



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

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be lit from a single
flame, and the life of that
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ened, but lengthened.

The RCCI Newsletter

Taking Root: Narratives Keep New Students Grounded in Idealism

At the 2004 White Coat Ceremony, incoming medical students were presented with a compilation of motivating stories about student experiences at IUSM.

This pocket-sized booklet, *Taking Root and Growing: Becoming a Physician at Indiana University School of Medicine*, emerged from a series of interviews conducted under the Relationship-Centered Care Initiative by Vani Sabe-

san and other student leaders.

MECA summer interns Jill Pavlicek, Maggie McClelland, Derik Geist and Jacob Pong selected particularly inspirational student narratives to exemplify IUSM culture at its very best.

The following excerpt describes the positive learning atmosphere at one of the Centers for Medical Education.

“Neuroanatomy is a

tough subject. Outside of class time, when students were studying in the library, our professor would sit with us and read the newspaper, making himself available for any questions. He was not only available to us, but he showed us that he was willing to take time for the sake of us being able to learn the material.”

We hope sharing these stories will help all of us at IUSM realize our potential to become professional and caring physicians.

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Resident Clinician Teaching Retreat Emphasizes Professionalism

The Department of Internal Medicine held its annual clinical teaching retreat in French lick, Indiana on July 7-9. Under the direction of Dr. Lia Logio, this annual retreat focuses on developing teaching excellence among residents in a variety of medical disciplines. This year's retreat included over 100 participants, including residents and faculty from the departments of Medicine, Obstetrics and Gynecology, Sur-

“Hearing stories about the professional commitment of my colleagues gives me hope. I have ideals to strive to emulate.”

—Resident Physician at IUSM

gery, Radiation Oncology, and Neurology.

Although these retreats primarily focus on improving the teaching skills of residents, this year's meeting also addressed professionalism. Earl Gage, RCCI member and surgery resident,

opened the session by giving a personal perspective on the importance of professionalism. Attendees then broke up into moderated small groups to discuss examples of professional and non-professional behavior.

In reflecting on the exemplary actions exhibited by a colleague, one participant observed, “I feel proud of my affiliation with faculty and colleagues. It gives me behaviors to emulate.”

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

Research and Teaching Forum in Indianapolis

Indianapolis will host the 2004 Research and Teaching Forum of the American Academy on Physician and Patient, October 1-3, 2004. The theme of this year's Forum, which is co-sponsored by the Indiana University School of Medicine, is *Opening Dialogues in Healthcare Communication*. The Forum will be held on the IUSM campus.

The Forum will provide plenary discussions and more than 100 workshops, posters, and presentations on innovative research and

teaching methods in patient-provider communication.

The focus for this meeting will be health literacy, patient participation and shared decision-making, dialogues between colleagues of different disciplines and communications research methodologies.

Thomas Inui, MD, of the Regenstein Institute for Healthcare will be among the featured speakers. In addition, members of the IUSM community will present several work-

shops including sessions on methods of transforming the informal curriculum of medical education and assessing and enhancing the communications skills of physicians-in-training.

For registration information and additional information, please visit the American Academy on Physician and Patient website at www.physicianpatient.org

IUSM a Model for Relationship-Centered Practice

Just 21 months into the RCCI project, IUSM has attracted attention within the community, nationally and abroad because of our practices.

In the community, School of Nursing Professor Pat Ebright used the first issue of *The RCCI Newsletter* to educate her sophomore nursing students about their role in the healthcare team.

Also, Clarian Health recently announced several novel relational practices that will occur in parallel to IUSM's RCCI. These include "The Gift of Care Giving" retreats for staff renewal and the

expansion of training programs in communication skills and team-building.

Impressed by the impact of the healing narratives used in RCCI's appreciative inquiry process, Julie Martin, Clarian Senior VP of Nursing compiled Clarian's own collection of stories of exemplary nurse-physician interactions to inspire Clarian nursing professionals.

The RCCI is having an influence elsewhere as well. After the first publication and presentations at national meetings about the RCCI, other centers are instigating change in their healthcare environ-

ments.

- A medicine professor in Colorado starts teaching rounds by inviting learners to reflect on their successes since the previous meeting.
- Teams from 6-8 medical schools will come to IUSM this spring to study methods of enhancing the informal curriculum at their schools.
- An Israeli medical school plans to form its own discovery team to foster positive organizational changes.

Ripples in a Pond: Open Forum Illustrates Spread of Relationship-Centered Care Principles Beyond Initial Plan

Approximately 50 people gathered on September 2 at the third RCCI Open Forum to hear members of the Discovery Team (DT) report their progress in transforming IUSM into the first relationship-centered medical school.

The Team used a tree diagram and numerous stories to illustrate the spread of the project.

