

RCCI NEWSLETTER

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Riley Nurse: Creating Connections Across Campus

A small, frightened child darts out of an exam room in the Riley Emergency Department. Immediately, veteran nurse Paula Reiss crouches down, smiling, and opens her arms wide to greet him.

Large, tear-filled eyes peering out of a swollen, bruised face size her up appraisingly. Convinced of her genuine warmth, he rushes to embrace her. She scoops him up, and they return to the exam room where an anxious house officer is waiting.

With expertise and gentleness borne of almost 31 years of nursing experience, Ms. Reiss assists the young physician in examining this battered child. When they are finished, all three appear at ease and in good spirits.

Paula Reiss is a *connector*, and she has just formed another connection. She is a master at creating and fostering good physician-nurse and clinician-patient relationships.

“Early in my career, I had the opportunity to work with very good physicians who believed that all of a person’s talents could—and should—be developed to their fullest potential,” she says.

After working in the ER and ICU at Wishard, she was hired as a research nurse in gastroenterology at IU.

“Because I was so interested in clinical examination, Dr. Glen Lehman arranged to have me participate in the medical student physical diagnosis course. It was



Riley Hospital Center of Hope Team

a great experience. From my nursing training, I knew how to relate to the nervous patients in the exam room. The students knew all the technical aspects of examination. So, I showed them how to get the stethoscope on the patient’s chest and they taught me what to listen for,” she explains.

“We all have our special talents. When we connect, we can use our gifts to an even greater extent to benefit patients and their families,” she states.

Paula’s skill at handling difficult situations has led colleagues to call upon her in times of crisis. Recently, she helped assemble the on-call volunteer group of Riley Bereavement Team Specialists from Riley Child Life, trauma surgeon Dr. Karen West, and follow-up therapists to support Wishard colleagues and family members in a tragic event.

As a Wishard ER nurse, she rec-

ognized the need for comprehensive health care for survivors of sexual violence and partnered with ER nurses at St. Vincent Hospital to create a program that could provide those services. It took over a year of collaborative effort to create the Centers of Hope.

Six Centers of Hope now exist in Marion County.

“We all have our specialties. When we connect, we can use each other’s gifts to their fullest potential.”

-Paula Reiss, RN

The Pediatric Center of Hope team at Riley is under the medical direction of Dr. Robanne Hibbard. Paula describes it as a true team approach: Social Workers, specially trained Riley ED nurses and ED physicians, in collaboration with community agencies, provide care to children where there is a concern of sexual abuse. Expert child abuse physicians back up the team 24 hours a day for questions or concerns. Dr. Hibbard meets with the team weekly for case reviews and

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

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education.

How could someone who has spent her entire working career in the high-stress atmosphere of inner-city emergency medicine maintain such a positive presence?

“Growing up, I had been told I couldn’t do all these things—like go to college or be a professional,” Paula says. “Then a mentor told me that I would make a great nurse. Her belief in me helped me believe in myself. I went through school, and I continue to feel privileged to be a part of such important work.”

By Michelle Elieff M.D

True Leadership: More than just getting with the program

In this second installation of our ongoing discussion series (see RCCI Newsletter, Fall 2005), members of the RCCI Discovery Team reflect on what it means to be a participant in this organizational change effort.

The Need for the RCCI

The need for organizational change in medical education is great. Medical education can be a harsh process. Entering students start out so idealistic. We want to be kind, compassionate, knowledgeable and professional. No matter how virtuous we start out, an overwhelmingly negative training environment can crush us, turning us into hardened, cynical physicians.

The recovery can take years. And some students—people who would have made great physicians—don't even make it through this educational process. For years, the status quo in medical education has been to present a set of ideals or competencies in the classroom which are then forgotten in the rush and chaos of the wards. In 1999, my graduating IUSM class vigorously challenged that status quo. Although the response to our protest was underwhelming, we hoped we at least planted a seed.

We help grow the world that is. Consciousness precedes being; consciousness, yours and mine, can form, deform, or reform our world... —Parker Palmer

Very late in my residency, I learned of a project called the Relationship-Centered Care Initiative, which focuses on helping members of the IUSM community be more mindful of the values they are projecting in day-to-day relationships and interactions. The goal is to create an educational environment that truly supports the formal competency curriculum.

