Session Plan:

With the wave of research exploring physician burnout, the community has looked at medical schools and residency programs to establish when and where burnout originates in this career field. Students enter undergraduate medical education with similar or better levels of positive mental health when compared to their non-medical education peers. This suggests that training in medical school and beyond causes a significant decrease in well-being. The level of burnout increases as the years of training progress as close to half of graduating medical students experience burnout which rises to 60% during residency. As this level increases, it is highly correlated with decreased compassion and lapses in professionalism. Ultimately, it will lead to a reduction in the quality of patient care, the core value of medicine.

Despite this knowledge, there are limited strategies developed at an institutional level to combat burnout and decreased mental health. There are two commonly proposed solutions to medical burnout: protected hours and mindfulness education integrated into traditional medical curricula. While both are effective solutions, they require extensive resources and fail to address a key proactive factor: community and sense of belonging. In an effort to address this at Rush Medical College (RMC), we established Community Building Circles, an adaptation upon a traditional restorative justice process. This is a peer-run strategy that fosters and builds community among pre-clinical medical students while utilizing limited resources. Physicians trained in restorative justice processes are equipped to create a healthcare environment that supports wellness needs, proactively preventing lapses in professionalism and fostering peer-to-peer connectivity. These methods will lead to increased quality of care as restorative justice processes inculcate equitable dialogue between all stakeholders in a patients care.

Session Agenda:

Part I: Introduction

To begin our session, the audience will gain an understanding of restorative justice. It will explore the foundations of restorative justice, the branches of its process, and the establishment of it within the justice system and educational system. The session will then break down the application of one restorative justice process, circles, within medical education and as a proactive measure against burnout. The session will discuss in detail how the circle process works, the changes made to apply it specifically to medical students, and how it has worked to build a supportive community at RMC. It will also discuss the process of implementing circle process into medical curricula, the resources required for it, and the challenges that accompany it.

Part II: Circles

To engage in the circle process, the audience will be reorganized into smaller groups of 25 participants and move into a circular seating arrangement. To begin, the circle will open with a
chime, which suggests the creation of an intentional space. Each circle will be lead by a circle keeper, who will pose discussion questions to the group. Conversation is guided by a talking piece passed around to each participant. Everyone has an opportunity to contribute upon receiving the talking piece and may also elect not to speak. The circle process is guided by actively listening to the input of each member as they answer the circle prompt.

Discussion questions are intended to invoke storytelling. As such, the following questions will be posed to circle members:

- How has burnout impacted individuals at your institution?
- How have you seen burnout addressed at your institution?
- Upon the completion of the last question, the circle keeper reflects what others have shared and thanks the audience for participating. The circle will conclude with the same chime to represent closure of the space.

Part III: Debrief

The debrief session will reconvene the audience and offer space to discuss both the modality of the circle process. Participants are invited to share their impressions of the circle experience and inquire about the implementation of circles at RMC. The debrief space will end with key takeaways about the circle process and student experiences at RMC. Ultimately, the end of the session will provide a space for participants to seek input and collaborate across institutions to harness circles as a community-building tool and approach to address burnout at their institution.

**Learning Objectives:**

Define Restorative Justice and community building circles

Describe how community building circles can be employed to address burnout in medical education and training.

Evaluate the utility of community building circles to inculcate the values of restorative justice in healthcare and higher education settings.