Relating Across Difference - Learning from Cleveland Clinic

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While diversity has tremendous value, if not managed properly, it can negatively impact the relationships necessary for effective care delivery due to biases, misunderstandings, reticence to speak up, and the formation of subgroups that hinder communication and coordination. Both professional and social identity diversity require the ability to build relational coordination - relationships based on shared goals, shared knowledge, and mutual respect supported by high quality communication - across differences. This raises the potential to combine interventions to enhance both interprofessionalism and diversity. The Relating Across Difference (RAD) project was developed to leverage professional and social identity differences to strengthen system-awareness and interprofessional collaboration in healthcare workplaces, thereby enhancing outcomes for patients, professionals, teams, and systems. RAD is being tested in three health systems sequentially over the course of three years: Cleveland Clinic and Case Western Reserve University (CWRU), Mass General Brigham, and University of Washington Medical Center.

This presentation will share learnings from the first year of testing and describe plans for year two. At Cleveland Clinic/CWRU, the RAD team engaged in onboarding, workshops, and evaluation. Stakeholders were interviewed to introduce the RAD curriculum, determine the appropriate sites for implementation, discuss roles and responsibilities, and explore embedding RAD content into quality improvement (QI). RAD was integrated into a 9-month QI fellowship, allowing participants to learn QI methodologies while enhancing their awareness and skills to leverage differences as a resource. Two clinical teams - an intensive care unit and an outpatient pulmonology clinic - were selected to participate, and four internal coaches were enlisted to support them. Four RAD workshops were completed. A baseline assessment was conducted to measure relational coordination and attitudes towards diversity, equity, and inclusion, with plans for a follow-up survey in the future.

The project encountered some challenges that provided valuable insights regarding the delivery process and the evaluation tool. Post Covid, the healthcare workforce is overwhelmed by staff

reductions, changed work processes and cost reduction strategies. Adding new projects and lengthy evaluations further burdened the clinical teams, adversely affecting recruitment and consistency in engagement. Faced with an extensive curriculum, some participants had trouble grasping the purpose of RAD, its integration into traditional QI and its relevance to their projects. The role of internal coaches was not well supported as they were learning content simultaneously with the frontline teams. Nevertheless, most participants found the RAD learning to be helpful in their work and other social roles and expressed a desire to apply learnings in the future.

Lessons learned will significantly shape the implementation of RAD in the next two sites. Rather than RAD facilitators coaching frontline teams directly, facilitators will instead coach the coaches, who will then integrate RAD into their work with frontline teams. Frontline teams will learn through projects that are already part of their work, rather than adding projects to their workload. Roles and expected outcomes will be established from the outset. The evaluation survey will be shortened, and questions about comfort with difference that are susceptible to social desirability bias will be rephrased.