AUTHENTIC TRANSFORMATION IN A PRIMARY CARE INTERDISCIPLINARY TRAINING ENVIRONMENT

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Introduction: Caring is the transdisciplinary core of healthcare and the reason most people entered a health-related profession. According to Watson (2009), “both practitioners and health systems now realize radical change from within is an essential and necessary requirement to reverse the non-caring trend many experience or witness in hospitals and health care today” (p. 467). A recent report by Health Affairs (2012) noted that Patient Centered Medical Home transformation was largely not authentic in safety net practices provided with financial incentives. While specific tools and guidelines are in place to streamline services, the focus is task oriented, rather than care oriented. If current healthcare transformation initiatives are to be sustainable, then each member of the healthcare team must be empowered to create a healing environment through intentional presence and caring connections.

Significance: According to Nelson (2011), the highest return on investment in the healthcare system is caring, because every participant has the potential to create a caring moment which can positively affect patient, care team members, and the entire system. In this era of healthcare reform, cost reduction, and lean practices, it is imperative to identify under-utilized resources, and retrain the healthcare providers of the future in transformed systems. Watson (2005), in summarizing research on caring, expands the implications beyond nursing to all health professions, relating to structure and process which are vital to both patients and practitioners, and to which I posit administration, support staff, and systems thinking. In terms of Human Capital development, Eisler (2008), relates that “companies are finding that concern for the welfare of employees and their families translates into increased competence and collaboration, encourages creativity and innovation, contributes to the organization’s collective capacity, and transfers into better business relations” (p. 18).

Purpose: The purpose of this project is to provide self-transformation tools to all members of the primary healthcare team, including faculty, learners, management, and support staff, in order to create a universally healing environment. The practice and implications of Caring Science are there for all of the healthcare professions (Watson, 2005).

Setting and Participants: The setting is a multi-provider, transdisciplinary primary care safety net practice that serves as a training venue for medical residents, medical, nursing, pharmacy, nutrition, social work, and medical assistant students. At any given time, there may be eight provider/faculty, an office manager, twelve or more learners, additional transdisciplinary faculty, two care managers (RN and MSW), four LPNs, several medical assistants and clerical staff, and a data specialist.

Project Description/Process: In July, 2012, at the weekly practice team huddle, the Core team was introduced to the Human Caring Theory in a ten-minute session. The methodology employed
by Herbst, Swengros, and Kinney (2010) was adapted, promoting affective learning prompted by cognitive and psychomotor knowledge. The group was initially introduced to four actions: Centering Moment, Caring Human Connection, Reaction/Gratitude, and participation in caring circles to trigger the internal work of incorporating human caring into their daily practice. These triggers were introduced one at a time and reinforced, with tools including inspirational signs by exam room doors and hand washing stations.

**Project Projected Outcomes:** Projected outcomes include increased patient, provider, staff, and learner satisfaction and an improved quality of care.

**Project Partial/Projected Evaluation:** Initial data was collected by distributing two sets of index cards at a huddle. The instructions were to anonymously write first “what I need” from this environment; the second, “what I bring to the environment.” The purpose of this was to ascertain the needs of those affecting the environment, along with their perceived contribution. The results were shared with the group the following week, with plans to repeat this quarterly. An adaptation of the 5 Point Patient Caring Score (Watson, Brewer, D’Alfonso, 2010) will be distributed to the staff monthly, and also to a sample of patients to evaluate the effectiveness of the intervention for staff, and the relationship to the perception of patients of the practice environment.

**Future Directions:** Future plans are to spread the training to the entire organization (including administration) and partners, including primary care and inpatient sites. Evaluation methods and transformation tools will be examined and improved as necessary.

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**References:**