RELATIONSHIP CENTERED ADMINISTRATION: PARTNERSHIP PROCESS FOR CLINICAL AND ORGANIZATIONAL WORK

AN ANNOTATED BIBLIOGRAPHY

Relationship Centered Care

Tresolini CP and the Pew-Fetzer Task Force. Health professions education and relationship-centered Care. San Francisco, CA: Pew Health Professions Commission, 1994.

The original presentation of the term "Relationship-centered care," which was intended to convey "the importance of interaction among people as the foundation of any therapeutic or healing activity." Available from the Pew Health Professions Commission at the Center for the Health Professions, University fo California, San Francisco, 1388 Sutter St, Suite 805, San Francisco, CA 94109.

Beach MC, Inui T, and the Relationship-Centered Care Research Network. Relationship-centered care: A constructive reframing. J Gen Intern Med 2006; 21: S3-S8.

Reviews the history and context of the Pew-Fetzer Task Force's report that first introduced the term "relationship-centered care" and proposes four fundamental principles. *Note: this paper is included in a special supplement to J Gen Intern Med devoted entirely to RCC.*

Wylie JL, Wagenfeld-Heintz E. Development of relationship-centered care. J Health Quality 2004; 26(1):14-21.

A literature review on relationship-centered care describing how the concept has evolved since its introduction in 1994. The most salient developments these authors identify are a more engaged and capable role for patients and increased attention to interdisciplinary collaboration.

Suchman AL, Botelho RJ, Hinton-Walker P (eds). Partnerships in Healthcare: Transforming Relational Process. Rochester, NY: University of Rochester Press, 1998

Includes an introductory section on theoretical perspectives partnership, followed by sections on partnership in patient-clinician relationships, healthcare teams, partnership between community organizations and educational partnerships

Suchman AL. Control and relation: Two foundational values and their consequences. In Suchman AL, Hinton Walker P, Botelho RJ (eds). Partnerships in Healthcare: Transforming Relational Process Rochester, NY: University of Rochester Press, 1998.

Compares two value sets, one based on control and the other on relations, with regard to clinicians' goals, the patterns of social relationships, approaches to gathering and using knowledge, and clinicians' sources of existential security.

Rice AH. Interdisciplinary collaboration in health care: Education, practice and research. National Academies of Practice Forum 2000;2:59-73.

Recent literature review on interdisciplinary collaboration.

Doherty WJ, Mendenhall TJ. Citizen healthcare. A model for engaging patients, families and communities as coproducers of health. Families, Systems and Health 2006; 24:251-63.

Describes innovative and exemplary work at the level of health-system community partnership, offering principles and three case studies.

Saizow R, Clark W, Novack D (eds). Doc.com: An interactive learning resource for healthcare communication. St. Louis, MO: American Academy on Communication in Healthcare, 2006. (available at www.aachonline.org)

A multimedia self-directed learning resource to help develop the communication and partnership skills needed for working with patients, family members and colleagues on the healthcare team.

Silverman J, Kurtz S, Draper J. Skills for communicating with patients. 2nd ed. Abingden, Oxon, UK: Radcliffe Medical Press; 2004. Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. Abingdon, Oxon, UK: Radcliffe Medical Press; 1998.

The first book of this pair is an entirely evidence-based textbook on communication and relationship skills. It represents one of the most comprehensive reviews of the research literature in this domain. The second book is on educational methods related to communication and relationship skills.

Relationship Centered Administration

Hepworth J, Cushman R. Creating collaborative environments for clinical care and training: From cacophony to symphony and jazz. Clinics in Family Practice 2001; 3(1):63-75.

Beginning with a case study of outstanding clinical collaboration in a family medicine practice, the article explores key dimensions of collaboration and how the work environment can facilitate it.

Gittell JH. High Performance Healthcare: Using the power of relationships to achieve quality, efficiency and resilience. New York: McGraw Hill, 2009.

Presents the theory of Relational Coordination; reviews extensive research using the relational coordination survey; and describes organizational structures and processes that support relational coordination.

Marvel K, Bailey A, Pfaffly C, Gunn W, Beckman H. Relationship-centered administration: Transferring communication skills from the exam room to the conference room. J Healthcare Management 2003; 48(2):112-123.

