

## **Restorative Justice in Academic Medicine (RJAM) Request for Applications (RFA)**

### **Background**

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Restorative justice (RJ) is a supplemental/alternative process for academic health centers to build community and address mistreatment and misconduct. RJ is an approach that embraces the reparation of harm and healing of trauma. A central practice of RJ is a collaborative decision-making process that includes harmed parties, people who have caused harm, and others who are seeking active accountability by:

1. Accepting and acknowledging responsibility for causing harm;
2. Repairing the harm caused to harmed parties and the community;
3. Rebuilding trust by showing understanding of the harm, addressing personal issues, and building positive social connections;
4. Addressing root causes, systemic inequalities, and social injustices that creates the conditions in which harm occurs.

In educational communities, restorative practices include three tiers of intervention:

1. Tier I: Restorative circles for community building and improving campus climate
2. Tier II: Restorative conferences for incidents of harm
3. Tier III: Restorative circles for effective reintegration after separation

In contrast to traditional institutional response systems, which focus on corrective behavior of the person who caused harm, RJ has been shown to be an effective method to teach individuals the impact of the harms they have caused, to deter recidivism, and facilitate overall community resolution. It is an innovative and attractive approach for medical education as it specifically holds the offender accountable, addresses the harm caused by the offender, addresses the impact of that harm on the victim and the community, and focuses on repairing that harm and rebuilding trust and community. RJ practice has been applied in student and faculty affairs in universities but has yet to be introduced in medical school settings, fully operationalized, and evaluated. RJ is one approach to addressing and mitigating mistreatment. Ultimately, the use of RJ in academic medical centers can improve campus environments by (re)building relationships and repairing the harm to all parties in potentially devastating and damaging situations as well as assisting in building community amongst members of the academic health center.

The AAMC has partnered with David Karp, PhD, Professor and Director, University of San Diego Center for Restorative Justice to develop and pilot RJ practices within five academic medicine institutions.



Results of the pilot will provide the data necessary for institutional decisionmakers to assess the feasibility of RJ to build community, rebuild trust, and mitigate harms at their institutions.

## **Aim of Pilot**

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The aim of this pilot is to train academic medical institutions to affectively incorporate the practice of RJ in addressing harm at their institutions, which will improve campus environments and interaction between the various groups within the academic medicine environment. The pilot is limited to five academic medical institutions.

## **Benefits to Participation**

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**Direct benefits to the institution** – Participating sites will receive no-cost RJ facilitation training which can be used to improve the culture and climate of their institution. Sites will have scheduled check-ins and advisory assistance from the AAMC RJ Advisory Committee.

**National Recognition/Impact** - The institution will be part of leading a national effort to improve campus climate and contribute directly to practice and policy change in academic medicine and the broader health professions.

**Online Learning Community** – Sites will have access to a repository of pilot information, frequently asked questions, and an online discussion community for RJ practitioners (Rx for RJ).

## **Application Process**

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Each interested institution should prepare a 2 – 5 page application that addresses the following questions:

1. Does the institution have a commitment from senior leadership to implement Restorative Justice (RJ) practices?
2. What RJ practices are already in place at the institution? Please share a brief description of ongoing efforts.
3. Who at the institution will be primarily responsible for leading and moving this pilot forward and what is their existing position at the institution?
4. Describe the reporting structure and staffing of the unit which will lead institutional efforts related to the pilot.
5. Describe how you will use RJ at your institution during the pilot. Please keep in mind that the pilot will take place over a six-month period. While you may have plans to use RJ for community building (Tier 1), misconduct (Tier 2), and re-entry (Tier 3), please state your plans for its use during the six-month pilot period.



Electronic applications are due to the AAMC by Friday, April 17, 2020 and should be sent to the attention of Angela Moses at [amoses@aamc.org](mailto:amoses@aamc.org).

Final selections will be made and announced by the AAMC according to the criteria below by Friday, April 24, 2020.

## Selection Criteria

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1. Senior leadership support, including a statement of support from the chancellor, president, and/or other key leadership.
2. Demonstrated commitment to improving institutional culture and climate.
3. Chief Diversity Officer, diversity office, or task force focused on diversity and inclusion.
4. Capacity to implement RJ practices with an existing group of individuals who can carry out the program.
5. Clear plans for the potential application of RJ.

## Expectations for Sites

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1. Participate in a three-day RJ training to be held at the AAMC in Washington DC.
2. Attend monthly conference calls and check-ins throughout the pilot.
3. Appoint one person as the PI for the pilot project. A team must already be in place within the institution with the authority and capacity to lead the pilot.
4. Develop a plan for the integration of RJ in the institutions.
5. Select at least two (2) trainers for the institution. Trainers will be required to attend an in-person training at the AAMC from June 8, 2020 – June 10, 2020. The AAMC will cover housing, travel, and training costs for 2 trainers per institution. Participation in the training is mandatory. **Individuals who are not available on these dates are not eligible to participate in the pilot.**
6. **Optional:** Send up to four additional trainers (for a total of 2-6) per institution for the pilot training. **All costs for the additional trainers will be covered by the respective institution.**

## Timeline

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**March 2020:** Call for Participants

**April 2020:** Pilot Site Selection

**May 2020:** Program Kickoff (webinar)

**June 2020:** Pilot Site Training (in-person at AAMC headquarters)

**July-December 2020:** Pilot Site Implementation of RJ