INDIANA UNIVERSITY SCHOOL OF MEDICINE

RCCI Newsletter

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A Publication of the IU School of Medicine Relationship-Centered Care Initiative

Perspectives of Experience: Being "the One"

By Doug McKeag, M.D.

Earlier this year, I underwent a bilateral hip arthroplasty, the result of years of sporting activity and probably a little genetics as well. I wanted to move on this as quickly as possible, so I opted to have both hips done at once.

As the Chair of Family Medicine who had never had surgery before, I knew more than I really needed or wanted about the procedure, but had a certain naiveté about how I would feel post - op.

The surgery went fine and post-op became an internal challenge for me to hold the record for the fastest recovery from bilateral hip surgery.

However, this is where the real story begins.

Five months later, after white-water canoeing some major Northern Ontario rivers with my son, I felt a pain in my left hip. A check soon after revealed a dreaded diagnosis - a post -op MRSE [methicillin resistant staph epi] infection. Two subsequent surgeries to clean and debride the site and 6 weeks of IV Vancomycin seemed to take care of it.

But, for the first time in my life, I'd become the one--that minuscule statistic we quote so often in medicine. "Mr. Smith, you have a better than 90% chance of full recovery" or "Ms. Brown, your chances of anything wrong occurring are, perhaps, one out of 50."

Well, I became "the one".

Regardless of what anyone says, medicine is still a risky business. In the hands of the best physician, untoward events occur and things go wrong. Life and human beings are not always predictable.

Risk v. benefit - how many times have I explained this concept to patients? How many times was I sure that, in my hands, my patient was absolutely safe?

In a strong relationship-centered care environment, such as what I've practiced for 25 years in Family Medicine, risk-taking and trust are cornerstones of my relationship with my patient. I was taught that very well as a resident and have never forgotten its importance.

Trust is such an important factor here. And anything that would undermine it is so disturbing. Yes, I've made mistakes; so have my staff and my consultants. I'm convinced it's made me a better, more careful doctor as I've attempted to minimize and eliminate risk in my practice.

But that "one" patient will always remain. And guess what, I'm that one patient for a colleague. He did everything right - no blame there. I'm just "the one" this time.

Being a patient for the first time is interesting, but certainly not unique. Being the one - now that's **really** interesting.

Sometimes the worst happens. When trust and respect become part of the doctor-patient relationship, good medicine prevails regardless of the clinical outcome. The art of medicine is so much stronger than the science of medicine.

Doug McKeag, M.D.

The RCCI As Another Firefly:

The Universal Skeptic Speaks

After nearly three years of working to transform the educational and working environment of IUSM, *where are we?*

In this multi-part, ongoing discussion series, Ken Williamson, Department of Radiology, and other members of the Discovery Team ponder what it will **really** take to bring about change at an institution such as IUSM.

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The Mission of the RCCI:

We are a group of individuals who are fostering relationship-centered organizational change at Indiana University School of Medicine by embodying that change ourselves.

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Compassion Compels Northwest Center Student to Take Action in Wake of Katrina

As Blake Erdel, MSII, tallies the results of the Northwest Center's fund drive, fellow members of the Class of 2008 Bilal Safadi, Joe Hinton, Matt Nobari, and Jennifer Wagner look on.

Blake Erdel, MS II at IUSM – Northwest Campus, was deep in study for a course called Invasion and Defense that is part of the unique curriculum in Gary.

As he watched the suffering caused by Hurricane Katrina he knew he had to act. His studies prevented him from pulling up stakes and traveling to Louisiana to help, but his urge to help was not to be denied.

So he did what he could do – raised money for the American Red Cross. Blake organized a fundraising drive that solicited money from the 70 students, faculty and support staff at the Northwest Campus and he raised $1155 in four days!

Executive Associate Dean for Educational Affairs Steve Leapman praised Blake by email for his giving attitude toward which all physicians should aspire.

"I felt the love pouring from the hearts of the Northwest family to help the Katrina victims when I asked for them to contribute," said Erdel. "It was the least I could do."

