TRANSFORMING THE PROFESSIONAL CULTURE OF A MEDICAL SCHOOL

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SYNOPSIS

Since 2003, Indiana University School of Medicine (IUSM) has undertaken an unique and courageous experiment – The Relationship Centered Care Initiative (RCCI), a four year effort to initiate self-sustaining culture change throughout the entire medical school. The intent was to foster widespread reflection on and mindfulness of the values being conveyed in everyday personal interactions and organizational behavior. The goal was to cultivate a social and professional learning environment (the informal curriculum) that consistently reinforced and exemplified the values and principles of the competency-based formal curriculum in the domains of professionalism, communication, ethics and self-awareness.

The RCCI leadership group adopted a strategy of emergent design, describing the change process with the metaphor of a pebble dropped in a pond causing ripples. The first step was a set of 80 appreciative interviews conducted by the Discovery Team, a group of 12 student, faculty and staff 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 (at the start of year four, over 170) offering to bring the RCCI to their departments, committees, offices or projects. Discovery team members reached out to involve more students, residents and alumni, each subgroup now active in spreading the culture change.

Many volunteers requested opportunities to learn more about being effective internal change agents. To that end, the Discovery Team met monthly for peer coaching and instruction on organizational change in support of the many projects they have initiated. Two other programs were offered: The Courage to Lead, a year-long seasonal retreat series currently completing its third iteration, on strengthening leadership capacity from the inside out; and Internal Change Agent Program, a five-session skill-development program for internal change agents.

This initiative has done more than begin a process of change in the culture of a large medical school. It has impacted and changed all of us who have participated in it. From the
beginning we believed that change occurs one person at a time, and from the inside-out: “from inside the personnel and culture of the organization and from inside the identities and values of each person in the organization.” As Gandhi so eloquently said, each person must “be the change” he wishes to see in the world. This chapter interweaves the chronicle of the RCCI with the personal stories of some of the main players: members of the leadership group, IUSM deans, faculty, staff, resident and student voices. This story offers rich examples of emergent design, appreciative inquiry, and applications of formation approaches and principles. It also shows that large scale change is possible.

_The biggest “psychosocial” problem facing us may be the need for our own personal transformation – to understand and promote change within ourselves._

### THE ORGANIZATION

Indiana University School of Medicine (IUSM) is the second largest allopathic medical school in the United States, with over 1,100 students, 1,200 faculty, 1,000 residents and thousands of administrative staff and health personnel. Students in the first two years study basic sciences at one of nine campuses around the state. All students come to the Indianapolis campus for their clinical rotations in their third and fourth years. IUSM is the only medical school in Indiana. Many of the faculty received their training there and then stayed on, creating a network of long-term connections. In the mid-western culture of Indiana, civility is the norm. A new member of the faculty commented when he arrived in 2002 that the culture seemed “congenial but impersonal.” Everyone focused on the agenda; there wasn’t any extra attention given to relationships or relationship building.

### THE IMPETUS FOR CHANGE

In 1999 IUSM introduced a new competency-based curriculum, the culmination of a 10-year effort. Included among its 9 core competencies were professionalism, ethics and moral reasoning, self-awareness and communication. However, as was generally true in medical education, the social and professional behavior that students observed and experienced in their day to day encounters did not consistently reflect the values of the core competencies. In other words, the informal curriculum did not always support or match the formal curriculum.

An additional impetus came from results of the annual Graduation Questionnaire administered by the Association of American Medical Colleges to every graduating medical student at all accredited medical schools in the U.S. It achieves extraordinarily high response rates by virtue of the broad interest of medical administrators and educators in the results. These are analyzed nationally, as well as individually for each school, allowing educators to compare the responses of their own students with national norms. For many years, IUSM students rated their overall satisfaction with their medical education as well below the national average.

_IU School of Medicine was faced with a student body that felt it had been ignored and was disrespected. Faculty members were feeling the pressures of outside forces such as tight grant funds and decreased reimbursement for clinical care. Leaders were challenged to instill a spirit of optimism and mutual respect among learners, faculty, and_
staff. We recognized we needed a change in culture that combined increases in accountability with more collegial interactions among everyone in the institution. More accountability implied more pressure while at the same time striving for interactions that were less pressured and stressed. The easiest way out would have been to throw up our hands in surrender saying that we were no different than any other academic medical center and it is impossible to change culture in such a large organization that has people continually fluxing in and out.

Instead we decided that we needed to do as an organization what we admonish individual faculty members to do; namely, role model. Said in another way, what institutional role would we be modeling if we decided to stay the course? We started with an exercise to seek broad input in articulating our values. We then knew we had to live them. Many things were done including strengthening our process that allowed students to safely bring issues forward and committing to taking action when our values are transgressed. We stressed service learning; we created more opportunities for teaching people how to teach; we developed programs for leadership development and on and on.  

Craig Brater, Dean, IUSM

Craig Brater did more than espouse role-modeling, he walked the talk.

Clearly the most memorable time was the Saturday morning when [Dr. Brater] approached a division chief who had been absent for months while undergoing treatment for his newly diagnosed cancer and warmly hugged him with tears in his eyes. This rare showing of humanism was life affirming and modeled the depth and power of relationships. I knew at that moment that if we could all be more like this more often, that our department, our school, our culture would be transformed. I knew it could be a different place, but it would take a different way of being, personally as well as collectively. In 2000, this Chair with the capacity to publicly hug his critically ill division chief became Dean…setting the stage for other courageous change agents to step forward living out a new way of being together.

Deb Litzelman, Associate Dean for Medical Education and Curricular Affairs

It was into this fertile combination of a broad-based curricular change and supportive leadership that Tom Inui and Rich Frankel, senior leaders with expertise in professionalism and medical school culture, were recruited to IUSM. Both had been members of the Pew/Fetzer Task Force on Health Professions Education that first introduced the term “Relationship-centered Care.” Tom had a long-standing interest in improving the environment in which students formed their professional values and identities. He could envision a relationship-centered medical school and was eager to pursue a large scale organizational development project to realize that vision. Rich was a renowned scholar in the field of health care relationships and communications. They brought with them a three-year grant from the Fetzer Institute to conduct a demonstration project in organizational culture change – the Relationship-centered Care Initiative (RCCI). While the work was to take place at IUSM, the grant was intended to have much wider impact:

Movement in the direction of Relationship-centered Care in the life world of academic medicine would be galvanized if even one medical school/academic medical center could
seriously undertake this kind of change process (organizational formation), document its journey, share perspectives with peer schools, and measure the impact of what it has done on the members of the academic community...

Tom Inui in the RCCI grant proposal

GETTING STARTED

The Formation Team

To steward the RCCI, Tom and Rich assembled a six-member leadership team which we immediately named “the Formation Team” (FT). Formation, a term popularized by Parker Palmer, refers to the personal development that is necessary in preparing for a professional role.\(^4\) Individual formation work involves intensive personal reflection to gain self-knowledge, to clarify one’s values and to develop an authentic personal ethos of service. The RCCI was an experiment to conduct formation work at the level of an entire institution.

Tom and Rich were the first two members. Tom was the project director; Rich led the research arm of the RCCI (a parallel project that convened a national network of healthcare communications researchers) and had responsibility for faculty development activities and the teaching of professionalism at IUSM. Having just arrived at IUSM themselves, Tom and Rich sought a partner who was deeply immersed in the IUSM culture and committed to its enhancement. They chose Deb Litzelman, the Associate Dean for Medical Education and Curricular Affairs, who had helped to lead the design and implementation of the competency-based curriculum. They also engaged a program coordinator, Dave Mossbarger, to track finances and manage the project and two outside consultants experienced in culture change and personal formation work, Penny Williamson and Tony Suchman.

Each of us brought unique perspectives and gifts to the work, but there was also something more: this project had enormous personal significance for us. Most of us had worked for many years to improve communication and relationship processes in healthcare. Our work up to this point had consisted of teaching relationships skills to individuals, preparing faculty members to do this kind of teaching, working with single departments or pursuing culture change at small community hospitals. In the RCCI, we were attempting to take this work to a wider scale than ever before. It felt to us like our professional careers had led up to and uniquely prepared us for this extraordinary opportunity. We were both excited and intimidated by the scope of what we were undertaking, and we realized at the outset that we would need a very different approach to organizational change than anything we had ever tried or experienced before.

It began on the airplane as I was en route to the first meeting of the Formation Team. Over the months since Tom’s invitation to help with this project, my initial elation—a long held dream come true, bringing relationship-centered process to an entire medical school—was being increasingly accompanied by a sense of anxiety and even intimidation. “How, exactly, are we supposed to do this? Do we have any idea of what we’re doing here?”

