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Welcome to the spring 2009 edition of the Institute for Healthcare Communication – Canada, Faculty Newsletter.

The purpose of the IHC-C Faculty Newsletter is to provide a forum for ongoing communication with faculty, as well as to share Institute information with other interested partners, clients and colleagues.

If there are any items that you would like to see included / addressed in this newsletter, please feel welcome to contact the IHC-C office any time.



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Upcoming: CANADIAN FACULTY COURSES

Treating Patients with C.A.R.E.

Dates: May 6-8, 2009
 Sponsor: Cross Cancer Institute
 Location: Edmonton, AB
 Faculty leader: Michele Nanchoff-Glatt

Strangers in Crisis

Dates: May 25-28, 2009
 Sponsor: Vancouver Island Health Authority
 Location: Duncan, BC
 Faculty leader: Michele Nanchoff-Glatt

ANNOUNCING

The Canadian debut of Strangers in Crisis (SIC)*

Patients enter the hospital and the emergency department in crisis and are met by strangers who in an instant become responsible for their care. Time pressures, high information processing needs and the seriousness and complexity of the patient's medical problems contribute to the intensity of the situation. In an effort to better equip clinicians to manage communication challenges in the emergency department and inpatient settings, the IHC developed Strangers in Crisis.

* This faculty development program has recently undergone revisions to update curriculum and modified into a 4-day program for those who have not had previous CPC training. Thanks to the IHC staff and Michele Nanchoff-Glatt for their commitment to this project.

Treating Patients with C.A.R.E.

Dates: June 24-26, 2009
 Sponsor: HQCA / Transition Services
 Location: Calgary, AB
 Faculty leader: Michele Nanchoff-Glatt

Disclosing Unanticipated Medical Outcomes

Dates: TBA, 2009
 Sponsor: Newfoundland/Labrador Health Regions
 Location: St. John's, NL
 Faculty leader: Dan O'Connell

2008: The Year in Review

IHC-C Course Summary	2006	2007	2008
# FACULTY COURSES held	6	8	11
# Faculty trained	70	95	118
# EXTERNAL workshops	1	4	13
# INTERNAL workshops	unknown	122	357

2008 IHC-C **FACULTY DEVELOPMENT** ACTIVITY

COURSES

Total number faculty courses (2008) = 11

Course / Province	Treating Patients with CARE	Disclosing Unanticipated Medical Outcomes	Choices & Changes
AB	5	3	1
BC	-	2	-
TOTALS	5	5	1

FACULTY TRAINED

Total number faculty trained in new course (2008) = 118

Course / Province	Treating Patients with CARE	Disclosing Unanticipated Medical Outcomes	Choices & Changes
AB	35	32	27
BC	-	23	-
NL	-	1	-
TOTALS	35	56	27

2008 IHC-C WORKSHOP ACTIVITY

WORKSHOP (includes internal, external and faculty course context)

Total number ALL workshops (2008) = 381

Course / Province	CARE	DUMO	C&C	CPC	CFIC	C not C	DCPR
AB	188	102	28	4	3	-	-
BC	2	8	9	11	-	1	-
MB	-	15	-	-	-	-	-
NS	-	-	-	-	-	1	-
ON	-	-	-	4	-	-	2
SK	-	3	-	-	-	-	-
TOTALS	190	128	37	19	3	2	2

ATTENDANCE

TOTAL Workshop Attendance = 4507 (Average attendance per workshop = 12)

Course / Province	CARE	DUMO	C&C	CPC	CFIC	C not C	DCPR
AB	1732	1378	356	88	40	-	20
BC	35	144	164	154	-	20	-
MB	-	137	-	-	-	-	-
NS	-	-	-	-	-	6	-
ON	-	-	-	199	-	-	-
SK	-	34	-	-	-	-	-
TOTALS	1767	1693	520	441	40	26	20

2008 WORKSHOP EVALUATION DATA:

Workshop evaluative data have all been converted to a 4.0 scale, obtaining a summary score for each question, then for each workshop and then for each course. The results for each course combined are presented in the table below.