The researchers studied a convenience sample of 45 administrative meetings in healthcare organizations to assess the frequency and types of relationship-centered behaviors. They found a number of parallels between the communication dynamics of administrative meetings and medical encounters.

Risdon C, Rowe M, Neuwirth Z, Suchman A. Communicating with colleagues. In Novack D, Saizow R, Clark B. Doc.Com (version 2.1): An interactive learning resource for health care communication. Available at www.aachonline.org.

Describes core principles and practices for establishing effective teamwork and relational work environments.

Safran DG, Miller W, Beckman HB. Organizational dimensions of relationship-centered care. J Gen Intern Med 2006; 21: S9-S15.

An excellent review of literature linking organizational culture to a variety of outcomes, including clinical outcomes, length-of-stay and employee morale. It also presents a five-component model of relationship-centered organizations.

Suchman AL, Sluyter DJ, Williamson PR. Leading Change in Healthcare: Transforming organizations using complexity, positive psychology and relationship-centered care. London: Radcliffe Publishing, 2011.

Describes the core principles and theoretical foundations of Relationship-centered Administration and provides 8 illustrative case studies with commentaries, and 3 appendices on specific techniques.

Suchman AL. The influence of healthcare organizations on well-being. Western J Med 2001:174:43-47.

Healthcare organizations influence the well-being of individuals who work with or within them by patterning their perceptions, thoughts, feelings, expectations and behaviors. Organizational tendencies toward depersonalization, control and pathology-oriented perception adversely effect well-being, but can be modified by careful attention to language and behavior on the part of everyone in the organization, particularly leaders.

Suchman AL, Deci E, McDaniel SH, Beckman HB. Relationship-Centered Administration: A Case Study in a Community Hospital Department of Medicine. In Quill TE, Frankel RM, McDaniel SH (eds). The Biopsychosocial Approach: Past, Present and Future. University of Rochester Press, 2003:180-195.

This paper describes the key principles of relationship-centered care and their application in the administration of health care organizations.

Suchman AL, Williamson PR. Principles and practices of relationship-centered meetings. Rochester, NY: Relationship Centered Health Care, 2006.
http://rchcweb.com/Portals/0/Principles_and_practices_of_relationship-centered_meetings.pdf

Describes several methods that can be used at meetings to foster responsiveness and diversity and to promote a relationship-centered work environment.

Williamson PR, Suchman AL, Cronin JCJ, Robbins DB. Relationship-Centered Consulting. Reflections, The Society for Organizational Learning Journal. 2001;3:20-27.

Describes a relationship-centered approach to consulting and management in healthcare organizations. The values and methodology of this approach mirror those of relationship-centered care, thus creating an opportunity for the organization's leaders and staff to learn about relationship-centered process directly through their own experience.

The effect of relationships on…

…Clinical outcomes

Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A. Interventions for providers to promote a patient-centred approach in clinical consultations. Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD003267. DOI: 10.1002/14651858.CD003267.pub2

The most recent Cochrane review of Patient-Centered Care analyzing 43 randomized trials. "Interventions to promote patient-centred care within clinical consultations are effective across studies in transferring patient-centred skills to providers. However the effects on patient satisfaction, health behaviour and health status are mixed. There is some indication that complex interventions directed at providers and patients that include condition-specific educational materials have beneficial effects on health behaviour and health status…"

Kaplan SH, Greenfield S, Ware JE. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. Med Care. 1989;27S:110-127.

A review of this team's classic studies showing the positive effect of active patient participation on measurable clinical outcomes including reductions in blood pressure, cholesterol and glycohemoglobin.

Williams GC, Deci EL, Ryan RM. Building healthcare partnerships by supporting autonomy: Promoting maintained behavior change and positive health outcomes. In Suchman AL, Botelho RJ, Hinton-Walker P. *Partnerships in Healthcare: Transforming Relational Process*. Rochester NY: University of Rochester Press, 1998:67-88.

A detailed review of primary research demonstrating that patients are more likely to undertake and maintain health-promoting behaviors in a treatment climate that they perceive to be autonomy supportive (as compared to controlling) and caring.

Gittell JH, Fairfield KM, Bierbaum B, et al. Impact of relational coordination on quality of care, postoperative pain and functioning and length of stay. Medical Care 2000; 38:807-19.