Sitting on the plane and re-reading the grant proposal, it occurred to me that “not knowing” was precisely what we had to do. If my Masters Degree program had taught me anything, it was the unpredictability of organizational change. Group process cannot be designed and controlled. I realized that if we expected that we could plan and implement a three-year change program, complete with interim targets and measures and
run charts, we would be off track from the outset. We couldn’t process people through workshops, officially stamp them “relationship-centered” and expect them to act differently ever after, nor could we prescribe specific actions or behaviors to literally thousands of people. Such an approach could never work; it could only lead to frustration which would then make us anxious as we faced our fear of failure, which would then make us clutch at control ever more desperately and this whole historic opportunity would slip away..

The prospect of warning my colleagues of this danger also worried me. This was such a large grant and a very visible project; how could they possibly accept the idea of not planning? And what did I have to offer as an alternative? A new complexity theory, that I could barely articulate, about self-organizing patterns? Reassurance that small disturbances sometimes spread and grow unpredictably? A glorified rendition of “we’ll make it up as we go along”? Some strategy! Yet even as I questioned whether I could persuade my colleagues to adopt this approach, I felt in my very bones that it was the only way the project could possibly succeed. I spent the rest of the flight mapping out a logical and orderly line of argument and designing a visual aid to make the new complexity-based theory comprehensible.

The Formation Team gathered for its first meeting in the spacious refurbished attic of Tom’s center-city house. I felt like I was going to burst; it felt urgently important to share these ideas. We introduced ourselves to each other and reflected on how we came to be part of this project and what it meant to us. As we finished and started to plan the agenda for the day, my heart started pounding. “Look, I’ve been thinking about this project all the way out here,” I burst in. I need to tell you about a new perspective that I think will be perfect for the project.” So with my heart still thumping and feeling a bit breathless, I proceeded to tell my colleagues about Complex Responsive Process.\(^5\) It wasn’t very clear but it was good enough. They understood the approach and were excited about it, maybe even relieved that they didn’t have to know how to do this either. Tony Suchman, external consultant

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And so we came to better understand our role as stewards of the RCCI – not to plan and implement, but to notice patterns of relating at IUSM, instigate what we hoped would be constructive disturbances in those patterns, observe the results and discern the next steps. And we hoped to engage a growing number of people in this same process. We called this strategy “emergent design.”

…our RCCI external consultants shared with the group their vision of organizational culture as conversations, and organizational change as key events that alter the nature of those conversations in a rippling way, like dropping a pebble in a pond. The vision focused on the ways people understand and relate to one another. Rather than trying to engineer a massive change by mandate, we were going to attend to and alter relationships from a more grassroots level. Theoretically the process sounded great.
Practically, I was not sure exactly what “dropping the pebble” meant in terms of specific action at IUSM.

Ann Cottingham, Director of Special Programs for Medical Education and Curricular Affairs

We also recognized early on that we needed to conduct the project in a relationship-centered fashion – to foster culture change in a way that modeled the new culture. Mindful of this, we organized our Formation Team meetings to have ample time to reflect on how we were working together. Meeting twice each month (a 4 hour meeting during the external consultants’ monthly visits to Indianapolis and a 2 hour conference call in between visits), we tracked the various threads of the project, followed up on new leads, and identified potential cross-links between various people or projects. We explored and challenged our assumptions in a trustworthy setting. And we supported each other during difficult times. We began each FT meeting with two practices that quickly became traditions throughout the RCCI: the reading of a poem to set the tone and an in-depth check-in: sharing personal and professional news or reflections to help us become fully present to each other.

One day, our check-in was particularly poignant. Something challenging was occurring for each of us—overwork, strain in the family, illness, excessive fatigue, desire for a change in work role. We took all the time we needed, each person sharing and receiving the group’s warm and compassionate attention. We didn’t try to fix or advise each other. We simply listened, knowing that this sharing would help us be mindful and supportive of each other as we continued our work. When we turned to the main agenda, we were perceptibly lighter of heart and moved through it in a noticeably thoughtful and efficient manner.

Remarkably, that was one of our most creative meetings. Tony and Penny shared their excitement at the growing number of new people being drawn to the work of the RCCI. Rich likened the RCCI to the Lewis and Clark expedition (just then celebrating the 150th anniversary), and Tom Inui, in the moment, created a vignette based on the Lewis and Clark journals, which he titled “drawn to the light”. We were heady with joy and enthusiasm.

Penny Williamson, external consultant

At FT meetings, we also made time to reflect on our experience of working together and on the culture we were creating within our own group.

I sometimes worried that I wasn’t good enough to be part of this highly creative, relational, articulate “dream team.” Was I contributing often enough? Were my contributions smart enough? At one meeting, I found the courage to ask for feedback in the spirit of wishing to contribute my very best to this work and to this group. I had observed that others’ comments often received verbal affirmation whereas my words did not seem to evoke a response. I wondered whether I was being clear. My colleagues listened to me with respect, empathy and seriousness. A member of the group commented that he might have been taking for granted that I would know I was affirmed without the need for verbal response. After this meeting, I noticed a shift in the behavior of the group (more verbal acknowledgment of my comments) and I felt a welcome internal shift as

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well—more comfortable that my contributions were valued. Voicing this most vulnerable of concerns helped remove a barrier so I could give my best to the group. What made it possible was the trust we had established and the norm of speaking about our own relationships as an integral part of the work.

Penny Williamson

What made it possible [to voice this vulnerable concern] was the trust we had established and the norm of speaking about our own relationships as an integral part of the work.

The Discovery Team

Once we realized we couldn’t plan the whole project in advance, the question then became, “if we can only plan one step at a time, what should the very first step be?” We decided to begin with a project to discover the best of IUSM’s culture by means of appreciative interviews with students, residents, faculty and staff. We planned a three month process for designing, conducting and analyzing the interviews that would culminate in an Open Forum to present the stories and themes of exemplary culture back to the community. To carry out this work, we convened a “Discovery Team” comprised of 12 faculty, staff and students who were known to be invested in the well-being of the medical school.

When I was asked to participate in the Discovery Team with a goal to improve the IUSM informal curriculum, I was excited. My work at IUSM involves issues of ethics and professionalism and my background is in theological and philosophical ethics. Improving the way IUSM models excellent medical practice was very appealing. And I was curious to discover how this complicated and huge task was to be accomplished.

The consultants invited us to participate in planning, conducting and coding appreciative interviews with individuals in a wide variety of roles across the IUSM campus. Interviewees were asked to recall high point experiences at IUSM, times when their work felt most meaningful, collaborative and effective. The interviews were long for many of our busy colleagues. They required about an hour. Yet of the six I conducted, most went over the time allotted. Everyone I met was able to identify good experiences, and gained excitement and energy as they remembered and related them to me. It was a rewarding and energizing event for all involved. We seemed to be off to a great start. What would be next?

Ann Cottingham

The Discovery Team interviewed a total of 80 people and performed a content analysis of the interviews. Their analysis revealed four themes about the positive core of IUSM at its best:

- Believing in the capacity of people to learn and grow: trusting them to take on a higher level of responsibility.
- Connectedness: between students and teachers, patients and clinicians, members of interdisciplinary healthcare teams; research collaborators, basic scientists and clinicians, and members of different departments and institutions.
- Passion: for all aspects of the work – patient care, learning, teaching, trying new ideas and methods, creating new knowledge.
- The wonderment of medicine: the continuing discovery of and appreciation for the profound nature of our work.
The DT members found the process re-energizing. The optimism of the stories and themes was contagious. But would the Open Forum succeed in engaging others?

Everything went wonderfully and before we knew it, the time for the Open Forum was upon us. We wondered nervously if this plan would work – if the first step would indeed give rise to a second.

We had invited all the interviewees, the deans and other leaders and interested individuals. We had no idea how many people to expect. It was a rather small turnout, around 20 people. But the stories and themes were enthusiastically received. One person said, “I never realized how good we are. When I see what we’re capable of, I can no longer be silent when I see someone throw something in the operating room, or humiliate a student. We’re too good for that.” The dean was also there and he said, “We’re working on a lot of things in the school right now, including a major effort to expand our research activities. But of all of them, I believe this is the one we’ll look back on as our most important accomplishment.” Many of the people hearing the presentation then volunteered to join the Discovery Team to help us think about where the project could go next.

Tony Suchman

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STORIES ALONG THE WAY

Emergent strategies

True to the spirit of emergent design, the Formation Team continued to meet to discern next steps for the RCCI. Four general strategies emerged, none of which was part of an a priori plan:

- disseminating relational practices and the discipline of reflecting on the relational implications of personal and organizational behavior.
- focusing on key areas of leverage regarding culture formation: how people are brought into the organization, how performance is assessed and rewarded, and how cultural breaches are addressed.
- identifying and engaging sub-communities within IUSM that had not yet been involved in the RCCI.
- seeking out individuals who were already involved in activities that contribute to a relational culture, but had been working in isolation. By making them aware of one another they could become a community of change, strengthening their collective skills, confidence and momentum.

