

# RCCI NEWSLETTER

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INDIANA UNIVERSITY  
SCHOOL OF MEDICINE

*The RCCI Newsletter is A Publication of the IU School of Medicine Relationship-Centered Care Initiative.*

## Reception Honors Suchman & Williamson

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### **THANK YOU TONY & PENNY**

The July visit was the last for RCCI Consultants Tony Suchman and Penny Williamson. For four years they have worked to effect positive organizational change at IUSM.

We appreciate their efforts to make IUSM a more relational place in which to work, live, and learn together.

**Thank you to  
Tom & Nancy Inui  
for hosting the  
appreciative reception.**

*Top Left - Tony Suchman, Dave Mossbarger, Penny Williamson*

*Top Right - Penny Williamson, Jennie Thurston*

*Bottom Right - Reflecting by the koi pond are Janet Hortin, Michelle Salyers, Deb Litzelman*

*Bottom Left - Bud Baldwin, Rich Frankel, Tom Inui*

### **Dean Brater shares,**

***“Penny and Tony stand out in my mind in many ways: first and foremost for becoming trusted colleagues and friends; second for validating that we embarked on the right course and in so doing being cheerleaders and confidence builders during the inevitable times of doubt; and most importantly for being role models in our effort to emphasize the very best that medicine has to offer. If there is a hidden curriculum, let it be Penny and Tony! “***

***With sincere affection and the greatest respect--Craig***

# The Ripple Effect: Enhancing the Professional Culture of Schools of Medicine

By Janet Hortin, MD

Indiana University School of Medicine sponsored the second Relationship-Centered Care Initiative Immersion Conference May 22-25, 2007 in Indianapolis underwritten by a grant from The Arthur Vining Davis Foundations. Teams from thirteen other medical schools attended: Columbia, Wisconsin, Minnesota, Northeastern Ohio Universities (NEOUCOM), North Dakota, Louisville, Brody School of Medicine at East Carolina, Drexel, Dartmouth, Arkansas, Baylor, Nebraska, and Missouri-Columbia. Participants included a diverse group including medical students, nurses, transplant surgeons, internists, pharmacologists, sociologists, medical school administrative personnel, and physical therapists. Each school sent a team to explore culture change and how they could adapt relationship-centered care principles to their unique environments.

## Laying the Foundation

Dr. Thomas Inui opened the conference, examining how culture often is invisible to those working within it. Drs. Tony Suchman and Penny Williamson, external consultants on the Relationship-Centered Care Initiative led us through the theory of organizational change and the components for creating more relationship-centered meetings and organizational structures. We "checked in," shared stories through appreciative

**Culture change begins in ripples.**



inquiry, and reflected upon our personal formation as professionals. It was an intensive overview of practices to facilitate culture change and address issues such as the hidden curriculum. At the conclusion of the first day, participants joined in sharing their stories of culture change via a World Café format (an engaging way to create thoughtful conversations among a large group of people.) Emergence was an important theme. This day was a model of letting go of control and trusting the process of our diverse, talented group.

## Immersion and Observation

The second day of the conference was about bringing "fresh eyes" to work and discerning the critical elements of our life world. Dean Craig Brater welcomed the conferees and talked about training the kind of physicians we want for ourselves and loved ones. How do we bring our best selves to our encounters with colleagues, students, staff and patients? He reflected on progress made through conducting relationship-centered meetings at IUSM. We critiqued a video about "a day in the life of an intern". It was a powerful tool for examining the culture of medical school trainees and the problematic aspects of their work context. It presented a bleak picture of sleep deprivation, low relational support, anxiety, time pressure, and lack of collegiality and poor interdisciplinary communication--not the kind of working environment any of us would desire for ourselves or loved ones. What kind of care was being given in this culture? It was largely data driven, hunting and gathering, but lacking a relational teamwork component. It looked like all too familiar a landscape of many academic medical centers.

