

## **Towards an Informal Curriculum that Teaches Professionalism: A Two-year Progress Report on Cascading Change at IUSM**

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### **Statement of the Question:**

The most carefully constructed formal curriculum on professionalism can be undermined if the informal curriculum (the social environment of the school and teaching sites) does not consistently exhibit appropriate professional values. But how can schools foster change in the relational behavior of thousands of people?

### **Objectives of the Relationship -Centered Care Initiative (RCCI):**

The Relationship Centered Care Initiative (RCCI) is a three year effort at the Indiana University School of Medicine (IUSM) to initiate self-sustaining culture change by fostering widespread reflection on and mindfulness of the values being conveyed in everyday personal interactions and organizational behavior. Our goal is to foster an informal curriculum that consistently reinforces and exemplifies the values and principles of the competency-based formal curriculum in the domains of professionalism, communication, ethics and self-awareness.

### **Description:**

In approaching such large-scale organizational change, we knew we could not design and impose a culture, nor could we “process” every member of the organization through an intervention to “change” their behavior. We abandoned such engineering metaphors and instead adopted a metaphor of ripples spreading in a pond to refer to changes in patterns of relating that would start locally and then spread. We adopted a strategy of emergent design, recognizing that we could only design a first step – the stone dropped in the water – and only after it was completed could we discern the next step, based on who became involved and what ideas they developed.

Our first step, described elsewhere in detail, was a set of 80 appreciative interviews conducted by the Discovery Team – a group of 12 student and faculty volunteers – to elicit stories of IUSM’s culture at its best. These stories were analyzed and the themes presented back to the community in a number of venues. As a positive and hopeful image of IUSM began to emerge, more volunteers stepped forward offering to bring the

RCCI to their departments, committees, offices or projects. This group of internal change agents meets monthly for peer-coaching and instruction on organizational change in support of dozens of projects they have initiated. We have also reached out to engage more medical students (with a chain of student-to-student interviews), residents (using noon conferences on professionalism as a venue for discovery interviews) and alumni (with planned alumni-student interviews at an upcoming reunion).

**Findings to date:**

The emergent widening of engagement has been striking, with the volunteer “internal change agents” now numbering >150. The following are examples of cascading changes that have ensued:

- (1) The Admissions Committee developed new criteria and interviewing methods to select relationally-oriented applicants.
- (2) The Dean includes rigorous data on the work environment in performance reviews for department chairs and conducts these reviews in a relationship-centered manner.
- (3) A major school-wide initiative in mission-based budgeting and management was designed and implemented with the explicit intention of fostering partnership, engagement and trust.
- (4) A group of students published a book of student stories that was presented to incoming students at the White Coat Ceremony.
- (5) The Academic Standards Committee replaced a form letter (known affectionately as the “ding” letter) with a more relational approach for responding to courses receiving poor rating from students. Two other key committees, Student Promotions and Teacher Learner Advocacy, also update their policies and practices to be more relationship centered.
- (6) A resident offered to create a quarterly RCCI newsletter that shares positive stories and news about projects.
- (7) Practices to “humanize” committee meetings (e.g.: checking-in, noticing successes and appreciative debriefings) are spreading.
- (8) The Office of Medical Education and Curricular Affairs created and implemented a plan to be mindful and intentional about every personal interaction in their comprehensive work with members of the 9 medical centers, and thereby make manifest a relationship-centered culture in all of their work.

(9) Statewide competency coordinators (N=9) transform themselves into a “relationship centered learning community” as a model for how to disseminate the competency curriculum across the school and the state.

(10) Faculty development activities across the school are synergized by the appointment of a new Associate Dean for Professional Development. A 50 hour course for newly hired faculty to the medical school is offered for a 2<sup>nd</sup> year and incorporates relationship centered principles.

(11) The use of paired interviewing, reflective narratives and appreciative inquiry is spreading (eg: chief resident orientation, resident workshops on professionalism, and emerging behavioral and social science initiatives).

(12) The very idea that informal curriculum change is possible is diffusing via formal presentations and informal conversation and is influencing other schools. Specific approaches – especially appreciative inquiry and emergent design – are spreading as well.

### **Key lessons learned**

The strategy of emergent design appears to be working. The vast majority of cascading changes were initiated by volunteers. All the changes resulted from serendipitous developments and not *a priori* planning and design.

Many of the changes (eg: student selection, budget conversations and department chair reviews) may be self-sustaining and have an amplifying effect over time.

Appreciative interviews appear to initiate a virtuous cycle. By focusing attention on existing capacity, they build a sense of competence and confidence and foster a more positive self-image within the organization. This creates a sense of hope, a belief that change may indeed be possible, releasing people from the constraint of low expectations and giving people the courage to try new behaviors. As more people experience these changes, the belief in the possibility of change becomes stronger and more widespread, leading to further change.

We seem to be tapping into (and not generating) a pre-existing desire for community.

There is an important synergy in working simultaneously at the grassroots (bottom up) and leadership (top down) levels. The former is the source of the most widespread and creative innovation; the latter is an important source of modeling and reinforcement of new patterns of behavior.

*For further information about this project, please contact Dave Mossbarger, the RCCI project manager, at [dmossbarger@regenstrief.org](mailto:dmossbarger@regenstrief.org)*