When I wandered into an RCCI Open Forum three years ago (Continued on page 3)

RCCI's 3-Year Progress Report: Strong Evidence of Culture Change

Since January 2003, the Relationship-Centered Care Initiative (RCCI) has focused attention throughout IUSM on the professional values we teach our students through our day-to-day social interactions. Our organizational culture is our school's informal curriculum, arguably the most powerful educational influence on the emerging professional identities of our students. The goal of the RCCI has been to help us be more mindful of the informal curriculum so that it more consistently embodies and reinforces the professional values of the formal curriculum.

Three different lines of evidence suggest that after only 3 years, IUSM is succeeding in changing its culture. First, medical student responses on a nationwide survey have shown that from 2003 to 2006 overall satisfaction with medical education has jumped dramatically, from below average to well-above average (see figure). The data also show rising student satisfaction with their relationships with the school's administration, personnel and student services. In addition, student satisfaction ratings rose across a wide spectrum of basic science courses and clerkships. These extraordinary results reflect committed efforts by many people on many projects; the RCCI was just one part of a greater school-wide effort.

The second line of evidence consists of personal accounts of change by members of the Discovery Team (now numbering over 170). Observations collected over the past years show changes of three types:

- The adoption of new meeting practices and conversational format to make them more personal and collaborative (eg: personal "check-in" at the beginning of a meeting, negotiated agendas, and appreciative debriefings at the end of the meeting – for a detailed description of these practices, see the article "Principles and Practices of Relationship Centered Meetings" on the Resources page at www.relationshipcenteredhc.com).
- New institutional procedures and programs across the school ranging from medical student selection to department chair performance reviews, all calling attention to and building relationship skills at every level
- New communications vehicles that raise awareness of the changing

IUSM culture, including this newsletter, monthly informational emails, regular columns in SCOPE and others.

The third line of evidence consists of the observations of the RCCI's

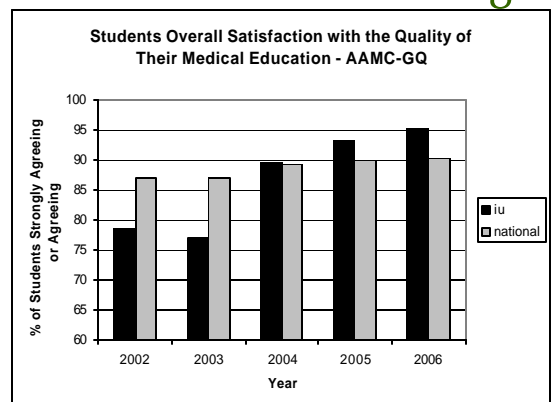
independent evaluator. Dr. Dewitt (Bud) Baldwin reports directly to the Fetzer Institute, the sponsor of the RCCI, to provide an independent assessment of the project's progress and outcomes. He writes:

"of note...are the many ways in which RCCI has affected the way in which IUSM conducts its daily work. A general acceptance of the value of relationship and of "relatedness" appears to have permeated the administrative infrastructure of the school."

While it's impossible to isolate the independent contribution of any one project or factor to observed change in a large and complex organization, the timing and the qualitative nature of the observed changes provide strong evidence that the RCCI has been having a substantial effect. All this is only a beginning; there is much farther to go. We estimate that so far the project has directly reached about 1000 of the many thousands of students, faculty, and staff of the school and its affiliated hospitals and practices. Additional policies and procedures can be developed, such as incorporating the assessment of a candidate's relational capacity into every search process. Nevertheless, the RCCI is breaking new ground and attracting national interest. We are well on our way to becoming the nation's first relationship-centered medical school.

By Tony Suchman M.D.

"RCCI is a crucial enabler, providing a framework and a methodology for setting and facilitating the conversations that have had and are having such a broad impact on the school. There's a significant change from two years ago. People are talking and behaving differently." —Dean Craig Brater, 2004



Leadership in the RCCI, cont. from page 2

ago, I was pretty suspicious. Like Ken's "Universal Skeptic" (Fall 2005), I had been through many rounds of motivational speakers over the years. I expected this initiative to be much the same. And on the surface it was.