These strategies are reflected in the priorities and activities of the first three years. In Year One, following the Discovery Interviews and Open Forum described above, the Discovery Team redefined itself as a community of internal change agents. We sought to enlarge this cadre and enhance their change agentry skills by means of monthly peer-coaching meetings. We
began to introduce the RCCI’s goals and practices to the committees at IUSM that deal with cultural breaches: the Professional Standards, Academic Standards and Teacher-Learner Advocacy Committees. We invited these committees to reflect on the degree to which their practices and procedures manifested core professional values of respect and partnership. For instance, the Academic Standards Committee reconsidered its long established practice of informing faculty about poor student course evaluations by means of a form letter (called the “ding” letter). They realized at once that this process was not sufficiently relational, and could unintentionally be contributing to the perception of IUSM as an impersonal and uncaring organization. They immediately ceased sending “ding” letters and redesigned the process. We met with other standing committees at IUSM as well, introducing them to various practices to “humanize” their meetings; e.g., checking-in, noticing successes, and appreciative debriefings (see the Appendix for a more detailed description of these practices).

The external consultants also made “getting to know you visits” to an expanding network of department chairs, program directors, nurse researchers, administrators, staff, students, residents, other school leaders and other potential change agents to let them know about the RCCI, to invite their participation and support, and to learn from them about others who were involved in related work. Many of them came to Discovery Team meetings to learn more about the project and its methods and to meet kindred spirits.

In Year Two, noting that there had been much more participation by faculty members than by students and residents and that the 8 regional education centers had not yet become involved (all our work to that point had been at the Indianapolis campus), we formed the Student Engagement and Resident Engagement Teams to plan outreach activities and we decided that Penny or Tony would personally visit each of the other 8 campuses around the state. We also arranged to have teleconferencing equipment at each of our Discovery Team and Student Engagement Team meetings to facilitate participation by people on the other IUSM campuses. Several center faculty members began to participate regularly. (An unexpected observation was that the small size of the other centers, typically 32 students, made for a highly relational environment.)

We also continued our monthly meetings of the Discovery Team and intensified our teaching of change agentry (described in more detail below). And finally, based on our conversations with department leaders, it seemed that two departments were interested in undertaking intra-departmental culture change initiatives. We conceived of these as “Vanguard Departments,” establishing an example for other departments to follow. As it turned out, these attempts proved unsuccessful (see the Barriers and Challenges section below).

In Year Three we focused on sustainability and dissemination. We added four members to the Formation Team to help steward the culture change movement. The external consultants’ roles began to change from the principal implementers to coaches in anticipation of the end of their monthly consulting visits. We gave more attention to external dissemination, sponsoring a National Immersion Conference (described below) and preparing publications and presentations for a national audience. We also sought several grants to extend the work to more groups both within and outside IUSM. We obtained funding to allow the external consultants to make 5 bi-monthly visits in year 4 to help conduct an Internal Change Agent Program (described in more detail below), helping more people prepare to carry on the work of culture change.

With this overview of the emergent strategies of the RCCI, we can now trace several spreading and intersecting ripples of change within specific sub-groups subsequent to the Discovery Interviews (Figure X-1).
Internal change agents

Following the Open Forum, its work as an interviewing team completed, the Discovery Team decided to continue to meet, taking on a new purpose: to be a learning community for internal change agents. It grew steadily as more people volunteered to help; anyone who was interested was welcome. People got involved after hearing about the RCCI at the Open Forum, from having participated in Discovery Interviews, through the external consultants’ outreach visits, through personal contact with other RCCI participants, or through other serendipitous circumstances.

About six months into the project, while at a social function, an acquaintance asked me what I did for a living. As I explained the RCCI, she exuberantly suggested that I talk with her former sorority sister who was treated horribly by medical personnel at a local hospital on the night that her husband was fatally injured in a car accident. She explained that the woman was no longer bitter but rather sought to improve things for others as she tried to educate medical personnel about compassion for the dying and their families. That’s how I was introduced to Chris Mulry, who became a consistent and significant addition to the Discovery Team and the project as a whole.

David Mossbarger, RCCI Project Manager

I was out west sitting in a ski lodge at 10,000 feet when I discovered the RCCI at my own institution. I was having a conversation with a longtime leading medical educator from the AMA who began to tell me a story about Tom Inui’s activities at IUSM. That meeting led to a lunch with Tom when I returned to IU and I embraced the concept immediately. Actually, the changes that the RCCI were espousing simply fit in with my way of thinking about what medicine is, and how it should be taught. It was from personal interactions that I was drawn into the program and it is through these interactions that the program will continue and build.

Jeff Rothenberg, OB-GYN Faculty

Discovery Team members included administrative leaders, physicians, nurses, junior and senior faculty, department chairs, residents, students, patient advocates and staff.

This initiative emphasizes how interconnected we all are, irrespective of discipline, position, or level of training. Indeed, one of the interesting aspects is how many non-physicians have been brought into the process. This has not only enhanced the program, but made people realize that medical centers are not just for physicians and patients—without the ancillary staff we would readily fail and lose one of our most important assets—the people who make up our academic family.

Jeff Rothenberg

Ten to twenty-five people showed up at the monthly Discovery Team meetings. Chairs were arranged in a circle. Titles and roles were left at the door: everyone had an equal voice.

When I came to my first Discovery Team meeting, I expected to sit in the back. But I discovered that there are no corners in the Discovery Team, and no back rows, either.
Tony and Penny facilitated these two-hour gatherings in what soon became a customary format:

- **check-in** – giving participants a chance to reflect on how they are at the moment or what might be occurring outside of the meeting that might be diverting their attention.
- **appreciative reflections** – sharing stories about either relational moments or new relational patterns of behaving that participants initiated or observed since the last meeting.
- **peer coaching** – participants seeking ideas and/or support regarding specific challenging situations or projects.
- **peer teaching** – Discovery Team members teaching each other methods, skills, or relevant theories related to organizational change.
- **appreciative debriefing** – inviting each participant to name a moment during the meeting that s/he found particularly useful or engaging.

As Discovery Team members became familiar with these meeting formats, they brought them to many other groups, both educational and administrative, such as the Curriculum Steering Committee, the Competency Directors Committee, Medical Education and Curricular Affairs Staff meetings, a variety of teaching rounds, a community group for troubled youths and another community group for sex-offenders.

**Courage to Lead program**

The Discovery Team soon identified a deeper learning agenda:

> At one meeting the consultants asked us what we felt we would need to move forward. At some point the responsibility for continuing the RCCI would rest in part with this team. I quickly suggested that I would need a better understanding of the RCCI process and some tools for furthering it in order to know how to take this initiative forward. Shortly thereafter the Discovery Team and others from IUSM were invited to participate in a retreat series, led by Penny and Tony, called the Courage to Lead.

*Ann Cottingham*

The Courage to Lead Program was a year-long series of four seasonal retreats based on an approach to personal and professional development called leader formation. This work was “rooted in the belief that effective leadership flows from the identity and integrity of the individual.” These retreats provided the time and support to reflect on the connection between participants’ inner lives and the relationship-centered values and practices they hoped to foster across the medical school. In large-group, small group and solitary activities, we explored the “heart of the leader” through personal stories, reflections on work experiences, and insights from poets, storytellers and diverse wisdom traditions. The participants discerned principles and practices that underlie Courage work, and explored how to use them in furthering relationship-centered work at IUSM.
This [Courage to Lead] experience was pivotal for me. It gave me a much deeper understanding of the theory behind the strategy that the consultants had been using – ‘be the change you want to see in the world’ -- and some good tools for helping to improve interpersonal relations in my spheres of interaction. During the retreats we learned how to ask open and honest questions, focus on our listening skills, use a poem to stimulate discussion, and foremost to consciously focus on and value how we are relating to others and how they are responding in all our interactions. It was tremendous to finally find a direction!

It also became clear to me that this seemingly bold idea of changing the direction of the IUSM curriculum by improving relationships at the grassroots level would work. It was not hard to see the link between frustrating or demoralizing experiences that students sometimes reported, or difficulties I encountered in working to move the curriculum forward, and stress, professional fear, and distrust -- feelings and perceptions that could be dramatically alleviated through improved relationships and communication.

Ann Cottingham

It became clear to me that this seemingly bold idea of changing the direction of the IUSM curriculum by improving relationships at the grassroots level would work

A behavioral scientist faculty member who participated in the first Courage to Lead Program describes its impact on her:

CTL led to my own re-connection with my goals. When I entered the area of teaching, I wanted to create life-preservers for patients and their families by changing the system of education for doctors. Somehow, I got caught up in the “shoulds” of an academic career in medicine—I should want to do research, I should want to get a job requiring shoulder pads, I should want to get promoted. I rediscovered my truth in the retreats: I really come alive when I am teaching students or residents at the bedside of a patient, in the waiting room with a nervous family member, or in the office working with a patient in crisis. The best part is helping the trainee see, in that very moment, that the patient’s greatest needs are for connection, truth, trust, and caring, not medicine. No one can make another person hear, but helping someone have the courage to listen is the most important part of teaching.

