

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



The IHC-C office and Canadian Operating Committee extends to you and your family, best wishes for a happy, harmonious, and successful 2007.



IHC-C "LAUNCH"

The official IHC-C "launch" was hosted by the IHC-C Canadian Operating Committee (COC), November 26 to 30, at the BMO Institute for Learning in Toronto. This event was designed to reunite, reenergize, retrain and refresh all Canadian IHC faculty members.

This learning opportunity was attended by 25 IHC-C faculty members, representing 20 healthcare and academic institutions across the country. In addition to IHC-C faculty, the meeting was also attended by members of the COC, as well as representatives from the Canadian Medical Protective Association and the College of Physicians and Surgeons of Ontario.

Feedback from all aspects of the program has been overwhelmingly positive and the COC has concluded that the event was an unequivocal success.

Highlights of the program included:

- "Disclosing Unanticipated Outcomes and Medical Errors" - a ½ day workshop, led by Dr. Dan O'Connell, from Seattle, WA.
- A refresher course for "Clinician-Patient Communication to Enhance Health Outcomes" (CPC), led by Dr. Michele Nanchoff-Glatt from Calgary. All CPC-trained attendees now have up to date faculty material. **For those faculty members not able to attend, we will update your CPC faculty materials when the next opportunity for workshop presentation arises.**
- A 3-day Faculty Training course – "Difficult Clinician-Patient Relationships" (DCPR), co-led by Dr. Greg Carroll, CEO of the IHC in New Haven, CT, and Dr. Nanchoff-Glatt, and facilitated by additional Canadian IHC-C Faculty members Ms. Darlyne Rath, and Drs. Wayne Weston and Mel Borins. The IHC-C now has 20 new DCPR-trained faculty members.

Thank you to everyone for your contributions to the success of this event!



REVENUE DEVELOPMENT

As noted in previous newsletters, it has been the generous contributions from Cancer Care Ontario, the Canadian Cancer Society-Ontario Division, and the College of Family Physicians of Canada, which have formed the basis of (inspirational and financial) support for the IHC-C over the past year. Searching for sources of revenue has been an ongoing initiative and we are extremely pleased to announce that an application for funding submitted to Merck Frosst Canada Ltd., has been accepted, and a generous one-time cash contribution from Merck was received in December, 2006, enabling the comfortable continuation of the IHC-C office throughout 2007!



FACULTY DEVELOPMENT

- Congratulations to the Tom Baker Cancer Centre (TBCC), in Calgary, AB, for hosting a **Treating Patients with C.A.R.E.** faculty development session for 12 of their staff members, in December, 2006, and congratulations to these new IHC-C faculty members! Administration at the TBCC has already set dates over the next few months, for the roll out of this workshop for internal staff.



UPCOMING CANADIAN COURSES

- **Clinician-Patient Communication**
Fraser Health Authority, Surrey, BC
Dates: January 14 - 19, 2007
- **Disclosing Unanticipated Outcomes & Medical Errors**
Winnipeg Regional Health Authority, Winnipeg, MB
Dates: January 24-26, 2007
- **Coaching for Impressive C.A.R.E.**
Cross Cancer Institute, Edmonton, AB
Dates: Mar 7-9, 2007



The following Faculty Development courses in the USA are open enrolment. If you are interested in attending, please contact K. Stewart for further information.

- **Clinician-Patient Communication**
June 3-8, 2007
New Haven, Connecticut
- **Clinician-Patient Communication**
November 4-9, 2007
New Haven, Connecticut

WORKSHOP PLANNING

Are you planning an IHC-workshop within your organization or other area of the healthcare community?

Your first step in developing this plan, is to contact IHC-C office staff; we are there to provide guidance, support and assistance in planning this event. Through discussion of workshop plans for upcoming events with IHC-C staff, you will not only keep us informed and up to date, but even more importantly, you will help maximize opportunities for networking within the IHC-C community.

Below are listed some of the workshops that are either in the planning stages or have been confirmed. Have your workshop added to the list next month!

JANUARY

- **Choices and Changes**
Women's College Hospital, Toronto, ON
Faculty leader: Catherine Kelly
- **Clinician Patient Communication**
Wyeth Pharmaceuticals, Montreal, QC
Faculty leaders: Greg Carroll / Mary Bell

FEBRUARY

- **Clinician Patient Communication**
Chinook Health, Lethbridge, AB
Faculty leaders: Marlys Reynar / Carol Griffith-Manns
- **Difficult Clinician Patient Relationships**
Juravinski Cancer Centre, Hamilton, ON
Faculty leader: Marcia Smoke

MARCH

- **Clinician Patient Communication**
Chinook Health, Lethbridge, AB
Faculty leaders: Marlys Reynar / Carol Griffith-Manns
- **Difficult Clinician Patient Relationships**
ER Department - U of A, Edmonton, AB
Faculty leaders: Garnet Cummings / Michele Nanchoff-Glatt
- **Choices and Changes**
Palliser Health Region, Medicine Hat, AB
Faculty leader: Carole Harnack

Katheryne Stewart

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**YOU MIGHT BE INTERESTED
IN READING...**

A qualitative study examining tensions in interdoctor telephone consultations.