Course	# of workshops	Est. # of participants	# of evaluation summaries collected	Mean Score	Standard Deviation
CARE	190	1767	178	3.38	0.29
DUMO	128	1693	118	3.46	0.20
C&C	37	520	34	3.57	0.20
CPC	19	291	11	3.51	0.15
CFIC	3	40	3	3.41	0.02
CNC	2	18	1	3.52	0.23
DCPR	2	170	1	3.24	0.22

FACULTY DEVELOPMENT



Congratulations to the following organizations for sponsoring IHC-C faculty development programs in the first half of 2009:

- Tom Baker Cancer Centre / Cross Cancer Institute (*Clinician Patient Communication*)
- Cross Cancer Institute (*Treating Patients with C.A.R.E.*)
- Vancouver Island Health Authority (*Strangers in Crisis*)
- Health Quality Council of Alberta (*Treating Patients with C.A.R.E.*)

Congratulations to new Clinician-Patient Communication (CPC) Faculty:

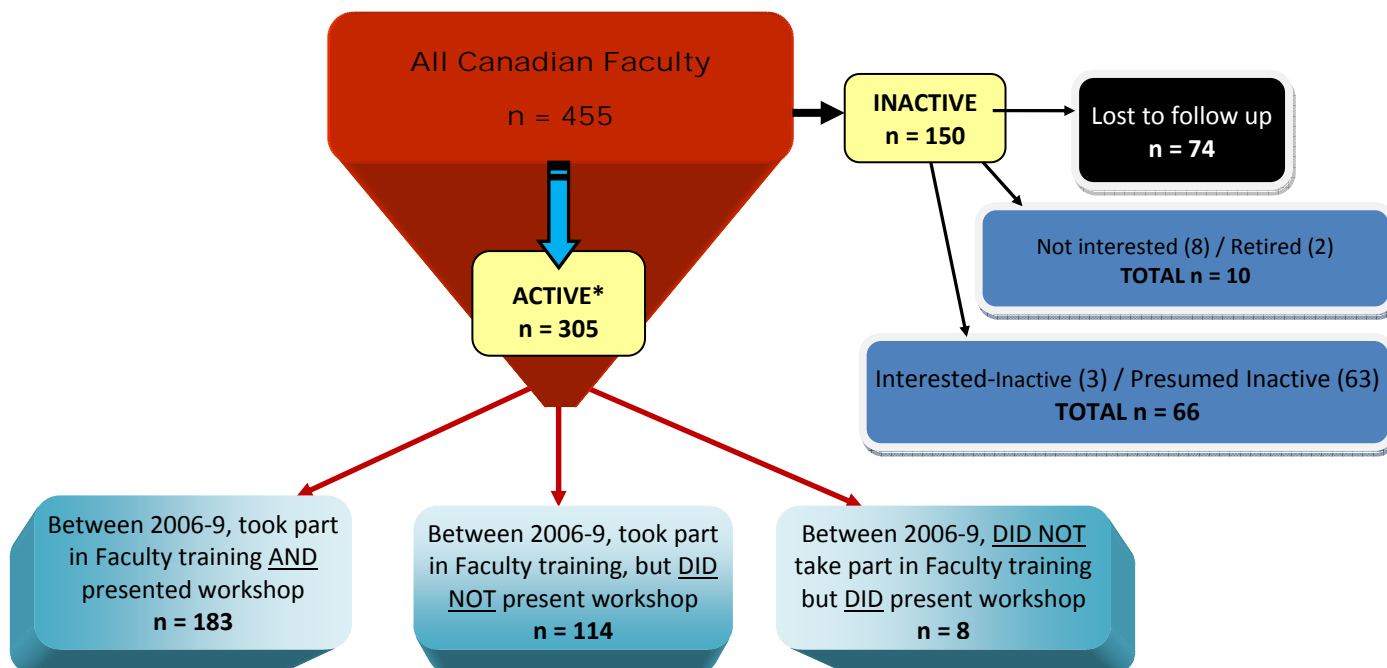
January 12-15, 2009 (Calgary, AB)

Faculty leader: Michele Nanchoff-Glatt

Lois Dumenko-Russell	Fatigue Management Nurse	Tom Baker Cancer Centre
Hellen Jung	Clinical Nurse Specialist – Radiation Therapy	Tom Baker Cancer Centre
Marc Kerba	Radiation Oncologist	Tom Baker Cancer Centre
Gerald Lim	Radiation Oncologist	Tom Baker Cancer Centre
Krista Rawson	Nurse Practitioner	Cross Cancer Institute

IHC-C Faculty Activity* Summary

* **ACTIVE STATUS** defined by having taken part in at least one faculty development session between 2006 and 2009 and/or presented one or more IHC-C workshops in the same time period.



