

The RCCI Newsletter

Indiana University School of Medicine

A Publication of the IUSM Relationship-Centered Care Initiative



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

"We are a group of individuals who are fostering relationship-centered organizational change at IUSM by embodying that change ourselves."

Walking the Talk:

The Metamorphosis of IUSM's Organizational and Cultural Environment to Support the Formal Curriculum

Using a formal competency-based curriculum, IUSM has made great strides in ensuring that graduating students have the knowledge base and professional skills necessary for future success.

Medical education, particularly the formation of a physician's professional identity, cannot be learned from a syllabus. Students of medicine, from fledging undergraduate students to resident physicians to "seasoned" faculty physicians, continually evolve professionally based on what they see and experience on a day-to-day basis. This "informal curriculum" has an even greater impact on physician development than the formal curriculum.

Neophyte physicians can witness positive, respectful and collaborative interactions, empathy, and thoughtful inquiry in their mentors. Unfortunately, they can also experience authoritarianism, hazing, disrespect, and narrow-mindedness.

Realizing future doctors tend to integrate and propagate patterns of relating that they experience

during their training, IUSM is studying how to transform the hidden culture of an entire medical school to support the formal curriculum.

In 2003, IUSM received a three-year \$2 million grant from the Fetzer Institute to study how relationship-centered care can be incorporated into the school's educational curriculum. This project became the Relationship-Centered Care Initiative (RCCI).

The RCCI began with a Discovery Team that included selected competency directors, students, external consultants and a project coordinator. Today, the Discovery Team has over 70 members representing the entire IUSM community.

The team began by using the technique of appreciative inquiry to uncover stories of IUSM at its best. (See related article inside.)

Currently, the team is helping to design a learning environment to create truly great relationship-oriented healthcare at IUSM.

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Patients bring out Humanity and Heroism in Physicians

An IUSM faculty internist insists good patient-physician interaction skills benefit not only the patient. They bring out the best qualities in the caretaker as well.

"A young woman with two small children came to the hospital with an obscure illness, which turned out to be leukemia. She was cared for by a wonderful intern who was poised and

never seemed to have a hair out of place. The day the bone marrow came back, the intern called me so that we could break the news to the patient together. Because I was delayed in arriving at the patient's bedside, the intern had to tell the patient prior to my arrival. I reached the patient's room to find this elegant intern, hair astray, holding the patient as she wept."



Focus on Patient Care Fosters Interdepartmental Partnerships

In a large medical school like IU, departments often seem to exist in isolation. Good clinicians know that patient care is at its best when specialties collaborate with the goal of providing optimal patient care. An obstetrician describes one such incident that changed the previous negative perception he had held about the psychiatry consultation service.

One of his patients developed a severe depression shortly after delivery. Because she was breast-feeding, she could not be admitted to the inpatient psychiatric unit. He admitted the patient to the OB service with a close collaboration from the consulting psychiatrist. This dedicated consultant rounded twice a day, every day, continually updated the OB residents and nurses of

the patient's progress, and always left emergency contact information when he was not on call.

When several more patients with postpartum depression were admitted shortly afterward this sentinel case, an interdisciplinary team was formed to develop a protocol for optimal patient management. A collaborative research project ensued.

The obstetrician credits several factors in the success of this partnership: clear direction to the nursing staff, open-mindedness about collaboration, deep care for the patients by the residents and nurses, and outstanding professionalism by the consultant.

**What exactly is
"Relationship-
Centered Care" and
why is it important?**

The Relationship-Centered Care Approach to Healing

The relationship-centered care style of healing and therapeutic commitment asserts that good interactions create the optimal healing environment. These positive healthcare interactions are based upon mutual respect, self-awareness, honesty, courtesy, and compassion.

It is, in essence, a return to and extension of the "good bedside manner." The traditional "good bedside manner" that customarily only involved patients and physicians is applied in an all-encompassing respect, however, to include broader elements.

Healing relationships are formed between—

Patients and their families and physicians

Communities and Practitioners

Different Practitioners

Administrators and Practitioners

Healthcare Organizations and the Community

By mindfully practicing medicine in this more expanded social context, healing is optimized.

Good Clinical Team Interactions Key to Student Learning

A fourth year medical student is grateful for the supportive learning environment she had when she began her junior clinical rotations.

