A Moment of Clarity: A New Clinician’s Perspective

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Summary

This is a new clinician’s story of how she intuitively utilized the model concepts of Relationship-Based Care and the framework of I2E2 to impact the lives of her patients, her colleagues, and herself.

In this process, she realized the therapeutic effects of her efforts and has now committed to utilizing the established model and framework as she enters the health care profession.

Vision

My intended impact on the whole spectrum of health care is to serve as a leader of change and as a representative of hope.

In I2E2: Leading Lasting Change (2007), Jayne Felgen wrote, “It is my belief that even agents of successful change who are not familiar with the concepts of I2E2 follow this formula intuitively without realizing it” (p. 1).

The purpose of this presentation is to provide health care professionals with an example of how a new clinician unintentionally utilized the concepts of Relationship-Based Care in multiple aspects of her life.

Inspiration

As a physical therapy graduate student, I was asked to complete an assignment for my Neurological Clinical Science course.

The assignment consisted of students reading a book from a selected list, reflecting upon the author’s meaning, and then creating a reflective video explaining the book’s impact.

I selected The Diving Bell and the Butterfly, an acclaimed memoir by Jean-Dominique Bauby who experienced locked-in syndrome.

In the process of creating my reflective video, I gained a new perspective of a patient and his journey, ultimately changing my perception of the clinician I envisioned myself to be.

My instructor decided to show my reflective video to the entire class, and the presentation left the majority of my classmates in tears.

As I realized the impact that the video had on my peers, I wondered if it would have an impact on more experienced clinicians.

During my neurological rehabilitation clinical experience, I allowed members of the Rehab Department to view my video during an in-service presentation.

The video was again well-received, and it was left for the hospital administrators to view as they pleased.

Several months later, I received a telephone call from the Chief Nursing Officer of that same hospital.

She asked if I would be the final speaker of the day at a local Relationship-Based Care symposium.

My cup is full again.

“I knew of your work— but was humbled by your presentation, your wisdom and your heart.”

“All of the staff has learned something from her—to look at the person as a ‘puzzle to solve’.”

“Your message is powerful.”

“I must keep telling your story, a story of magnificent inspiration. If we stop sharing our stories, others lose the chance to open (even heal) their hearts. You brought my heart to tears.”

Evidence (Qualitative)

“[The] video was very touching.”

“[She] humbled me with her wisdom and her heart.”

“Thank you, for sharing your heart and soul with us.”

“[I] knew of your work—but was humbled by your presentation, your wisdom and your heart.”

“We must keep looking.”

—Jean-Dominique Bauby

Infrastructure

In I2E2: Leading Lasting Change (2007), Jayne Felgen wrote, “Our circle of influence grows when we become a positively charged magnetic force within it” (p. 14).

I have taken every opportunity to facilitate change within my own circle of influence.

In the academic setting, my circle of influence has included the impact I have had on the mind sets of my classmates and professors.

In the clinical setting, my circle of influence has encompassed my patients and their families, my clinical instructors, and the staff within the facility.

My circle of influence grew when my reflective video was presented at the Relationship-Based Care symposium.

Now, I have been placed in a position to deliberately and intentionally influence all of you.

Within each circle of influence, my intentions have remained the same— to serve as a leader of positive change and as a representative of hope.

References