Throughout the retreats, the silence, the asking myself hard questions, and being asked hard, unanswered questions by others, felt very different than any other group training experiences I have had, professionally or personally. The ground rules of being non-invasive and non-judgmental were foundational. No one was more an expert on my needs than me. This is not a common experience in the workplace, where often everyone else has an opinion that’s presented as more important than one’s own!”

Kathy Zoppi, then Competency Director, Communication and Family Medicine Faculty; currently, Director of Behavioral Sciences, Community Health Network Family Medicine Residency.

We conducted the Courage to Lead retreat series for three consecutive years, each time inviting 20 members of the Discovery Team or other IUSM leaders to participate. Over the 3
years, leadership of the retreats transitioned from the external facilitators (Penny and Tony) to IUSM faculty (Deb Litzelman and Rich Frankel), who had by then completed facilitator training with Parker Palmer and colleagues at The Center for Courage and Renewal.

Internal Change Agent Program
As the three-year grant period came to a close, we recognized that the sustainability of culture change in a large, complex organization like IUSM would require a broader based understanding of organizational change on the part of its leaders. Therefore, six members of the expanded Formation Team (including the external consultants) created and taught the Internal Change Agent Program, a 5-session, 20-hour program offering an in-depth curriculum on organizational change theories and facilitation skills. This program offered more rigorous instruction in change agentry than that provided at Discovery Team meetings, and was presented to a cohort of 28 faculty and administrative leaders.

Students
Early in the RCCI, we heard about a group of student change agents who had initiated the creation of a school-wide honor code in response to an episode of cheating. Their initiative was strongly supported by the student body, the Dean and the faculty. We invited the leaders of this project to join the RCCI; they turned out to be active members and were instrumental in engaging other students.

The creation of a student story book
Early in the first year of the RCCI, a fourth year student volunteered to join the Discovery Team after participating in the Discovery Interviews. She had related a powerful story about finding a mentor who “embodied what she expected us to do”.

Telling my story [to the Discovery Team interviewer] propelled me into motion. I wanted other student voices to be heard. I wanted more students to be involved in RCCI—after all it was conceived for our benefit! I had an idea and acted on it. I decided to take an elective month in my last year to pursue this goal. Several other students and faculty joined me to create a team and we set out to collect student stories of student culture at its best from all nine campuses of IUSM. We collected nearly 100 stories. What we acquired was breathtaking. The stories themselves were amazing and the process was even more exceptional. Each center was eager and willing to have us visit them. During our visits to each center we were struck by the number of positive stories students told about each other as well as their school/center. The students, too, were impressed with the qualities and values that they heard in their own stories. You could feel the positive energy and uplifted attitudes in the room after one of our sessions. That was the beauty. We saw what students and our classes could become.

We compiled exceptional student stories into a booklet, “Taking Root and Growing: Becoming a Physician at Indiana University School of Medicine”. (We even found a student artist to design the cover of the book.) We distributed it to... incoming students at their White Coat Ceremony. By sharing the positive stories of so many students from all over the state, I dreamed that students would be proud of our medical school before even starting. But the real goal would be to nurture new student’s positive attitudes throughout their experience at IUSM. The interactions with our team and the
experience with other students give me hope and optimism that IUSM can be a place where people appreciate and care for each other in every interaction.

Vani Sabesan, then a 4th year medical student

The interactions with our team and the experience with other students give me hope and optimism that IUSM can be a place where people appreciate and care for each other in every interaction.

The book was not something we would ever have planned. It emerged from one student’s initiative, and has proven to be a popular and enduring tradition. In each of two subsequent years other students have taken the lead in creating new booklets for the incoming class that are compilations of student and faculty art, poetry and narratives.

Medical student admissions

A major unplanned change that emerged during the first year of the project – a transformation in the medical student admissions process – resulted from a spontaneous dinner invitation.

After a particularly engaging and enjoyable meeting with one of the deans, Lyn Means, we suggested that we go out together for dinner. (We ended up having dinner with many people over the course of the project – it both reflected and contributed to the building of relationships – and friendships.) Lyn ended up inviting us to her home, and over the course of the dinner conversation she wondered aloud about the effect of the student selection process on the culture of the school. “Instead of choosing students with the highest academic credentials and then having to do remedial education in relationship skills, what if we assessed their relational capacity as part of the admission interview and made that one of our criteria for acceptance?” She took this idea back to the Admissions Committee, which then redesigned the entire admissions process, even going as far as engaging a group of “simulated applicants” to help committee members improve their interviewing skills.

Tony Suchman

Three classes of students have now been selected according to the new process that involves eliciting actual stories, exploring hypothetical situations and observing behavior. The change in process was demonstrated early on when a candidate with outstanding academic credentials, who would certainly have been offered admission under the old process, was asked, “What would you do if you saw another student cheating?” She responded dismissively, “It’s not my business.” The committee decided not to accept her based on the mismatch between her values and the community of scholarship and practice envisioned by the committee.

Student Engagement Team

In year two of the grant period, hoping to get more students involved in the RCCI, The external consultants convened and facilitated bi-monthly Student Engagement Team meetings that included students, faculty and staff. These meetings offered students an ongoing opportunity to share examples of relationship-centered practices they had tried or observed and to receive peer and senior coaching about how to introduce positive change in their daily...
activities. At the students’ request, the Dean established a permanent student body leadership position – the Student Professionalism Liaison” – to focus efforts to promote mindfulness of relationship in all campus activities. In addition to sitting on the Student Council, the liaisons became ex officio members of the Formation Team during their terms. Students, with support from staff and faculty, also initiated the publication of “Incident Reports”, vignettes describing problematic or exemplary communication with accompanying discussions about relational strategies and dynamics.

Residents

We found it especially challenging to meaningfully engage residents in the RCCI and assumed that their busy schedules were the biggest obstacle. One resident affirmed that it was difficult for her to attract her peers, and she believed that it was disillusion and guilt as much as lack of time that kept residents from opening to this appreciative approach to self and others—the disillusion of having been changed in untoward ways by their training, and the guilt of subsequently behaving towards students in ways of which they were not proud.

During my first two years at the Bloomington Medical Sciences Program, a community-based branch of IUSM, I had the opportunity to work with professionals who were dedicated to community service. They encouraged students to do likewise. Our advisor exemplified the best of the doctor-patient-community relationship. In an environment of mutual respect, he and the other doctors taught us to see the individual in the context of a social, family and personal setting.

Moving to Indianapolis as a third-year medical student, I recognized a huge cultural difference between the community hospital and the academic medical center. Students were told to be compassionate in an environment that denied them simple respect and compassion. Health care professionals ridiculed patients and their families, not to mention staff, students, and colleagues. I didn’t want any part of it, but sometimes I saw myself sink into playing the game. Disgusted, I almost quit medical school near the end of my 3rd year. Instead, I, like many of my IUSM Class of 1999 colleagues, transformed my med student idealism into bitter resident cynicism.

But nothing constructive comes from cynicism. I wanted to see if there was anything I could do to heal, so I joined the RCCI. I tried to enlist some of my fellow residents, but many were distrustful. They had already been badly “burned” and assumed this was just more hypocritical lip service. Also, it was difficult for some of us—myself included-- to see the project so willingly embraced by idealistic students.

I didn’t know what to think of these foreign concepts. At first I was utterly terrified by the authenticity of it all, thinking that anything that real just had to be fake. It took me a long time to allow myself to trust and experiment with such genuineness...Eventually, I grew to understand and appreciate it as a foundation for awakening people to the possibilities that exist within the community.

This work is much more complex than I originally thought. We fall victim to so many pervasive mind-sets that we don’t even think about. Cynicism like mine is just one example. So is the “This is acceptable because this is the way we always did it” mentality, which stifles innovation and perpetuates negative behaviors. It takes effort to wake up and change stereotyped behaviors...Only when we are aware of what we are doing and why, can we truly relate to people--ourselves and others. It's uncomfortable at first. And it requires considerable effort to forgive ourselves and our role models our
imperfections and strive to be cooperatively better. Just knowing there’s an effort on the part of some people at IUSM is comforting.