ISSUE: IHC-C Faculty “certification” in Canada

OVERVIEW:

- Certification is the process by which a new faculty member is observed on the occasion of the first workshop presentation. The observer is a seasoned faculty member for that course and provides pre and post course coaching for the individual, as well as completing a comprehensive evaluation which is submitted to the main office, for follow up communication with the new faculty member.
- Certification is mandatory in the US, but for a number of reasons (including costs, limited human resources, etc.), Canada has not required this for new Canadian faculty. Instead, the IHC-C has worked to have control over presentation quality through feedback from the course leader as well as reviewing the evaluative data submitted from subsequent workshops which are presented by the faculty member.
- In the US IHC, the current cost for certification is \$1500/day (plus travel), with the evaluator able to certify several individuals in one day, both through a multi-presenter model and having more than one presentation on that same day.

BENEFITS:

- Increased consistency and quality of presentation
- Strengthened reputation of the IHC product (One weak presentation undermines the future of the program for that organization.)
- Improved understanding and mastery of material for new faculty through one- on-one mentorship and feedback
- Increased sense of contributing to “team” of IHC faculty.

CHALLENGES:

- Low number of Canadian Faculty trained to fill role as “certifier”
- “clients” or end users may not wish to augment costs any more than necessary
- Increased work for IHC-C Staff with no source of revenue for effort

IDEAS CONSIDERED TO DATE:

- Reduce cost of certification for clients
- Charge service fee for Institute to recover costs.
- Set up training process so that “internal” faculty are trained to fill this coaching role.
- Use of web cam so that facilitator can be “virtually” available for the inaugural workshop
- Provide a video/DVD of the inaugural presentation to a certifier for review.

YOU ARE INVITED ...

to tell us what you think about the CERTIFICATION Issue, by following the link below to a very brief on-line survey.

http://www.surveymonkey.com/s.aspx?sm=F_2bzZpFVF6cHG5Zq8o_2bo5CQ_3d_3d

This survey can be completed by Institute faculty (US and Canadian), Institute staff, clients and other stakeholders, as well as colleagues and other associates – the questions will vary depending on your relationship with the IHC-C.



The results will be summarized in the next IHC-C Faculty Newsletter.

Thanks in advance for helping with this matter.

Congratulations ...

to IHC-C faculty who have elected to undergo formal faculty certification in **2008-2009**, and thanks to those organization which have supported this initiative, with a view to providing optimal training to their faculty members.



NAME	Organization	IHC-C Course	Date of certification visit	IHC-C Faculty Mentor / OBSERVER
Karen King	Cross Cancer Institute	DUMO	April, 2009	Kristen Atwood
Hellen Jung	Tom Baker Cancer Centre	CPC	20-Mar-09	Michele Nanchoff-Glatt
Lois Dumenko	"	CPC	20-Mar-09	"
Gerald Lim	"	CPC	13-Mar-09	"
Marc Kerba	"	CPC	13-Mar-09	"
Sid Viner	AHS (Calgary Health Region)	DUMO	04-Feb-09	Bruce MacLeod
Doug Buwalda	AHS (David Thompson Health Region)	DUMO	29-Jan-09	Michele Nanchoff-Glatt
Yvonne Hoppins	"	DUMO	29-Jan-09	"
Patty Garrett	Interior Health - BC	DUMO	28-Jan-09	Christina Krause
Wrae Hill	"	DUMO	28-Jan-09	"
Gail Wells	AHS (Northern Lights Health Region)	DUMO	19-Jan-09	Michele Nanchoff-Glatt
Monique Janes	"	DUMO	19-Jan-09	"
Doug Davey	AHS (Capital Health)	DUMO	12-Jan-09	Kristen Atwood
David Chakravorty	AHS (Calgary Health Region)	DUMO	12-Dec-08	Bruce MacLeod
Val Austen-Wiebe	"	DUMO	12-Dec-08	"
Catriona Gano	AHS (Capital Health)	DUMO	27-Nov-08	Kristen Atwood
Tammy Duperron	"	DUMO	18-Nov-08	"
Dennie Hycha	"	DUMO	18-Nov-08	"
Pam Mathura	"	DUMO	17-Oct-08	"
Louise Kashuba	"	DUMO	15-Oct-08	"
Ilyne Mcteer	"	DUMO	15-Oct-08	"
Janice Butler	Health Care Protection Prog – Gov BC	DUMO	10-Oct-08	Christina Krause
Daniel Scott	AHS (Capital Health)	DUMO	11-Sep-08	Kristen Atwood
Joanne Satkunas	"	DUMO	11-Sep-08	"
Mandy Bellows	"	DUMO	27-Jun-08	"
Amy Kantor	"	DUMO	27-Jun-08	"
Dave Williams	Fraser Health Authority - BC	DUMO	18-Jun-08	Bruce MacLeod
Cathy Weir	"	DUMO	18-Jun-08	"
Stephanie Van Den Biggelaar	AHS (Capital Health)	DUMO	16-May-08	"
Noel Gibney	"	DUMO	16-May-08	"
Jo-Anna Besuyen	"	DUMO	16-May-08	"
Donna Hoskins	"	DUMO	16-May-08	"