Students, Alumni Connect Through Appreciative Inquiry

By Jamie Spurrier, MSIV

On May 13th I was proud to attend the first Relationship-Centered Care Appreciative Interview Session between alumni and students as part of the 2005 Alumni Weekend. Eight Student Engagement Team members sat down to lunch with approximately thirty IUSM alums and spouses for this event.

Following a brief introduction to RCCI and appreciative interviewing, alums paired up with either students or other alums that they did not previously know. Spouses paired with other spouses, and the questions for spouses were slightly different. A few minutes into the experience, the room was filled with lively chatter.

I interviewed a member of the Class of 1955. He and I were excited to learn that we shared many of the same "favorite memories" about IUSM. We both enjoyed the times we were able to leave the medical campus and venture into the community to practice medicine, and we both also had a special mentor that helped influence our careers.

When the time came for the interviews to finish, none of the alums wanted to stop, and many were eager to share their stories or their thoughts about the exercise.

One alum commented that, while he was initially skeptical about the exercise, he found it quite refreshing to focus on the positive aspects of IUSM instead of the negative, which is often the focus at alumni events. Other alums were happy to discover that current students still hold many of the same values that they did many years ago.

"A few of the individuals at the table where I sat were somewhat skeptical of the process of telling and listening to stories that illustrated positive memories about their medical education, but their attitudes changed as they began to reminisce about caring faculty and useful learning experiences. I also thoroughly enjoyed observing our current students interacting with the alumni. Their maturity and friendly, professional manner made me very proud of them," noted Wilma Griffin of MECA who also attended the event.

After the interviewing and sharing was through, I spoke about the students' role with RCCI, and I shared with the alums the student publication, "Taking Root and Growing."

Those of us who attended had a lot of fun and consider this to be a positive step both for RCCI and for student/alumni relations. We hope to have this event again next year with even more students and alums participating! It was a great networking opportunity.

And the end of all our exploring will be to arrive where we started and know the place for the first time.

—T.S. Eliot

Recommended RCCI References

BOOKS:

The Tipping Point: How Little Things Can Make a Big Difference by Malcom Gladwell

Tinkering Toward Utopia: a Century of Public School Reforms by David Tyack and Larry Cuban

Appreciative Inquiry by Jane Magruder Watkins and Bernard J. Mohr

Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula by Institute of Medicine

ARTICLES:

Laura Torbeck, el al. **A Method for Defining Competency-Based Promotion Criteria for Family Medicine.** *Academic Medicine*. September 2005

Carey Chisholm, et al. **A Case Study in Medical Error: the Use of the Portfolio Entry.** *Academic Emergency Medicine.* April 2004

Anthony Komaroff. **Technology's Limits.** *Newsweek*. Special edition, Summer 2005

Diane Payne. **I Shouldn't Have Had to Beg for a Prognosis.** *Newsweek*. August 22, 2005

Thomas Inui. **'Hidden curriculum' lurks at medical school.** *Indianapolis Star*. August 25, 2005

Laura Landro. **Teaching Doctors How To Interview.** *Wall Street Journal.* September 21, 2005

Laura Landro. **Compassion 101: Teaching M.D.s to Be Nicer.** *Wall Street Journal*. September 28, 2005

Relationship-Centered Care in a Sanctuary of Healing

By Rev Beth Newton Watson

At the heart of Clarian West Medical Center's operating principles is a commitment on the part of its board of directors, administrators, physicians and staff, to be a Sanctuary of Healing for everyone who comes through the door.

Each of us has a different experience of Sanctuary: a hall of worship, a safe relationship, a room of our own, a place out in nature. It may be the holy ground created with a burning bush or a still small voice.

We have laid Relationship-Centered Care as part of the foundation of our Sanctuary of Healing. Relationship-Centered Care contributes to rapid recovery from illness, and comforts those who will experience a different kind of healing. It focuses on what exists between people, how you and I can create a sacred space together in which both of us can experience a kind of healing.