A high degree of "relational coordination" (frequent, timely communication; problem solving; shared goals; shared knowledge and mutual respect among healthcare providers) was associated with improved patient experience of care and reduced length of stay in hip and knee replacement surgery.

Shortell SM, Jones RH, Rademaker AW, et al. Assessing the impact of total quality management and organizational culture on multiple outcomes of care for coronary artery bypass graft surgery patients. Med Care 2000; 38: 207-17.

Patients' functional status 6 months after surgery was positively associated with a collaborative team culture. Care was more efficient, as well.

Cuff PA, Vanselow N. Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula. Washington, DC: National Academies of Science, 2003.

This monograph reviews the rationale for and current practices regarding the teaching of behavioral and social sciences in medical schools. It includes a literature review on the effect of communication and relationship skills on clinical outcomes.

Berry LL, Parish,JT,Janakiraman R, Ogburn-Russell L,Couchman GR, Rayburn WL, Grisel J. Patients' commitment to their primary physician and why it matters. Ann Fam Med 2008;6:6-13.

Patients' commitment to the relationship with their physician was positively associated with adherence and healthy eating behaviors. Also describes the development of a scale measure relationship commitment.

Sochalski J, Jaarsma T, Krumholz HM, Laramee A, McMurray JJ, Naylor MD, Rich MW, Riegel B, Stewart S. What Works In Chronic Care Management: The Case Of Heart Failure. Health Affairs 2009; 28(1): 179-189.

Programs using in-person communication achieved a significant reduction in readmissions and readmission days when compared with routine care patients and programs using telephonic communication. Also, programs using single heart failure experts were less effective in reducing hospital readmissions compared with multidisciplinary teams.

Curry LA, Spatz E, Cerlin E, et al. What Distinguishes Top-Performing Hospitals in Acute Myocardial Infarction Mortality Rates? Ann Intern Med 2011;154:384-90.

Hospitals in high-performing and low-performing

groups differed substantially in the domains of organizational values

and goals, senior management involvement, broad staff presence

and expertise in AMI care, communication and coordination among

groups, and problem solving and learning.

Knaus WA, Draper EA, Wagner DP, Zimmerman JE. An evaluation of outcome from intensive care in major medical centers. *Ann Intern Med* 1986;104:410-8.

This landmark study of 5000 patients cared for in 13 intensive care units found that the quality of the working relationship between physicians and nurses was the most important determinant of patient mortality rates.

Aiken LH, Smith HL, Lake ET. Lower Medicare mortality among a set of hospitals known for good nursing care. Med Care 1994; 32:771-87.

Risk adjusted mortality was lower at hospitals with collaborative work environments as compared with matched controls.

Committee on Quality of Health Care in America IOM. Crossing the quality chasm: A new health system of the 21st century. Washington, DC: National Academy Press; 2001

This landmark report from the Institute of Medicine identifies poor systems of coordination, communication and decision support as the major source of errors in healthcare.

Institute for Safe Medication Practice. Intimidation: Practitioners speak up about this unresolved problem (Part I). ISMP Medication Safety Alert 3/11/2004.
http://www.ismp.org/newsletters/acutecare/articles/20040311_2.asp

This survey of 2095 hospital-based healthcare professionals showed that intimidation is a common experience and impedes communication to a point that jeopardizes patient safety. This was not just a matter of "a few bad apples," not limited to physicians and not primarily a gender issue.

Uhlig PN, Brown J, Nason AJ, Camelio J, Kendall E, John M. Eisenberg Safety Awards. System innovation: Concord Hospital. Joint Comm J Qual Improvement 2002; 28:666-72.

An interdisciplinary care team model that included a structure communication protocol reduced mortality on a cardiovascular surgery unit by 56%. Staff satisfaction was also higher.

Mohr DC, Benzer JK, Young GJ. Provider workload and quality of care in primary care settings. Med Care 2013;51:108-14.

A relational work climate mitigates the negative effect of high workload on quality of care as reported by patients.

…Patient satisfaction and retention

Hoffer Gittell J, Weinberg D, Pfefferle S, Bishop C. Impact of relational coordination on job satisfaction and quality outcomes: a study of nursing homes. Human Resource Management Journal 2008;18:154-170

Higher quality of interprofessional communication and relationships in nursing homes were associated with higher levels of resident satisfaction with the quality of their living environment and higher job satisfaction for the staff.

