



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



An update for you from the IHC-C office and the Canadian Operating Committee... as always, we invite you to provide any feedback / suggestions that you may have to contribute to this newsletter.



Introducing . . .

www.ihcc.ca

The IHC-C web site is now "live"; any thoughts that you may have for making this a useful and meaningful repository of information for faculty members or for potential clients, would always be appreciated.

A *huge* thank you goes to the Information Systems Department at the CFPC for their expertise, time and support in the development of the ihcc.ca.

FACULTY



DEVELOPMENT

Congratulations to the **Calgary Health Region – Home Care Department** in Calgary, AB for hosting a **“Treating Patients with C.A.R.E.”** faculty development session for their staff members in May, 2007.

Congratulations also to the **Health Quality Council of Alberta** for hosting (their third!) faculty development session of **“Disclosing Unanticipated Medical Outcomes”** in April, 2007.

Congratulations
new IHC-C FACULTY
April – May, 2007



**Treating Patients with C.A.R.E.
Calgary Health Region – Home Care Department
May, 2007**

- | | |
|--------------------------|---------------------|
| 1. Sharon Mkisi | 6. Sandra Bray |
| 2. Linda Andrusiw | 7. Andrea Sklaruk |
| 3. Rosemary McGinnis | 8. Ranjit Uppal |
| 4. Mary Frances Barbisan | 9. Shirley Taylor |
| 5. Corinne Spronken | 10. Linda Whiteside |

**Disclosing Unanticipated Medical Outcomes
Health Quality Council of Alberta
April, 2006**

- | | |
|-------------------------|--------------------|
| 1. Kristen Atwood | 8. Diana Kemp |
| 2. Terri Bonnah | 9. Margot Harvie |
| 3. Lana Clark | 10. Lynette Lutes |
| 4. Vincent DiNinno | 11. James Pope |
| 5. Carmella Duchscherer | 12. Deborah Prowse |
| 6. Heather Fox | 13. Carol Renfree |
| 7. Doris Gudz | 14. Maeve O’Beirne |

The following IHC Faculty Development courses have been scheduled in the USA in 2007.

- **Choices and Changes**
July 17-20, 2007
Milwaukee, Wisconsin
- **Choices and Changes**
Oct 22-26, 2007
New Haven, Connecticut
- **Clinician-Patient Communication**
November 4-9, 2007
New Haven, Connecticut

Please note that Canadian Faculty Development programs are arranged on a “by request” basis. If you are interested in further information, please contact K. Stewart.

ARTICLES OF NOTE



A short communication course for physicians improves the quality of patient information in a clinical trial.

Hietanen PS, Aro AR, Holli KA, Schreck M, Peura A, Joensuu HT.

[Acta Oncol.](#) 2007;46(1):42-8

Finnish Medical Journal, Box 49, 00501 Helsinki, Finland. paivi.hietanen@fimnet.fi

We investigated whether a short course in communication skills for physicians would improve the quality of informed consent in a randomized clinical adjuvant trial on breast cancer. In this prospective, case-controlled intervention study, physicians and research nurses who introduced the cancer treatment trial to patients at three of the participating hospitals first attended a one-day communication skills course. The quality of informed consent was then evaluated by addressing a standardized questionnaire, QuIC, to trial patients at the three intervention hospitals and at control hospitals. Response rate was 90.0% (n = 288). Of the patients treated by the intervention group, 73% were very satisfied with the information received compared with 56% of those of the control group (p = 0.003). The patients of the intervention group considered the time given for making their decision sufficient more often than those of the controls (98% vs. 90%, p = 0.004). The patients of the intervention group recalled more often than those of the controls that the physician had also offered other therapeutic options than the trial treatment (91% vs. 97%, p = 0.032). They also understood the main aim of the study better than the patients of the controls (89% vs. 78%, p = 0.030). In conclusion, a short communication skills course for the trial physicians and nurses improved the quality of informed consent and patient satisfaction in the trial.