We are learning that what is good for our patients is also good for the healers. Good relationships help us all be good stewards of our healing energies and potential.

A hospital that values healthy relationships—for us, with our colleagues, and with our patients--supports the health of all who come through the door.

We learn together how to build covenant work relationships, listen for essential information, reward excellence, acknowledge feelings, and confront in times of disagreement.

We are co-creating a culture in which we can integrate who we are as individuals, what we believe in as caregivers and patients, and our skills as people who want to be healed and heal others. Increasingly, in that integrated space, we are discovering the soul of our hospital.

I have learned that the quickest way to establish Relationship-Centered Care is to be--in my behavior and in my conversation--inviting of relationship. I don't have to be strong or perfect. I do need to "show up, pay attention, speak the truth in love, and accept the consequences." I must choose life, my own and the life of healthy relationships with others, in order to be facilitating Relationship-Centered Care in a Sanctuary of Healing.

> "RELATIONSHIP-CENTERED CARE FOCUSES ON WHAT EXISTS BETWEEN PEOPLE—HOW YOU AND I CAN CREATE A SACRED SPACE TOGETHER IN WHICH BOTH OF US CAN EXPERIENCE A KIND OF HEALING."
>
> —BETH NEWTON WATSON, CLARIAN WEST

This has not always been easy or pleasant. It is much easier to focus only on the task at hand, and not pay attention to the impact of our relationship with the patient, or the ways we are healing or hurting our coworkers.

The Indiana Garden is part of Clarian West Hospital's design to create a healing sanctuary for visitors, patients and staff.

Our sacred space can be terrifying, as we talk about feelings, confront disagreements and work on compromises. Being in relationship, being sanctuary for one another, doesn't mean that everything works. It means that we are committed to working at the difficulties together.

Education, consultation, and practice have helped us create the sacred space of relationships in our Sanctuary of Healing. I invite you to share resources with me as we stand in that sacred space.

The above excerpt, written by Beth Newton Watson, MDiv, Spiritual Care Manager at Clarian West Hospital, was reprinted with permission from Sacred Space.

The RCCI as Another Firefly: the Universal Skeptic Speaks

(Continued from page 1)

By Ken Williamson, PhD, Department of Radiology

Why do this anyway? It is not going to work, so what's the point?

This is an often-heard question when discussing organizational change. It is natural for humans to feel skeptical about new things. Anyone with a little life experience has seen fads come and go. Remember pet rocks, or Beanie Babies? Many people buy into the fad at first and then lose interest until the next fad comes along. Those of us who have seen fads begin to recognize them and stay cautious.

Although organizational change is rather different from a pet rock, it may resemble a fad to some. Folks who have worked in an organization for a while take a certain view on initiatives; they see them with a much more wary perspective than most of us.

I want to illustrate this more guarded view using snippets of an email exchange between myself and a colleague about RCCI. I will call him the Universal Skeptic:

I am supportive of the [RCCI] effort, but I must admit skepticism. In the late 80s and 90s, we went through several iterations of "cultural change" initiatives on the hospital side. They brought in motivational speakers. They said good things. They sang good songs, people got fired up, but the enthusiasm and efforts always waned and things returned to status quo. Soon another initiative came along. Similar thoughts, similar ideals, same results. It became the "initiative of the month" mentality and ultimately people didn't even get enthusiastic at the start anymore.

This Skeptic sees RCCI as another motivational speaker of the month initiative. He's been there, done that, got the T-shirt. He knows from experience how things work in the organization and has seen first hand the problems associated with cultural change.

His view is not unreasonable; he understands the importance of keeping an open mind. Advancement comes through new ideas, and he understands the difficulties in persuading people to participate in something new, to do things differently. To wit:

One should never say never, so because the goal is good, I hope things change and I'm trying to support the notion, but I see the same type of lip service being paid to this initiative as was paid to ours back in the day. No one will speak out publicly against it because it is a positive movement, but few really believe it will make any difference and thus, no enthusiastic participation.

