



Keep up to date...
www.ihcc.ca

Welcome ...

to the **SPRING-SUMMER 2010** edition of the
IHC-C Faculty Newsletter.

The first half of 2010 has brought an increased awareness and interest in the programs that the IHC-C offers. We have already surpassed the faculty training numbers for all of 2009 and an ever expanding enquiry list is enough to renew optimism for the future of the Institute in Canada.

Some NEWSLETTER highlights include:

- The year in review: 2009 – a summary of IHC faculty course and workshop presentations across the country (*details on page 2*).
- The **Hamilton Community Foundation** has generously supported training of the first IHC-C faculty for **“Connected: Communicating & Computing in the Exam Room”** (*details page 3*).
- The IHC-C trains first faculty in Prince Edward Island (*details on page 4*).
- First Choices & Changes Faculty Development session held in Ontario (*details on page 6*).
- “Disclosure” trainers in Newfoundland supported by their health regions to undergo formal IHC certification (*details on page 7*).

Happy summer holidays to all!

INTRODUCING ...



CONNECTED
“Communicating & Computing in the Exam Room”

Get “CONNECTED” with your patients today...

CONNECTED...
is a highly interactive, 3-hour program, brought directly into your clinical setting, for clinicians and medical office staff who use computers while interacting with patients.

With effective communication, patients will experience computers as a valuable medical tool that enhances their confidence in care, encourages adherence to medical regimens, and invites their active participation in maintaining their health.

Tel 1 800-387-6197, ext 251 email ks@cfpc.ca web www.ihcc.ca

IHC Institute for Healthcare Communication | The College of Family Physicians of Canada | Le Collège des médecins de famille du Canada

See details and further information on Pages 4-5.



INSIDE THIS ISSUE

- 2** IHC-Canada: Summary of 2009 faculty activity
- 3** IHC-Canada: NEWS
- 4** Congratulations to new DUMO (PEI) and Connected faculty
- 5** Introducing “CONNECTED”
- 6** Congratulations to new IHC-C C&C (ON) faculty
- 7** Faculty Certification / DUMO Certification congratulations
- 8** You may be interested in reading
- 9** You may be interested in reading... (*continued*)
- 10** You may be interested in reading... (*continued*)
- 11** IHC-C Advisory Council: Spotlight on W.W. Weston

2009 IHC-C Faculty Development & Workshop Activity SUMMARY

IHC-C FACULTY TRAINED in 2009

Course / Province	Treating Patients with C.A.R.E.	Clinician-Patient Communication	Strangers in Crisis	Disclosing Unanticipated Medical Outcomes
AB	13	5	-	-
BC	-	-	5	-
NL	-	-	-	10
TOTALS	13	5	5	10

2009 WORKSHOPS *(includes internal, external & faculty course context)*

Course / Province	Treating Patients with C.A.R.E.	Disclosing Unanticipated Medical Outcomes	Choices & Changes	Clinician-Patient Communication	Care not Cure	"Difficult" Clinician-Patient Relationships	Strangers in Crisis	TOTALS
AB	77	61	77	9	-	-	-	224
BC	-	19	-	-	2	-	5	26
MB	-	7	-	-	-	-	-	7
NB	-	-	-	-	-	-	-	0
NL	-	2	-	-	-	1	-	3
NS	-	-	-	-	1	-	-	1
ON	-	-	1	1	-	2	-	4
PE	-	-	-	-	-	-	-	0
PQ	-	-	-	4	-	2	-	6
SK	-	-	-	-	-	-	-	0
USA <i>(Canadian faculty)</i>	1	-	1	1	-	-	-	3
TOTAL # Workshops	78	89	79	15	3	5	5	274
Total # participants	766	1216	934	175	58	72	66	3287

2010 IHC-C Faculty Development Summary to date:

- Disclosing Unanticipated Medical Outcomes – PEI (n=10)
- Choices & Changes – Ontario (n=16)
- Connected: Communicating & Computing in the Exam Room (n=5)

UPCOMING:

CHOICES & CHANGES

Calgary, Alberta
November 23rd to 26th, 2010

UPDATE: CFPC / IHC Agreement

As described in the last faculty Newsletter, January 2010 was the beginning of a new partnership between the College of Family Physicians of Canada and the IHC-C. The CFPC Executive will be meeting later this month and will be considering the role that the CFPC will play in the growth and development of the IHC-C beyond 2010. Stay tuned ...



