

Truth and Reconciliation Final Report
University of Washington Nurse-Midwifery DNP Track
November 2022

History

In September 2020, the University of Washington School of Nursing, and in particular the nurse-midwifery track within the Doctor of Nursing Practice program, was alerted to harms that current and former students had experienced while attending the program. After initial responses to harm including track leadership changes, the faculty became aware of a need for a formal process of truth and reconciliation utilizing a Restorative Justice/Transformative Justice approach. Hiring an outside facilitator to support the process, the nurse-midwifery faculty engaged in internal work to create an accountability structure, and then proceeded to engage current students, alumni, and community stakeholders in a truth and reconciliation process to attend to harms that stemmed from our program.

Underlying Philosophy

We utilized the concepts of *Transformative Justice* and *Non-Violent Communication* to set a foundation for this work. Transformative justice is defined as “a community response to harm where the needs of those harmed are prioritized. The focus is on accountability from those who caused the harm, both individually and systemically with attention to repair, restoration of relationship, consideration of root systemic related causes, and actions needed to make it right, and bring systemic change.” (www.transformharm.org/transformative-justice-a-brief-description/)

Non-violent communication (NVC) is “based on the principles of nonviolence – the natural state of compassion when no violence is present in your heart. NVC begins by assuming that we are all compassionate by nature and that violent strategies – whether verbal or physical – are learned behaviors taught and supported by the prevailing culture.” (www.cnvs.org)

To maintain integrity of the process we collaborated with Pamela Orbach from Empowering Connections (<https://centerforrestorativesolutionsseattle.com>) and Leonie Smith from The Thoughtful Workplace (<https://thethoughtfulworkplace.com>).

Goals

Our goals were to:

- 1) Make space to hold and be accountable to experiences of harm that stemmed from our program since its inception in 1993;
- 2) Offer repair when able to those impacted;
- 3) Utilize the information and recommendations offered by stakeholders to make changes to the program and track to better support students.

Process

The process that we utilized included internal faculty work that focused on understanding the harms that had happened, holding ourselves accountable individually and systemically, both for actions and inactions related to the harms. We reached out to stakeholder groups with information and an offer to hold space for harms and impact from our program. The following steps were taken:

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December 2020-June 2021

The four main faculty members, Molly Altman, Clare Sherley, Ira Kantrowitz-Gordon, and Judy Lazarus, engaged with outside facilitators to start process of acknowledging and being accountable to harms, in preparation for truth and reconciliation work. This process included meetings with facilitators weekly or biweekly throughout a 6-month period to prepare and build ability to hold space for truth telling without judgment or defensiveness, and to be able to hold accountability when needed.

June 2021

At the conclusion of the 2020-2021 academic year, Molly Altman as track lead sent an email summarizing the changes that had occurred over the past year, but did not acknowledge the harm that triggered the transformative justice process. After being notified by a student of the impact of not acknowledging why changes occurred, Molly sent a retraction email and worked to hold accountability for the error and subsequent impact from the original email. This retraction email also included a statement of accountability to the current students within the nurse-midwifery program to describe steps taken in response to harm. Other faculty and our department chair, Teresa Ward, PhD RN, also included email letters of accountability as well. Copies of these and other accountability emails are available upon request.

October 2021

Four listening sessions were set up and held by our facilitators to create space for students to share their experiences and concerns. These sessions were held in October 2021, once the academic year started to allow for maximal participation.

Additionally, an email letter of accountability was sent to all alumni of the UW nurse-midwifery and women's health clinical nurse specialist programs on October 20, 2021, sharing what has been done thus far within our program and holding accountability for harms that have occurred. Alumni were invited to reach out if they desired a supported conversation to address harms that they have experienced.

October 2021 – February 2022

Emails from alumni were responded to and interested alumni were invited to meet one-on-one with the track lead or department chair, or were invited to attend listening sessions if there was interest. Multiple individual meetings were held between the track lead and interested alumni, with a desire for formal listening sessions by a few alumni. Two separate listening sessions were held over Zoom in February 2022, led by our facilitators.

April 2022

We sent a final email letter to community stakeholders who are associated with our program on April 18, 2022, describing our process and holding accountability for harms within our program, with an offer to reach out to the track lead or department chair if they would like to

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connect or have acknowledgement of harms. Community stakeholders included preceptors, faculty at neighboring academic programs, and other members of the midwifery community who had experienced interactions with the UW program at some point.

