

Family Medicine

THE OFFICIAL JOURNAL OF THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

Appendix Table A—Part I: Retrospective Pre-/Posttraining Survey: Gender Bias

DEFINITION of gender bias (GB): Any action that specifically denies opportunities, privileges, or rewards to a person (or a group) because of gender. The practice of letting a person’s gender become a factor when deciding who receives a job or a promotion is gender discrimination. Structures in an organization can also create gender bias, such as professional discussions that occur in single-gender environments or meetings that consistently occur at times when people of one gender are likely to have personal obligations.			
For Each of the Following Skills Related to Gender Bias, Please Rate Your Confidence:			
Skill	Very Confident	Somewhat Confident	Not Confident
Recognize GB When It Happens			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Know How to Report GB			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Respond Directly to GB in the Moment When I Am Targeted			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Respond to GB in the Moment When I Am a Bystander			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Respond to GB After an Incident When I Am a Bystander			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Assist a Learner or Colleague Who Comes to Me for Help With a Concern About GB			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			
Report My Concerns About GB to a Leader Within My Department			
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)			

Report My Concerns About GB to a Leader in the Medical Center/University				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				

Appendix Table A—Part II: Retrospective Pre-/Posttraining Survey: Sexual Harrassment

DEFINITION of sexual harassment (SH): Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive work environment. Harassment may be overt, such as advances directed to an individual, or more subtle, such as comments or jokes that are demeaning to a person who is present but not the intended audience for the statement.				
For Each of the Following Skills Related to Sexual Harassment, Please Rate Your Confidence:				
Skill	Very Confident	Somewhat confident	Not confident	
Recognize SH When It Happens				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Know How to Report SH				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Respond Directly to SH in the Moment When I Am Targeted				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Respond to SH in the Moment When I Am a Bystander				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Respond to SH After an Incident When I Am a Bystander				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Assist a Learner or Colleague Who Comes to Me for Help With a Concern About SH				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Report My Concerns About SH to a Leader Within My Department				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have done this in last 6 months (y/n)				
Report My Concerns About SH to a Leader in the Medical Center/University				
Before training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

After training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have done this in last 6 months (y/n)				