FUNDING ANNOUNCEMENT

The IHC-C Advisory Committee is thrilled to announce the support of the **Hamilton Community Foundation** for the recently held “**Connected: Communicating & Computing in the Exam Room**” Faculty Development program. This train the trainer session was held at the College of Family Physicians of Canada and IHC-C offices in Mississauga, ON in early April and thanks to the generous and timely support from this family foundation, the IHC-C has been able to train the first Canadian facilitators for this important workshop.

Our sincerest gratitude to long-time committee member, Dr. Jack Laidlaw, for his tireless advocacy and commitment to the IHC-C's programs and for his contribution in securing this funding, which will provide a significant boost to the continued growth and development of the IHC-C.

Workshop Follow-up Survey



One of the most frequently asked questions from those considering communications training is ...

“What evidence is available to show that IHC workshops have an impact on the communication behaviours of the health care professional?”

We now have course-specific follow up surveys in place to gather data to assist in the quest to answer this question. Essentially, workshop participants are reminded of and asked to reflect on the two communications skills that they committed to trying out in their clinical encounters over the 5 to 6 weeks following the workshop. Each participant is asked to rate how frequently they were able to employ the specific skill and to relate what impact that this had on their clinical encounters.

The IHC-C office is able to assist and guide you through this process. So please contact us today for your own survey link and/or to customize the survey for specific needs within your organization.



WORKSHOP PLANNING and FOLLOW UP

- If you have a workshop planned, please let the IHC-C office know who, what, when, and where, so that we are sure to include your event on the listings found at www.ihcc.ca!
- If you need a new certificate template, please let us know and don't forget to include the CFPC MAINPRO accreditation statement on your certificate.
- Following your workshop, please send along your evaluations or evaluation summary. Thanks!
- Just a reminder that the course bibliographies are available to download at www.ihhttp://www.ihcc.ca/biblio.asp



Great idea from the Central East LHIN ...

One suggestion arising from the recent **CHOICES & CHANGES (C&C)** faculty development in Whitby, ON, was to establish an on-line community or forum for new faculty, trainers, and organizers. Steps have already been taken by the Senior Manager of the CE LHIN Self-Management Program to set up an online “collaborative workspace” to share links, files or comments. This will be a password protected area within the Central East LHIN website and members will receive a notification email with a link to the workspace when new content is posted. As this takes shape we will provide some updates to all faculty, as this is an idea that may be helpful for other training groups to adopt / adapt as well.

FACULTY DEVELOPMENT



Congratulations to the **Prince Edward Island Government, Department of Health and Wellness**, for their sponsorship of a “Disclosing Unanticipated Medical Outcomes” (DUMO) faculty development program in Charlottetown, PEI.

Congratulations to new “DUMO” FACULTY (March, 2010)

Faculty Leader & Team: Dan O’Connell, PhD / Michele Nanchoff-Glatt PhD, RPsych

Elizabeth Boys Leath	Clinical Leader – Emergency Queen Elizabeth Hospital
Lori Ellis	Risk Advisor PEI Department of Health
Wendy Holmes	Quality Coordinator for QEH, PCH, & HH Risk Coordinator for HH Corporate Services
Dawn MacIsaac	Acting Manager PEI Cancer Treatment Centre, PEI Department of Health
Laurie McNally	Quality/Risk Coordinator PEI Dept of Health and Wellness
Brian Procter	Quality and Risk Management Coordinator PEI Department of Health
Wassim Salamoun	Medical Director Prince County Hospital
Lisa Shaffer	Primary Care Coordinator PEI Dept of Health & Wellness
Philip Theberge	Quality Risk Management Coordinator Dept of Health & Wellness, Queen Elizabeth Hospital
Kelley Wright	Quality/Risk Manager PEI Department of Health, Prince County Hospital

**New in
Canada**

Congratulations to new IHC-C Faculty for

“CONNECTED: Communicating & Computing in the Exam Room”

April, 2010 - Faculty leader: Larry Baker, PhD

Mel Borins	Associate Professor Faculty of Medicine, University of Toronto	Toronto, ON
Michele Nanchoff-Glatt	Registered Psychologist, College of AB Psychologists Adjunct Asst. Professor, Dept. of Family Medicine, U of C Canadian Regional Consultant, IHC-C	Calgary, AB
Krista Rawson	Nurse Practitioner, Cross Cancer Institute Alberta Health Services	Edmonton, AB
Wayne Weston	Chair, Special Advisory Committee, IHC-C Professor Emeritus, Dept of Family Medicine, UWO	London, ON



CONNECTED

"Communicating & Computing
in the Exam Room"



Get
"CONNECTED"
with your patients today...