Michelle P. Elieff

Michelle often described herself as a cynic. Yet in the company of her Discovery Team colleagues, she found the inner capacity to turn from cynic to advocate and to become a significant force for change as we moved forward. She observed:

*I’ve learned a lot ... from working with quite a few people I had never met like Drs. Meg Gaffney, Janet Hortin, Ed Hollenberg and others...Having the opportunity to see them in action at Discovery Team meetings was inspiring...Seeing once again that physicians could be positive role models changed me. It helped me rediscover the positive side of myself that drew me to medicine in the first place... I wonder if these experiences had occurred earlier in my training whether my medical career might have taken a different direction. I know I would have been of better service to the community.*

Michelle P. Elieff

In the second year of the project, the external consultants formed a Resident Engagement Team in parallel with the Student Engagement Team, to find ways to engage more residents. After some efforts that didn’t “take” (e.g.: meetings with residency program administrators and noon conferences with residents that used storytelling to discover the principles of Relationship-centered Care), the idea emerged to connect the RCCI with something that already mattered to residents and residency program leaders – the ACGME competencies. Several team members came up with the idea of conducting a workshop for residency directors and faculty from across disciplines on teaching Professionalism using the appreciative and relationship-centered approach that was the signature of the RCCI. This workshop would also help us pursue an additional project goal—to empower Discovery Team members to be effective internal agents of change. The planning and facilitation of this workshop was carried out by 5 IUSM behavioral science faculty members with only light coaching and collaboration from the external consultants. As indicated by the formal evaluation and our own observations, the workshop was a great success. (A detailed personal account of this workshop appears below in the Outcomes subsection on Personal Change.)

This retreat gave rise to many ideas about how IUSM’s graduate medical education infrastructure could become a means for disseminating culture change within and through residency programs. Unfortunately, this initial momentum stalled in the face of the retirement of the Associate Dean for Graduate Medical Education and a prolonged search for a successor. But the fire may now be rekindled as the new Associate Dean begins to incorporate appreciative storytelling into meetings of the residency program directors, a marked departure from that group’s traditional behavior patterns.

Senior leadership

Three months into the project, around the time of the first Open Forum, the external consultants paid a courtesy call to the Dean and the Executive Associate Deans (EADs) to tell them about the RCCI and to share stories and themes from the Discovery Interviews. During that meeting, this senior leadership group for IUSM recognized their major effect on the culture of
the school. They invited the external consultants to meet with them monthly to help them reflect on how they were conducting their work and how the challenging issues before them could be informed and addressed by a relationship-centered approach.

Partly as a result of these conversations, the Dean included rigorous data on the work environment in performance reviews for department chairs. He initiated and personally conducted these reviews in a relationship-centered manner. Also, the deans undertook a school-wide initiative to introduce mission-based management (known at IUSM as Data-driven Decision-making or 3-D) with the expressed intention of fostering partnership, engagement, and trust. It was a remarkable and unprecedented milestone when the Dean presented to the 3-D Steering Committee (which includes most of the department chairs) a complete accounting of where all discretionary funds in the medical school come from and where they go, including the allocations to each department. He thereby transformed a traditional pattern of secrecy, self-interest and competitiveness (back room deals between the dean and department chairs) into one of shared information, collaboration and collective thinking. Each of the department chairs saw their allocations in the context of the whole institution and conversations became more participatory and open.

More recently, the Dean and the EADs dealt in a trustworthy and collaborative manner with a budget crisis generated by a major decrease in appropriations from the state government. One of the EADs describes her experience:

> Approximately, one year ago, largely due to a decrease in State appropriations, the IUSM faced the biggest budget crisis in our history. We discovered that we were about to experience a shortfall of more than $6 million dollars. The EADs held numerous emergency meetings to decide how to handle this.

> Early in the discussions, a unanimous decision was made to protect the School’s departments from the impact of the shortfall and to place the majority of the burden from the budget deficit on the various Dean’s offices. That was the easy part...then, the hard work began.

> Each one of the EADs had a mission area to protect: the EAD for Education had to protect the educational mission, the EAD for Clinical Affairs had to protect the clinical mission, the EAD for Strategic Planning, Analysis and Operations had to protect the administrative infrastructure and the EAD for Research had to protect the research mission.

> Each of us was passionate about our respective areas and lobbied for the cuts to be made 'elsewhere.' I argued that Research was core to our existence and that it was also our future. Short-sighted reductions in the research infrastructure would severely restrict IUSM’s future potential to become one of America’s great medical schools. There were many tense moments ...... and for me, some tears as well. There were days and weeks when it seemed that we were facing insurmountable obstacles, disputes and roadblocks that could not be overcome.

> In the end, I believe that we, as a team, made some of the best decisions that could have been made under such difficult circumstances. How did we negotiate these impasses? The RCCI played an inimitable role. To me, Relationship-centered Care is a compilation of ideas that emphasize the importance of relationships in moving initiatives forward. While not an exact science, I have learned a great deal from the RCCI. I believe that successful relationships are vital to an institution’s advancement and have
discerned four key elements that allow relationships to thrive. I believe these elements enabled us to reach a solution to IUSM’s budget crisis:

• **Common Purpose:** The Dean and the four EADs shared a sense of common purpose. We were all rowing in the same direction for this common purpose …… to make the IUSM the best medical school that it could be. Each of us understood that this meant excellence in EACH of the mission areas as well as in the bonds that unite the missions.

• **Mutual Respect:** The respect that each of us displayed for all others was both abundant and readily apparent. If this were not the case, it would have been easy for any of us to discount the opinions held by others. However, because the respect was sincere, we had to seriously consider positions that differed from our own. For me, this meant occasionally acknowledging that opinions held by others may have been more meritorious than my own.

• **Trust:** This turned out to be the most important element for me. I have worked in other circumstances where this element is missing. In the absence of trust, it can be unsafe to express a dissenting view and to truly and completely engage in candid dialogue. The trust among the EADs facilitated frank, sincere, truthful, and sometimes painful conversations.

• **Communication:** Open lines of communication were essential to our problem-solving. We were each given ample opportunity to articulate our concerns as well as to rebut the positions taken by others. Though many of the discussions were heated, they took place in a safe and respectful manner; no one’s views were dismissed by others and each one of us was encouraged to express and emphatically convey our positions.

• **Personal View:** I believe that occasional conflict and tension is an important attribute of productive, dynamic and successful institutions. In my view, institutions, like individuals, become complacent, unimaginative, insipid and content with the status quo if they do not seek and then tackle conflicts directly. Conflict avoidance results in institutional mediocrity rather than in a process of continuous progress, improvement and growth. In order to achieve excellence and persistently raise the bar of what is excellent, discord, friction, tension and debate are good things. Along these lines, I have coined the phrase: Creative Conflict for Productive Purposes.

However, conflict is only a good thing when it is used for productive purposes. This is only possible when healthy relationship-centeredness exists within an institution. The principles of RCCI are the enablers of cooperative, creative and constructive clashes and make it productive to engage in solving such conflicts if it is for the greater institutional good.

In the end, I am not sure whether the budget crisis of 2005 was good or bad for the IUSM. But, I do believe that the relationship-centered process we used to resolve the crisis has made us a far stronger institution. I feel proud and privileged to be a part of such a dynamic and unparalleled school of medicine.

Ora Pescovitz, Executive Associate Dean, Research Affairs
Spreading culture change beyond IUSM

The original RCCI grant included funds for a conference on Relationship-centered Care in the 3rd year of the project; the specific agenda was not further specified. Over the first two years, as we learned in conversations with colleagues about other schools’ efforts to address their informal curricula, our thinking about this conference coalesced around the idea of an “immersion conference.” We invited interdisciplinary teams of clinical and administrative educational leaders from several medical schools to gather as a learning community to learn from each others’ experiences. As the host school IUSM opened its doors to become a “living laboratory”, with participants spending time conducting field observations out in the campus environment, giving special attention to the values expressed in and transmitted through everyday behavior. Twenty medical schools submitted applications. Teams from eight schools were selected: Baylor, Dartmouth, Drexel, McMaster, Missouri-Columbia, North Dakota, Southern Illinois, and Washington. These teams plus a team from Indiana came together in August 2005 for the Immersion Conference.

The conference design was itself relationship-centered, with daily attention to personal readiness, time for fostering and deepening relationships, and opportunities for reflection and exchanges within and between teams. After initial presentations about Relationship-centered Care, the informal curriculum, and approaches to organizational culture change, the participants spread out to observe a wide range of activities, including ward rounds, other teaching sessions, committee meetings, a Discovery Team meeting, EADs meetings, and others. Participants were also encouraged to make observations in informal venues such as cafeterias and hospital corridors. Teams from each medical school had opportunities to present their own culture-change innovations, to discuss what they were learning, and to formulate and present plans for their work back home. Throughout the conference, participants also experienced first hand a variety of relational meeting practices such as check-in, appreciative inquiry, and reflective debriefing that enhanced the expression of professional values in daily work.

By the conclusion of the conference, participants had become an action-learning network. Each team created an initial road map to foster continuing culture change at their medical school. All were eager to continue meeting as an ongoing learning community. Subsequent to the conference, IUSM requested and received a grant to hold two additional annual immersion conferences. As another unplanned outcome, the members of the IUSM team, surprised to discover innovations and practices at IUSM that were new to them, suggested holding an “internal” immersion conference to form an action-learning network of interdisciplinary clinical teams at IUSM to disseminate mindfulness and practices that support relationship-centered culture. This idea evolved into a year long Internal Immersion process on the hidden curriculum in clinical care venues where the majority of graduate medical education takes place.

