


- 
- Understanding complexity,
cultural differences,
interdependence and
fragmentation in care

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The goal

- To give attention to cross-cultural issues.
- To improve physician -patient, student - patient, student - menthor communication.
- To improve collaboration by active approach to multicultural issues.
- To experience of relationships.
- To increase satisfaction.

Cultural competences

- Cultural competence programs proliferated in medical schools in response to increasing national diversity.



The experience of relationships

- Healing requires relationships
 - Relationships lead to **trust**, hope, and a **sense of being known**
- Our healthcare system increasingly delivers commodities
 - Commodities can be **sold**, **bought**, **quantified**, and **incentivized**.

Understanding Healing Relationships in Primary Care

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ABSTRACT

PURPOSE Clinicians often have an intuitive understanding of how their relationships with patients foster healing. Yet we know little empirically about the experience of healing and how it occurs between clinicians and patients. Our purpose was to create a model that identifies how healing relationships are developed and maintained.

METHODS Primary care clinicians were purposefully selected as exemplar healers. Patients were selected by these clinicians as having experienced healing relationships. In-depth interviews, designed to elicit stories of healing relationships, were conducted with patients and clinicians separately. A multidisciplinary team analyzed the interviews using an iterative process, leading to the development of case studies for each clinician-patient dyad. A comparative analysis across dyads was conducted to identify common components of healing relationships

RESULTS Three key processes emerged as fostering healing relationships: (1) valuing/creating a nonjudgmental emotional bond; (2) appreciating power/consciously managing clinician power in ways that would most benefit the patient; and (3) abiding/displaying a commitment to caring for patients over time. Three relational outcomes result from these processes: trust, hope, and a sense of being known. Clinician competencies that facilitate these processes are self-confidence, emotional self-management, mindfulness, and knowledge.

CONCLUSIONS Healing relationships have an underlying structure and lead to important patient-centered outcomes. This conceptual model of clinician-patient healing relationships may be generalizable to other kinds of healing relationships.

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The experience in “healthcare” systems:
the opposite of healing

The unbalance

- Fragmentation of health systems; and
- Proliferation of unregulated commercial care.
- While governments, health care systems, and individuals spend more and more on healthcare, for less and less value.

- This unbalance, this brokenness, is at the root of the more obvious healthcare crises of
 - unsustainable cost increases,
 - poor quality,
 - inequality,
 - ...



○ change

COMPLEXITY

complexity

COMPLEXITY AND INTERDEPENDABILITY

Education and debate

Complexity science

The challenge of complexity in health care

Paul E Plsek, Trisha Greenhalgh

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COMPLEXITY

- The science of **complex adaptive systems** provides important concepts and tools for responding to the challenges of health care in the 21st century
 - clinical practice,
 - organisation,
 - information management,
 - research,
 - education, and
 - professional development

Complexity science

The challenge of complexity in health care

Paul E Plsek, Trisha Greenhalgh

- Fuzzy, rather than rigid, boundaries
- Systems are embedded within other systems and co-evolve
- Tension and paradox are natural phenomena, not necessarily to be resolved

FRAGMENTATION

fragmentation

FRAGMENTATION

- between the society and the groupings of some members of that society
- between students and teachers
- on the lines of a common culture, nationality, race, language, occupation, religion, income level, or other common interests...

FRAGMENTATION

- The unintended consequences of fragmentation
 - Inefficiency
 - Ineffectiveness
 - Inequality
 - Commercialization
 - Medicalization
 - Alienation
 - ...

Feeling to be ineffective

- *A cacophony of narrowly-focused programs, services, and relationships ...*
- *Spending more on the parts has not improved the whole.*

Feeling of inequality

- In a fragmented or foreign system, it is easy to ignore the poor patient or busy menthor or student from abroad.