CONNECTED...

is a highly interactive, 3-hour program,
brought directly into your clinical setting,
for clinicians and medical office staff who use
computers while interacting with patients.

With effective communication, patients will
experience computers as a valuable medical
tool that enhances their confidence in care,
encourages adherence to medical regimens,
and invites their active participation in
maintaining their health.

Tel 1 800-387-6197, ext 251 email ks@cfpc.ca web www.ihcc.ca



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

INTRODUCTION TO "CONNECTED"

Computers have brought great advances to the practice of medicine. With the information a clinician needs instantly available through the electronic medical record, many health care organizations have literally done away with paper patient charts. This technological advance comes at the cost of adding another element that clinicians and office staff must juggle when caring for patients in their clinics and hospitals. In an effort to prepare clinicians and staff for the challenges of communicating and computing in the exam room, the Institute has developed the "Connected" workshop.

OBJECTIVES

By the end of the workshop, participants will:

- Develop increased skills and greater confidence in their ability to communicate effectively while using exam room computers
- Identify techniques that communicate to patients, "We know you"
- Identify techniques that enhance shared decision-making and patient satisfaction through the use of exam room computing

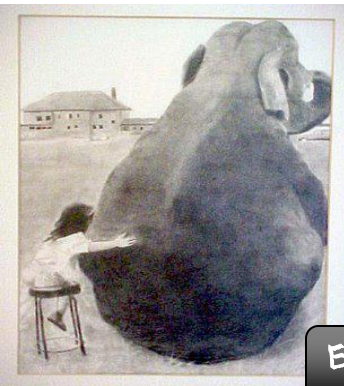
First-year medical students can demonstrate EHR-specific communication skills: a control-group study

Fam Med. 2009 Jan;41(1):28-33.

Morrow JB, Dobbie AE, Jenkins C, Long R, Mihalic A, Wagner J.

BACKGROUND AND OBJECTIVES: Graduating medical students will universally use electronic health records (EHRs), yet a June 2007 literature search revealed no descriptions of EHR-specific communication skills curricula in US medical schools. We designed and tested methods to teach first-year medical students to optimally integrate EHRs into physician-patient communication in ambulatory encounters.

METHODS: We randomly assigned 17 volunteer students to control (n=8) and intervention (n=9) groups. Both groups learned the mechanics of documenting patient histories using the EHR. Additionally, we taught the intervention group EHR-specific communications skills using guided discovery, brief didactics, and practice role plays. We compared both groups' general and EHR-specific communications skills using a standardized patient (SP) case.



RESULTS: Students receiving EHR communication skills training performed significantly better than controls in six of 10 EHR communication skills. In 10 of 11 general communication skills, there were no significant differences between groups.

CONCLUSIONS: First-year medical students can demonstrate EHR communication skills early in their medical training. However, in our setting, students did not spontaneously demonstrate EHR skills without instruction, and such skills did not correlate with general communication skills.

Embracing the elephant in the room

Congratulations to new “Choices & Changes” Faculty (April, 2010 – Whitby, Ontario)