Blind alleys and missteps

Emergent strategies did not always succeed and we did not always live up to our commitment to relationship-centered process.

Bringing the RCCI into departments

One member of the Discovery Team had the idea to create a culture change initiative within his own department in parallel with and in support of our school-wide project. This stimulated the idea for us that a small number of “vanguard departments” might pioneer the development of approaches for bringing Relationship-centered Care and Administration further
out into the organization and, more importantly, to the clinical sites where students were learning. We hoped that these departments could then help other departments follow the same path. This was clearly our idea, but turned out not to be that of the department leaders. Despite their initial enthusiasm and an effort on our part to help prepare an application for an intramural grant, our agenda never rose sufficiently high on their priority lists to gain their sustained commitment. After 8 months of effort, we abandoned this strategy.

**Overlooking relationship amidst the urgency of tasks**

At the beginning of year 3, we invited several additional people to join the Formation Team to create a more robust stewardship group. At the very first meeting attended by the new members, we reverted to old ways of behaving, focusing on task and neglecting relationship.

*We were involved in a dialogue of some time urgency about a prospective grant during the first meeting in which two of the new members were present. We jumped in to a contentious conversation about how to conceptualize the grant, which somehow seemed bumpier than our usual give and take. After the meeting, I realized that we had not taken the time to orient these new members to our intentions and ways of working together, nor did we integrate them by sharing stories about how we came to this work, a method we used to help form the team in the first place. We all had felt uncomfortable about this during the meeting, but not one of us said anything. We had let ourselves get too preoccupied with the tasks of the meeting and weren’t mindful of the relationships. It felt terrible, and very different from our usual process. I realized afterwards that with our new members we were in fact a new group and needed to attend anew to our relationships as well as to individual and group expectations and processes. I sent out an email suggesting that we do so at the next meeting. That next conversation was seminal in (re)building trust and respect among the members of our newly enlarged group. I learned once again that investing in relationships is the sine qua non for successful work and that there are no short cuts.*

_Penny Williamson_

The good news is that the practice of Relationship-centered Care does not require that we never stumble, only that we catch ourselves and respond to our missteps. Sometimes greater trust can be built by recognizing and repairing a breach in relationship than if the breach had never happened in the first place.

**OUTCOMES**

**Organizational change**

**Participation in the RCCI**

Several kinds of data offer a triangulated perspective on the impact of the RCCI to date. The first concerns the level of participation in RCCI activities. More than 900 faculty, students, residents, staff, allied health professionals and patients have been involved to date. Among the faculty, it’s possible to identify those who are most active and influential based on their participation in committees. IUSM’s 29 formal working committees are made up of 297 faculty members (9.3% of the total IUSM faculty), 96 (33%) of whom participated in RCCI activities. Of the 173 faculty who are more actively engaged, participating in 2 or more committees, 90
(52%) participated in RCCI activities. Among the 10 committees focused on education and student life, 71% of the committee members and 9 of 10 chairs have participated in the RCCI. A picture thus emerges of the RCCI having reached those faculty members who are most involved in governance, faculty affairs, education and student life at IUSM, and who are thus well-positioned to further disseminate mindfulness of culture and new patterns of relating.

Observations by participants

The direct observations of participants constitute a second kind of data that bears out this image of changing patterns of relating. At every Discovery Team meeting, members described changes they observed or attempted to enact. Their reflections were recorded in the meeting minutes, and can be grouped into several categories:

- New meeting formats and practices. IUSM faculty, staff and students introduced new practices into standing meetings, teaching conferences and other activities to make them more relational and collaborative. For example, the appreciative inquiry-based practice of sharing success stories has spread widely in both administrative and educational contexts.
- New individual behaviors. Many individuals intentionally stepped outside the norm in the hope of instigating new patterns of interaction. For instance, a Discovery Team member described how she summoned the courage to make a positive suggestion in a committee meeting that was usually quite negative and at which she was the junior member. The Chair commended her for the idea and asked to meet with her after the meeting to follow up. Upon hearing this story another Discovery Team member exclaimed, “Your example has given me courage. I commit myself to speaking up next week at a meeting where I am usually silent, and where much could be done differently.”
- New institutional procedures and programs. These ranged from faculty development programs for new hires to new student leadership positions.
- Public communications about culture. Faculty, residents and students created new communications vehicles to raise awareness of the changing IUSM culture including an RCCI newsletter and monthly informational emails.

Observations by an independent evaluator

The observations of an independent evaluator constitute a third kind of outcome data. This individual, DeWitt (Bud) Baldwin, MD, a senior educator, researcher and clinician administrator, was engaged by the Fetzer Institute to observe the work of the RCCI and make periodic reports. He made monthly visits to IUSM timed to coincide with those of the external consultants. In addition to observing RCCI activities, he conducted extensive interviews with a variety of informants. The following are examples of quotes that he recorded:

From the senior deans:
- “[the RCCI has been a ] crucial enabler, providing a framework and a methodology for setting up and facilitating the conversations that have had and are having such a broad impact on the school.”
- “We are infecting people, one at a time. There’s a significant change from two years ago. People are talking and behaving differently.”
• “The RCCI has helped me to be a more caring and thoughtful individual in the way I deal with other people than I otherwise would have been during this time.”
• “Our level of professionalism is substantially higher – what we expect from each other and from ourselves, especially in our relationships with students. I’d like to think that professionalism in our relationships with patients has been there all along, but our relationships with students and with each other have changed. We show more respect for each other; we value each other and are more sensitive to each other’s needs. These newer behaviors are becoming an expected norm.”
• “I think my conversations with faculty are a little bit different. I go into them now having consciously decided not to have preformed opinions. I’m more of an active listener.”
• "The previous sense of cynicism towards high-minded ideals is gone. Behaviors that are detrimental to relationships are much less evident than they were before at a faculty level. Expressions of anger and disrespect are less acceptable parts of our culture."

From faculty members:
• “We feel we are changing the nature of our conversations [at committee meetings].”
• “We are learning to ‘check in,’ to learn from each other.”
• “[We are learning to] reframe from the usual crime and punishment scene to one of being more present, more respectful.”
• “It’s a wonderful idea and program, taking on organizational and cultural change in such a large and complex organization. Having been at some of the meetings, the thing I’ve been most impressed about is how the initiative has accomplished one of its goals, achieving effects at two levels, from the top down and bottom up. The effect as shown in the students’ stories [in an online journal] has been amazing, and from being at meetings with the Deans, to have gotten their complete buy-in and support is nothing short of a huge success.”

From medical students and residents:
• “At the Discovery Team meetings there were...all the ”relational tools” people brought in—ways of seeing things, understanding a different point of view, that I learned from. I’m trying to incorporate these into my ways of doing things and it has broadened my skills considerably.”
• “I did notice that I said something to a resident recently and they said “Oooh, I like the words you used”, and it was something someone said during the coaching sessions and I thought, “Maybe I am learning something.”
• “Before becoming aware of the RCCI, I’d look at things in the school and pick out all the bad things. I’d say, ‘I don’t like doing this exercise, I don’t get anything out of it and I don’t understand why I have to do it.’ Now I realize that my complaining does no good. In general, I try to focus on more positive things. For example, I just had very positive autopsy exercise yesterday, so when I go to school today, I’ll tell my friends how great it was – it was not easy and it took a long time, but it’s what medicine is all about. So they’ll go in with a good attitude. That’s part of continuing the dialogue.”
Student survey results

The fourth source of outcome data is the annual Graduation Questionnaire administered by the Association of American Medical Schools. One of the factors giving rise to the RCCI was the longstanding trend of below-average scores for students’ overall satisfaction with the quality of their medical education. In 2004, the second year of the RCCI, that trend began to change. IUSM graduates’ ratings were at the national average for the first time, and they continued to rise in 2005 and 2006 to levels well above the national mean (Figure X-2). This upward trend reflects many contemporaneous initiatives and circumstances at IUSM including a change in leadership, maturation of the new curriculum, and the creation of new courses, as well as the RCCI. While it’s impossible to determine how much of this trend can be attributed specifically to the RCCI, it is clear that a substantial change in the learning environment has taken place.

Personal change

For most of us who were involved, the RCCI was anything but business as usual. It required us to “be the change” and it left us personally changed in some way. Here are stories from 3 senior project members.

Deb Litzelman, a role model for many people, described her own stretching to live the principle of being fully present, and that enabled her to help others do likewise:

With role models before me and coaches at my side, I looked inward to find MY capacity to contribute to the vision of a different kind of organization and community. Intensely private and introverted by nature, I tried sharing pieces of myself and my life with others so that we might better understand and appreciate our differences and recognize our similarities. Profoundly impacted by the death of my mother in 2003, I tried writing haiku—having never written a poem in my life—along with other reflections. My piece was included in the medical student booklet, “Reflections.”