Impact of communication training on physician expression of empathy in patient encounters ★

Kathleen A. Bonvicini*, Michael J. Perlin, Carma L. Bylund, Gregory Carroll*, Ruby A. Rouse, Michael G. Goldstein*

* Institute for Healthcare Communication

Patient Education & Counseling 75 (2009) 3–10

ABSTRACT

Objective:

To examine whether an educational intervention that focused on physician communication training influenced physician empathic expression during patient interactions.

Methods:

This study used a quantitative research method to investigate the influence of communication training on physician-expressed empathy using two measures (global and hierarchical) of physician empathic behaviour.

Results:

The differences in global empathy scores in the physician training group from baseline to follow-up improved by 37%, and hierarchical scores of physician empathic expression improved by up to 51% from baseline scores for the same group.

Conclusions:

The results strongly supported the hypotheses that training made a significant difference in physician empathic expression during patient interactions demonstrated by both outside observer measures of global ratings and hierarchical ratings of physician empathic behaviour.

Practice implications:

These findings have significant implications for program design and development in medical education and professional training with the potential to improve patient outcomes.

Quality management and benchmarking in emergency medicine ★

Roland C.E. Francis, Claudia D. Spies and Thoralf Kerner
Current Opinion in Anesthesiology 2008, 21:233–239

Purpose of review

Being critical in terms of time and complexity, emergency medicine is exposed to an emerging imperative for quality improvement strategies. We review current concepts and recent advances in the management of quality in emergency medicine.

Recent findings

There is a strong interdependence between quality of emergency healthcare provision and the education of emergency healthcare providers. Introduction of emergency medical residencies and highly qualified triage liaison physicians helps prevent the overcrowding of emergency departments, accelerate access to emergency medical care and improve patient satisfaction. New advances in detecting and reducing patient management errors include the collection of healthcare provider complaints and the classification of unpreventable and preventable deaths of patients within 1 week of admission via the emergency department. Medical record review and video recording have revealed that frequent patient management problems relate to shortcomings in the diagnostic process, clinical tasks, patient factors, and poor teamwork. Communication skills and patient data/documentation systems may effectively resolve these problems.

Summary

According to the available evidence, more performance improvement strategies need to be tested to delineate which process changes would be most effective in improving patient outcome in emergency medicine.



Listening Is Powerful Medicine

by Alicia Conill

<http://www.npr.org/templates/story/story.php?storyId=100062673>

★ To read full articles link to:

http://www.ihcc.ca/Cited_articles.asp



Collaborative Events ...

Pan-Organizational Communication Summit

Hosted by: Royal College of Physicians and Surgeons of Canada (RCPSC)

On March 31st, 2009, the RCPSC hosted a meeting to build on previous discussions that have taken place between varied groups such as the Royal College, the CMPA, AFMC's Special Interest Group (SIG) in Communications, the IHC-C, and various Faculties of Medicine in Canada.

This was an opportunity to gather like-minded professional organizations to explore commonalities and to move forward in fostering best practices in communications skills across the continuum of medical education.

Key objectives:

- discuss desired outcomes of communication skills training at various levels of medical education;
- discuss pathway to develop a national guideline for the progression of competence in communication skills across the careers of physicians;
- determine areas of overlap & potential collaboration

A Steering Committee has been appointed to oversee the continuance of this work and two IHC-C Operating Committee members (Drs. Jack Laidlaw and Wayne Weston) have volunteered to be a part of this group.

Disclosure of Adverse Events Training Roundtable Discussion

Hosted by: Canadian Patient Safety Institute (CPSI)

On January 16, 2009, in Toronto, the CPSI brought together key stakeholders and experts for a roundtable discussion on the disclosure of adverse events training needs across Canada. Prior to the meeting, the CPSI formally explored and developed a comprehensive needs assessment document as well as a training inventory for groups across the country.

Key objectives:

- Exchange knowledge and share their perspectives on training for disclosure of adverse events in healthcare;
- Identify disclosure training needs and opportunities to collaboratively fulfill both geographic and gaps in curriculum; and,
- Identify potential activities and strategies to fully utilize the *Canadian Disclosure Guidelines* in these programs.

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