Grand Valley State University
Bonnie Wesorick Center for Health Care Transformation

Fall 2013

Wesorick News

A Publication of The Bonnie Wesorick Center for Health Care Transformation

In This Issue

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Thank you!!

Welcome Everyone! Unfolding scenes of spectacular Michigan colors, school crossing guards, backpacks, and lovely fall mums says we are well into the fall season. I can report that the Wesorick Center is off to a positive and successful start! Our students are already engaged in learning, developing scholarly projects, and establishing collegial relationships.

I am also happy to share with you that the Wesorick Center is becoming a scholarly "hub" of inquiry, project development and analysis, and creativity. In this issue, we focus on interprofessional education (IPE) as one area of scholarly work in the KCON's Wesorick Center. Nearly three full years have elapsed since the Institute of Medicine (IOM, 2010) published IPE recommendations. Thus, this is a good time to consider how IPE is integrated in nursing curricula and health care practice settings. Some individuals continue to think of IPE as another project or initiative-driven requirement that needs to be accomplished or placed on a check-off list.

However, for those familiar with Bonnie Wesorick's Clinical Practice Model (CPM) framework, the focus of IPE integration involves a broader perspective founded on a framework-driven approach in academic and practice settings. This more comprehensive approach involves a cultural change that is greater than placing students from different disciplines together in a classroom. The principles of dialogue, partnerships, and polarity thinking serve to intentionally create relationships of trust to ensure sustainability, which is far more enduring than participating in a project.

The Center welcomes Carly Roach, a graduate student from the communications department, who joins in our Center's team "huddles", brings creative elements to our projects, and exchanges learning with the Center's nursing students. Each student contributes to discussion of every project and brings their ideas and suggestions to the discussion. One project involved gathering qualitative data from numerous interprofessional practice partners. Our students had the opportunity to learn from "real life" interprofessional participants from numerous health related disciplines who contributed to our research project. The Center's students are participating in intentionally planned activities that contribute to the development of interprofessional electronic records for North American client systems.

In this issue, you will meet and read about the work of Dr. Cindy Beel-Bates, and a team of faculty who prepare colleagues to teach students in an IPE course. Many academic settings continue to search for the best practices to create effective IPE learning environments to achieve IPE recommendations. The Wesorick Center is focusing on creating effective IPE learning opportunities where students, faculty, and practice partners can learn collectively, share thinking, listen to one another and honor the presence of each team member's humanness.

I hope you will enjoy reading about the Center's activities in this second issue of our newsletter!

Warmest wishes for a lovely harvest season!

Evelyn Clingerman, PhD, CNE, RN
Executive Director
The Bonnie Wesorick Center for Health Care Transformation

A Message from the Dean

Since launching the campaign for the Bonnie Wesorick Center for Health Care Transformation in 2009, we have frequently been asked to clearly and succinctly articulate the purpose of the Center and the expected outcomes. Under the leadership of Dr. Evelyn Clingerman, a clear strategic plan has emerged. Specific objective outcomes are being realized, and in future editions of this newsletter, we will share the path we are charting.

We are producing outcomes, but I am still drawn to explain that which has been so challenging to articulate – the goal of ensuring the "legacy" of Bonnie Wesorick. After hours of contemplation, I think I can capture what Bonnie's legacy is. It is the "fire in the belly" that she instills, and I can confidently say, I believe this is the missing link to ensure person-centered care through effective and sustained team-based efforts. Yes, "fire in your belly" is a legitimate attribute with a definition:(http://idioms.thefreedictionary.com): *if you have "fire in your belly," you are ready to fight with energy and determination for what you believe is right; individual passion for the work that comes from within, and not from the dangling carrot of a paycheck or a good grade; self-motivation; the authentic self-desire to make a difference*.

