



INDIANA UNIVERSITY  
SCHOOL OF MEDICINE

# THE RCCI NEWSLETTER

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

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## The Best ‘Presence’

// I still remember it as if it were yesterday. Called emergently to the OR to open the abdomen of a very sick boy with an unknown condition who deteriorated during endoscopy.

It was a surgeon’s dream. Come in and save the day. Unfortunately, when we opened him up he had evidence of a several day-old duodenal perforation, a dead gallbladder and an ischemic lower half of his stomach. It was a mess. I scrubbed out to talk to his parents.

When I found his parents, they were in a small room praying with friends for their boy and his physicians. I had never met them and informed them of the seriousness of the condition. I did not know exactly, but I told them I estimated his mortality rate at around 50%. We did what I felt was a great operation: cholecystectomy, hemigastrectomy with a Billroth II gastrojejunostomy and closure of the duodenum.

Over the next few days, I gained hope for him as he seemed to improve. Unfortunately, on postoperative day number three, most of what I had done fell apart. One of my partners took him back to the OR, closed the holes only to have them fall apart again a few days later. Surgery had failed, and now our only option was to watch his gastric, pancreatic and biliary fluid come out of various drains.

I told his family that I could do nothing to help him except give TPN [intravenous nutrition] and antibiotics.

I was certain he would die, and I told his parents I held little hope for his recovery. His parents kept a vigil at his bedside for the next few months, praying for him and watching. Much to my sur-

prise, he gradually improved.

All of the holes eventually closed and much to my relief, we never again had to enter his abdomen. He had a complete recovery.

A few months later at one of his visits, his parents gave me a very nice card. One statement in it shocked me: “How do you even begin to thank someone for saving your son’s life?”

*Didn’t they get it?* Every single thing I did as a surgeon failed in their son; everything fell apart. I had rarely felt so helpless. Speaking to them later, I realized that they *did* get it. Their son’s life in my mind was spared by three things:

1. answered prayer;
2. nurses who cared for his open wounds and kept track of every drop of fluid that went in and out of his body;
3. residents who followed countless labs and cultures, wrote for his TPN, fluids and antibiotics, and responded to his 24-hour-a-day needs.

I gained great respect and admiration for his parents who were patient, faithful and caring for their son in one of life’s most difficult situations. I learned the value of being open and honest with families and not giving them false hope. I also learned that sometimes when you can do little medically but watch, your presence and concern still serve to support the family.”

—Dr. Frederick Rescorla  
Pediatric Surgeon

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



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Dr. Fred Rescorla,  
IUSM Faculty Physician

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# The Emerging Impact of the RCCI

**W**e are approaching the end of the second year of the RCCI—the culture change initiative to transform IUSM into the first relationship-centered medical school in the United States.

An impressive array of activities, ideas and projects has emerged since January 2003, when the first 12-person Discovery Team was formed. The RCCI Dissemination Map (*next page*) illustrates the sweep of these developments.

The map was first presented at the October 2004 DT Open Forum to illustrate the complexity of the essentially self-organized cascades of change occurring at IUSM. It also introduces IUSM community members to many of the diverse ongoing projects with the hope that they will be inspired to join or create a new link in the relationship-centered chain.

## HIGHLIGHTS

### Discovery Team Line

- DT grows from 12 to over 120 members including students, residents, fellows, faculty, staff, administrators
- DT meets monthly to report positive changes, share ideas, coach and support each other in new initiatives, present skills sessions, promote relational engagement among members
- DT organizes periodic Open Forums to update the IUSM community about RCCI
- RCCI members from IUSM community develop RCCI Newsletter
- “Courage to Lead” series of seasonal Formation retreats held for cohort of 20 faculty (2003-2004) and 20 faculty (2004-2005)

### Senior Leadership

- Dean and Executive Associate Deans meet monthly with the RCCI external consultants to reflect on how to conduct their work in a relationship-centered way
- Medical school-wide Data Driven Decision Making Process established
- Department chair evaluations initiated

### Students

- Students collect over 100 interviews from peers at IUSM Centers
- Student Engagement Team of RCCI formed
- Adherence to Honor Code principles pledged by all new students, residents and faculty and staff upon joining IUSM community
- Indianapolis RCC student members reach out to Medical Education Centers to strengthen student ties school-wide
- Students publish book of stories-- *Taking Root and Growing: Becoming a Physician at IUSM* for White Coat Ceremony distribution to new medical students
- Informal RCCI student leadership positions created with representation on Medical Student Council (with future plans for Dean-appointed RCCI student leadership positions)