Med Educ. 2006 Aug;40(8):759-67

Wadhwa A, Lingard L

Wilson Centre for Research in Education and Department of Pediatrics, University of Toronto

OBJECTIVE: Communication skills have gained increasing attention in medical education. Much of the existing literature and medical curricula addresses issues of doctor-patient communication. The critical importance of communication between health professionals, however, is now coming under the spotlight. The interdoctor telephone consultation is a common health care setting in which health professional communication skills are exercised. Breakdowns in this communication commonly occur and, surprisingly, this skill is not formally addressed in medical training. This study sought to clarify the communication issues that can occur during interdoctor telephone consultations in order to inform future educational initiatives in this domain.

METHODS: Data were collected and triangulated among 3 sources: documentation of 129 telephone consults received; 51 hours of field observations of consultants, and semi-structured interviews of 12 callers and 12 consultants. Analysis was performed using grounded theory methodology.

RESULTS: Overwhelmingly, participants described tensions with telephone consultation communication. Recurrent theme analysis revealed 5 key sources of tension: discursive features; context; fragmented clinical process; reason for call, and responsibility. Often, callers and consultants viewed similar instances in different and opposite manners, contributing to difficulties in the exchange. Further, a vicious cycle in which a participant's strategies to mitigate tension actually increased tension for the other participant was identified.

CONCLUSIONS: Interdoctor telephone consultation has become an integral part of medical practice; however, tensions within this exchange can undermine its effectiveness. The results of this study provide a preliminary theory upon which an educational intervention to improve this communication skill can be based. PMID: 16869921 [PubMed - indexed for MEDLINE]



YOU MIGHT BE INTERESTED IN
READING ...continued

Effects of training on general practitioners' management of pain in osteoarthritis: a randomized multicenter study.

J Rheumatol. 2006 Sep;**33(9):1827-34. Epub 2006 May 15**
Chassany O, Boureau F, Liard F, Bertin P, Serrie A, Ferran P, Keddad K, Jolivet-Landreau I, Marchand S.
Departement de la Recherche Clinique et du Developpement de l'Assistance Publique, Hopitaux de Paris, France.

OBJECTIVE: To evaluate the effects of a short interactive training program for general practitioners (GP) on pain management in patients with osteoarthritis (OA).

METHODS: A multicenter, parallel-group study. GP were randomized to receive training on relationships and communication, pain evaluation, prescription, and negotiation of a patient contract or to a control group receiving a presentation about obtaining consent in trials. Outcomes were patient assessments of pain and functional ability. We invited 1500 GP to take part in the study. Those who volunteered to receive the training recruited outpatients from May 2001 to April 2002. Patients participating in the evaluation of the effects of the general practitioners' training had lower limb OA and pain on motion [$>$ or $=$ 40 mm on a visual analog scale (VAS)] and had indications for treatment with acetaminophen. The primary endpoint: sum of patient pain relief based on the daily VAS self-evaluation during the 2 weeks of the trial.

RESULTS: In total, 180 GP (84 trained, 96 nontrained) enrolled 842 patients (414 and 428, respectively). Mean baseline VAS pain was 63 +/- 14 mm. Patients in the trained-GP group had better overall pain relief (316 +/- 290 mm/day vs 265 +/- 243 mm; $p < 0.0001$), greater improvement in Lequesne and WOMAC scores ($p < 0.0001$), and better overall perception of treatment ($p = 0.002$). Acetaminophen use was slightly higher in the trained group; however, the difference in pain relief remained statistically significant ($p = 0.0003$) after adjustment for this difference.

CONCLUSION: This is the first study to demonstrate a positive effect of physician training on patients with a painful condition. PMID: 16724375 [PubMed - indexed for MEDLINE]

Enhancing patient participation by training radiation oncologists.

Patient Educ Couns 2006 Oct;**63(1-2):55-63.**
Timmermans LM, van der Maazen RW, van Spaendonck KP, Leer JW, Kraaimaat FW.
Radboud University Nijmegen Medical Centre, The Netherlands.

OBJECTIVE: Several studies have shown that patients' active participation to their medical interaction is beneficial for their information processing and their quality of life. Unfortunately, cancer patients often act rather passively in contact with their oncologists. We investigated whether cancer patients' participation in radiation therapy consultations could be enhanced by specific communicative behaviours of the radiation oncologists (ROs).

METHODS: Eight ROs and 160 patients participated; 80 patients in the pre training group and 80 patients in the post training group. The ROs were trained to use specific communicative behaviours that are supposed to encourage patient participation. In the training special attention was paid to communicative requirements in the first minutes of the consultation. The communicative behaviours of the ROs and the cancer patients were measured by the Roter Interaction Analysis System, and compared before and after the RO training.

RESULTS: From the start throughout the entire consultation, patients in the post training group participated more in interactions than patients in the pre training group: they discussed more psychosocial issues, expressed more concerns and contributed more to decision-making.

CONCLUSION: Cancer patients' participation in the initial radiation oncology consultations can be increased by training of ROs. PRACTICE IMPLICATIONS: The results suggest that doctors working with cancer patients should receive communication training and feedback on a regular base. PMID: 16644175 [PubMed - indexed for MEDLINE]

COMING SOON

- Canadian Policy and Procedures manual, to guide faculty through workshop planning.
- IHC-C web site



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