While I know without a doubt there are many successful and laudable efforts to transform heath care across the nation through person centered care facilitated by teams, still all too often, observations support that we are falling short:

- A hospital system will effectively market "relationship care;" put white boards in patient's rooms to share the patient-centered goals with all providers; and make interprofessional rounds at the bedside, yet the patient still feels isolated and the real-self remains unknown, stumbling into an uncoordinated quagmire of follow up care post hospitalization.
- A 90-year old woman with the sudden onset of extreme back pain, is treated in an emergency department (ED), and then sent home. When 24 hours later the pain remains excruciating, she returns to the ED where a work-up reveals significant pathology, but she is sent home again, unable to walk or safely navigate simple self-care efforts. Her primary care provider will not see her until the next available appointment in three weeks. Helpless and with safety a major threat, her patient centered medical home has let her down.
- A university preparing students for health careers, launches an interprofessional education initiative, and introduces students to interprofessional competencies via shared curricular modules, then ensures all participate in an interprofessional simulation experience prior to graduation. Still, upon exiting from the degree program, seeking an environment that uses interprofessional team competencies as a framework for practice is not a job search criteria.

We can create an image, and a marketing team can sell the image. We can represent data to make a compelling case that we have high patient satisfaction within the organization. We can "check off the boxes" that say we are a team delivering person-centered care. But in environments with ever increasing complexity, and change occurring at the speed of light, are we choosing the right priorities? Why do errors still occur? Why do patients feel like "another lump of flesh" on the assembly line? Why do we still focus on only one part of the patient's history, when we need the whole story to affect a successful outcome?

DeWitt Baldwin (2007) traced the historical path of interprofessional education and practice (IPECP) in health care in the US from post-World War II efforts to the recent 21st century initiatives sparked by IOM reports. Interprofessional teamwork generally emerges as an emphasis whenever there are fiscally driven pressures. A consistent outcome across the last 70 years is that interdisciplinary education and practice is not easy.

Barriers include disciplinary territoriality and systems apathy. Each forward emphasis seems to end with a return to the status quo. Interdisciplinary concepts are difficult to understand and even more difficult to achieve in practice. Just having members of different professions work beside each other is not enough to effect change. Across the nation in academia and practice right now, we are expending enormous resources, in time and money, to make IPECP work. Now is time to give consideration to the "legacy" of Bonnie Wesorick.

Over thirty years ago, a former nursing student confronted Bonnie, saying that her nursing education had been a lie. The ideal of holistic, person-centered care religiously taught in the halls of academia as a right of every single patient, was simply not the reality in the health care environment. We are compelled to deal with complex care issues, multi-tasking, and life threatening decision making at a frantic pace, while unable to connect to the very real and personal needs of individuals. In addition, working relationships among professionals are often non-supportive, intimidating and stressful, characterized by non-verbal aggression and verbal abuse. The work of healing should be rewarding, yet it can become barely tolerable and shrouded with self-doubt and disappointment. While most of us accept what seems impossible to change, Bonnie refused to believe this and committed her intellect, her spirit of inquiry, and literally her very soul to the work she knew she must do.

Bonnie's true legacy is what she has lived -- having the belief in what is right, the conviction to do something about it, and the perseverance to never give up in that endeavor. She has carried the "fire in her belly" and she instills that within individuals in every system where her work is embraced. She begins with core beliefs:

- Each person has the right to safe, individualized health care which promotes wholeness of body, mind and spirit
- A healthy culture begins with each person and is enhanced by self-work, healthy relationships and system supports.

To start the "fire in the belly," the passion for person-centered care, Bonnie has always believed in knowing the "patient's story" -- connecting to each person's *humanness*. As she works with interprofessional teams of care providers, she takes each one back to the core of why we do the work we do, using actual patients to tell their stories, or sharing through videos she has created. Using a framework for practice, she guides each person through the development of skills to work intentionally for person-centered care, applying the collective wisdom of the team. I know this works, as I have witnessed it. At Summit meetings, members of the consortium that use Bonnie's framework gather, and in sessions called, "Wisdom from the Field," staff share their stories. These are humble providers, who ordinarily would never get up in front of a crowd and speak. But, in this environment, they are made strong. They tell incredible stories about how they have learned to work as a team, in complex settings, yet still hold each patient's uniqueness at the forefront. Individual stories reveal their successes in making a difference. These are very moving stories and serve to ignite the "fire in the belly" of the listeners as well. I realize that we will never create teams that work together on behalf of every single patient until there is a *ground swell* of those motivated to do this work. This is why Bonnie's work is successful. One person at a time, eventually becomes a collective team. Collective teams spreading throughout a system and change outcomes at the systems level.

