



2008 has started off at a tremendous pace and at the half way mark, the IHC-C has great expectations that 2008 will be a banner year for the Institute in Canada. The number of inquiries for workshops and faculty courses has grown significantly, along with an increase in the geographic distribution of the courses being held. The Institute's message that **"communication counts"** is clearly spreading across the country!

It is hoped that this Faculty Newsletter can become a repository of information and resources for Faculty across the country. As always, your suggestions for news items or other contributions would be most welcome.

 **Keep up to date . . .**  
**[www.ihcc.ca](http://www.ihcc.ca)**

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## See how we've grown...

*Since the beginning of the renaissance period of the IHC in Canada, in January 2006, there has been a steady trend in the number of IHC presentations.*

Course Summary	2006	2007	2008 (year to date June, 2008)
# <b>FACULTY COURSES</b>	6	8	<b>6</b>
# <b>EXTERNAL</b> workshops	1	4	<b>9</b>
# <b>INTERNAL</b> workshops	unknown	122	<b>206</b>

## The IHC-C staff team expands

In February 2008, the IHC-C office welcomed part time staff member, Sheila MacDonald. Sheila is a part time student at York University and brings a huge number of talents and skills to the IHC-C office. Among the many things that Sheila has been overseeing are the faculty data base and files, as well as compiling all evaluation data from workshop presentations.

**Welcome Sheila!**

## Attention C.A.R.E. Faculty:

**All CARE case studies are now available on DVD. If you have not yet received your DVD, please contact the Sheila MacDonald at [sm@cfpc.ca](mailto:sm@cfpc.ca) to receive your copy.**

## **IHC-C Canadian Operating Committee**

### *Who are they and what do they do?*

The Canadian Operating Committee (COC) exercises the administrative responsibility to plan, organize, and monitor the operational programs of the Institute for Healthcare Communication – Canada (IHC-C). Members of the COC act on behalf of the Institute and are responsible for ongoing reviews of program quality, strategic planning, and financial oversight, in conjunction with the IHC Board of Directors.

#### **KEY COC RESPONSIBILITIES:**

- Establish and maintain the organization's mission, vision, and direction.
- Ensure financial health of the organization.
- Oversee / direct organizational structure and administration operations.
- Ensure effective marketing and public relations.

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### **COC Membership**

#### **W. Wayne Weston**

*Chair, IHC-C COC*  
Professor Emeritus,  
Schulich School of Medicine & Dentistry  
University of Western Ontario

#### **Craig Campbell**

Director, Office of Professional Development  
Royal College of Physicians & Surgeons of Canada

#### **Gregory Carroll**

Chief Executive Officer,  
Institute for Healthcare Communication, Inc.

#### **Don Cowan**

Consultant Emeritus,  
Cancer Care Ontario

#### **Jack Laidlaw**

Consultant Emeritus,  
Cancer Care Ontario

#### **Bernard Marlow**

Director, Continuing Professional Development  
The College of Family Physicians of Canada



### **COC Membership: NEW in 2008:**

We are extremely pleased to have a number of new members join the COC team in 2008, serving to augment the professional, organizational and geographical diversity of the COC.

Welcome to all!

#### **Greta Cummings**

Associate Professor, Faculty of Nursing  
University of Alberta

#### **Joan Evans**

Associate Professor,  
Division of Medical Education  
Director, Communication Skills Program  
Dalhousie University

#### **Isabelle Mongeau**

Director,  
Continuing Health Education & Development  
Pfizer Canada Inc.

#### **Linda Tyre**

Patient Concerns Officer,  
Cross Cancer Institute  
Director of Patient Representative Services,  
ACB Northern and Central Sites

#### **Dale Wright**

Quality and Safety Initiatives Lead,  
Health Quality Council of Alberta

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### **Strategic Planning Session:**

**June 16-17<sup>th</sup>, 2008**

The newly enlarged COC met face to face at the Mississauga office to discuss and prioritize the strategic directions for the IHC-C for the next year.

Major issues identified include:

1. Revenue Development
2. Promotion & Marketing
3. Program innovation and updates



**Congratulations to the following organizations for sponsoring IHC-C faculty development programs in the first half of 2008:**

- BC Patient Safety Task Force
- Health Quality Council of Alberta
- Tom Baker Cancer Centre
- Fraser Health Authority
- Calgary Health Region - Chronic Disease Management – Provincial Dissemination Project

### **“DISCLOSING UNANTICIPATED MEDICAL OUTCOMES”**

3 day FACULTY COURSE: Feb 25-27, 2008

Location: Vancouver, BC

Sponsor: BC Patient Safety Task Force

Course Leader: Dan O’Connell

Group Facilitators:

