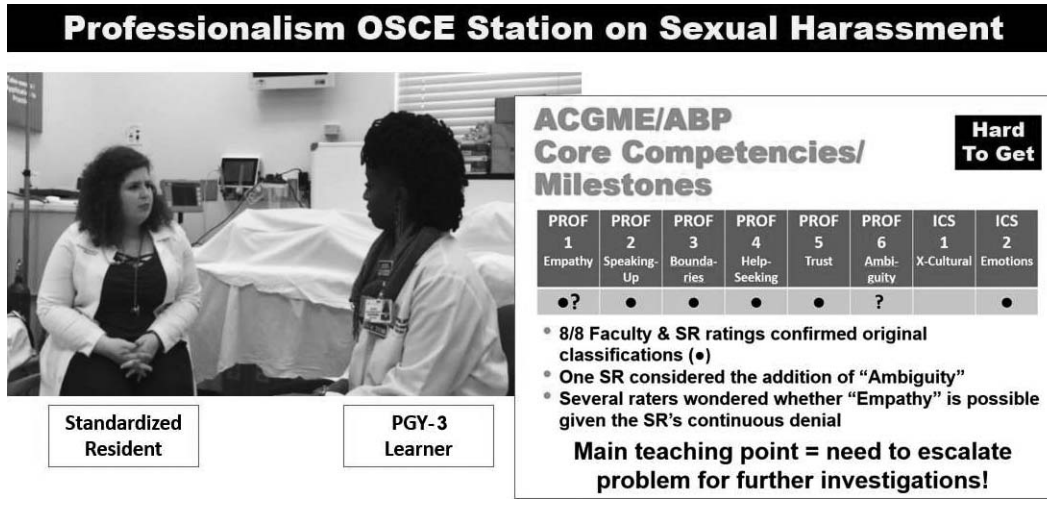

FIGURE

Professionalism OSCE Station on Sexual Harassment

Abbreviations: OSCE, objective structured clinical examination; ACGME, Accreditation Council for Graduate Medical Education; ABP, American Board of Pediatrics; SR, Standardized Resident.

Note: PROF-1 (Empathy): Demonstrate humanism, compassion, integrity, and respect for others; PROF-2 (Speaking-Up): Display a sense of duty and accountability to patients, society, and the profession; PROF-3 (Boundaries): Exhibit high standards of ethical behavior, which includes maintaining appropriate professional boundaries; PROF-4: Show self-awareness of own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors; PROF-5 (Trust): Make colleagues feel secure when one is responsible for the care of patients; PROF-6 (Ambiguity): Recognize that ambiguity is part of clinical medicine and utilize appropriate resources in dealing with uncertainty; ICS-1 (X-Cultural): Communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds; ICS-2 (Emotions): Demonstrate insight into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

was credited to the institutional sexual harassment training that occurred in the interim.

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NEW IDEAS

Rethinking Performance Audit: Chronic Illness Panel Management

Setting and Problem

The Accreditation Council for Graduate Medical Education Internal Medicine Milestones anticipate that residents should "monitor [their] practice with a goal for improvement" and "learn and improve via performance audit." Performance audits can take the form of metric reports (for example, completion rates for cancer screening tests), but the relatability of metric audits is problematic for residents due to transitory stewardship of empaneled patients (the metric may not reflect resident performance) and potential overemphasis on numeric outcomes. A focus on quality metrics can lead residents to feel that they are treating a number, not treating a patient.

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