Safran DG, Montgomery JE, Chang H, Murphy J, Rogers WH. Switching doctors: Predictors of voluntary disenrollment from a primary physician's practice. J Fam Pract. 2001;50:130-136.

Measures of relationship quality predicted voluntary disenrollment from primary care practices.

Schramm W. Unpublished marketing data from the Henry Ford Health System.

Demonstrates a strong relationship between patients' ratings of physician relationship behavior and their decisions to re-enroll in the HMO.

…Cost

Anderson RA, McDaniel RR. RN participation in organizational decision making and improvements in resident outcomes. Health Care Manage Rev. 1999;24(1):7-16.

The active participation of nurses in administrative decision-making contributed to a reduction in costs an improvement in clinical outcomes.

Ashmos DP, Huonker JW, McDaniel RR. The effect of clinical professional and middle manager participation on hospital performance. Health Care Manage Rev 1998(3); 23:7-20.

This survey-based study shows that participation in hospital decision-making by clinicians and mid-level managers is associated with improved financial performance.

…Workforce health and satisfaction

Osatuke K, Moore SC, Ward C, Dyrenforth SR, Belton L. Civility, Respect, Engagement in the Workforce (CREW): Nationwide organization development intervention at Veterans Health Administration. *Journal of Applied Behavioral Science* 2009; 45; 384-410.

Describes the conceptualization and measurement of civility in the workplace and a successful initiative to improve civility at diverse clinical sites. Also describes internal VHA studies demonstrating a relationship between workplace civility and employee absenteeism and turnover, as well as patient satisfaction.

Ramarajan, L., & Barsade, S. G. (2006). *What makes the job tough? The influence of organizational respect on burnout in the human services*. Available from http://knowledge.wharton.upenn.edu/paper.cfm?paperID1338

Employees' perceptions of organizational respect were found to negatively influence burnout 16 months later. The effect of organizational respect on burnout was moderated by employees' level of work autonomy.

Revans RW. The hospital as a human system. Bull N Y Acad Med. 1996;73:418-29.

An obscure but classic study from 1962, just reprinted recently, showing correlations between rates of illness and absence in student nurses and the quality of the interpersonal environment of the hospitals through which they were rotating.

Spickard A, GabbeSG, Christensen J. Mid-career burnout in generalist and specialist physicians. JAMA 2002;288:1447-1450.

This excellent review article addresses many contributing and ameliorating factors, with the latter including workplace relationships, mentoring and support groups.

Suchman AL, Roter D, Green M, Lipkin M, Jr. Physician satisfaction with primary care office visits. Collaborative Study Group of the American Academy on Physician and Patient. Med Care. 1993;31:1083-92.

Relationship with patients was the strongest predictor of physician satisfaction with office visits. This relationship has been consistent across many studies of satisfaction with specific visits, career satisfaction and life satisfaction.

Tellis-Nayak V. A person-centered workplace: The foundation for person-centered caregiving in long-term care. J Am Med Dir Assoc 2007; 8: 46–54

Management approach and the work environment are powerful predictors of CNA satisfaction, loyalty, and commitment. The work environment also correlates with how families and state surveyors evaluate quality in a nursing facility.

Hoffer Gittell J. Relationships and resilience: Care provider responses to pressures from managed care. J Applied Behav Sci 2008;44:25-47.

The resilience of interprofessional orthopedic teams was positively associated with work practices that foster relationship and with the quality of communication and relationships among team members.

…Staff recruitment and retention

Ulrich BT, Buerhaus, PI, Donelan K, Norman Linda, Dittus R. How RNs view the work environment: Results of a national survey of registered nurses. JONA 2005;35:389-396.

Several findings in this survey of how 3500 randomly sampled nurses experienced their work environments address issues of relationship. Overall job satisfaction was associated with the

quality of relationships with patients and with the opportunity to influence decisions about the workplace and patient care. The quality of relationship with supervisors and senior administrators was associated with work satisfaction and retention.

Rosenstein AH, Russel H, Lauve R. Disruptive physician behavior contributes to nursging shortage. The Physician Executive November-December 2002: 8-11. Rosenstein AH. Nurse-physician relationships: Impact on Nurse Satisfaction and retention. AJN 2002:102:26-34.

