

Notes from Open Space Topic Convenors

What was your topic or practice?

Relationship-Centered Care: An Expanding Capacity Model

What were major discussion points?

- Original group is still very involved in the development and evolution of the Relationship-centered Care (RCC) model.
- Relationships permeate all aspects of life.
- Foundational to development of the model was a recognition of a need for “something” theoretical and philosophical on which to base curriculum to teach RCC in practical or educational settings.
- There is a need to find a “third language” to go beyond barriers of culture in multi-ethnic communities.
- Practitioners need a RCC language.
- Line staff nurses need to understand, articulate, and embrace RCC.
- This model moves the patient out of the center (where they are in so many delivery models) and places “self” (practitioner) at the center of the relationship because the practitioner is the common denominator to multiple relationships. This has, however, met with some resistance and need for explanation.
- Discussion of how Ellerby’s Victim/Accountability Model fits and is consistent with “self” in the RCC. Expanding Capacity Model.
- What are some doing to care for self?
 - Narrative/Parallel charting (journaling) integrated into nursing and medical education.
 - Physician doesn’t like check marks for charting—makes it so impersonal and not conducive to relationship formation.
 - Computer charting actually contributes to “not self-care” by development of carpal tunnel syndrome.
- Reciprocal Learning (other is the expert, practitioner is the learner) is VERY IMPORTANT.
- Practitioners need to learn to be humble and to learn from others.
- A comprehensive literature review of RCC since 1994 (Wylie & Wagenfeld-Heintz, in press) showed that the dimensions of RCC have developed some and reciprocity remains a very important component.

What did you learn?

- Listening is important—need to learn to do this without forming a response, not affirming or negating.
- Practitioners can learn a lot from those who look like they have little to give
- Some practitioners don’t feel professional and there is a need to commune with other disciplines and eliminate a fear of physicians (and interacting with them).

- There is still work to do to accomplish a shift in paradigm regarding healthcare hierarchy.
- Pain management is a huge issue in the medical community. Pain committees similar in composition and function to an ethics committee have been found to be helpful in addressing and resolving complex pain management situations where there is disagreement among practitioners and/or patients.
- Western Michigan University School of Nursing requires students to do a self-assessment at the beginning of the program, develop a self-care contract, and then are taught alternative/complementary modalities that once learned on self are easily translatable to patients. Many of these provide rich opportunities of an “open door” for developing relationship with patients.
- Meyers Briggs is a helpful tool for understanding managers from a physician’s perspective.
- Anagram is also helpful.
- Discussion about what other tools might be helpful. Juanita Manning-Walsh has a list of citations available for the tools listed on the model.
- Stylemetrics (an instrument by Bob Berkey of Portland) may be easier to use than Meyers Briggs. Can be used as a hiring tool and team approach to strength identification.
- Killeman/Thomas—a source for conflict management.
- The need to pull out of crisis mode and go “in process” for a community that wants to save and heal a hospital and provide integrative care.

Whom should we contact for more information?

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Who helped create this new practice?

Southwest Michigan RCC Network Leadership Council (Alice Asmus, Matt Chambers, Juanita Manning-Walsh, William Reed, Ellen Wagenfeld-Heintz, and Jacqueline Wylie).