Communication Interventions Make A Difference in Conversations Between Physicians and Patients: A Systematic Review of the Evidence.

Rao, Jaya K. MD, MHS; Anderson, Lynda A. PhD; Inui, Thomas S. MD; Frankel, Richard M. PhD

Medical Care. 45(4):340-349, April 2007.

OBJECTIVE: We sought to synthesize the findings of studies examining interventions to enhance the communication behaviors of physicians and patients during outpatient encounters.

METHODS: We conducted searches of 6 databases between 1966 and 2005 to identify studies for a systematic review and synthesis of the literature. Eligible studies tested a communication intervention; were randomized controlled trials (RCTs); objectively assessed verbal communication behaviors as the primary outcome; and were published in English. Interventions were characterized by type (eg, information, modeling, feedback, practice), delivery strategy, and overall intensity. We abstracted information on the effects of the interventions on communication outcomes (eg, interpersonal and information exchanging behaviors). We examined the effectiveness of the interventions in improving the communication behaviors of physicians and patients.

RESULTS: Thirty-six studies were reviewed: 18 involved physicians; 15 patients; and 3 both. Of the physician interventions, 76% included 3 or 4 types, often in the form of practice and feedback sessions. Among the patient interventions, 33% involved 1 type, and nearly all were delivered in the waiting room. Intervention physicians were more likely than controls to receive higher ratings of their overall communication style and to exhibit specific patient-centered communication behaviors. Intervention patients obtained more information from physicians and exhibited greater involvement during the visit than controls.

CONCLUSIONS: The interventions were associated with improved physician and patient communication behaviors. The challenge for future research is to design effective patient and physician interventions that can be integrated into practice.



Medical students' attitudes toward patient-centred care: a longitudinal survey.

Tsimtsiou, Zoi Kerasidou, Olga; Efstathiou, Nikolaos; Papaharitou, Stamatis; Hatzimouratidis, Konstantinos; Hatzichristou, Dimitris

Medical Education, Volume 41, Number 2, February 2007, pp. 146-153(8)

PURPOSE: Patient-centredness should be at the heart of medical education. This longitudinal study aimed to assess possible attitude changes towards patient-centredness in a medical students' cohort as they progressed through the clinical curriculum. It also investigated the possible impact of socio-demographic factors on students' attitudes.

METHODS: The same student cohort was tested on 2 occasions: during their initial exposure to clinical curricula (year 4) and after 2 years, at the end of the clerkship (year 6). Students completed a questionnaire including demographics and the 18-item Patient-Practitioner Orientation Scale (PPOS). PPOS differentiates between patient-centred versus doctor-centred or disease-centred orientation, measuring attitudes along 2 dimensions: 'sharing' and 'caring'.

RESULTS: A total of 483 fully completed questionnaires was returned (response rate 83%). The cohort's attitudes were significantly more doctor-centred at the end of their studies compared to the beginning of their clinical curricula ($p < 0.001$). However, regarding the caring part of their relationship with patients, they maintained a satisfactory level of patient-centredness. Concerning sharing information, female students were significantly more patient-centred at year 4, with their mean score decreasing at the end of their clerkship. Furthermore, among only female students, having a looser relationship with religion was associated with more patient-centred attitudes.

CONCLUSIONS: Increased authoritarianism in graduating students' attitudes emphasises clearly the need for future research and redesigning communication curricula. Furthermore, the influence of gender and relationship with religion on attitudes towards the doctor-patient relationship should be explored further, in order to eliminate disparities in the provision of patient-centred medical care.