### Educational Administration

- Competency Directors meet regularly in strategic planning retreats to incorporate relational practices and principles. Noticeable shift in culture of meetings occurs
- All planning processes as well as the regular work of MECA shift to incorporate and model RCC

- Faculty Development and Vertical Mentoring Retreats incorporate appreciative inquiries and open space sessions

- Students and faculty work to create an editorial board and forum for publishing “Incident Reports,” situations that create opportunities to improve relational skills rather than asses blame for failures

### Faculty Committees

- IUSM Admissions Committees undertake new selection process that considers candidates’ aptitude for Competency Based Curriculum
- Admissions Committee trained to interview candidates using simulated applicants portraying varying levels of “baseline competencies”
- Learner advocacy committee starts to incorporate relational processes into its proceedings
- Many IUSM committee meetings incorporating time to build relationships among members, beginning with “check in” and ending with a debriefing

### Residents

- Resident Engagement Team formed
- RCCI presentations given at Housestaff Forum, Resident Oversight Committees
- Specific Residencies such as Radiology and Family Medicine begin incorporating relationship-centered principles into their curriculum
- Annual Resident Teaching Retreat that includes residents from Medicine, OB-Gyn, Surgery, and Pediatrics include a segment on relationship-centered healthcare

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Relationship-Centered Care Initiative

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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 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.*

## Appreciative Inquiry Useful in Conquering the Winter Blahs

Winter.

The grey skies, long nights, and cold, icy weather added to the increased patient care workload that seems to accompany the season can make us feel overwhelmed at times. The hassle can even turn us into the mechanical, impersonal practitioners we swore we'd never become.

Yes, the added strain of the season can lead many of us to question our commitment to this often stressful medical profession.

Maintaining our optimism and remembering the meaning of our work can be quite challenging at times.

Storytelling, in the form of Appreciative Inquiry is a simple, effective and fun way to remind ourselves and our colleagues of the personal meaning and commitment we find in our work.

Appreciative Inquiry can occur in reflective solitude or in pairs.

We invite you to try AI by asking yourself or pairing with a friend or colleague and asking each other the following questions regarding Personal Meaning and Commitment.

*People do their best work when they are doing things that they find personally meaningful, and when they feel that their work makes a difference. During your time at IUSM, there have no doubt been highs points and lows, peaks and valleys. For now, I'd invite you think of a time that stands out for you as being particularly meaningful; a time that brought out the best of who you are, in which you felt connected to your values and your sense of calling and purpose.*

***Please tell the story of that time.***

***Without worrying about being modest, please tell what it was about you—your unique qualities, gifts or capacities; decisions you made; or actions you took—that contributed to this experience?***

***What did others contribute?***

***What aspects of the context or situation contributed (setting, time, background circumstances, etc.)?***

Enjoy this exercise for your own benefit, or provide your story to us to share with others for their benefit as well (See front page story).

**[If you want to share a story, please contact the Editor or the RCCI Project Manager, for both of whom the contact information is on this page.]**

## RCCI Presents AAMC Workshop

At the Association of American Medical Colleges national meeting in November, a group from RCCI conducted a three hour workshop session entitled, "Changing the Culture of a Medical School: From Concept to Practice."

Richard Frankel, Tom Inui, Debra Litzelman, Anthony Suchman, and Penny Williamson were joined by Jodi Skiles, fourth year medical student, and Vani Sablesan, IUSM Class of 2004, now a



resident at Duke, to present this workshop, which was one of only 34 workshops accepted from 83 submitted.

The AAMC limited the number of official attendees to 35 per workshop, but this one brought a standing-room only crowd.

Medical school educators learned about relationship-centered care (RCC) and how its principles could be expressed in educational and administrative activities. Participants learned about the role of personal reflection and

formation work in enhancing the informal curriculum.

Using paired interviews, reflective listening, and an appreciative inquiry-guided exercise, and citing examples of self-organizing, cascading change and the dissemination of a new pattern of relating (showing up personally, formation work) here at IUSM over the past 18 months, the presenters explained the theory driving the RCCI.

Attendees reflected on what they could do personally to foster culture change in their home institutions – what patterns they might propagate and what patterns they might break to effect meaningful, positive change in a relational way.