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Title

Developing the BRANCH Initiative -Building Relationship science for Advanced Networks in Communication and Health: Year One S

Priority 1 (Research Category)

Research Capacity Building

Presenters

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Abstract

Context: Our purpose in developing the BRANCH (Building Relationship science for Advanced Networks in Health & Communication), an initiative to which we are committed to devoting the remainder our careers, lies in promoting the relational aspects of medicine through the cultivation of research, teaching, advocacy, and practice that translate into patients (and doctors) feeling better seen, understood and cared for. The collective experience of exemplary, compassionate physicians, the narrative experiences of patients, as well as the documented science of healing clearly verifies the reality that much of healing occurs through the listening, trust, optimism and communication of compassion that comes through relationships. Objective: Our goal with the BRANCH Initiative is to connect the deep body of knowledge in relationship science and human communication research with science and art of medicine. We seek to articulate how and why the process of acting with heart, of attending to “what matters” as a special strength of the science of human relationships and human communication. In this presentation, we share successes (including two initial funders) and challenges of Year One. Setting or Dataset: We hosted a series of meetings with thought leaders in primary care research and relationship science. We systematically assessed literature and programs that illustrate interdisciplinary vision. Population Studied: Foundations come from collective leadership over time in both relationship science and Family Medicine and from published literature. Intervention/Instrument: Our presentation provides a comprehensive overview of our successes and opportunities. Outcome Measures: Content and process come from consensus among the authors developed in strategically organized vision and implementation sessions and writing. Results: We describe the need to build (or rebuild) greater meaning & purpose in primary care. This extends to patients, practitioners and stakeholders. We connect the core principles and values of Family Medicine as relationship-based. We articulate ‘ways of being’ in Family Medicine that gets back to the human heart of understanding and argue that these ‘ways of being’ can be adopted by academics and researchers too. Conclusions: We

map out strengths and opportunities for transformative leadership of the vision and strategic implementation of relationship science to build meaning and purpose in clinical practice, teaching, and research.

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