Facility Spotlight

Restorative Justice at Duke School of Medicine

Madeline Talbot

Duke's School of Medicine is not unique in the challenges they face, like increasingly intense work environments, a decline in professionalism, and the rise of conflict as a result of turbulence in social, political, and health spheres. "With challenges in staffing and turnover, combined with the pressure to perform, we have a very inflammable environment for conflict," says Madhav Swaminathan, MD, Professor and Vice Chair of Faculty Affairs for Duke Anesthesiology. Duke School of Medicine is unique, however, in that they have launched a proactive program to address issues of conflict and professionalism from the ground up. The restorative justice model became their guide to improve the quality of conversations and to help faculty navigate professionalism as a concept.

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Instilling respect

As cases of professional misconduct and staff conflicts began to increase across clinical departments, Dr. Swaminathan and his colleagues recognized that the traditional policy-based top-down approach to enforcing workplace conduct was not effective, and they began to look at ways to phase out punitive measures.

Photo courtesy of Duke School of Medicine.

"Instead, with restorative justice, we're trying to address the primary reason conflicts happen. That increases the number of resources you need to address issues, which is not a good way to proceed," remarks Dr. Swaminathan.

As a concept, restorative justice originates from indigenous people and cultures in which there is a deep respect for the community and its members. Today, restorative justice is a practice used in the world of criminal justice to help reassimilate and restore confidence in an individual and reintegrate them back into the community in a healing manner. Duke's pilot program borrowed these concepts and methods "to move away from this punitive, reactive construct where rules are made, and if you break those rules, you get punished. That's what is typical, but it's not a very healthy way to promote civil discourse," says Dr. Swaminathan. According to him, Duke Anesthesiology had already inadvertently been using some restorative justice practices in their conflict resolution. "We were bringing together conflicted parties to talk to each other but not in the right way. It didn't lead to very good outcomes, and it wasn't durable. When we started doing this restorative justice pilot, it dawned on us that we needed to change the character of conversations."

Addressing medical hierarchies

Duke's year-long restorative justice pilot program recruited faculty teams from a variety of departments and offices. Dr. Swaminathan is one of seven members of the "Restorative Justice Core" who act as mentors for the faculty teams. The group meets every few weeks to discuss restorative justice practices and participate in their book club. Team members sit in a circle and are led by a moderator, or "circle keeper," who poses a question, such as asking about a time when a team member felt most supported, what they use as their creative space, or for a word to describe how they're feeling that day. Through this, each member is encouraged to share a part of themselves, and others are encouraged to practice active listening. "It's a muscle that we're training, and with that you tend to develop a healthier respect for the people you work with. Once that starts happening and it becomes the norm, then it becomes easier to be not just professional, but to have a better quality of conversation with someone else," says Dr. Swaminathan.

Because each department faces its own challenges, the goal of the restorative justice program is to provide leaders with adaptable professional tools. Dr. Swaminathan notes that the program is designed around each faculty team constructing their own tangible projects with measurable outcomes. Autonomy for all participating parties is a vital element of restorative justice. The practices and ideas of the pilot program are primarily group-led, with coaches acting as guides rather than authoritative instructors. In their regular meetings, participants are encouraged to air out pain points in a judgement-free zone, and the platform helps the group get to the deepest negative feelings associated with them. Dr. Swaminathan says that just by verbalizing them, it's easier to contextualize complaints. From there, the group can recalibrate the conversation to one in which they feel more bonded around finding a resolution.

When issues do happen, the restorative justice platform provides a psychologically safe space for all parties to discuss the episode of the conflict. Dr. Swaminathan shares that in most of these instances, the party that has caused harm is regretful but appreciative of the opportunity to set the record straight. Within their pilot program, faculty teams are taught how to do a restorative justice circle with a harmed party. A third-party facilitator is invited to moderate between the harmed and the "harmer." Before their meeting together, the facilitator has a conference with each individual. Each party brings an advocate, and within the safe space the facilitator initiates a dialog between the parties. It is crucial that both parties have an opportunity to share their perspectives of the incident without judgement. Faculty teams practice by role playing case examples during training sessions.

These restorative justice techniques promote an organic form of community bonding, which is especially useful in clinical and academic environments where power dynamics are particularly apparent. Dr. Swaminathan shares, "Medicine is very hierarchical. Restorative justice exists not to just flatten hierarchies, but to be respectful of each other within that hierarchy. We can recognize a traditional construct, but that doesn't mean you cannot respect someone who works in a lower rung than you. Some may have different acquired value through certificates and degrees, but we all have equivalent, inherent value as human beings. The restorative justice program transcends specialties because human behavior doesn't change."

Investing in long-term change

Before the spring portion of the program begins, Dr. Swaminathan and the program leaders will present their progress to key members of their organizational leadership, including Duke's CEO and the School of Medicine's dean. Engagement from institutional leadership is the organization's indicator that there is a willingness and desire to invest in facility culture at the base level. "I received a healthy amount of skepticism at the beginning of this project as to whether the concept would actually work in an environment pressured for time and performance. I realized I had to rethink the way I approached this with my department to not just convince them but encourage them to think about this as an investment in our journey and professional future," says Dr. Swaminathan. ■

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