I can anticipate that as this is read, there will be some "eye rolling." I am fine with that, because I know we cannot instill motivation to bring about true culture change simply because we engage in a few designated activities. Students can review IPE modules and do IP simulations. Staff can write on white boards and do shift reports at the bedside. Primary care offices can make appointments through email and provide health promotion teaching through computer-generated care plans. BUT, there will not be a team. The care will not be person-centered. NOT until each one has the "fire in the belly" to be motivated to make a difference, to *fight with energy and determination for what is right and have the individual passion that comes from within* to overcome the barriers . This is the legacy of Bonnie Wesorick, and this is the work of the Bonnie Wesorick Center for Health Care Transformation.

Cynthia McCurren, Dean and Professor
Kirkhof College of Nursing

THE VISION *of The Bonnie Wesorick Center for Health Care Transformation is to provide scholarly leadership that unites interprofessional healers in the research and implementation work essential to transform practice at the point of care.*

The work of The Wesorick Center has the potential to expand nationwide, preventing needless deaths and lowering the financial and human cost of healthcare. The Center will fill a leadership void and affect every aspect of healthcare where the hands of those who give and receive care meet.

Bonnie's Pearls of Wisdom

As I ponder the importance of the Center, especially within the context of what is happening in healthcare today, the Center's vision: *"To provide scholarly leadership that unites interdisciplinary healers in the research and implementation work essential to transform practice at the point of care"* is not only relevant but fundamental to the health of our society. There is much work to be done and we are continuously learning from the community. The desire for integrated healthcare from pre-birth to death for all humanity sits in our hearts but carries with it many challenges. The Center is eager to know and act. The verse below provides another look at the nature of the work the Center is committed to and, equally important, able to carry out because of your support.

Peace,

Bonnie

God Looked Down upon Earth and Said:

"I need someone who cares about every soul that walks this
earth from the beginning of life to the end.
I need someone who can be awake, alert 24 hours of every day
to support the journey of life.
I need someone to be there to celebrate the joy of an infant's first cry
and someone who knows what to do when there is no first cry.
I need someone who cares so much about life they study and discover
new ways to keep the body, mind, and spirit strong.
I need someone who can ACT, act when another
cannot breath, move, feel, see, or speak.
I need someone who stops the errors, duplication, and
fragmentation of care across the continuum of life.
I need someone who understands the sacredness
of words and the importance of silence.
I need someone who can sit in the middle of pain, fear, trauma, depression,
or disease and seek the person's story so to help and prevent.
I need someone who can bring laughter, joy, love, hope, and acceptance
to those who are weak, broken, swollen, and emaciated.
I need someone who knows when to smile, to be silent, to touch,
to walk with another, but knows when to let them stand
alone during their earthly journey."
Then God said: "There is no one person, no one discipline,
no one profession, no one setting, no one researcher or
scientist, no one payer who can care for these souls.
I do not need someone; I need an interprofessional health care team."
That is us. "We are the ones we have been waiting for."

Bonnie Wesorick, 2013

Students Involved with Scholarly Projects in the Wesorick Center

Samantha Utter, an undergraduate nursing student attending Kirkhof College of Nursing (KCON), is experiencing some remarkable learning opportunities in the Wesorick Center. Samantha was selected as the first "research intern" to contribute to the scholarly work of The Wesorick Center for Health Care Transformation. Samantha is actively involved in learning about conducting a research study and ethical responsibilities in research as well as how the CPM framework guides our scholarly work in the Center, in KCON, our university, and our community. Please join me in welcoming Samantha to the Wesorick Center!

