

Our Relationship Based Care Roll-out Class... Alive and Effective Seven Years Later

Mary Walters, MSN, RN, CLC

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INSPIRATION We have gathered to light the flame, ignite the spirit, empower all as leaders to climb the mountain while working together as Redwoods on our journey to insure that Relationship Based Care is now our culture...

VISION

Our 3 hour introduction to RBC Class has served our organization well. Much has been learned by those teaching the content over the last seven years. With the Nursing Division essentially complete, Rehab and Respiratory Therapy were on-boarded during 2012. After considerable reflection the class content was essentially unchanged, as the principles of care-giving are parallel no matter what the discipline. “Our” class is now being presented to all other hospitals in our system.

INFRASTRUCTURE

6 members of our RBC Steering Committee attended the week long intensive in 2008 and were challenged to return “home” and roll out the content to all Nursing Departments. The 40 hour intensive was compacted to a 3 hour class, piloted, and only minor adjustments made over the last 7 years. Regularly taught to groups of 15-20, to date over 3,000 caregivers have attended a class. A second group of new Steering Committee members attended the intensive in 2011, joining with teaching the content as we onboard other disciplines and hospitals within our system.

EDUCATION

Our 3 hour class consists of six sections, each with objectives and exercises designed to reinforce the content:

1. A didactic overview, including the definition, history, and seven dimensions of RBC is followed by a one minute exercise done twice in pairs with the first round in a standing position and then a second seated.
2. The class is then divided into groups of 4-5. Each person shares a story about when they connected with a patient/family and realized they made a positive difference. Each group shares one story with the entire class. The stories are then connected to the six healthcare provider Principles of RBC.
3. The three key relationships of RBC are examined in more detail as the group shares what (re)ignites their fire and how to build it into their schedule; how they function as “redwoods” and examining the “commitment to coworkers”; discussing “Anatomy of an Illness” and what they would want to know if a loved one was unexpectedly admitted to the hospital. The importance of communication is stressed as the group is again placed into pairs for an exercise that involves giving directions for drawing a picture to their partner. Each has a turn at the role.
4. Mechanisms that support RBC at our hospital/system are discussed by utilizing our poster which graphically presents several of the models integral to RBC. The umbrella in the center represents that RBC encompasses all that we do. The raindrops contain some of the supporting programs in our organization. The class is then asked to list others for each of the three key relationships.
5. Examples of agreements are presented as well as the form that we utilize. Participants are assigned the task of finding out what their department has placed on their agreement. If they are from a new, on-boarding department, considering how they will develop their specific document is discussed.
6. The class concludes with “Calling the Circle” that includes two readings and each member sharing their commitment/agreement that “As a leader of RBC, I will....”



Relationship Based Care

LESSONS LEARNED

- Most, if not all of the Nursing concepts taught in the didactic portion of the class are actually health care concepts, applicable for anyone who interacts with patients and families.
- A one minute exercise demonstrates just how much you can learn in 60 seconds and highlights active listening.
- The simple communication exercise of “Draw the Picture” has illustrated the value of how we communicate, give directions, get interrupted, and amplifies the importance of “teach back”.
- Though sometimes you do not know if they are “getting-it” until circle, nearly all do, EVERY TIME.
- You do not have to use the same story/example each class. They can be tailored to the particular group. The overall message you are delivering is the essential part.
- Circle became stronger and more effective once we added the statement “as a leader of RBC I will....” for every participant to answer. It has now become their “First Agreement”.
- We should have kept a journal of the incredible stories that have been shared...it would make a best seller.
- “Rolling-out” for a single department has a focus advantage over having multiple departments in a class.
- It makes sense to onboard departments that are performing well first, while your instructors gain comfort and expertise with the content.
- Having management from the department at every session can exponentially improve the quality of participation.
- Those leaders who have attended the class more than once are always pleasantly surprised that they learn something new and/or different each time they attend.
- It is a gift to our “self” to teach this course, and every time we do, we have the privilege of having our spirit reignited.

EVIDENCE

Seven years later, our classes are markedly different than some of the challenging groups we faced in the “early days” of roll-out. We are hiring differently now... choosing people who are already skilled and committed to RBC...they GET IT right from the start. Our monthly class for new associates is delightful. We take no breaks for three hours, yet nearly everyone comments on how fast the time passed. Evaluations are consistently at the highest level. It is not uncommon to see someone sitting for a moment at a bedside to communicate with a patient/family. Utilizing our white boards as a communication tool, purposeful hourly rounding, bedside reporting, and “teach-back” are all standard practice and valued in our RBC culture. Seven years ago we had buttons about “The Other RBC”, given in class to increase awareness as we on-boarded all of Nursing. They are no longer needed, RBC is our CULTURE, not a “flavor of the month”, and is alive, well and the heart of all we do.

REFERENCES

Koloroutis, M. (2004) Relationship Based Care: A Model for Transforming Practice. Creative Healthcare Management. Minneapolis, MN.