"It was the very first rotation of my third year, and I was terrified. Developmental Peds. As soon as I started, I began to wonder if I learned anything the previous two years. Eleven hour days were a shock. Not only that, but we had to "round" on patients, and I had no clue what that meant. The intern, residents and staff were very kind. They could see how dedicated I was even though the

results of my efforts were minimal. The intern showed me how to write notes and give report on my patients. The staff showed me how to gently examine these very sick patients and gave me feedback, "suggesting" what was important and not berating me when I forgot information that seems so obvious now. The team was so patient. They could have easily written me off as a dumb third year. Instead, they included me in discussions. I was part of the team, and it set me up for a good third-year experience.



It takes more than a stethoscope and a white coat to create a good doctor.

Importance of Appreciative Inquiry in the Transformational Process

Change is one of the most feared words in the English language. The RCCI has the formidable task of changing an entire medical school culture.

To begin the process, RCCI used a non-traditional method of facilitating organizational change called appreciative inquiry (AI). AI focuses on identifying ideas, qualities and values that work well, and establishing an environment that leads to an increase in those features. This lends energy, hope and confidence to the process of change.

We assumed that IUSM already possesses the capacities for building the good relationships that it desires and can learn to apply them more consistently.

The natural flow of the culture change follows the traditional five-step process of AI:

1. Definition: Identify an organizational culture that reflects the IUSM competencies
2. Discovery: Solicits stories about times when the medical educational environment was at its best. Examples of these stories appear in the newsletter.
3. Dreaming: Stories are used to identify potentials, that is, to create a vision of what WE CAN BE.
4. Design: Members pick projects of focus.
5. Destiny: Working to implement those projects to create a future.

Summary of RCCI Activities: mid-way through the journey

- Collection of over 100 interview stories at Indianapolis and Regional Centers
- Identification of core strengths and values
- Incorporation of RCC stories into White Coat Ceremony
- Creation of RCC website and Newsletter
- Compilation of positive student stories into a booklet of distribution at the upcoming White Coat Ceremony
- Publication of IUSM RCC-related article in a peer-reviewed medical journal
- Formation of Courage to Lead Retreat
- Engagement of key IUSM faculty committees in RCC-related work
- Establishment of working partnerships between diverse departments within the medical school
- Presentations of RCC workshops by IUSM faculty at national meetings

Relationship-Centered Care Resource Corner

Internet Resources

- www.fetzer.org/rcc –for general information, links and resources about relationship-centered care
- www.regenstrief.org/abstracts/flaginthewindreport.pdf
- www.appreciative-inquiry.org
- www.physicianpatient.org



Dean Hawley helps future physicians understand the many dimensions of domestic violence.



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For more information about the project contact
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*Please e-mail all comments,
suggestions, story ideas, or
information you would like included
in a future newsletter to the editor:*

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The Relationship-Centered Care Initiative was created in January 2003 by a grant from the Fetzer Institute. Our goal is to study how the dimensions of relationship-centered care—interactions between physicians and patients, physicians and community, and physicians and other caregivers—can be incorporated in the IUSM curriculum and learning environment to influence the way future physicians practice medicine.

We invite your comments, ideas and your active involvement in helping IUSM lead the way in transforming the culture of medical centers through successful integration of relationship-centered practices.

Ten thousand candles can be lighted from a single flame, and the life of that candle will not be shortened, but lengthened.

Call for Support: Name the Newsletter

The RCCI started in 2003 with a discovery team of thirteen people. Now, at the mid-point of the project, the number of active participants has grown to approximately seventy people, spanning all areas of the educational environment.

We have the full support and commitment of the Dean of IUSM and Medical Education and Curricular Affairs. Clinical and research faculty are involved. Several residency program directors are working to incorporate RCC principles into their graduate training programs. There is an active student engagement team, and a new and growing resident engagement team. The Regional Centers for Medical Education have become involved in the project.

While these accomplishments are laudable, it is our goal to involve as many people as possible in the activities of the RCCI. To this end, and to aid in the coordination of future interdepartmental projects, the discovery team decided to produce a periodic newsletter. This is the inaugural issue.

Currently, the newsletter has the not so creative title of *"The RCCI Newsletter."* We are now soliciting suggestions for a creative title. We are asking any interested party to either vote from one of the following suggestions, or "write-in" your own suggestion. We encourage you to participate in this exercise.

Name the Newsletter

- ? (write-in)
- ? *Discovery Voyager*
- ? *The Lighthouse*
- ? *Metamorphosis*
- ? *The Lemniscate*

Please email your response to the editor:

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