Outcomes

Student responses

A total of 39 students across 4 cohorts (ABSN, 1st year, 2nd year, 3rd year) were included in the student email communications. In response to the emails of acknowledgement and accountability sent in June 2021, we received several email replies from students. One student shared that they are noticing that we are “leveling up our curriculum, faculty expectations and standards, and open to critique which is ever present.” Of note, multiple students described feeling supported by our program within the changes that have occurred in response to harm, but that they are not seeing those changes elsewhere in the school:

“I don’t know what is happening with the other tracks or the DNP program, but I’ve not observed the other faculty to be as responsive or proactive (leaving me with disappointment and angst). In this way, I see midwifery track as progressive, modeling a willingness to remodel – remodeling that is needed at every level of the SON.”

Additionally, an email from a student was sent to our department chair describing the need for the entire School of Nursing to do this work, not just the nurse-midwifery track:

“The problem was never a single faculty member, nor is it a single track. What we experienced was one of many examples of problematic behavior that is pervasive in the DNP program. I have personally witnessed and encountered equally concerning interactions with folks at all levels within the SoN, including faculty, leadership, administrators, preceptors, and guest lecturers. The emphasis on the midwifery track alone ignores much of what my cohort brought forward to you last fall related to larger systemic issues. I appreciate the progress that has been made so far, but it is not enough. This response fails to take adequate accountability for the role that the SoN (and those outside of our track) have played in enabling and normalizing harm to students. It also provides insufficient information and clarity about how this complicity will be addressed moving forward. Until the rest of the program is investigated and held responsible in the same way that our track has been, students will continue to be negatively impacted and their needs will continue to go unmet.”

Four listening sessions for students were scheduled in October 2021, two for Black students, one for other students of color, and one for white students. Of these sessions, only one person attended the non-BIPOC student listening session. Upon individual follow up with BIPOC students, it was shared that they felt their needs and experiences were already held by faculty in other modalities throughout the year and did not feel the listening sessions were necessary.

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From the feedback shared in the listening sessions and through informal conversations with students, the following themes came forward:

- Harm is ongoing, no one trusts that what they share will matter, be heard or make any difference.
- There is no effective method to interrupt or hold faculty accountable for harm.
- Accountability work done in only one department is impactful and painful for students.
- Students have been asked over the years to be part of feedback groups and to work on different projects to improve things. There was impact in the process for students, was frustrating and non-conclusive, or the outcomes have not been shared back with those students.
- Experience that student wellbeing is the least valued and of least concern of the organization.
- On more than 3 different occasions students reported harm to different faculty or department staff, and nothing has been done, and no communication has come back to the person of what happened.
- Students are not given a clear chart of who is in what position in the SON (organizational chart), and what their role is, so they know who to approach for different support or problems. They also are not informed when people leave or when their positions change. This should be accessible to students who are actually part of the school.
- Lack of standardized ways of assigning things or getting needs met. At the mercy of the faculty that have power over them to pass or fail.
- There is no clear and functional safe way to address complaints or to bring attention to harm in a way that can be trusted that something safe will be done to support students, stop the harm and make changes.

Alumni responses

The email sent to alumni was sent to 250 email addresses that were provided upon graduation from people who graduated from our program and/or upon leaving the program. As of September 2022, 16 alumni had responded to the initial email and provided some information about their experiences of harm within the program. Of these 16, 11 opted to meet with the track lead individually and 3 requested listening sessions held by our facilitators with faculty present. The remaining alumni felt comfortable without a need for further discussion after their email recounting their experience. Responses from alumni continue to come, and we intend to hold space for these conversations in perpetuity.

The following themes came forward from the group and individual listening sessions with alumni:

- Students are treated like children and not trusted to be able to do the work asked of them and be committed to the program.

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- Faculty did not allow for flexibility for life events; student penalized for asking for accommodation for family or life issues.
- Favoritism led to some students getting preferred clinical placements and experiences
- Secondary/vicarious trauma occurred for those who witnessed but did not experience impact directly from faculty
- Preceptors were not held accountable for harms against students, were prioritized above student needs and students were told that they needed to put up with harmful behavior to succeed.
- Impacts from program extended out of academic space, with difficulty getting jobs after graduation and poor treatment within community due to UW faculty setting expectations and culture of midwifery in Seattle area.

Community responses

The email sent to community members was sent to 97 email addresses of preceptors, academic institution stakeholders, and other community stakeholders who had known interactions with the UW nurse-midwifery program. No direct responses came from the email itself; however, 6 informal meetings occurred prior to the email between the track lead and community members related to impacts felt by the program.