"Taking the shroud off medical miscues"

Calgary Herald
Monday, May 21, 2007

Part 1: "Taking the shroud off medical miscues"
<http://www.canada.com/calgaryherald/news/story.html?id=affeaddcc-0a41-412a-8ffe-5a0eb4ad99a1&k=65393>

Part 2: "Shedding Secrecy"
<http://www.canada.com/calgaryherald/news/story.html?id=f16588e2-7801-4af3-86f1-344e258517dd&k=10168>

IHC-C CANADIAN OPERATING COMMITTEE



As most of you are aware, the governance of the IHC-C is handled by the IHC-C Canadian Operating Committee (COC). The COC was originally comprised of representatives of the three "parent" organizations (Cancer Care Ontario, the Canadian Cancer Society – Ontario Division and the College of Family Physicians of Canada), and has subsequently expanded to broaden expertise and institutional representation.

Sadly, Sylvia Leonard, VP Cancer Control Policy and Programs, at the Canadian Cancer Society – Ontario Division, has had to step down as COC Chair, due to increased demand of her position.

Happily, however, we are very fortunate to be able to announce that Wayne Weston, Professor Emeritus at the University of Western Ontario, and long-time IHC-C Faculty member, has been offered and has accepted the Chair position, to guide the group through the next stages of development.

Thanks so much to both Sylvia and Wayne for the commitment, expertise and time that they have contributed to the IHC-C efforts.



IHC-C WORKSHOPS

*Below are listed some of the workshops that have been led / planned by IHC-C Faculty and their associated institutions... Contact the IHC-C office today to have **your** workshop added to the next newsletter!*

MAY

Calgary Health Region – Support Services, Calgary Treating Patients with C.A.R.E.
Faculty leader: Michele Nanchoff-Glatt

Peace Country Health, Grand Prairie, AB
Disclosing Unanticipated Medical Outcomes
Faculty leaders: Dorothy Dillman / Carol Renfree

Chinook Regional Hospital, Taber, AB
Clinician-Patient Communication
Faculty leaders: Carol Griffiths-Manns / Marlys Reynar

Tom Baker Cancer Centre, Calgary, AB
Treating Patients with C.A.R.E.
◆ Faculty leader session 1: Rukhsana Dharshi / June Imhoff
◆ Faculty leader session 2: Lynne Lewis / Brigitte Merlini
◆ Faculty leader session 3: Loring Gimbel
◆ Faculty leader session 4: Colleen Herring / Brigitte Merlini

JUNE

Juravinski Cancer Centre, Hamilton, ON
“Difficult” Clinician-Patient Relationships
Faculty leaders: Marcia Smoke / Pamela Piotrowski

Tom Baker Cancer Centre, Calgary, AB
Treating Patients with C.A.R.E.
◆ Faculty session 1: Barbara Cameron / June Imhoff
◆ Faculty session 2: Rukhsana Dharshi / Rosamund Soares

IHC-C / CPSO, Toronto, ON
Clinician-Patient Communication
Faculty leader: Wayne Weston

IHC-C / CFPC, Mississauga, ON
Clinician-Patient Communication (demonstration)
Faculty leader: Mel Borins

Shared CARE Doctors, Pincher Creek, AB
Clinician-Patient Communication
Faculty leaders: Carol Griffiths-Manns / Marlys Reynar

JULY

Health Quality Council of Alberta, Calgary, AB
Treating Patients with C.A.R.E. (demonstration)
Faculty leader: Michele Nanchoff-Glatt

SEPTEMBER

Calgary Shared Mental Health, Calgary, AB
Clinician-Patient Communication
Faculty leaders: Carol Griffiths-Manns / Marlys Reynar

NOVEMBER, 2007 – FEBRUARY, 2008

Tentative... Langley Memorial Hospital, Langley, BC
Clinician-Patient Communication
Faculty leaders: Donna Cruikshank / Gloria Woodland

OTHER

University of Calgary, Faculty of Medicine
Academic sessions
Faculty leader: Michele Nanchoff-Glatt

3-hour seminars for Family Medicine and Community Medicine residents

1. Clinician-Patient Communication - July
2. Clinician-Patient Communication - September
3. Clinician-Patient Communication - October

2-hour seminars for Clinical Assistants (*International Medical Graduates awaiting residency spots*):

1. Clinician-Patient Communication - July
2. Choices & Changes - August
3. “Difficult” Clinician-Patient Relationships - Sept



POSTER SESSIONS

Canadian Association of Continuing Health Education (CACHE)

Quebec City, QC – October, 2007

Family Medicine Forum

Winnipeg, MB – October, 2007

Use of IHC-C materials other than formal workshop presentation

Opportunities may arise for IHC-C Faculty members to be able to present to professional / academic meetings, using IHC materials, but not necessarily the workshop in its entirety.

