INTRODUCTION

Verbal sexual harassment of medical providers, especially females, is highly prevalent. While hospitals typically have policies regarding harassment between employees, the protocols addressing what to do when the aggressor is a patient is not as clearly defined. In a 2020 study looking at 28 of the top 50 US hospitals and their policies on sexual harassment from patients and their families, only 14 addressed this specific issue. Thus, clinicians caring for a patient who exhibits inappropriate behaviors may not have guidance on how to balance patient care with protecting themselves from uncomfortable interactions.

PURPOSE

Evaluate how senior Neurology residents address a situation in which a member of their team experiences sexual harassment from a patient.

METHODS

We developed an objective structured clinical examination (OSCE) in our simulation center for graduating Neurology residents. We trained a standardized professional (SP) to play the role of a female junior resident who experienced verbal sexual harassment from a male patient during a physical exam. The residents were asked to elicit the complaint, provide counseling, and devise a plan to treat the patient. Faculty observers were present behind a one-way mirror glass for each encounter and provided verbal feedback. The SP also gave verbal and written feedback using a standardized rubric evaluating three domains: 1) information gathering, 2) relationship development, and 3) education and counseling. At the end of the encounter, the residents were provided an anonymous survey about the OSCE (1-6, least-most).

RESULTS

Fifteen residents (7 cis-females, 8 cis-males) participated in the OSCE and were graded by the SP with the following notable results:

• Partial credit to all residents except 1 male for asking effective and engaging questions (Fig. 1).
• Full credit to all residents for their non-verbal communication, appropriate acknowledgement of the SP’s feelings, acceptance, and their support for her right to respectfully stand up to bias and prejudice (Fig. 2).

RESULTS - continued

• Partial credit to six residents (4 male, 2 female) for mitigating the SP’s feelings of isolation in this encounter (Fig. 3).
• All but three residents (2 male, 1 female) were given full credit for collaborating with the SP to formulate a plan to treat the patient. The most common verbal feedback given by the SP on this point was that the residents unilaterally decided to reassign without eliciting the SP’s preference.
• Overall, the residents excelled most in relationship development.

Eight residents filled out a survey after the OSCE.

• On average, they were moderately prepared for the station (mean score 3.6±1.06).
• Overall they found the OSCE to be useful. (mean score 4.5±0.76).
• Three residents noted that the most challenging aspect of the OSCE was not knowing what resources were available in these situations.
• All residents who filled out the survey felt that this OSCE should be repeated for future classes.

CONCLUSIONS

OSCEs are a valuable and effective tool to assess how residents provide support to a colleague when a patient exhibits inappropriate behavior. The learners found the session to be helpful in providing them with tools to use when responding to future similar encounters. Relatively more male learners (50%) were not fully able to mitigate the SP’s feeling of isolation compared to their female counterparts (29%), possibly because male learners were less likely to have experienced sexual harassment from patients compared to their female colleagues. This OSCE can be repeated for future neurology residents, or residents in other specialties, to better assess for trends in performance and perception.

REFERENCES