Evelyn Clingerman, PhD

"As an undergraduate student working in The Wesorick Center for Health Care Transformation, I have been exposed to a multitude of health care opportunities. I am learning about the importance of interprofessional work while simultaneously upholding professional nursing for nurses and student nurses. I have been exposed to various health care facilities and am learning how the vast number of health care services touch people in their surrounding communities. Most of all, the Wesorick Center has given me a space to develop my own professionalism as a student nurse, and helped guide my individual growth as a future leader in health care."

Samantha Utter,
Kirkhof College of Nursing Student

Would you like to honor someone who has touched your life and health?

The Bonnie Wesorick Center for Health Care Transformation invites you to honor a nurse, a health care provider, family member, or friend who has touched your life. Include their name with a gift to support the endowment of the Wesorick Center and let us know if you'd like us to share a portion of your story about this remarkable person. We will highlight your person or persons in an upcoming issue of our newsletter and or on our website.

We thank you for your very important contributions.

Mail gifts to:
GVSU
Attn: University Development
P.O. Box 2005
Grand Rapids, MI 49501-2005

Give online:
www.gvsu.edu/kcon
Select "give today"
or Search Wesorick
via online form

Great News:
GVSU and KCON are on the right track!

Reflections on IPE by Dr. Beel-Bates

Since attending national and international conferences over the past few months, I have experienced a profound sense of gratitude for KCON and GVSU's interprofessional education (IPE) accomplishments and have been inspired with energy to continue moving forward. In May, a KCON faculty team (Beel-Bates, Terry, Wallace -Renter and Winter) participated in the Interprofessional Education Collaborative (IPEC) Faculty Development Institute for Quality Improvement and Patient Safety, where we were challenged to break down duplicative silos between health professions in academic programs and to align educational activities with real-life work challenges to achieve a lasting impact of value to learners. Thus, we received validation of our design and implementation of our dually designated IPE 407/507 Integrated Team Healthcare provided in winter 2013. We have curricular sustainability because we have conveyed a message to students with our course listed as a *required*, rather than an elective course; that our faculty receive consistent IPE facilitator development; that our experiential learning through team simulations is linked to actual clinical care; and because our students learn with and about one another using a shared teamwork language. The team returned from this conference energized with a plan to assess the nursing graduate programs (Clinical Nurse Leader [CNL]; Doctorate in Nursing Practice [DNP]) through faculty involvement (interviews) and then, if necessary, to spearhead the design and implementation of educational strategies within these programs that will also assure the intentional integration of IPE and interprofessional collaborative (IPC) competencies for our learners.

Later, at the international gathering (Collaborating Across Borders [CAB] IV conference) of more than 1000 people, we heard a repeated and inspirational message that we must move IPE beyond "perceived" benefits. Traditionally, most faculty have approached IPE research atheoretically and have focused more on evaluating process rather than outcomes. As one speaker stated, "The impact of IPE and IPC is great truth awaiting scientific validation." John Gilbert, member of CAB IV's executive committee, passionately beseeched us to have the patience and wisdom to develop theories, models and methods for assessing IPE and outcomes **NOW** so the resurgence of IPE as a strategy to improve care doesn't backslide. We need evidence. Barbara Brandt, director of the United States National Center for Interprofessional Practice and Education, stated that "the ultimate goal of the center is to improve the quality of IPE evaluation." Given this context, Dr. Clingerman and I separately attended more than 24 sessions that we'll use to inform best practice developments within the Wesorick Center, KCON, GVSU, and our community. We plan to contribute to the scholarly evidence needed to validate IPE as an innovative solution to better health outcomes and to participate with the work of the National Center for IPE and IPC. I received repeated affirmation at these conferences that overcoming barriers in educational cultures to embrace interprofessional education is hard work, but this reenergizes me because alone, the sea appears so big and my boat is so small. However, the insights I gain through networking with others helps me realize that when there are many boats the same size as mine (my IPE colleagues), the sea appear smaller and less formidable.