If this opportunity arises for you, please let the IHC-C office know of this event, by completing and submitting a "Use of IHC Materials" form (see ihcc.ca to download); we would be happy to provide assistance to you in planning and will also send along a supply of IHC-C brochures for your audience members.

Listed below are a few such events submitted by IHC-C Faculty:

✦ **Manitoba Partnership Dietetic Education**

Program (Winnipeg, MB - May, 2007)

Faculty member, Pamela Piotrowski, from McMaster University / Juravinski Cancer Centre in Hamilton, presented material from "Choices and Changes".

✦ **Cancer Patient Education Network (CPEN) – Canada - 5th Annual Conference**

(Montreal, QC - May, 2007)

Faculty member, Loring Gimbel, from the Tom Baker Cancer Centre in Alberta, presented material from "Treating patients with CARE".

✦ **8th Collaborative Mental Health Care Conference**

(Québec City - June, 2007)

Faculty members, Marlys Reynar and Carol Griffiths-Manns, from the Chinook Regional Hospital in Alberta, presented material from "CPC".

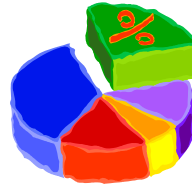
✦ **6th Annual Cardiac Care Conference of St. Mary's Hospital**

(Kitchener, ON – April, 2007)

✦ **Family Health Team**

(Kitchener/Waterloo– July)
Faculty member, Wayne Weston, from UWO, presented/will present, material from "Choices and Changes".

FACULTY DEMOGRAPHICS



On the following page, you will find an overview of all (known) Canadian IHC Faculty, their geographical locations and courses available.

As a follow up to this, the IHC-C office is planning to develop a new faculty survey to further elucidate the workshop activity that is currently happening across the country and to assess interest / availability / readiness to present an external workshop if opportunities arise in their general area of Canada; faculty will be invited to complete the survey through the new web site.



IHC-C Office Contact....

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IHC-C Faculty Summary (May 24, 2007)

Total number of trained IHC-C Faculty (may be missing some CARE-trained faculty)	307
Total number of IHC-C Faculty with current contact information	235
Total number of IHC-C Faculty with NO current contact information	72

IMPORTANT NOTES:

- The following data represent **only** the 235 IHC-C Faculty on whom there is contact information available.
- This represents faculty trained to give the **workshop** version of the IHC courses (not "train the trainer")
- Other than for those who returned the 2006 Faculty Survey, there is no information available as to whether **all** of these individuals are actively giving workshops; however, all 235 receive the IHC-C Faculty Newsletter and none have requested to be removed from the list, so they are up to date on IHC-C happenings and should be aware of current IHC-C protocol for workshop planning.

Province	Clinician-Patient Communication	"Difficult" Clinician - Patient Relationships	Choices & Changes	Beyond Informed Consent	Strangers in Crisis	Care not Cure / Conversations at the end of life	Disclosing Unanticipated Medical Outcomes	Treating Patients with CARE	Connected: Communicating and Computing	Coaching for Impressive CARE	TOTAL In each province
AB	16	8	2	1	2	2	46	36		5	118
BC	24	3	1			2					30
MB		1				2	20	1			24
NB			1								1
NL											0
NS	2					2					4
ON	53	20	10	1		3	17	5			109
PE											0
QC	5	4	1			2					12
SK											0
TOTAL Faculty trained for each workshop	100	36	14	2	2	14	83	42	0	5	298