During clinic one afternoon, a medical student shyly approached me and said “I was touched by what you wrote about your mother. (My mother had donated her body to the cadaver lab at my alma mater.) The connection I felt with that medical student at that moment was unpredictably and intensely intimate.

Several months later, following the futile [resuscitation] on the angiogram table in the radiology department of our 400 lb, 25 year old patient with a huge saddle pulmonary embolus, I hugged my weeping resident as we unknowingly prepared ourselves for the next 4 hours of caring for the patients’ estranged parents’ and his brothers’ hysteria upon receipt of this bad news. I saw this resident just the other day—he is now a cardiology fellow—we chatted in the hallway together and re-experienced our special connection.

Deb Litzelman

Bud Baldwin, the external evaluator for the RCCI, describes his initial skepticism and a seminal turning point in his understanding of how change happens.

My story is one of doubt and skepticism, my own failure to believe in what I was seeing and hearing, my own lack of faith in the very process to which I had believed I was firmly committed, and yet, at the test, found myself wanting.
It was the beginning of my second year with the project, as the project staff was beginning a purposeful, formal effort to become involved with graduate medical education. The Resident Engagement Team had come up with the idea of providing support to residency program directors in meeting the ACGME’s newly mandated Professionalism competency. From working at the ACGME, I was aware of the difficulty most programs across the country were experiencing in knowing what and how to teach this competency. I even possessed the informative Power Point presentations that the ACGME staff used when they visited various programs to explain “how to do it.” I immediately fell back on my habitual dependence on “expertise,” and prepared myself and the Power Point presentation, which I thought would assist the RCCI team (which I obviously had decided in advance would at least appreciate, if not require such help!).

On the day of the session, my confidence was not particularly buoyed up when I saw the loose agenda and the absence of printed material and electronic projection equipment, and further observed that the leaders for the session were not persons I knew to be centrally involved on the project staff, or whose qualifications I knew. I purposely sat at the back (after all, my “expertise” had not been requested), and waited for what I feared might be a debacle, especially since the session had been scheduled for more than two hours in the very heart of the working day with some extraordinarily busy people. Indeed, I observed the invited participants entering tentatively, looking uncertain, generally in supportive twos for the women and singles for the men. They all seemed somewhat disconcerted by the seating, small horseshoe arrangements of six chairs each, and again when they discovered there were no handouts. A number checked their cell phones and pagers. Ah ha, I thought, I’ll bet they’ve all arranged to be paged in about 45 minutes, so they can leave in case they are bored.

To my surprise, the session began with an air of calm assurance on the part of the “unknown” leaders as they asked the participants how they were currently teaching professionalism. Bingo! In short order, there were nine different and creative approaches up on the board that were already in use. How powerful, I thought, and how competent---of both the leaders and the participants!

As the session progressed into rounds of Appreciative Inquiry about their personal experiences of professionalism, the energy in the room rose sharply, and smiles appeared on the participants’ formerly expressionless faces. People relaxed and body language became more receptive.

Suddenly, as I had predicted, a succession of pagers and cell phones began to ring. One after another, people came to the back of the room (where I was sitting) to answer their pages and calls. Contrary to my earlier suspicions, I overheard them saying hurriedly that they did not want to be disturbed, then they rushed back to the discussion. To my knowledge, not a single person left the session early, and a number stayed afterward talking in small groups.

My hurt pride could find some small consolation in the fact that at least I had correctly read the initial reactions and defenses of the audience—aft all, wasn’t I just like them? But my overwhelming feeling was one of amazement and discovery. Not only that this stuff really does work if you give it a chance, but that the process of building relationships and releasing creativity is the most powerful force in the world—if we don’t get in the way!
Tom Inui reflects on the impact of this project on his life-long stance of rational planning and top-down organizational oversight:

"For most of my life in academe, I have been able to see the possibilities in 'the dark side.' Show me a failed grant and I'll be ready to work on a strategic resubmission; a stagnating career, and I'll be looking for experience and skills that others would find invaluable in other settings; a reduction in force in the teeth of shrinking core budgets, and I'll be trying to understand how program pruning might strengthen an institution's 'root stock.' In addition to being a durable optimist, I've been a constant planner, always wanting to know how my own choices and those of others fit (or didn't fit) into a complex web of organizational dynamics for change. The 'rational man' in me never slept.

Others came to rely upon me for these traits. I rose in rank and responsibilities partly because of my research and success as an educator, but also because I found administrative responsibilities enticing – administration was not a dirty word, and administrative duties were not beneath me. From my first job on, I wanted to be a driver, not just a rider on the academic bus.

As a consequence, I became a designated problem-solver. I was the go-to person for problems that wouldn't go away. My first chairman encouraged this trait, taught me "Murphy's Law" (If something can go wrong, it will.), and suggested that leadership was the art of making policy that protected the institution/program from an inevitable march of bad choices that faculty members would make. Academe was Lord of the Flies incarnate. Trusting others did not become my strong suit.

At the outset of the Relationship-centered Care Initiative, I was solidly in this career-long orientation. I loved the appreciative inquiry approach (it fed my optimism), but assumed that we would need to choose where to take it. I imagined a parallel set of change strategies would be required to enforce organizational standards and that top-down controls would be needed to bring about desired change. I expected these environments, and the people within them, to be refractory to change.

It was, then, somewhat astonishing when I began to see that AI could be counted upon to highlight negative behaviors and regrettable situations in organizational narratives with positive outcomes. In these AI narratives, people encountered challenges and found creative ways through (around, over, under) them. Wisdom triumphed over thoughtlessness; caring overcome carelessness; kindness trumped mean-spiritedness. The storytellers were not Pollyannas. Their stories revealed the 'dark side' but also suggested how we all might do better.

I was not the only 'listener' to these narratives who understood what they offered. Through the various RCCI dissemination activities (open forums, speaking, newsletter, reports, articles) many members of the academic community, including members of the faculty, staff, students, and administration, heard these stories and began to see a more value-coherent 'way forward'. Some of these listeners were among those who had taken actions that caused harm to others in the past – for various reasons. They had tantrums in the operating room, disparaged students, made cynical statements about patients because they had lost sight of other ways to seek what they most wanted – surgical excellence, ambitious learning, and adherence with medical recommendations. The stories reminded them, or perhaps in some instances taught them for the first time, that
there are other approaches to these ends. These same individuals began to ‘experiment’ with new approaches and were rewarded by those around them for doing so. No new policies were needed, no penalties, and no remediation mandated. Instead, hearing about an alternative model, they tried it and were reinforced. New behaviors became habits. Exceptional behaviors to inevitable challenges became ‘standard operating procedures’.

The consummate planner, I could not predict where a positive action and innovative approach would emerge. To my surprise, people in high-risk environments were just as likely to take positive steps as others, perhaps because the felt need resided there. In spite of being one of the principal leaders for RCCI, the weight of responsibility for designing project plans and was not upon my shoulders. I would take my initiatives within my own environment, but expect that institutional ‘emergence’ would serve as the optimal intelligence for program activities institution-wide. As the RCCI leader, when asked what the RCCI would do in the next year, I would earnestly and honestly answer I have no idea! The next question was often “How can I get involved?” – to which I would respond “Just show up and see what speaks to you.” And “What are my responsibilities if I join in?” “Whatever you choose to do.” The astonished and pleased countenances that materialize in these exchanges revealed the scarcity of free choice in academe and just how refreshing and infectious the prospects of true community volunteerism can be. Even the designated problem-solver could choose what he wanted to do.

KEY RELATIONSHIPS AND RELATIONAL STRATEGIES

Relationship was at the very heart of the Relationship-centered Care Initiative. Its goals and methods involved paying attention to processes of relating as they were happening in the moment, and to enacting in every teaching and administrative interaction the same values of partnership and shared decision-making that characterized the clinical practice of Relationship-centered Care. Our principal intervention was to invite storytelling about moments of exemplary relationship to foster greater mindfulness. We visited many committees and departments and invited them to reflect on their own relationship processes, prompting them to change those processes. We disseminated meeting formats and methods to make them more relational and less impersonal. Participants tended to like this new meeting environment better than the old one, and were inspired to bring the new methods to other meetings. And in the course of all this activity, those of us on the project team paid careful attention to our own relationship processes, trying to live the change as consistently as we could.

The selection of the original members of the Formation Team was based largely on relationships either between the team members and IUSM, or between team members themselves. Tom Inui, Rich Frankel, Penny Williamson and Tony Suchman had known each other for many years through their involvement in several national medical organizations. Only with such a deep degree of trust could the IUSM leaders open their organization to outsiders to instigate change. Deb Litzelman was chosen for her extensive network of relationships within IUSM.