The following themes came forward from these meetings:

- Male or non-binary presenting prospective students were discouraged from applying due to “difficulty finding clinical placements”
- Prospective students with non-traditional backgrounds, including no nursing background or those without labor and delivery experience were discouraged from applying.
- A culture of competition was established between the two nurse-midwifery academic programs, which created animosity and a non-supportive environment for students and preceptors. Preceptors felt that they had to choose alliance with one program over the other.
- BIPOC midwives in community were not asked to precept students, and if they were, it was only to take “difficult students”
- Tension was created between nurse-midwives and other types of midwives, creating bias in the community and the profession

Actions Taken

The following actions have been taken thus far in response to information shared through the truth and reconciliation process:

- Molly Altman PhD, CNM, MPH assumed the track lead role in January 2021 in an interim role.
- Clare Sherley DNP, CNM assumed the clinical placement coordinator role in January 2021, overseeing all clinical placements and preceptor involvement

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- Admissions process was changed to include BIPOC alumni in 2021 to ensure that implicit bias impacts were mitigated; the application review process also was shifted to heavily weight health equity experience to reduce peer-to-peer harm for BIPOC students.
- Our first Black core nurse-midwifery faculty, Shae Davis DNP, CNM, was hired in September 2021, and 3 additional Black faculty and one Latiné faculty were hired in September 2022 to support midwifery education and research.
- As part of this cluster hire, Ellen Solis, DNP, CNM was brought on and assumed leadership of the midwifery track as the first Black midwife to lead UW's program.
- Space and support were created for Black students who expressed interest in becoming faculty at UW with the subsequent hiring of one alumna to join the faculty. She began teaching an undergraduate course upon graduation from the program in March 2022.
- An assessment was conducted to assess preceptor readiness to adequately support BIPOC students through review of preceptor evaluations and discussions with preceptors. This process was done to assess ability to advocate for students in the setting of microaggressions and to ensure potential harm occurring in the clinical setting was mitigated as much as possible.
- A process for immediate support of students who experience harm in the clinical setting was created, including removal of student from site when necessary and remediation with the preceptor who caused impact.
- Our track team meetings have been opened to all faculty and students to attend if desired, with student needs and input centered throughout the conduct of the meetings.
- The nurse-midwifery curriculum was reviewed to ensure appropriate inclusion of anti-racism and anti-oppression principles from the beginning of the program, including accurate telling of nurse-midwifery history, acknowledgement of systems in place upholding white patriarchy within nursing and midwifery, and tools to utilize to disrupt harm and power imbalance.
- The professional issues course (NURS 573) in the first year of the program was restructured in September 2021 to include restorative circle processes, to allow for deep connection between students, community- and trust-building, and discussion of important topics in an equitable and inclusive way.
- A process for re-entry into midwifery is currently being created to support nurse-midwives who had difficulty entering practice due to harms within our program and structural racism in the community, with one former student co-creating the process in Fall 2022.
- Work to rebuild collaborative structures with Seattle University has occurred, in response to awareness of harms that have created tension between the programs. This includes discussion of ways to interweave shared coursework between programs, a system for clinical placements across both programs to ensure all students have safe and appropriate clinical sites, and a collaboration to create a test question bank for use for comprehensive exams at the conclusion of each program.

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- This work supported the consideration of a School-wide transformative justice process to better support holding accountability across the School of Nursing and to support faculty in being able to address harms.
- We developed a peer mentoring program in 2021 to create additional means of support outside of faculty, which was well received.
- We are working to develop a BIPOC support/mentoring group, led by our Black faculty, to better support the needs of our BIPOC students.

Next Steps

Several actions and processes will guide the next steps for the UW nurse-midwifery track. First, the transition of leadership of the program to Dr. Ellen Solis, as well as bringing in Drs. Monica McLemore, Daniél Suarez-Baquero, and Kaboni Gondwe, will bring a fresh perspective to the track and create more opportunities for grounding both educational and research programs in Reproductive Justice and birth equity.

Additionally, Dr. Molly Altman is currently co-leading a project to re-envision midwifery education with a Community Accountability Council of Black and Indigenous birth workers from the Puget Sound (unceded Coast Salish territories), aimed to develop community-developed priorities for midwifery education to best support Black and Indigenous midwifery students and newly graduated midwives. This project is due to be completed in 2023.

Lastly, we hope to utilize the skills we've learned through this process to support the School of Nursing to hold care and accountability around inequitable practices to better serve the current students in the BSN, DNP, and PhD programs. In collaboration with Department Chair Dr. Teresa Ward, we will share our findings and processes with the larger school and help build supportive structures to guide faculty, staff, and students through transformative justice work.

The following people contributed to this report:

Molly Altman, PhD, CNM, MPH - University of Washington School of Nursing

Clare Sherley, DNP, CNM - University of Washington School of Nursing

Judy Lazarus, DNP, CNM - Neighborcare Health

Ira Kantrowitz-Gordon, PhD, CNM - University of Washington School of Nursing

Teresa Ward, PhD, RN - University of Washington School of Nursing

Pamela Orbach - A Center for Restorative Solutions, Seattle