Two articles describing a large survey of nurses, physicians and executives that found a high prevalence of disruptive physician behavior and a strong link between that behavior and nurse satisfaction and retention. Various perspectives emerged from the study about responsibility, barriers and solutions.

Verdejo T. Case Study: The first defense in workforce stabilization is retention. HealthLeaders.com, June 25, 2001. http://www.healthleaders.com/news/feature1.php?contentid=25360

An article about an impressive, inexpensive and very successful program to enhance nurse retention by creating a mentoring program for new nurses. It shows how simple and effective culture change can be.

…Malpractice

Beckman HB, Markakis KM, Suchman AL, Frankel RM. The doctor-patient relationship and malpractice. Lessons from plaintiff depositions. Arch Intern Med. 1994;154:1365-70.

Depositions in most of the malpractice cases reviewed in this study revealed evidence of patients being seriously dissatisfied with the quality of their interactions with their physicians.

Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. The relationship with malpractice claims among primary care physician and surgeons. JAMA 1997:553-9.

Communication patterns differed between primary care physicians who had versus had not been sued. No similar differences were found for surgeons.

…Capacity for change and innovation

Wesorick B, Shiparski L, Troseth M, Wyngarden K. Partnership council field book. Grand Rapids, MI: Practice Field Publishing; 1997

State of the art approaches to changing the culture of healthcare organizations. Trust and partnership must be established before process redesign efforts can begin.

Edmondson A, Bohmer R, Pisano G. Speeding up team learning. Harvard Bus Rev 2001 (Oct.): 125-132.

This study of interdisciplinary cardiac surgery teams learning new microinvasive techniques found that teams in which everyone's voice was valued and respected were able to adopt the new technology faster and with fewer errors than less collaborative teams.

Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist 2000;55:68-78

Self-determination theory describes three main factors that predicts internally motivated behavior change: a personal sense of competence, respect for the individual's autonomy, and a context of supportive relationships. This theory has been validated by research in workplace, educational and medical settings.

Interpersonal and emotional neurobiology

Davidson RJ, Jackson DC, Kalin NH. Emotion, plasticity, context, and regulation: Perspectives from affective neuroscience. Psychological Bulletin 2000; 126:890-909.

Reviews the neural basis of emotion with particularly emphasis on activities of the amygdala and prefrontal cortex. Also describes the effect of experience on neural circuitry and affective style. Discusses potential favorable health implications of enhanced emotional modulation.

Siegel D.J. Toward an interpersonal neurobiology of the developing mind: Attachment relationship, "mindsight," and neural integration. Infant Mental Health Journal 2001; 22:67-94.

Synthesizes diverse scientific evidence to describe the influence of social factors on brain development. Describes "the essential experiential ingredients that may facilitate the development of the mind, emotional well-being and psychological resilience…"

Hyperstructures and the biology of interpersonal dependence: Rethinking reciprocity and altruism. Smith T.S, Stevens G.T. Sociological Theory 2002;20(1):106-130.

Describes the dynamic tension between attachment and stimulation (as reflected in opioid and norepinephrine activity in the brain). Also presents striking results from agent-based computer modeling that demonstrates how this dynamic tension within individuals can account for the self-organization of common social patterns.

Gallese V. The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. Psychopathology 2003;36:171–180.

Presents experimental data supporting the concept of "mirror neurons" which discharge similarly when an action is undertaken and when it is observed. Mirror neurons are proposed to be a biological basis for intersubjectivity.

Organizational Change and Complexity

Broekstra G. An organization is a conversation. In D.Grant, T. Keenoy, & C. Swick (Eds.), Discourse and Organization London: Sage, 1998.

A fascinating (but dense) description of an important way of understanding organizations. It has a particularly excellent description of the dynamics of attention and expectations.

Plexus Institute: http://www.plexusinstitute.com/

Many resources available from this organization which is interested in applications of complexity science to healthcare. Nearly all their work is based on older complexity models (eg: complex adaptive systems) which were developed in the natural sciences and then applied by way of analogy or metaphor to human interactions.

Stacey R. Strategic management and organisational dynamics: The challenge of complexity. (3rd ed.) Harlow, England: Pearson Education, Ltd, 2000.