Commercialization

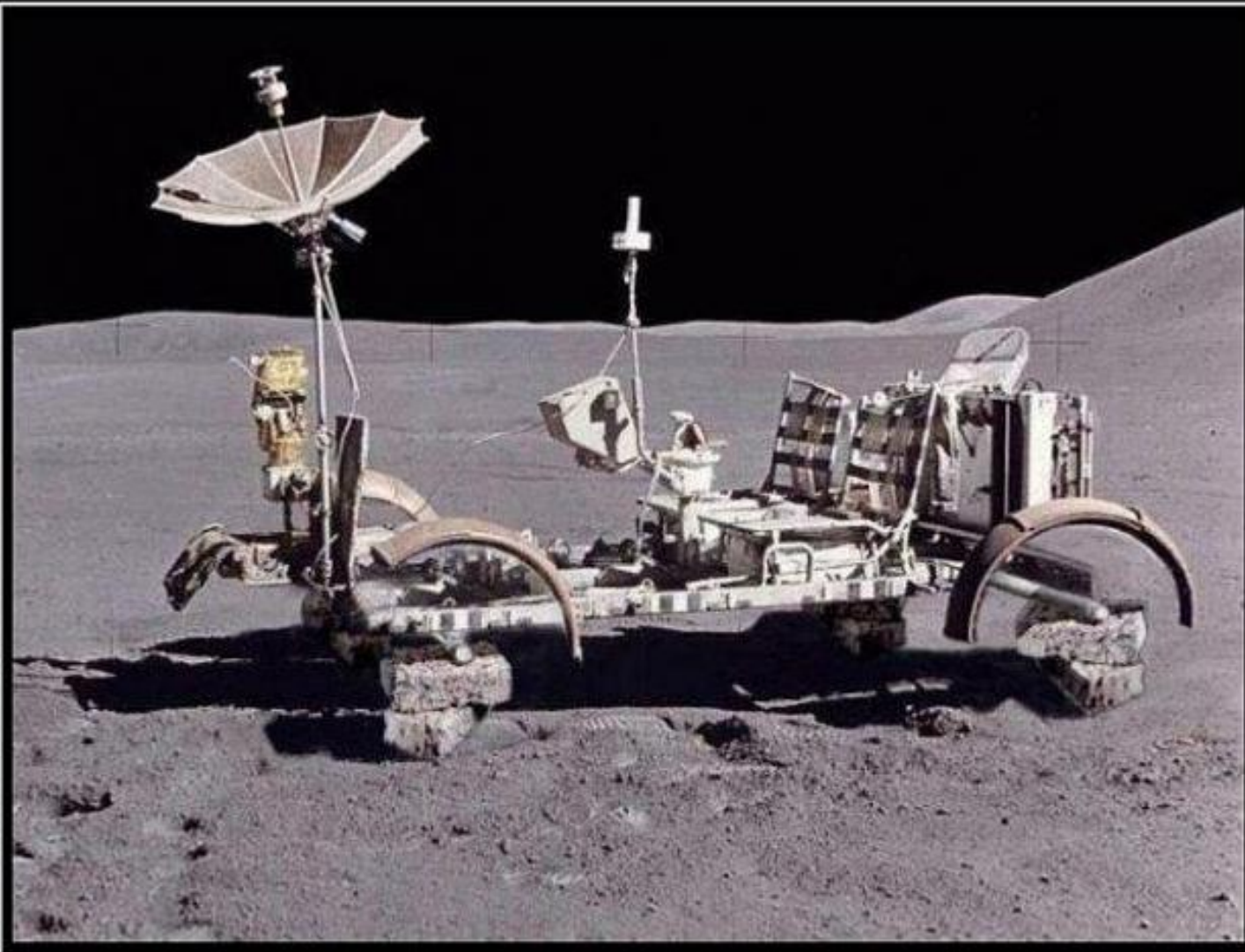
- *Specialists, drug and device makers, hospitals and service agencies focus on delivering their well-reimbursed services without a way to consider their effect on the whole person or system, or the opportunity costs on the social determinants of health, such as education and employment.*
- *patients become customers,*
- *citizens become consumers,*
- *healers become providers,*
- *and costs for the public good of health care are shifted around like the hot potato.”*

Medicalization

- Medicalization is frequently defined as a process by which some non-medical aspects of human life become to be considered as medical problems.
- A “*modern epidemic*” of
 - *Over-diagnosis*
 - *Over-treatment*

Alienation

- When people feel that they have no influence in their work (hence, when they feel *'powerless'*) and especially when they feel that their work is not worthwhile (when they feel *'meaningless'*), this has substantial negative effects.