The project grew as the Formation Team members formed relationships with a growing number of people at IUSM. We tried to identify “kindred spirits” and help them meet each other to form a “community of congruence,” that is, people with a common vision and purpose. 8
Another crucial set of relationships was between the Formation Team members and the Dean, Craig Brater. Each of these relationships formed under different circumstances, but the net result was the Dean’s confidence in and public enthusiasm for the project. While there was an enormous amount of grass roots involvement – indeed, that’s where the vast majority of the RCCI’s work was done – it was greatly facilitated by the Dean’s public support and commitment. The project was simultaneously bottom-up and top-down.

**HOLDING THE PARADOX OF PLANNING AND EMERGENCE**

It is easy to feel confident about emergent design in hindsight, now that we can see all that has happened, but for many members of the IUSM community it was a leap of faith to proceed with an emergent process, and not always effortless. A few months after the first Open Forum, a Discovery Team member reflected:

> No immediate plans appeared evident. I have worked with our unit and other IUSM groups in strategic planning. I was ready and eager to take the themes we had identified and move forward, perhaps helping to identify groups of interested individuals throughout IUSM to brainstorm how we could expand and cultivate more experiences that had the characteristics of the high point experiences identified in the interviews. But this was not the plan. In fact, having any plan at all appeared to be thinking in the wrong direction. The Discovery Team continued to meet regularly. At each meeting Penny and Tony asked us what changes we were noticing in the IUSM culture, and what we were trying. I was not sure what new “things” I should be trying. I had always tried to be friendly and helpful to my colleagues, but I knew this wasn’t enough. What else was I supposed to be doing? Without a new plan, the meetings began to feel somewhat unproductive.

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“Having any plan at all appeared to be thinking in the wrong direction.”

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As project manager for the RCCI, Dave Mossbarger, was the living interface between being true to the emergent design and doing the planning necessary to conduct this project in a large bureaucracy. He more than anyone else was the one to hold this paradox.

> While we appropriately tout the strategy of emergent design and the discipline of mindfulness as key elements of success for effecting culture change at the IU School of Medicine, we had to live in a money-conscious and time-conscious world. We dealt regularly with concrete issues that required structure and attention to finances and time limits. As project manager, I knew that whatever we did - regardless of how “unplanned” - the Fetzer grant set finite limits of time and budget. In addition, Fetzer required quarterly operational status reports and annual financial reports, and Indiana University required annual budgets up front, updated each year. These constituted real world “plans” which I had to provide somehow despite our “unplanned” design and desire to let activities emerge. I found this quite challenging!
Other factors that demanded planning and structure were: Internal Review Board processing; scheduling the limited time when the external consultants were present on site with a growing number of recurring meetings; and following up on and documenting the project’s many activities.

In practice, holding this paradox required a lot more coordination, creative development, and budget revising than would have occurred for the usual planned project. The administration and logistics included managing the funds, arranging lodging, reserving rooms and videoconferencing equipment for meetings, and arranging hospitality as needed, often on short notice. The follow-up for meeting actions required persistence and approaching folks in a positive, relational way while maintaining accountability.

So while the project was not “planned”, neither was it left completely to chance. As stewards of the vision, the Formation Team was proactive, in the following ways:

- We informed, educated, invited, promoted, and publicized the RCCI to provide transparency and reach all levels of the community. This included one-on-one meetings, presentations to groups, DT meetings, Open Forums, web site postings, student bulletin board, RCCI Newsletter, numerous emails, paired interviewing, Center visits, and newspaper articles. Our mantra was, “Hide nothing, because we have nothing to hide!”
- We remained alert for and sought synergy with complementary programs and activities.
- We followed up on the “ripples” in myriad places, as described above.
- We “opened the space” for a safe haven in which people could address the current culture and the desired culture of the school, all in a positive light, across silos. While the Discovery Team was the primary venue for this, all our activities contributed.
- We made decisions, delegated, scheduled, monitored and gave feedback—all in service of keeping the initiative moving and on track. There was always deliberative work to be done, mostly behind the scenes.
- We persisted! We did all the above throughout the project, not just at the outset, emphasizing the positive while acknowledging the negative and maintaining accountability. Most of our communication was informal and horizontal throughout the organization.

While we appropriately tout the strategy of emergent design ... we had to live in a structured, money-conscious, and time-conscious world.

Ann and Dave weren’t the only ones to be challenged by the paradox of planning and emergence. As the project entered its third year, the external consultants experienced a sense of rising anxiety and responsibility about whether the project would achieve sustainability. So they sought a way to build more momentum and participation.

In the course of the project, it was not unusual for either one of us to experience anxiety and feel tempted to try to steer the process in one direction or another. Usually, the other one of us would recognize this and help us stay on track, remaining open and curious and engaging the participants in the project in setting their own direction. But
one time, caught in the grip of time running out, we both lapsed back into control mode. Noting how successful the first round of Discovery Interviews had been in raising awareness of culture and attracting volunteers, we envisioned a new round of interviews by the Discovery Team, which by then numbered more than 80 people.

We invited all the Discovery Team members to a special meeting that was billed as an opportunity to reflect on what had happened so far and to plan next steps together. Over forty members attended and engaged enthusiastically in the first part of the meeting, conducting appreciative interviews about changes they had experienced in the school. But then, disregarding our deep conviction that ripples needed to emerge from within the group, we announced our intention of engaging in them in a new round of interviews. This fell utterly flat. The participants felt misled about the purpose of the meeting: they had not signed up to be interviewers and were disappointed not to be having a more open and collaborative conversation to plan next steps. They felt—correctly—that we had preempted their process.

It was painful to recognize our error and the size of the opportunity we had just missed. We worried that trust and momentum would be lost. But instead of trying even harder to control the project, we initiated a reflective conversation on what had happened, how we screwed up, lessons learned and what we should do next. We wrote a letter to the Discovery Team apologizing for our meltdown and offering our lessons learned. We re-learned the difficult and humbling lesson that “you can’t push the river”, and felt grateful that the depth of relationships we had established with DT members helped us to repair this breach.

Penny Williamson and Tony Suchman

CONCLUSIONS/LESSONS LEARNED

Revealed in this storied description of the Relationship-centered Care Initiative are at least three important lessons. First, changing the global patterns of relating that we call “organizational culture” involves changes in the local patterns of everyday interaction. The work of changing the culture of medical education at ISUM was accomplished by a growing number of individuals “being the change,” i.e., taking the social risk of acting outside of existing patterns, introducing new patterns of conversation at meetings, and offering new ways of being together. This was both a top-down and bottom-up process. It was important to have the participation of people in positions of formal leadership whose behavior is particularly visible and who could call attention to and provide support for the project. But the principal work was at the grassroots level as one person positively impacted another to be more mindful of their actions in the moment, then the second person catalyzed a third and so on in spreading ripples of change. These patterns were reinforced through circles of reciprocal influence. For example, students and residents were positively impacted by faculty and faculty by senior mentors, as one might expect. However, the faculty and senior leaders were re-energized and inspired by students, too.

Second, the process of culture change involves changes in beliefs and expectations. The expectation that “this is just how things are and it will never change” is self-fulfilling, and constitutes one of the most powerful constraints holding existing patterns of relating in place, no matter how undesirable those patterns might be. People must experience new behaviors and
outcomes to raise their expectations, but they will only engage in new behaviors to the extent that they are hopeful, that is, that their expectations are raised. As the preceding stories show, many of those involved in the RCCI began in a state of disbelief, anxiety, skepticism, and cynicism. This should not surprise us. Becoming a professional in health care has too often meant creating and abiding a division between one’s soul and role, living in a world where showing one’s heart is considered unprofessional and “leaving one’s self at the door” is both expected and explicitly taught. And yet just below the surface is a yearning to be “divided no more” and to live and work in community. Given even a small bit of positive experience, people are willing, even eager, to regain their hope and to believe that change just might be possible.

The appreciative interviews and ongoing focus on the positive capacity within each person and within the organization allowed a new sense of hope to emerge, a new belief in the possibility of a relationship-centered culture at IUSM. Rising expectations made it easier to engage in new behaviors leading to more positive experiences, further enhancing expectations in a virtuous cycle. Thus, the change in educational culture at IUSM involved not only changes in patterns of relating but also patterns in organizational identity – what the people at IUSM thought about their own organization.

Finally, this project offers a “proof-of-concept” for emergent design:

Our willingness to “not know” helped make it all possible. Instead, we looked for kindred spirits to join us as partners and supported their ideas. One thing kept leading to another. We kept our eyes open for serendipitous opportunities and connections, and we kept on building relationships with more and more people. To look back on all the new projects and processes that emerged and continue to emerge—things we never could have dreamt of, let alone planned— is as meaningful a professional experience as I could ever ask for.

Tony Suchman
Figure X-1: Ray-diagrams showing the spread of activities in the RCCI during the first 18 months of the project.
Figure 2: Trends in medical students’ overall satisfaction with their educational experience at ISUM.
Notes

1 The RCCI was funded by a 3-year grant from the John E. Fetzer Institute.
2 RCCI Grant Application to the John E. Fetzer Institute, 2002.