Stacey begins with an extensive review and critique of traditional management theory (which is based on linearity and control) and then introduces the theory of Complex Responsive Process, the first complexity theory developed specifically for describing human interactions. Destined to be a classic.

Stacey R. Complex responsive process in organizations: Learning and knowledge creation. London: Routledge, 2001.

Presents further elaboration of the theory of Complex Responsive Process with a particular focus on "knowing."

Streatfield. PJ. The Paradox of Control in Organizations. London: Routledge, 2001.

Another excellent introduction to Complex Responsive Process, told from the practical perspective of an organizational manager and leaders who is "in charge but not in control," the paradox referred to in the title.

Suchman AL. A new theoretical foundation for relationship-centered care. J Gen Intern Med 2006; 21:S40-S44.

An article summarizing the theory of Complex Responsive Process, exploring its relevance to relationship-centered care and its new perspectives on mind, self, communication and organizations. It highlights the theory's emphasis on moment-to-moment relational process, the value of difference and diversity, and the importance of authentic and responsive participation.

Suchman AL, Willliamson PR, Litzelman DK, Frankel RM, Mossbarger DL, Inui TS and the Relationship-centered Care Initiative Discovery Team. Toward an informal curriculum that teaches professionalism: Transforming the social environment of a medical school. J Gen Intern Med 2004;19:499-502.

Describes the application of the theory of complex responsive processes and appreciative inquiry in a large scale organizational change initiative.

Suchman AL. Organizations as machines, organizations as conversations: Two core metaphors and their consequences. Medical Care 2011;49:S43-8.

Offers a critique of the traditional and widely-held view of organizations as machines, with its problematic emphasis on control. Proposes an alternative perspective that is grounded in the real-world dynamics of self-organizing human interaction and emphasizes mindfulness of relational process.

Organizational Change and Positive Psychology

http://appreciativeinquiry.cwru.edu

A good place to start learning about Appreciative Inquiry. Provides some basic articles and lists many readings and resources.

Bushe GR, Khamisa A. When is appreciative inquiry transformational? A meta-case analysis. http://www.gervasebushe.ca/aimeta.htm. January 2004.

"…two qualities of appreciative inquiry, a focus on changing how people think instead of what people do, and a focus on supporting self-organizing change processes that flow from new ideas rather than leading implementation of centrally or consensually agreed upon changes…" appear to be most associated with transformational change in organizations. [Quote taken from the authors' abstract.]

Cooperrider D, Whitney D. A positive revolution in change: Appreciative Inquiry. Case Western Reserve University. File whatisai.pdf can be downloaded at http://appreciativeinquiry.cwru.edu/intro/whatisai.cfm

An article providing an overview of the history, philosophy and structure of appreciative inquiry.

March DR, Schroeder DG, Dearden KA, Sternin J, Sternin M. The power of positive deviance. BMJ 2004;329;1177-1179.

An approach to fostering change that identifies individuals with better outcomes than their peers (positive deviance) and enables communities to adopt the behaviors that give rise to the improved outcomes.

Ryan, RM and Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist* 55 (2000): 68-78.

Presents a practical and empirically-verified model of intrinsically-motivated behavior change that highlights 3 determinants: competence, autonomy support and a relational environment.

Suchman AL, Williamson PR, Robbins DB, Cronin CJC. Strategic planning as partnership building: Engaging the voice of the community. http://connection.cwru.edu/ai/uploads/Strategic Planning and Community Partnership-Heathcare.doc

A detailed case study in the use of Appreciative Inquiry in strategic planning.

Suchman AL, Willliamson PR, Litzelman DK, Frankel RM, Mossbarger DL, Inui TS and the Relationship-centered Care Initiative Discovery Team. Toward an informal curriculum that teaches professionalism: Transforming the social environment of a medical school. J Gen Intern Med 2004;19:499-502.

Describes use of AI in changing the informal curriculum (the organizational culture) of a large medical school.

Watkins JM, Mohr BJ. Appreciative inquiry: Change at the speed of imagination. San Francisco: Jossey-Bass/Pfeiffer; 2001.

Another recent and readable introduction to this methodology. Includes many case studies.

Prepared by:

Anthony L. Suchman, MD, MA

Senior Consultant

Relationship Centered Health Care
asuchman@rchcweb.com

For the most current version of this document and other related materials, visit www.rchcweb.com and click on the Resources tab.

