JAMA March 27, 2018 Mentoring in the Era of #MeToo at:
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This week’s Piece, Mentoring in the Era of #MeToo, addresses the impact of the increased salience of sexual harassment in our society on mentoring in medical training. The author provides very direct guidance on how to mentor in a way that is respectful, supportive and professional. This also applies in our roles as supervisors and teachers.

As a male who has mentored female colleagues and learners, I found the guidance in this Piece to be very clear and practical. It also reflects the Mission, Vision and Core Values of MCHS. The guidance offered in this Piece helps create a clinical learning environment that models professionalism and creates a place where people would like to practice. And that supports everyone’s wellbeing.

The guidance in this Piece was so practical that I turned it into a quick reference guide which is also attached. I encourage you to read the Piece, consider the guidelines and discuss them with each other.

FOR RESIDENTS/FELLOWS/STUDENTS: Reading, discussing and applying this Piece and the guidelines in your interactions with each other is an example of the graduate medical education core competencies of Interpersonal/communication skills and professionalism.

FOR FACULTY: Reading, discussing and applying this Piece and the guidelines is an example of faculty development. Please let your residents’ program directors know if you have done this.

FOR PROGRAM DIRECTORS: Discussing this Piece and its guidelines in a faculty meeting is an example of faculty development. If you do that, please include it in the Faculty Development section of your annual program evaluation.

FOR ALL OF US AS MEMBERS OF THE DIVISION OF EDUCATION WHETHER AS LEARNERS, FACULTY OR ADMINISTRATION: Encouraging each other to read, discuss and apply this Piece and the guidelines supports the CLER Professionalism Focus Area Pathway 1: Resident/fellow and faculty member education on professionalism, Pathway 2: Resident/fellow attitudes, beliefs and skills related to professionalism, and Pathway 3: Faculty engagement in training on professionalism.

In my mentoring, teaching and supervising I am committed to doing the following:

1. Demonstrate exemplary professional behavior during and outside of the work day, never compromised by alcohol consumption or flirtatious interactions.
2. Behave comfortably AND as if others are watching, demonstrating integrity.
3. Refrain from physical touch except in larger social settings where I may give hugs in greeting.
4. Never mention anything about the learner’s appearance or the appearance of others.
5. Avoid generalizing comments about gender.
6. Text to the mentee important or urgent things, and sometimes just very funny things, but never anything I wouldn’t share with my partner or their partners.
7. Speak up to support women while other men may have chosen to sit quietly or, worse, offend.
8. Actively support qualified women into leadership roles.
9. Give affirming messages regarding the mentee’s abilities and roles when micro-aggressions or diminishment comments are made about them, even if not with hostile intent.
10. Name the issue of sexual harassment and make it clear that harassing behavior is never acceptable. Related to this I will invite the mentee to call out behavior that causes discomfort in any way.

I know that when I provide this type of concrete support to mentees, the trust of the mentoring relationship flourishes, the mentee moves toward her full potential and our patients and our health care system benefit.

Mentoring Guidelines Piece March 27 2018