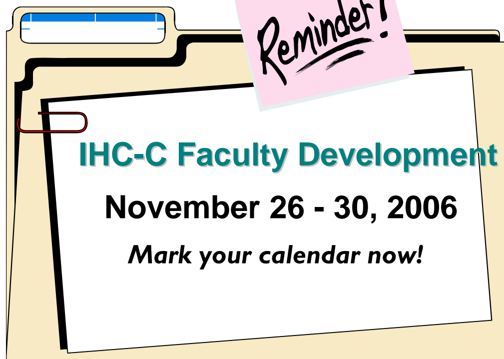
Institute for Healthcare Communication Canada

IHC-C Faculty Newsletter Volume 1 - Issue 2 July 31, 2006

IHC-C…Meeting the challenge of providing effective clinician-patient interactions

Summer GREETINGS

Welcome back to the IHC-C Faculty Newsletter. Once again, I invite you to submit any suggestions for information that you would like to disseminate to other Canadian Faculty through this forum.



Thanks to all IHC-C Faculty who have been able to respond with their plans to attend the fall "launch" of the IHC-C. We have an excellent group of Faculty members set to attend, along with a stellar list of trainers and facilitators, who will be leading us through these sessions. We *do* still have *limited* space available and have been receiving requests for non-faculty members to attend. Therefore, if you do hope to attend, please let us know by the end of August, so that we can free up any additional space to accommodate these requests. As yet, the venue has not been set, but this will definitely be announced in the August Newsletter.

Next month we will be contacting all attendees to request the following:
1. Requirements for accommodation
2. Faculty course material required for updating / refresher
3. Deposit of commitment ($100)

Just for your interest a summary of attendee numbers and institutional affiliations are noted in the tables following.

GENERAL ATTENDANCE NUMBERS *(participants only)*	
Nov 26 – Dinner and Orientation	21
Nov 27 - Monday AM - DUOME Workshop	19
Nov 27 - Monday PM - Refresher	21
Nov 28-30 - Tues –Thurs – DCPR Faculty Course	16

Institutional Representation *(including course leaders)*		
University	N = 6	McGill University
		Queens University
		University of Alberta
		University of Calgary (2)
		University of Toronto (4)
		University of Western Ontario
Hospital	N = 3	Princess Margaret Hospital (2)
		Sunnybrook Health Sciences
		Toronto East General Hospital (2)
Cancer Centre	N = 6	Cancer Care Manitoba
		Cancer Centre of Southeastern Ontario
		Cross Cancer Institute (2)
		Juravinski Cancer Centre (3)
		London Regional Cancer Centre
		Windsor Regional Cancer Centre
Other	N = 2	Sir William Osler Health Institute
		Medical Clinic for Person Centred Psychotherapy

UPCOMING FACULTY DEVELOPMENT COURSES

If interested, contact K. Stewart for details

Choices and Changes
October 30 - November 2, 2006
New Haven, Connecticut
Staff: M. Goldstein / L. Mansfield

Disclosing Unanticipated Outcomes & Medical Errors
November 1 - 3, 2006
Chicago, Illinois
Staff: D. O'Connell / S. Reifsteck / M. Barrett

Clinician-Patient Communication
November 5 - 10, 2006
New Haven, Connecticut
Staff: K. Bonvicini / M. Barrett

PROFESSIONAL MEETINGS OF INTEREST

The Canadian Association for Continuing Health Education (CACHE) is hosting its annual conference on September 9-11, 2006 in St. John's, Newfoundland & Labrador.
CACHE 2006 – "Innovations in CHE/CPD"

INTERESTING READING…

Transfer of communication skills training from workshop to workplace: The impact of clinical supervision

Patient Education and Counseling, Volume 60, Issue 3, March 2006, Pages 313-325

C Heaven, J Clegg and P Maguire

Objective - Recent studies have recognised that the communication skills learned in the training environment are not always transferred back into the clinical setting. This paper reports a study which investigated the potential of clinical supervision in enhancing the transfer process.

Methods - A randomised controlled trial was conducted involving 61 clinical nurse specialists. All attended a 3-day communication skills training workshop. Twenty-nine were then randomised to 4 weeks of clinical supervision, aimed at facilitating transfer of newly acquired skills into practice. Assessments, using real and simulated patients, were carried out before the course, immediately after the supervision period and 3 months later. Interviews were rated objectively using the Medical Interview Aural Rating Scale (MIARS) to assess nurses' ability to use key skills, respond to patient cues and identify patient concerns.

Results - Assessments with simulated patients showed that the training programme was extremely effective in changing competence in all three key areas. However, only those who experienced supervision showed any evidence of transfer. Improvements were found in the supervised groups' use of open questions, negotiation and psychological exploration. Whilst neither group facilitated more disclosure of cues or concerns, those in the experimental group responded more effectively to the cues disclosed, reduced their distancing behaviour and increasing their exploration of cues.

Conclusions - The study has shown that whilst training enhances skills, without intervention, it may have little effect on clinical practice. The potential role of clinical supervision as one way of enhancing the clinical effectiveness of communication skills training programmes has been demonstrated.

Practise implications - This study raises questions about the effectiveness of training programmes which do not incorporate a transfer element, and provides evidence to support the need for clinical supervision for clinical nurse specialist.

Surgeons' Attitudes About Communicating With Patients and Their Families

Current Surgery, Vol 63, Issue 3, May-June 2006, Pg 213-218
MJ Sise, CB Sise, DI Sack and M Goerhing

Context - Surgeons face difficult communication challenges with patients and their families. There is a need for improved education in communication skills, especially in giving bad news. Understanding surgeons' attitudes is the first step in designing effective education programs.

Objective - To determine surgeons' self-assessment of competence, rating of importance, and perceived need for training in communication skills relevant to patient care.

Design - Anonymous self-report mail survey of demographic information and attitudes toward 12 patient care-related communication skills. A total of 351 (43.4%) respondents from the 833 surgical specialists in the San Diego County Medical Society list of member and nonmember physicians.

Main Outcome Measures: Measurement of surgeons' attitudes toward self-perceived competence, importance, need for training in the communication skills, and the influence of age, duration of practice, and surgical-specialty on attitudes.

Results - Most respondents rated their competence high except in 3 skills relating to a patient's death. They found all skills important and indicated a need for training in them. Younger surgeons rated their competence and the importance significantly lower in the 3 skills relating to a patient's death ($p<0.05$). Critical care surgical specialists rated their competence and the importance higher in skills relating to breaking bad news and a patient's death than did the non-critical care group ($p<0.05$). Older surgeons & critical care specialists also indicated a higher level of support for training in these skills.

Conclusion - These results suggest that surgical specialists rate themselves as competent in effective communication, believe in its importance, and agree with the need for training. An organized approach to training in interaction skills, especially in giving bad news, is warranted.

Please feel welcome to contact our Canadian office if you have any questions, concerns, or comments. If you wish to be removed from the newsletter e-mail list, please let us know.

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