* Sunday 1:30 CST 11-9-14
* David Acosta
* “Thing that hurts learning experience most is sense of disempowerment and disenfranchisement and vulnerability and inability to response to unjust evaluation or resident who’s just an \*\*\*\*\*\*\*\*”- Final year medical student
* Culture of disrespect
* Time to move in a new direction
* Must tackle culture of abuse, staff, faculty and medical students
* Starts very early in our educational system
* Faculty vs student definition of mistreatment and perception
	+ Different interpretation
	+ Loaded with self-doubt and humiliation
	+ Some believe this is needed to build resilience and character development
		- “Students are primed to expect mistreatment”
		- “Perhaps we’ve trained students too well so now mistreated”
* ORR session- difference in interpretation is more influenced by learning environment, emotional state of learner
* Power and privilege unequal distribution
	+ Faculty also afraid of mistreatment by student feedback
1. Repairing harm and rebuilding trust after learner mistreatment
	1. Need to pay more attention to perpetrators
	2. Restorative justice
		1. Brings victim, perpetrator and community together to begin having meaningful dialogue
		2. Dr. David R. Karp book of restorative justice
		3. Plays a role in mistreatment
	3. What impact on you and others? What was harm?
		1. Bring offender to identify and recognize harm
	4. Repair?
		1. What can do to rebuild trust?
			1. Restore community
			2. Through a facilitator
2. 4 principles
	1. Inclusive decision making
	2. Active accountability
		1. Takes responsibility and makes amends, cannot sit back and be judged or sanctioned
	3. Repair harm
		1. Reparation and healing to bring harmed parties up, not to drag offender down
	4. Rebuilding trust
		1. Offender can be trusted again and harmed parties again can feel safe
3. Restorative justice invites participation
4. Not like code of conduct hearing
	1. Code of conduct more like criminal court
5. Many types of restorative justice practice models
6. Restorative Justice Community Circle
	1. People required
		1. Trained facilitator, community rep, person responsible, support for person responsible, support person for harmed party, most affected harmed party, less affected harmed parties
	2. Principles of community
	3. Round 1- sets tone of respect, hope, support; sets agenda
	4. Round 2- feelings and perceptions shared; harm identified
	5. Round 3- shared ideas for resolution
	6. Round 4- Final comments
7. Use
	1. 4% model code of conduct hearing cases
	2. <1% Restorative Justice cases
	3. Re-offending
		1. Same rates as code of conduct hearing, but RJ cases were less serious
8. Faculty, students and staff and residents
	1. Respond to any form of perceived mistreatment in professional manner
	2. High stakes conversation without fear of retribution, skills will be taught to all
	3. We will learn how to best respond
		1. Open, nonjudgmental, humility, interrupt behavior associated with our own personal implicit biases
9. Sophia, David, Lauren
	1. Forum of communication important
	2. Critical to conducting ourselves professionally
	3. Lost voice
	4. Create a safe space, timeouts? Intermediary?
10. Look toward students to fix problem
11. What worries me most about change?
	1. Resistance to culture change
12. When confronted with facilitating tangible change in learning environment to address mistreatment, I am most hopeful about?
	1. Interdisciplinary discussion
		1. Valuable since everyone else is affected by perpetrator
		2. Everyone feels that
		3. Brings all offended parties to table to have a conversation
		4. Looking for cultural change
	2. Restorative justice model
		1. Forum to express how I feel
	3. It’s not one thing, very complex, must have multifaceted approach to it
13. “Not that hopeful”
	1. More systemic than interdisciplinary
	2. How healthcare taught and delivered
	3. Until this hierarchy begins to examine its role in mistreatment, it will continue
14. Subjective Clerkship grades
	1. Power
	2. This needs to change in order for culture shift
15. Status of students as consumers/clients
	1. Position of powerlessness
	2. Faculty members don’t see students as clients
	3. Client status doesn’t amount to much because others will take your place and not organized
16. No broad policy of 0 tolerance for malignant personalities in healthcare
	1. Then restorative justice is good for individual infractions
17. Lack of reporting
	1. No transparency, so students feel that feedback is useless
	2. Fear of retribution
18. Many incidences were inadvertent and not malignant (Arizona)
	1. Train people to give effective apologies
	2. Herd immunity- train everyone to identify mistreatment, then more self-policing will occur