Faculty leader: Michele Nanchoff-Glatt, PhD, RPsych

Faculty Team: Cecile Carson MD, Heather Coburn MSW, Wayne Weston MD

Marlie Boville	RN Diabetes Educator, Oshawa Community Health Centre	Central East CCAC
Helen Cavanagh	Manager, Client Services, Community Independence Program	Toronto Central CCAC
Wendy Clark	Clinical Coordinator, Cardiac Prevention & Rehab. Program	Southlake Regional Health Centre
Sharon Dinsmore	Geriatric Emergency Management Nurse	Markham Stouffville Hospital
Kathleen Fair	Registered Nurse, Primary Health Care Services of Peterborough	Central East CCAC
Desta Gould	Physiotherapist , Clinical Educator Coordinator	Central East CCAC
Jean Irvine	Director of HR, Spectrum Health Care	Central East CCAC
Sarah Lafleche	Manager, Learning Development	Central East CCAC
Kimmy Lau	Program Coordinator, York Reg. Chronic Kidney Disease Program	York Central Hospital
Janice Leonard	Professional Practice Leader / Organizational Dev Consultant	Markham Stouffville Hospital
Anne List	Client Service Supervisor, Circle of Care	Central East CCAC
Andrew Lotto	Manager, District Stroke Centre	York Central Hospital
Heather Munro	Metabolic Health Educator, ON Shores Centre for Mental Health Sci.	Central East CCAC
Cynthia Parsons	Clinical Coordinator Cardiac Rehabilitation & Lifestyles	York Central Hospital
Jane Young	Nurse Practitioner, Stroke Prevention Clinic	Southlake Regional Health Centre
Jennifer Weeks	Mental Health Counsellor, Port Hope Com. Health Centre	Central East CCAC



April 2010: Whitby, Ontario – All 16 new Choices & Changes Faculty, the Senior Manager of the CE LHIN Self-Management Program, and all four of the IHC-C Faculty Team (look carefully – yes, they ARE all in this picture!).

IHC-C CERTIFICATION

Certification is the process by which a new faculty member is observed on the occasion of their 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.

The IHC in the USA, has always considered certification to be the final stage of training in becoming an IHC Faculty member and has found it to be a vital step in not only assuring the integrity of the curriculum, but also serving as an essential tool in maintaining quality control of its programs across the country.

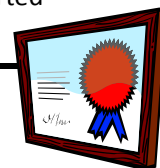
The Canadian arm of the IHC-C, while highly recommending this additional level of training, has elected to have certification as an optional stage. Although not an ideal method, maintenance of quality control has been sought through rigorous follow up of workshop evaluations. I am very pleased to see that a growing number of groups have been supporting this part of their faculty's training. The feedback on this experience has been excellent to date and we look forward to seeing support for this process growing over the next few years.

On the importance of certification...

"The participant may only have ONE experience at a workshop. One weak presentation undermines the future of the program for that organization."

Dan O' Connell, PhD (DUMO Course Leader)

Congratulations ... to IHC-C faculty who have elected to undergo formal faculty certification in the **First half of 2010** and thanks to those organizations which have supported this initiative, with a view to providing optimal training to their faculty members.



IHC-C CERTIFICATIONS for: **"Disclosing Unanticipated Medical Outcomes"**

IHC-C Faculty Mentor / OBSERVER: Michele Nanchoff-Glatt PhD, R Psych

NAME	Organization	Location	Date of certification
Tina Ackerman	Eastern Health	St. John's, NL	June 1 st , 2010
Judy Budgell	Central Health	Gander, NL	May 31 st , 2010
Joanne Collins	Eastern Health	St. John's, NL	June 1 st , 2010
Deanne Emberley	Eastern Health	St. John's, NL	June 1 st , 2010
Donna Hicks	Western Health	Cornerbrook, NL	June 2 st , 2010
Elaine Hollett	Central Health	Gander, NL	May 31 st , 2010
Heather Predham	Eastern Health	St. John's, NL	June 1 st , 2010
Sherri Tiller-Park	Western Health	Cornerbrook, NL	June 3 st , 2010

You may be interested in reading ...



Skills of Internal Medicine Residents in Disclosing Medical Errors: A Study Using Standardized Patients

L. Stroud, MD; J. McIlroy, PhD; Wendy Levinson, MD
Academic Medicine. 2009;84(12):1803-1808.

Purpose: To determine internal medicine (IM) residents' ability to disclose a medical error using standardized patients (SPs) and to survey residents' experiences of disclosure.

Method: In 2005, 42 second-year IM residents at the University of Toronto participated in the study. Each resident disclosed one medical error (insulin overdose) to an SP. The SP and a physician observer scored performance using a rating scale (1 = not performed, 2 = performed somewhat, and 3 = performed well) that measures error disclosure on five specific component skills and that provides an overall assessment score (scored on a five-point scale, 5 = high). Residents also completed a questionnaire.

