Relational Coordination in Healthcare: Three teaching ideas promoting positive connections

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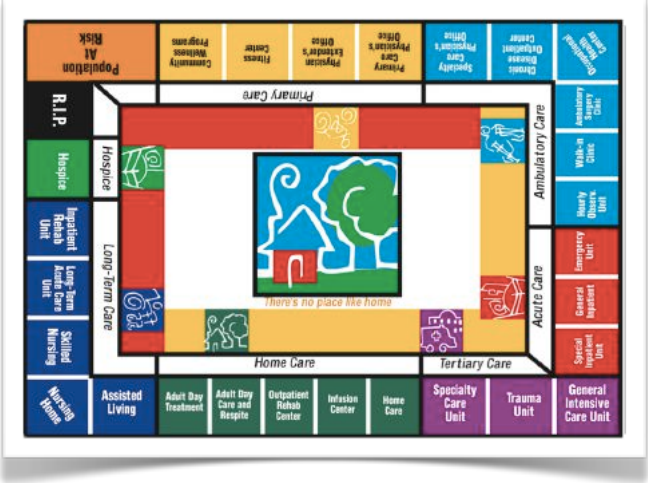
(For more information on relational coordination please visit http://rcrc.brandeis.edu and http://rcanalytic.com.)

1. In the roleplaying exercise ***Not Another Committee!***© students engage in a simulated committee meeting directed at improving care for a population of patients with a chronic heart condition, informed by evidence-based guidelines for best practice. The scenario creates the conflicts of "doing everything to make the patient better," "the captain of the ship" leadership approach, and the "who makes the money" financing in the constrained resources of risk or bundled payments environments. Participants are not given the opportunity to share goals, knowledge, or build trust, and a results-oriented committee report is demanded as the team deliverable. The exercise can then be repeated following exploration of relational coordination.

"During the committee meeting several viewpoints were expressed. Dr. Cath explained his clinical need for hemodynamic monitoring as the patient's safety and clinical condition were most important. Nothing could compromise good clinical medicine. Yure Bottomline, noted for a command and control approach, expressed concern as to potential loss of revenue from the "non-risk" heart failure patients who were currently being hospitalized. Iyle Seehome reported on the extensive patient education and monitoring done by the home health agency and that they had a pathway of care already. The proposed pathway would add more useless paperwork. Willa and Ree listened and then presented their new pathway of care. After discussion, it was agreed that the medical staff would be allowed to use the new pathway if they wanted to. Satisfied with this first step, Willa and Ree presented the congestive heart failure pathway of care at the next medical staff meeting. They were delighted to hear no objections, as long as the program was optional. After three months, Willa and Ree met to review the progress of their new pathway of care. To their great disappointment only one patient had been placed on the pathway! They decided to call another committee meeting."

2. Utilizing a **standardize patient**, pre-scripted with a chronic disease scenario, an outpatient history and physical exam is preformed by a senior medical resident in the classroom environment. During the exam, the instructor records the relevant key facts and issues, visible for the students. After the therapeutic plan is presented to the patient, the class and the examining physician are engaged in a discussion of the relational aspects of coordinated care, demonstrating the limited control practicing physicians currently have in the delivery of care. The exercise can then be repeated following exploration of relational coordination.

3. T***he Care Management Game***© features a game board which includes each portion of the continuum of care in identifiable spaces, access by a patient game piece, as the participants respond to clinical events for one patient detailed in an accompanying medical record. The simulated clinical conditions are initially treated by the team creating the baseline performance measured by the RC Survey™. Relational mapping across the functions involved in care is then preformed, and biologic and resource variables can be introduced. Following introduction of relational coordination concepts, metrics, and relational interventions, a second clinical simulation is performed with an RC Survey™.



Sample case: Background		
Rachel is a 14 year old high school freshman living in a middle class Chicago suburb as the only child of a single mother, the owner of local pet grooming service. She attends the area's large, progressive public high school (A), she gets pretty good grades, has a circle of friends, and plays top bass in the school's drum line.		
Wed		
noticed by mother otc medication (no flu shot)	first event: sinus congestion	Rachel's initiative measurement / protocol adaptation
Friday		
otc / rescue inhaler	football game / asthma triggers	re-measurement / continued adaption of protocol
Saturday		
ED (B) neb treatment / epinephrine discharge drugs, no followup		re-re-measurement smart phone peak flow to NP's on-call consultation continued protocol adaptation
Following week		
fever tylenol, rescue inhaler, otc decongestants ... ... ED (B) activity cessation	resultant infection (pneumonia? bronchitis? otitis?)	low grade fever specialist visit (with data) coordinated with NP antibiotic + elevated protocol re-measurement return to standard protocol makes the professional drum line

Note: **Relationality is part of Wisdom Leadership** - Margaret Plews-Ogan and Gene Beyt, *Wisdom Leadership in Academic Health Science Centers: Leading Positive Change*. Radcliffe Publishing, London and New York, 2013