Change is one of the most feared words in our language. Like any initiative for change, RCCI faces a certain resistance, a persistent, sometimes fierce, skepticism borne of past experience and disappointment. The Skeptic is not negative, not blaming, he just sees how it is.

We have all seen fads come and go. Nowhere is this truer than in educational institutions. Tyack and Cuban in their book Tinkering Toward Utopia use the metaphor of fireflies to describe curriculum reforms that have been introduced to schools; they appear, shine brightly for a while, and then disappear leaving little trace. So for the skeptic the question might be "Is the RCCI another firefly?" I think this is a fair question.

Essential factors for creating lasting organizational change:

- ***Recognition of the need to change by all levels within the organization***
- ***Effort and support from leadership and grassroots movements***
- ***Endurance of efforts until they reach a critical mass or tipping point***

The answer to this question lies in the history of educational reform as well as organizational change. Certain factors must exist for lasting change to occur.

First and foremost, the people making the changes must see the need to change. Second, the innovation needs leadership to drive the effort. The third condition is time, that is, the change efforts must endure long enough to reach critical mass, what Gladwell terms the "Tipping Point."

Over the next several issues of the newsletter this article will explore these three factors: need, leadership and time, to address the question "Is RCCI another firefly?"

The Need for Change

Every innovation addresses some need, real or imagined. If there is no need for change, then why bother? Simply because something *can* be done does not mean that it *should* be done.

The need for a particular change might seem obvious to one group (e.g., policy makers) and entirely irrelevant to another (e.g., teachers). The early classroom use of computers makes a great example. Computers were hailed as the greatest educational technology ever invented – they served as a grade book, a syllabus, calculator, even substitute teacher.

Most of my college professors agreed. We wrote programs, grants, papers, did research ... and found that the computers often had little positive effect. Thousands of research studies bear this out: computer assisted instruction usually does not make much difference.

Many of the fancy, hi-tech features touted by the technophiles simply are not useful to the very people the technology aims to benefit. When the people who have to use the technology do not see how it helps them, they simply don't use it.

The situation is similar with organizational change. When the people who see the need for a change are not the people who have to make the change, then the changes cannot last. Our Skeptic described it like this:

There needs to be a cause, a reason to change. That need has been termed, "The burning platform."

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Jumping off the Burning Platform

Feeling the Heat Yet?

(Continued from page 4)

That term comes from an individual who jumped from the top of an oil platform many stories high into a stormy sea. He lived. When asked why he would take such a chance, he stated the obvious, the platform was ablaze. The risk and pain of jumping was outweighed by the danger of not changing his present circumstance. In the absence of a powerful cause, it is very difficult to motivate people to change significantly.

So asking the question "Is RCCI another firefly?" raises the issue of whether the people who must sustain the change see the need to make the change in the first place... Are we on a burning platform? I think the answer is "Yes and only some of us feel the heat." We are not at the tipping point – yet.

The mere fact that people at IUSM dream of a *better* future for the school speaks to the need for change. But what will it take for us to act to initiate that change?

Another contributor to this conversation – I'll call him the Universal Advocate – writes:

The writer's argument evokes memories of the plight of blacks just before the Civil Rights movement. Remember that and how Rosa Parks, and others, making a stand - finally getting fed up with status quo and making a stand, made the difference. Perhaps the plight of medical education and the field of medicine in general is not so terrible, yet at least, to cause many to make the stand. Many need to have crisis before taking such a stand. What constitutes "crisis"? Some would say the medical field faces crisis today, others don't agree. But the wish of the proponents of RCC is to prevent or stop any crisis by taking action now.

I believe this is the case. Reimbursements continue to decline and the pressure is on to produce more. We continue to lose academic physicians to private practice and research grants are increasingly competitive. Education ranks as low as ever on the scale of priorities, and we are losing our teachers.