Results: The mean scores on the five components were explanation of medical facts (2.60), honesty (2.31), empathy (2.47), future error prevention (1.99), and general communication skills (2.47). The residents' mean overall disclosure score was 3.53. Although 27 of 42 residents (64%) reported previous experience in disclosing an error to a patient during their training, only 7 (27%) of these residents reported receiving any feedback about their performance. Of 41 residents, 21 (51%) had received some prior training in disclosure, and 38 (93%) thought additional training would be useful and relevant.

Conclusions:

Disclosing medical error is now a standard practice. Experience with medical error begins early in training, and preparing trainees to discuss these errors is essential. Areas exist for improvement in residents' disclosure abilities, particularly regarding the prevention of future errors. Curricula to increase residents' skills and comfort in disclosure need to be implemented. Most residents would welcome further training.

Improving the Patient, Family, and Clinician Experience After Harmful Events: The "When Things Go Wrong" Curriculum

Bell, Sigall K. MD; Moorman, Donald W. MD; Delbanco, Tom MD

Academic Medicine:
June 2010 - Volume 85 - Issue 6 - pp 1010-1017

The emotional toll of medical error is high for both patients and clinicians, who are often unsure with whom—and whether—they can discuss what happened. Although institutions are increasingly adopting full disclosure policies, trainees frequently do not disclose mistakes, and faculty physicians are underprepared to teach communication skills related to disclosure and apology. The authors developed an interactive educational program for trainees and faculty physicians that assesses experiences, attitudes, and perceptions about error, explores the human impact of error through filmed patient and family narratives, develops communication skills, and offers a strategy to facilitate bedside disclosures. Between spring 2007 and fall 2008, 154 trainees (medical students/residents) and 75 medical educators completed the program. Among learners surveyed, 62% of trainees and 88% of faculty physicians reported making medical mistakes. Of those, 62% and 78%, respectively, reported they did not apologize. While 65% of trainees said they would turn to senior doctors for assistance after an error, 26% were not sure where to get help. Just 20% of trainees and 21% of physicians reported adequate training to respond to error. Following the session, all of the faculty physicians surveyed indicated they felt better prepared to address and teach this topic. At a time of increased attention to disclosure, actual faculty and trainee practices suggest that role models, support systems, and education strategies are lacking. Trainees' widespread experience with error highlights the need for a disclosure curriculum early in medical education. Educational initiatives focusing on communication after harm should target teachers and students.



You may be interested in reading (continued)...

"Could I Add Something?": Teaching Communication by Intervening in Real Time During a Clinical Encounter

Back, Anthony L. MD; Arnold, Robert M. MD; Tulsy, James A. MD; Baile, Walter F. MD; Edwards, Kelly PhD

Academic Medicine: June 2010 - Volume 85 - Issue 6 - pp 1048-1051

Abstract: Supervising learners as they communicate often places faculty preceptors in a classic educational dilemma. What should a preceptor do when the learner is not communicating well and is not asking for help? What usually happens, in the authors' experiences, is that the preceptor decides at some point that she or he cannot stand the situation anymore—then interrupts the learner and takes over the conversation. Interrupting in this way, however, comes at the cost of undermining the learner. Thus, the authors have developed an alternative teaching strategy designed for communication tasks such as giving serious or bad news. In the strategy recommended here, the preceptor sets up the possibility that he or she may intervene in the encounter. If the preceptor does intervene, he or she explicitly hands the conversation back to the learner and afterwards debriefs with the learner. The authors designed this strategy to decrease the risk to the patient while maximizing learning for the learner. This strategy offers preceptors a way to teach communication skills more effectively in clinical settings using intentional goal setting with learners, careful observation of the encounter, intervention when the conversation is not going well, and reflective feedback for the learner based on the learner's goals.

The Thinker Behind How Doctors Think (An interview with Dr. Jerome Groopman)

DOCTALK: BY STUART FOXMAN

DIALOGUE • Issue 1, 2010, pages 19-23

http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/publications/Issue1_2010_web.pdf

Medical schools place communications at forefront

DOCTALK: BY STUART FOXMAN

DIALOGUE • Issue 2, 2010, pages 31-34

http://www.cpso.on.ca/uploadedFiles/policies/publications/dialoguearchives/dialogueissues/Issue2_2010.pdf



The Devil is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School

Mohammadreza Hojat, PhD, Michael J. Vergare, MD, Kaye Maxwell, George Brainard, PhD, Steven K. Herrine, MD, Gerald A. Isenberg, MD, Jon Veloski, MS, and Joseph S. Gonnella, MD

Academic Medicine, 2009; 84(9): 1182–1191.