Field work took us to various sites around the campus to immerse us in IUSM's culture. I attended the Coun-

cil of Elders program where a group of ambulatory elders discussed issues that two medical

*How do we bring our best selves to our encounters with colleagues, students, staff and patients?*

*Dean Craig Brater*

residents brought for their consideration. One was about driving cessation and another about prescribing a scooter for an elder who probably didn't need it. The elders provided helpful insights about approaching these issues with patients. They also shared some of their personal stories about interfacing with the health care profession. Other field options were Five North, Hematology-Oncology unit where Dr. Larry Cripe incorporates poetry into the teaching environment; participants observed the palliative care team ministering to a dying patient; Family as Faculty program at Riley; a session examining the reflective journal comments of third year students about professionalism on medicine rotations; a continuous quality improvement (CQI) gathering of students discussing course change possibilities; the Surgical Service and Cancer Center at Clarian West, and the Breast Care Services at Clarian North.

## Exploring Common Interests

This conference modeled relationship building both within the teams and among diverse participants. Through Open Space (a method to allow attendees to name topics of interest and gather to discuss them), I was privileged to participate in a narrative writing workshop put on by Dr. Rita Charon of Columbia University Medical School. I was able to discuss hidden curriculum issues with Dr. Fred Hafferty, a

## The Ripple Effect

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man who is credited with some of the foundational papers on this topic. Dr. Paul Haidet, another leader in the field of professionalism and doctor-patient communication, presented his struggles in dealing with the hidden curriculum within the VA Hospital system in Houston.

At the close of the conference, we reflected on what makes a “vibrant village”. It is a group that knows itself, its values, its cultural stories, and lives them. Culture change begins in ripples and this conference created ripples for me as well as participants from the 13 other medical schools. We were nourished and empowered by new models of engagement and the rich environment of relationship-centered care. We at IUSM have significantly contributed to changing the culture of medical schools across the nation.

*The universe is made of stories, not of atoms. — Muriel Rukeyser*

## Connecting the Dots To Make a Difference

In the JAMA article “*Connecting the Dots to Make a Difference*,” Ernest Talarico, Jr, PhD and Andrew Prather, MS IV both from IU School of Medicine-Northwest reflect on deeper discoveries from a donated cadaver. See JAMA, July 28, 2007 - Vol 298, No 4, Pages 381-382.

*“It seems that too often today, in the fast-paced lives of our pay-your-own-way world, we ignore what is most important. Instead we “see the patient, get the diagnosis, give the pill, and move on to the next,” or “Dissect in lab, memorize the terms, grade the tests, and move on to the next.”*”

## Understanding Improves Performance

By Michelle P. Elieff, MD

*Dr. Elieff is currently in private practice. She was involved in the RCCI while a fellow, resident and junior faculty member at IUSM.*

In a crowded conference room, a medical technologist stands amid a score of colorful, informative posters and asks the crowd of nurses and hospital personnel not for their full and undivided attention, but for a few drops of their blood. While blood typing participants, she traces all the steps she performs in order to safely issue of a unit of blood, including typing blood, screening for antibodies and matching donated blood to a recipient.

Across the room, a surgical technician asks the histology supervisor just what happens to the biopsies she delivers from surgery. Displaying multiple stained slides and pieces of tissue embedded in wax, he launches into an animated account of every stage of the process, from surgery to diagnosis.

### “Day in the Life of \_\_\_\_”

These presentations are part of a community hospital’s campaign to build interdepartmental relationships and facilitate communication. The hospital holds a monthly “Day in the Life of \_\_\_\_.” Each month, a different department has the opportunity to tell the rest of the hospital what they do and how they contribute to the hospital’s day-to-day activities.

This innovative program is the creation of Trevor Walker, Director of Human Resources and Organizational Development at Mercy Medical Center in Nampa, Idaho. Mr. Walker draws upon his practice experience in marriage and family therapy for his work in organizational development.

“Sometimes, organizations can act as large dysfunctional families. They compartmentalize into silos. When people work in isolated silos, they have a tendency to forget that there are other perspectives out there. Communications between the silos break down and conflicts result,” he states.