The sense of foreboding is not only with the educators. Ask around the hospitals, clinics, and cafeterias. Are people saying good things about where they work and who they work with? Are they happy in their jobs, engaged in their work? Do they feel valued, listened to as an employee or a patient? Do they feel a part of the enterprise?

Let me illustrate the extent of the crisis with another excerpt from our Universal Skeptic. When addressing the methods of RCCI he writes:

… We spend our time focusing on problems and dealing with negative issues because we are surrounded by problems and negative issues. They are the reality of our world. Part of the problem is that there are so many problems and negative issues that even when one is victorious (solves a problem), there is no time to celebrate the victory, because a brand new crisis is always staring one in the face. All energies and attentions must be then redirected to the latest, highest priority problem. Fun? No. People enthusiastic about jumping out of bed and going to work? No. Everyone smiling all the time? No.

Ouch!! Facing one problem after another during the work day does not sound like a desirable job. I wonder whether anyone could do this day in and day out and stay sane. Certainly the circumstances described here would make a person's life unpleasant. I argue that the mere fact of all these problems, that *a brand new crisis is always staring one in the face*, suggests how hot the platform really is.

Now in all fairness our Skeptic still sees worth in the struggle. All is not doom and gloom in the world. He adds:

…Reality? Yes. Part of the struggle of life? Yes. Deep rooted personal satisfactions for having endured and sometime been victorious against the struggles of life? Yes.

Tolerable? Yes. Ideal? Not by a long shot. Unless you lived life like Voltaire's Candide, you would not see this as the best of all possible worlds. In fact, many people here at the school see how the work environment could be much better.

Recent appreciative interviews from the Discovery Team show what some people believe is possible. Members of the IUSM community were asked to imagine that, like Rip Van Winkle, they fell asleep for five years and awoke to find IUSM had evolved to where it lived up to its highest potential and ideals. The respondents' highest hopes had been realized.

Dreams for the Future

- **Courtesy and compassionate understanding towards all**
- **Trust at all levels**
- **Interdisciplinary cooperation**
- **Improved role responsibility for teachers and learners**
- **Respect for all of a person's contributions and talents**
- **Optimal communication at all levels of education and service**

Some of the responses reflected a wish for recognition of personal worth and contributions, more cooperation, better communication, a sense of collegiality, and teamwork. Many other themes emerged *(See sidebar).*

I ask the question, if we are not on a burning platform, why do people see these traits existing in the future and not now?

So to answer the question, "Is there a need to change?" I would point to Rip Van Winkle.

(...to be continued in the next newsletter)

We welcome your replies and comments to this on-going series on working together to change a medical school. See back page for details.

The author wishes to thank "the Skeptic," and several Discovery Team members for their contributions to this ongoing discussion.

A Publication of the IU School of Medicine
Relationship-Centered Care Initiative

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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We especially hope that you will join our series on instituting organizational change at IUSM by contributing your thoughts, hopes and ideas to the discussion.

For more information about the project or to join us, please contact
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http://meca.iusm.iu.edu.rcci

The Relationship-Centered Care Initiative at Indiana University School of Medicine 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 the community and physicians and other members of the health care team—can be incorporated in the IUSM curriculum and learning environment to improve the way future physicians practice medicine.

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

RCCI Calendar

- **RCCI Discovery Team Meetings:**

Held in the Lilly Library, Room 301, and available by videoconference at each regional center.

October 27, 10:30-12:30
November 17, 12:30-2:30
December 15, 12:30-2:30

Anyone interested in learning about or contributing to the RCCI is encouraged to attend all or part of a meeting. NEW MEMBERS ARE ALWAYS WELCOME!

- **AAPP Forum, "International Conference on Communication in Healthcare"**

October 6-8, 2005 at Northwestern University Feinberg School of Medicine in Chicago, IL

- **AAMC Annual Meeting, "Beyond Boundaries"**

November 4-9, 2005 in Washington, DC, www.aamc.org

- **Annual National Forum on Quality Improvement in Health Care**

December 11-14, 2005 in Orlando, FL by Institute for Healthcare Improvement, www.ihi.org