Purpose: This longitudinal study was designed to examine changes in medical students' empathy during medical school and to determine when the most significant changes occur.

Method: Four hundred fifty-six students who entered Jefferson Medical College in 2002 (n=227) and 2004 (n=229) completed the Jefferson Scale of Physician Empathy at five different times: at entry into medical school on orientation day and subsequently at the end of each academic year. Statistical analyses were performed for the entire cohort, as well as for the "matched" cohort (participants who identified themselves at all five test administrations) and the "unmatched" cohort (participants who did not identify themselves in all five test administrations).

Results: Statistical analyses showed that empathy scores did not change significantly during the first two years of medical school. However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation. Findings were similar for the matched cohort (n=121) and for the rest of the sample (unmatched cohort, n=335). Patterns of decline in empathy scores were similar for men and women and across specialties.

Conclusions: It is concluded that a significant decline in empathy occurs during the third year of medical school. It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential. Implications for retaining and enhancing empathy are discussed.



You may be interested in reading (continued)...

A Physician-Directed Intervention: Teaching and Measuring Better Informed Consent

Yap, Tsiao Yi MD; Yamokoski, Amy MA; Noll, Robert PhD; Drotar, Dennis PhD; Zyzanski, Steve PhD; Kodish, Eric D. MD; on behalf of the Multi-site Intervention Study to Improve Consent Research Team

Academic Medicine:

August 2009 - Volume 84 - Issue 8 - pp 1036-1042

Purpose: To improve physician communication with parents using a physician-directed intervention (PDI), emphasizing a sequenced approach to the informed consent conference (ICC) for childhood leukemia clinical trials in which physicians discuss diagnosis, prognosis, and treatment prior to the offer of a clinical trial.

Method: Physicians and fellows at the Children's Hospital of Philadelphia and Children's National Medical Center were recruited to participate in Informed Consent Seminars and subsequent half-day booster sessions. Training was followed by a multisite study of informed consent communication. Real-life ICCs were observed and audiotaped, and parents were interviewed after the ICC to ascertain their understanding. Data from the ICC and interview were then coded and analyzed. Trained physician performances were compared with untrained physicians (controls) at two other research sites. Data were collected from 2003 to 2007 at PDI sites and control sites for comparison.

Results: A total of 102 cases were included for initial analyses, with 60 cases from the PDI sites and 42 control cases. Fifty-nine cases were included in the final analysis. Findings revealed that trained physicians followed the sequenced approach more often when compared with controls. Similarly, physicians at the PDI sites tended to elicit parental questions and understanding in an open-ended way and clarify parents' questions more frequently than physicians at the control sites.

Conclusions: Academic physicians who are involved in the current transformation of clinical research should be trained to conduct effective ICCs. The see one, do one, teach one approach is no longer adequate for informed consent.

** This is an older paper, but an interesting one to highlight as a part of the IHC-C's "CONNECTED" workshop launch...*

Effects of Exam-Room Computing on Clinician-Patient Communication: A Longitudinal Qualitative Study

Richard Frankel, Andrea Altschuler, Sheba George, James Kinsman, Holly Jimison, Nan R. Robertson, John Hsu

J GEN INTERN MED 2005; 20:677-682.

OBJECTIVE: To evaluate the impact of exam-room computers on communication between clinicians and patients.

DESIGN AND METHODS: Longitudinal, qualitative study using videotapes of regularly scheduled visits from 3 points in time: 1 month before, 1 month after, and 7 months after introduction of computers into the exam room.

SETTING: Primary care medical clinic in a large integrated delivery system.

PARTICIPANTS: Nine clinicians (6 physicians, 2 physician assistants, and 1 nurse practitioner) and 54 patients.

