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

Vanderbilt University Medical Center

Becoming an Active Bystander

This Action Applies to Rubric Item(s): 2, 3, 4, 8

Description of Work:

The purpose of *Becoming an Active Bystander* is twofold: curriculum development and program evaluation. First, this workshop was conducted to design an effective curriculum that empowers students to respond to incidents of bias and microaggressions. Because Green Dot is a well-known program for active bystander training that was initially designed to target sexual violence on college campuses, we were confident in its empirical and behavioral successes.

Workshop goals aimed to: a) Define important terms such as bias, microaggressions, and being an active bystander; b) Review background information (prevalence of these incidents in clinical settings plus efficacy of Green Dot); c) Teach the D's framework (i.e., Distract, Delegate, Document, Delay and Direct); and d) Practice the D's framework in small groups using case-based scenario examples. During one workshop, participants were asked to roleplay the cases and practice direct response methods. Later, this exercise was modified in order to have students generate a list of potential responses. Additionally, we evaluated the short- and long-term efficacy of the workshop by assessing changes in participants' reported knowledge of key terms and use of response behaviors.

Becoming an Active Bystander is consistent with the findings and recommendations of the 2018 NASEM report across four Rubric areas for prevention**:** Civility or Respect Promotion Programs; Leadership Education and Skill Development; Bystander Intervention Programs; and Identifying and Reinforcing Community Values.

The *Becoming an Active Bystander* workshop was piloted in October 2019, among the Foundations of Clinical Care medical students [Vanderbilt University School of Medicine (VUSM) Class of 2022]. Participants were surveyed and offered an optional virtual refresher workshop in July 2020. Subsequent training participants included Classes of 2023 and 2021, and incoming Chief Residents and Fellows (2020- 2021) across all departments in the medical center. Plans are in process for workshop participation for the Class of 2024. Due to its success and demand, in addition to measuring outcomes, this workshop will continue to be offered in the medical school as an ongoing training course. Selected faculty and staff representing different groups across the medical enterprise will participate in Active Bystander "train the trainer" sessions conducted by Alteristic Green Dot (to be completed fall 2020) followed by enterprise-wide rollout.

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The Active Bystander workshop is new to VUSM and VUMC. Our search identified a dearth of literature regarding formal incorporation of bystander training and intervention in medical school curricula. Although there have been reports on role-play interventions for residents, we have not identified successful efforts targeted specifically towards medical students.

The Class of 2022 was evaluated using a mixed methods model with quantitative data from Likert-style survey questions and qualitative data from free response survey questions and a focus group transcript. Five preliminary results were highlighted: 1) a vast majority of students agreed or strongly agreed with the statement "this workshop was effective." Further, most students reported that they desired additional training after completion of the second workshop; 2) respondents' confidence in addressing both witnessed and experienced incidents of bias and microaggressions improved after participating in the workshop, and that this improvement was sustained over time; 3) respondents' knowledge of key terms/topics (bias, microaggressions, recognizing microaggressions, and response framework) improved as well after participating in the workshop, and again, this improvement was sustained over time; 4) most students reported experiencing and witnessing these incidents at least a few times between surveys (which ranged from 1-month to 5-months in separation), with as many as 7% experiencing and 11% witnessing it weekly; and 5) immediately after the workshop, participants indicated a HIGH likelihood of using each of the learned response behaviors with both types of incidents.

Initial stakeholders for this effort have largely been the VUSM administration and medical students. Medical school administration designated specific time in the students' schedules to offer this training because it helped enhance cultural inclusivity and safety, and also addressed standards of the Liaison Committee on Medical Education. The medical students have been engaged for feedback after each training. Lessons learned are positive and provide students with practical tools.

Next steps for this work are to continue bystander student training as part of the medical school curriculum. Second, training will be extended to include faculty and staff to promote a common, shared language. Students should be empowered in their roles as active bystanders, and a culture of safety and elimination of a clinical hierarchy structure should be promoted. Workshop leaders will continue to assess and modify approaches, surveys, and interventions bolstering positive behavioral impact. Finally, as mentioned earlier, active bystander training will be implemented medical center wide.

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Website for further information (if applicable): N/A

Point of Contact Name: Michelle York

Email Address for Point of Contact: m.york@vanderbilt.edu