RCCI Director Tom Inui began the meeting, which was held at

Wishard Hospital and transmitted via Poly-Com to Regional Centers, by explaining how he and external consultants Tony Suchman and Penny Williamson deliberately did not plan every aspect of the project. They chose a starting point and monitored the progress, seizing new opportunities as they arose.

The project was traced from its beginnings by Patient Advocate Chris Mulry and Project Coordinator Dave Mossbarger.

What began as a single select team of competency directors, students, external consultants and a project coordinator now involves almost 90 core members as well as affiliates from various groups at IUSM from the Admissions Committee, to the Dean's Office, to Student and House Staff Affairs.

Dean Craig Brater spoke about how he and members of the Dean's Office were becoming more mindful of their day-to-day decisions that af-

Open Forum Ripples, Cont

fect IUSM. Other members also described their efforts to encourage a reflective atmosphere of professionalism.

Through these efforts, the group hopes to create cascading changes that positively influence the practice of medicine at IUSM and beyond.

*The real act of discovery consists not
in finding new lands but in seeing
with new eyes.*

ROBERT: A Reflection

"Your patient is in shock room 4," the nurse whispered. "It's a bad one."

I groaned inside. Since my last burn rotation as a 4th year medical student, I have hated burns. No injury is quite as disfiguring or as devastating as a burn injury. In just a few moments, a life is significantly changed forever. Now a mid-level resident on the burn service of a busy county hospital, I dreaded the coming weeks.

As I entered the room, I observed a flurry of ER personnel starting IVs and inserting the breathing tube into a 12 year-old boy. As a father, I envisioned my own son lying there in the bed, unable to breathe on his own and lucky to be alive at all. He is so young, I thought. Too young. Checking the sticker on his chart, I saw his name was Robert.

Robert had been playing with firecrackers earlier in the evening when he and his friends decided to burn the spent casings by dousing them with gasoline. As he lit the pile of gasoline-soaked paper, his shirt caught fire, badly burning the skin of his entire upper body. His hands were burned the worst of all as he tried frantically to remove his burning clothing. Now in the shock room, he had already begun sloughing dead skin and weeping large amounts of serous fluid onto the sheets of his gurney. His face and hands were already swol-

len from his injuries. He looked horrible. As I began my exam, I was not sure which would be worse for him – dying from his injuries or living with them. I wondered if his mother would even recognize him when she arrived.

When his parents reached the hospital, they were grief-stricken. I told them that Robert was on a ventilator. I told them that 40% of his body was burned badly and that he would need surgery and skin grafting. I spoke with them about percents and initial management goals. Then, Robert's mother put a hand on my arm.

I paused.

Overcome with everything I was telling her, she began to cry.

"He's my baby," she whispered.

I began to cry, too. I am not used to crying. In a way, I felt vulnerable, as if I were standing in the room naked. I wished that I could melt into the floor. Doctor's are supposed to be strong, resolute, cool under pressure, I thought. Not blubbing idiots.

"Will he be all right?" she asked, fixing her gaze on me. Her eyes penetrated me, as though she were looking into my soul, searching for some shred of hope that her "baby" would be all right. I looked deep into her eyes and sensed her fear and con-

cern for her boy. A warm feeling washed over me. The little hairs on the back of my neck rose up on end, and for a moment, I sensed a powerful connection with Robert's mom, a connection that drew me in and made me a partner in her grief as well as her hope. I sensed for just a moment that I was part of something larger than one critically injured boy and his mother.

"We'll do everything we can," I promised.

I stayed at Robert's bedside all night that night. I didn't have to. After my admission orders were written, I could just as easily have gone home where my own children slept snug and healthy in their own beds. But I stayed. Not out of some sense of duty, but because I knew Robert's family needed me there. And in a way, I needed to be there, too.

I still hate the devastation and heartache that accompanies critical burns. At the same time, though, I have discovered something profoundly fulfilling in caring for these patients and their families. Something that goes beyond antibiotics and pain medicines. Something that sustains us all.

—Earl Gage, M.D.

Indiana University School of Medicine
Relationship-Centered Care Initiative

For more information about the project
Or to join us, please 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 the 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 active involvement in helping IUSM lead the way in transforming the culture of medical centers through successful integration of relationship-centered practices

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Mark Your Calendars!

Upcoming Relationship-Centered Care Oriented Activities:

- September 29—October 1, 2004, Turkey Run State Park, IN
Regenstrief Institute Research Conference
- October 1-3, 2004, Indianapolis, IN
AAPP Annual Teaching and Research Forum
- October 7-8, 2004, University Place Conference Center
2004 Medical Humanities Symposium
Blame and Responsibility in Medicine
- November 5-10, 2004, Boston, MA
AAMC Annual Meeting

Future Discovery Team Meetings, all to be held in the Medical School Library, room 301, and available by videoconference:

- September 27, 3:00-5:00 pm
- October 27, 11:00-12:30 pm
- November 15, 12:30-2:00 pm
- December 16, 10:00-12:00pm

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