The “Day in the Life” concept started out as a way of resolving interdepartmental conflict.

### Getting the Root of the Problem

“The floor units were in conflict with the emergency department because the nurses thought that the ED was holding all the patients for transfer until shift change. This created a lot of animosity,” he says. “When we sat down to talk about the issue, we discovered many of these conflicts were deep-rooted and involved interfaces with other departments including the laboratory. The root of the problem seemed to be that no one knew what each group really did.”

Mr. Walker soon realized that misconceptions ran deep and that he needed to facilitate an improvement in communication and understanding between the groups so that the departments could cooperate.

“Members of different departments could see each other only in terms of the interface between the departments. They needed to understand what goes on behind the curtain so that they could help each other.”

### Experiential Learning

So he drew upon his use of experiential learning exercises with conflicting groups from the regional power company: he had line crews sit in with customer service representatives for half a day, and then customer service representatives

## Understanding Improves Performance

went out with line crews for half a day.

"I put it to each hospital department to help us see what actually goes on in their world," Mr. Walker says. "Many were excited to have the opportunity to tell their side. It gives them a chance to toot their own horn and helps us step behind the curtain to see things from their point of view."

Members of each department spend hours preparing for the 1 1/2 hour presentation which includes games, oral presentations and very creative and informative posters. The venue is very informal and interactive. Visitors--which include patients, hospital volunteers, chaplains, nurses, hospital accountants, transporters, and radiology technicians--ask questions, present problems and issues and come up with ideas for improvement.

Emergency Department personnel, for example, educate employees on all the services they provide daily. Visitors found the "guess how many patients we saw last month" poster really put things into perspective. Patient Financial Services introduced themselves and explained how proper registration and documentation decreases patient hassles and increases their satisfaction.

Many of the presentations are taught in the form of a game. The hospital phlebotomy team pinned long red balloons to a board and invited visitors to hit the vein." During the game, they gave a brief presentation about their role in patient care and safety. They also used a pedometer to show how far they traveled.

### Benefits

"The lasting benefits are twofold," he says. "The department that presents notices an increase in camaraderie and moral. People get really creative. Other departments are amazed to see what goes on. They see all the variables and realize 'this is what I can do to help you do your job.' There is a marked reduction in the number of complaints."

The program builds relationships within the organization and is beneficial for patient care and organizational development, according to Mr. Walker. "Relationship and conversations are what make us able to do our work well. I have seen behavior and attitude changes. The departments are relating better."

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*The stories you read here show how relationship-centered care is alive and well at IU School of Medicine. While the Fetzer Institute grant which created the Relationship-Centered Care Initiative nears its end, many seeds were planted which are continuing to grow. Our work is being disseminated nationally through conferences, personal contacts, and our students.*

*I invite all readers of the newsletter to submit stories of encouragement, hope, and surprise.*

*Appreciatively,  
Janet Hortin, MD  
IU School of Medicine - Lafayette  
(on the campus of Purdue University)*

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## Calendar of upcoming events and RCCI Resources:

- *October 3*, RCCI Student Engagement Team meeting, IUSM, 12-1 p.m., MS B11
- *October 17-18*, Institute for Healthcare Improvement—Health Professionals Education Collaborative conference, IUSM
- *October 24-26*, Interprofessional Health Education Conference, Univ of Minnesota, Minneapolis, MN. [www.ipe.umn.edu](http://www.ipe.umn.edu).
- *October 29-30*, Clarian Professionalism Project Wrap-Up Conference, IUSM
- *November 4-7*, AAMC National Meeting, Wash DC, with RCCI workshop. [www.aamc.org/meetings/annual/2007/start.htm](http://www.aamc.org/meetings/annual/2007/start.htm)
- *November 8-9*, RCCI Research Network meeting, Boston, MA
- *November 17*, Indiana Opens to the World, 1:30PM-4 PM, Shelton Auditorium, 1000 W. 42nd Street, Indpls. [www.provocate.org](http://www.provocate.org).
- *April 29-May 1, 2008*, RCCI Immersion Conference III, IUSM