As usual, consultants and important members of the IUSM community were sitting in a circle taking turns delivering positive, motivational, "get-fired-up" stories. It was the typical "touchy-feely" stuff, and I began to imagine that these members of the IUSM administration would soon pull out banjos and start singing Kumbaya.

I was jarred back into the moment by the story of a patient. With utter candor, a young woman described her negative experiences with the healthcare system after her husband was involved in a serious accident. This was unusual in that it was a pointed description of the incongruity between the formal and the real learning environments faced by doctors-in-training. When she was finished, I expected the consultants to pull out the customary ten-point plan to make everything (and everyone) perfect in one day.

They didn't. I kept waiting, expecting the typical agenda to emerge from the grand leadership of the medical school.

That was the usual way with these organizational change efforts, right? Throw a set of idealistic objectives like a hand grenade, tell people to obey them, and then run. Forget support. Never mind what comes next. And what comes next, as Ken's Universal Skeptic pointed out, is always the same. Because of a lack of support and sustained effort, the situation very quickly returns to the status quo.

Be the Change You Wish to See

The RCCI is structured a little different from usual organizational change efforts. The initiative is not designed to be a superficial, quick fix to the inconsistencies between the formal and informal curriculum inherent at large teaching institutions like IUSM. The initiative's organizers recognize that to truly create long-term, self-sustaining culture change, members of an organization have to feel like they are participants in that process. Instead of the usual way of telling people to "get with the program" for a few days, the consultants are inviting people to BE the program—to help create it.

Members as leaders

The first step in creating lasting change within an organization is to help an organization's

members feel empowered to create positive deviations in the status quo, what we have been referring to as "ripples." This process can be very difficult, especially when previous half-hearted attempts have resulted in failure and members have a sense of hopelessness. They wonder why they should bother. Thus, they remain trapped in a rut.

Overcoming this sense of inertia requires that people recognize that the capacity to be outstanding already exists within them and within their environment. The "get-fired-up" stories which I poked fun at earlier in the article are actually part of a method called appreciative inquiry, which helps members identify the strengths of their community and organization. When members understand that they already possess a foundation, they start to feel more inventive. They start to create systems and methods to coax this positivity out. They become dynamic participants in the organizational change endeavor.

Administrative leadership

"Change," as Ken points out in his article, is one of the most feared words in the English language. In order to change—to *grow*—people need to feel a sense of security as they stretch out into the unknown. Continued support from the Dean, Center Directors, department chairs, and IUSM's administration have been and will remain crucial to the survival of the RCCI. Faculty leaders need to know that their efforts to foster better interdepartmental relationships, while they may not result in revenue or publications, will be recognized for their inherent contribution to the overall mission of the organization.

Executive leaders have provided a source of stability and security during the uncertainty of organizational change through strong, open-minded administrative support. The IUSM administration has been strong enough to listen to differing opinions which open the way for true innovation. They have empowered others to tap their potential, allowing for a new level of achievement. This presence of such enthusiastic leaders has enabled the change movement to thrive and have marked impact.

Grassroots Support

Leadership also has come from members of the community who are not high up in the hierarchy, in other words, those who do the daily "grunt work" of the school. The RCCI

identified the importance of this element of change agency and created a Discovery Team. These folks are the grassroots internal change agents who foster positive organizational change by embodying it in day-to-day relationships. These leaders understand the potential impacts they have on their environment. They take the initiative and make small changes, which, over time, reach a critical mass to truly change the organization.

Workshops and Discovery Team meetings have provided a means for coaching individual members who feel empowered enough to attempt something different. DT facilitators invite members to share stories about what

they are doing to effect positive change. DT Members share their experiences as change agents and listen to other perspectives and suggestions. The process is supportive and collaborative. DT meetings may be the only connection for members

in some departments who would otherwise abandon the effort for lack of encouragement and support. To be supported in their efforts long enough to reach a critical mass or tipping point is a laudable gift.

The even greater expansion of the grassroots agency should be encouraged. In order to achieve long-term organizational growth, these change agents must represent the diversity of the school. We need people at all levels from community and patient advocates, nursing and medical students to administrators, to work together to achieve a more positive, relational medical center.