RESULTS: The introduction of computers into the exam room affected the visual, verbal, and postural connection between clinicians and patients. There were variations across the visits in the magnitude and direction of the computer's effect. We identified 4 domains in which exam-room computing affected clinician-patient communication: visit organization, verbal and nonverbal behavior, computer navigation and mastery, and spatial organization of the exam room. We observed a range of facilitating and inhibiting effects on clinician-patient communication in all 4 domains. For 2 domains, visit organization and verbal and nonverbal behavior, facilitating and inhibiting behaviors observed prior to the introduction of the computer appeared to be amplified when exam-room computing occurred. Likewise, exam-room computing involving navigation and mastery skills and spatial organization of the exam-room created communication challenges and opportunities. In all 4 domains, there was little change observed in exam-room computing behaviors from the point of introduction to 7-month follow-up.

CONCLUSIONS: Effective use of computers in the outpatient exam room may be dependent upon clinicians' baseline skills that are carried forward and are amplified, positively or negatively, in their effects on clinician-patient communication. Computer use behaviors do not appear to change much over the first 7 months. Administrators and educators interested in improving exam-room computer use by clinicians need to better understand clinician skills and previous work habits associated with electronic medical records. More study of the effects of new technologies on the clinical relationship is also needed.



From....

**University of Calgary
Dept. of Family Medicine
NEWSLETTER...**

W. Wayne Weston, M.D., C.C.F.P., F.C.F.P.,

is a Professor Emeritus of Family Medicine at the Schulich School of Medicine and Dentistry at the University of Western Ontario, London, Ontario, Canada. After graduating from the University of Toronto in 1964, he practiced in Tavistock, Ontario, for 10 years before joining the faculty at Western. He has a special interest in patient-physician communication and faculty development and has been a leader in the development of two large educational projects involving the five Ontario medical schools - the EFPO (Educating Future Physicians for Ontario) Project and Project CREATE (Curriculum Renewal and Evaluation of Addiction Training and Education). He has published over 180 articles and book chapters in such journals as Canadian Family Physician; Canadian Medical Association Journal; Families, Systems and Health; Medical Education; Medical Teacher and Academic Medicine. He is co-author of two books on patient-centered medicine: "Patient-Centered Medicine: Transforming the Clinical Method" and "Challenges and Solutions in Patient-Centered Care: a casebook". He has offered over 400 presentations and workshops on many topics including patient-centered communication, problem-based learning, and clinical teaching in Canada, New Zealand, Scotland, the United States and the United Arab Emirates. He has received numerous awards for his work including four national awards for teaching.

Now, post retirement, he continues to be active as an educational consultant and has most recently been working part-time in the Department of Family Medicine at the University of Calgary providing workshops and individualized mentoring for faculty. In addition, he is involved in leadership development and in a program to develop Memory Clinics in Family Health Teams. He is Chair of the Advisory Committee of the Institute for Health Care Communication.

Institute for Healthcare Communication - Canada

The College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga ON L4W 5A4

T: 905-629-0900

T: 1-800-387-6197 x251

F: 905-629-0893



ks@cfpc.ca



The IHC-C Team:

Manager: **Katheryne Stewart (x 251)**

Admin. Assistant: **Sheila MacDonald (x 212)**

IHC-C Advisory Committee:

W. Wayne Weston, MD, CCFP, FCFP

Chair, IHC-C Advisory Committee

Professor Emeritus,

Schulich School of Medicine & Dentistry

University of Western Ontario

Kathleen Bonvicini, MPH, EdD

CEO, Institute for Healthcare Communication, Inc.

Don Cowan, MD

Consultant Emeritus, Cancer Care Ontario

Greta Cummings, PhD

Associate Professor, Faculty of Nursing

University of Alberta

Joan Evans, PhD, RN

Associate Professor, Division of Medical Education

Director, Communication Skills Program

Dalhousie University

Jason Frank, MD, MA (Ed), FRCPC

Associate Director,

Specialty Standards, Policy & Development

The Royal College of Physicians and Surgeons of Canada

Jack Laidlaw, MD

Consultant Emeritus, Cancer Care Ontario

Bernard Marlow, MD CCFP FCFP FACME

Director, Continuing Professional Development

The College of Family Physicians of Canada

Dale Wright, BSP, MSc, MDE

Quality and Safety Initiatives Lead,

Health Quality Council of Alberta