Houston, we have a problem

**EXPECTATIONS AND
OBLIGATIONS**

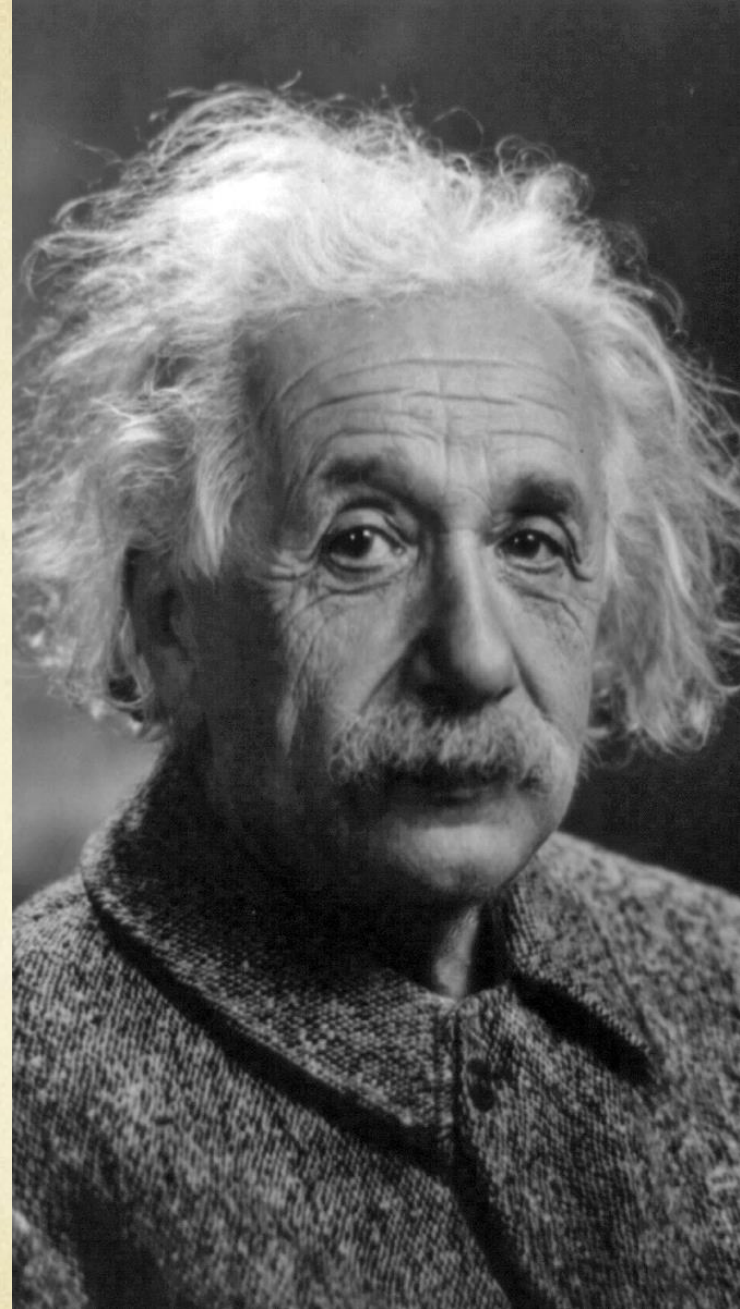
*professionalism and medicine's
social contract with society*

RICHARD L. CRUESS AND SYLVIA R. CRUESS

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“We can't solve problems by using the same kind of thinking we used when we created them.”

ALBERT EINSTEIN
Writer and futurist





**KEEP
CALM**

BUT

**HOUSTON
we have a problem**

THANK YOU

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