Thus, I am embracing the visual analogy of a symphony orchestra used by Keith Lindor, who suggests that health professionals must learn to "play" with any group depending on the leadership.

In closing, my elevator speech about IPE, our goal is to educate our students to be experts IN teams versus experts ON teams as experts ON teams do not equate to team expertise.

Thank you,

Cindy Beel-Bates, PhD, RN, FGSA

Talk of The Town!!

A big thank you goes out to the 1983 KCON Alumni who joined together for a 30 Year Reunion on Saturday, October 5. This event was sponsored by The Bonnie Wesorick Center for Health Care Transformation. What a wonderful opportunity to reconnect, share memories and plan for the future!

Attendees pictured: Susan Wright, Susan Bray, Jenny Byron, Karen Burritt, Michelle Troseth, Bonnie Wesorick, Loraine Burka, Jean Dietrich, Carrie Hull, Julie Myers, Linda Grinstead.

Announcing The Wesorick Center Lecture Series

Please join us for this very special presentation by

Lisa Osborne, CAPT, US Navy, PhD, CRNA
Associate Professor, Uniformed Services
University of the Health Sciences

Nursing Reconsidered

Friday, November 15, 2013
1:00 – 3:00 p.m.

Hager-Lubbers Exhibition Hall
& Loosemore Auditorium
Richard M. DeVos Center
Robert C. Pew Grand Rapids Campus
Grand Valley State University
401 West Fulton
Grand Rapids, MI 49503

RVSP to Kellie Knight:
knightke@gvsu.edu
or (616) 331-5783
by Monday, November 11.

Continuing Education contact hour 1.0 for Registered Nurses attending.

Spotlight on Students: Terri Ruiter

The Wesorick Center and CPMRC recently partnered to sponsor an Evidence Based Research Internship as an Independent Study for a KCON CNL student, Terri Ruiter, RN. Terri, a KCON alum, has extensive experience in nursing becoming an RN in 1976, earning a BSN in 2002 and now nearing completion of a Masters degree. Terri explains that she was unaware of clinical practice guidelines (CPGs) until she enrolled in KCON's Nursing Research and Evidence Based Practice courses (NUR 613 & 614), where she was officially introduced to CPGs! "As part of a class assignment, we conducted a critical review of a guideline and developed evidence based research questions. As a result of this course work, I was curious and interested in developing more knowledge and a deeper understanding of the process involved in developing CPGs. The Wesorick Center was instrumental in facilitating an internship through an independent study that provided me with an opportunity to participate with an interprofessional team of professionals who were working on revising a CPG for sepsis. The Wesorick Center's relationship with its practice partner, Elsevier's Clinical Practice Model Resource Center, provided a necessary link with an established practice partner where I could contribute as a nurse member to identify the best evidence available to care for patients with a sepsis diagnosis. Contributing to the revision of this guideline allowed me to recognize the importance of nurses participating with other disciplines to providing the best evidence for a team of health care providers, and the impact this work will have on patients served by organizations that use Elsevier CPMRC's guideline.

Throughout my graduate education, I've come to understand the emphasis placed on patient outcomes and how we can improve outcomes. Clinical Practice Guidelines are one way to ensure that everyone has the best information available to achieve optimal patient outcomes. In my role as a Clinical Nurse Leader (CNL) I will continue Bonnie Wesorick's legacy as the "keeper of the patient's story" and ensure that all health care providers are on the same page providing the best possible care based on a shared plan of care."

The Wesorick Center Thanks Our External Advisors

Laura Adams - President and CEO of the Rhode Island Quality Institute.

Connie W. Delaney, PhD, RN, FAAN, FACMI - Dean and Professor, University of Minnesota School of Nursing and Fellow in the American College of Medical Informatics.

Bradley N. Doebbeling, MD - Professor of Internal Medicine, Indiana University School of Medicine, Director of Indiana University Center on Health Services and Outcomes Research.

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