The now permanently established RCCI student representative on the Medical Student Council is important in the spread of this movement to the student body. An RCCI resident representative could also help spread awareness of the initiative to the residents, who are underrepresented in the RCCI. Increased involvement in the RCCI by the Centers for Medical Education can also enrich the learning culture at IUSM.

To the Universal Skeptic

Innovation is not done to us. Organizational change cannot be passive. As leaders, we share in the evolution of IUSM. We create our environment by monitoring and modifying our relationships. If we want to see lasting change at IUSM, *we must be the change we want to see in the world.*

By Michelle P. Elieff, MD and members of the Discovery Team

*"And if you believe you
can find a way out,
Then you've solved the
problem."*

—Staind

Farewell & Thank You To Michelle Elieff, MD

Dr. Elieff has edited the RCCI Newsletter since its inception in the summer of 2004. In July, she carried the RCCI torch to her new home near Boise, Idaho where she has taken a position as a general and forensic pathologist.

A 1999 IUSM graduate and former resident, Michelle hoped to see our medical school become an exemplary model of relationship-based medical education and a true healing environment for patients, students, residents, and healthcare workers. She saw potential in the Relationship-Centered Care Initiative to help create that environment. Dr. Elieff was passionate about the goal of promoting awareness of RCCI concepts and connecting with members of the IUSM community both in Indianapolis and at the regional campuses. She sought voices and stories from all sectors of our community. She continued to contribute to the newsletter and shepherd the creation of this edition after her move.

As the new editor, I can appreciate the effort Michelle has put into this publication. I hope to continue to call forth stories of organizational change and relationship building throughout the IUSM network. I have the perspective of a practicing internist and ICM-1 course director at IUSM -Lafayette. The Discovery Team and RCCI have been vital to my feeling a part of IUSM and helping me convey that connection to my first year medical students here on a regional campus. It is an honor to continue to spread the RCCI message and to be an ambassador of change through relationship-centered care.

Thank you, Michelle, from the entire RCCI Team and Janet L Hortin MD, IUSM -Lafayette.

“Everyone who touches you affects your healing.”

—Arthur Frank

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

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Calendar/upcoming events

- DT Meetings: September 21, 12:30-2p, in MS 312B; October 19, 10:30a-12p, in R2 101
- Student Engagement Team meeting October 11 & November 17; both from 12-1p in Med Library 303
- AAMC Annual Meeting (IUSM RCCI Poster Exhibit), Seattle, WA: Oct 27-Nov 1
- “Creating Interdisciplinary Cultures: Insights from Complexity Science and RCC” Conference, IUPUI, Nov 17-19

For more information about the project, or to join us, please contact:

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Spring House Calls Build Relationships with Community

Spring House Calls is the largest volunteer event for the IU School of Medicine and is organized through the Office of Medical Service Learning. Nearly 800 students have volunteered over the 11 years since the project's initiation. The Haughville and Blackburn neighborhoods are the beneficiaries of the labor and both are within a few miles of campus. Most of the homeowners are elderly and

have medical conditions that no longer allow them to engage in yard work. The residents certainly look forward to the event each year.

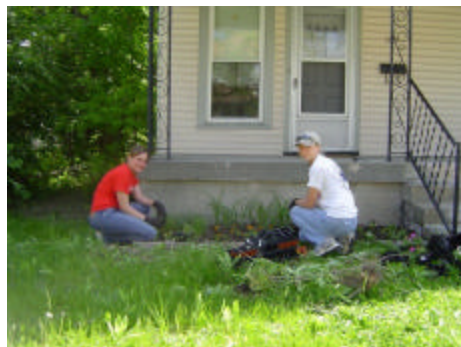
At the end of the day, a thank-you dinner catered by a local eatery is served. This allows the students and homeowners time to interact in a more relaxed setting. One goal of Spring House Calls is to help students learn

the value of community service while at the same time learning more about themselves as they build relationships with both their fellow students and the community.

Thank you to Jennifer Hartwell, Indiana University School of Medicine, 3rd year student for contributing this article & photographs.



Registration



Digging in the dirt.



A job well done!