

Year 1 Public Description of Work for  
Action Collaborative on Preventing Sexual Harassment in Higher Education

Duke University School of Medicine

**Restorative Justice Approaches in Academic Medicine**

**This Action Applies to Rubric Item(s): 2,4, 14**

**Description of Work:**

During the first year of participation in the Action Collaborative, the Duke University School of Medicine completed two major bodies of work to further prevention of sexual harassment in our School. 1) We conducted an extensive series of bystander trainings that reached faculty, staff, and learners within the School of Medicine. These trainings specifically included leadership to emphasize the importance of leaders in supporting a climate in which harassment is taken seriously and addressed effectively. Bystander trainings were augmented by a complementary Civility Champions initiative in the Department of Medicine, the school's largest department. 2) Based on the very positive response to the trainings and the recommendations from a Sexual Harassment Task Force that concluded in spring 2020, we successfully responded to an RFA and were selected to participate in the Association of American Medical Colleges Restorative Justice in Academic Medicine Pilot program. This pilot will take place during Year 2 of our participation in the Action Collaborative. This Description of Work will describe the bystander interventions, and the planned activity of the restorative justice pilot.

Bystander Trainings: The School of Medicine Office for Faculty partnered with key stakeholders to develop a multi-faceted sexual harassment initiative that sought to understand and address the prevalence and impact of sexual harassment in our School. One central component of this initiative was the development and delivery of a series of bystander intervention workshops in the spring and summer of 2019.

Bystander intervention seeks to *reset community norms* by communicating to current and new members:

- 1) Harassment, discrimination and incivility will not be tolerated in this community
- 2) Everyone is expected to do their part

Sessions were led by **Ada Gregory, MA**, Associate Director of the Kenan Institute for Ethics, the Student Ombudsperson, and a known leader in equity, diversity, and violence prevention.

Because issues of harassment and incivility can be heavily influenced by structural and power dynamics, workshops were offered to institutional leaders first, and then expanded to include all interested faculty, staff, and learners. Workshops were hands-on and included a focus on restorative practices that promote accountability and mutual respect.

The workshops presented RJ as an ethical framework for intervening in harassment, bias and other micro-aggressions in the workplace. Affective statements and affective questions were introduced as

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tools for challenging problematic behavior and intervening with those harmed by those behaviors. The Dean kicked off the series with four 3-hour workshops for SoM leadership. Following these, two additional 6-hour trainings were offered for all SoM faculty, staff and trainees. The 302 unique attendees included at least two participants from every SOM department and 14 Department Chairs. 96.4% of participants who completed the post-session evaluation reported being more likely to incorporate restorative practices into their own professional interactions.

Based on the enormous popularity of these sessions, SoM department chairs were encouraged to invite Gregory to present at grand rounds or similar talks within their departments. To date, there have been more than 20 additional presentations scheduled or delivered in departments and institutes in the SoM.

Separately, the Department of Medicine recruited Gregory to develop trainings aimed at building departmental capacity to support those harmed by incidents of incivility, bias and harassment. The [Civility Champion](#) trainings were initiated in 2018 and used an RJ frame to engage participants to see through the lens of harm to the individual and the community. The trainings focused on how to address episodes of incivility, including gender and racial harassment, in the clinical care setting, with an emphasis on helping those harmed to work through what they needed to move forward. The trainings were highly participatory, used personal experiences, case studies, and role plays. Faculty and residents in the Department of Medicine participated, and regular check ins and debriefs are conducted to reinforce the learnings, and deepen them with real examples.

AAMC Restorative Justice Pilot Program: In spring 2020 the AAMC issued an RFA for academic medical centers to participate in a pilot program to implement restorative justice practices within their institutions. Using the bystander trainings and the Civility Champions program as a springboard, the School of Medicine successfully applied to be one of nine sites for the RJ pilot. The application was a partnership between the Office for faculty, the Office for Institutional Equity, and Ada Gregory, the student ombuds. A small group of faculty and staff will participate in AAMC trainings, and follow this up with an institution-specific pilot over a period of six months. As part of the pilot, the participants in the AAMC training will work with Gregory to train a larger group of faculty to use restorative practices. A long term goal will be to develop a “train the trainer” curriculum to implement at a later date.

We have identified a pre-existing group of faculty, the Faculty Affairs Steering Committee (FAST), to participate in this pilot. Led by Vice Dean Brown, FAST members are faculty who are already tasked by their Chairs to support resolution of disruptive faculty behaviors in their departments. FAST members hold formal leadership roles, and are typically Vice Chairs for Faculty. Leadership from the Duke University Health System’s provider accountability program also participates in FAST meetings, providing an important link to dispute resolution within the health system. FAST meetings are held regularly, and over the past two years they have focused on the theme of faculty professionalism. Thus, this pre-existing group is an ideal core of faculty participants for this pilot. They have roles in which the RJ content can be used, and our training can encourage them to look for opportunities to use the skills.

This description of work has outlined a series of related events aimed at building awareness and skills to empower everyone in our institution to address episodes of harm. Informed by a SoM-wide Sexual Harassment Taskforce, we conducted a series of bystander trainings (open to all and specifically engaging leadership), and will extend this by participating in a national program to bring RJ to academic

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medicine. Through this work, and our participation in the Action Collaborative, we will expand our capacity to move beyond simple accountability in managing harmful events.

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