- Robert Frymier
- Bruce MacLeod
- Michele Nanchoff-Glatt
- Glenn McRae

#### **New DUMO Faculty**

**Kerry Baisley**

**Janice Butler**

**Camille Ciarniello**

**David Conroy**

**Richard Crow**

**Romayne Gallagher**

**Lee Hall**

**Wrae Hill**

**Gerry Karr**

**Lesley Moss**

**Traci Northway**

**Becky Palmer**

**Patty Skultety**

**Cathy Weir**

**Dave Williams**

### **“TREATING PATIENTS WITH C.A.R.E.”**

3 day FACULTY COURSE: March 3-5, 2008

Location: Edmonton, AB

Sponsor: Health Quality Council of Alberta

Course Leader: Michele Nanchoff-Glatt

Group Facilitator: Heather Coburn

#### **New CARE Faculty**

**Evelyn Conrad**

**Robin Corser**

**Paulette Levasseur**

**Lindsay Niwa**

**Deborah Prowse**

**Isleta Ricketts**

**Roxanne Stelmaschuk**

### **“TREATING PATIENTS WITH C.A.R.E.”**

3 day FACULTY COURSE: March 26-28,

Location: Calgary, AB

Sponsor: Tom Baker Cancer Centre

Course Leader: Michele Nanchoff-Glatt

Group Facilitator: Heather Coburn

#### **New CARE Faculty**

**Brenda Forest**

**Linda Juse**

**Tayreez Mushani-Kanji**

**Mariè-Josée Paquin**

**Sue Robinson**

**Lois Weidman**

## **“DISCLOSING UNANTICIPATED MEDICAL OUTCOMES”**

3 day FACULTY COURSE: Mar 12-14, 2008

Location: Vancouver, BC

Sponsor: Fraser Health Authority

Course Leader: Dan O'Connell

Group Facilitators:

- Robert Frymier
- Christina Krause
- Bruce MacLeod
- Glenn McRae

### **New DUMO Faculty**

**Brenda Booy**

**Holly Kennedy-Symonds**

**Carolyn Philip**

**Erin Pollock**

**Ross Priebe**

**Barb Rusden**

## **“DISCLOSING UNANTICIPATED MEDICAL OUTCOMES”**

3 day FACULTY COURSE: Mar 17-19, 2008

Location: Edmonton, AB

Sponsor: Capital Health

Course Leader: Dan O'Connell

Group Facilitators:

- Michele Nanchoff-Glatt
- Kristen Atwood
- Lynette lutes
- Diana Kemp

### **New DUMO Faculty**

**Mandy Bellows**

**Jo-Anna Besuyen**

**Noel Gibney**

**Donna Hoskins**

**Dennie Hycha**

**Amy Kantor**

**Louise Kashuba**

**Joanne Satkunas**

**Stephanie Van Den Biggelaar**

**Susan Young**

## **“CHOICES & CHANGES”**

4 day FACULTY COURSE: May 26-30 2008

Location: Lake Louise, AB

Sponsors: Calgary Health Region (Chronic Disease Management – Provincial Dissemination Project) / IHC-C

Course Leaders:

- Michael Goldstein
- Michele Nanchoff-Glatt

Group Facilitators:

- Cecile Carson
- Jeanne Marie Foster
- Robert Frymier
- Sandy Reifsteck
- Wayne Weston

### **New C & C Faculty**

**Boris Andrushko**

**Ghislaine Boucher**

**Laura Brule**

**Chris Carruthers**

**Peggy Clarke**

**Heather Coburn**

**Sheri Cummings Smith**

**Laurie deBoer**

**Celina Dolan**

**Catherine Falls**

**Loreen Foster**

**Charlene Gibson**

**Carol Griffiths Manns**

**Michelle Hodder**

**Tisha Lamboo**

**Doris Listoe**

**Gail MacDonald**

**Amarjit Mann**

**Carol Maskowitz**

**Julia Mierau**

**Judy Norman**

**Kim Padley**

**Marlys Reynar**

**Dianne Robertson**

**Alan Silver**

**Tanya Snicer**

**Allison Taylor**



### Physician Scores on a National Clinical Skills Examination as Predictors of Complaints to Medical Regulatory Authorities

Robyn Tamblyn, PhD; Michal Abrahamowicz, PhD; Dale Dauphinee, MD; Elizabeth Wenghofer, PhD; André Jacques, MD; Daniel Klass, MD; Sydney Smee, MSc; David Blackmore, PhD; Nancy Winslade, PharmD; Nadyne Girard, MSc; Roxane Du Berger, MSc; Ilona Bartman, MA; David L. Buckeridge, MD, PhD; James A. Hanley, PhD

**JAMA. 2007;298:993-1001**

#### CONTEXT

Poor patient-physician communication increases the risk of patient complaints and malpractice claims. To address this problem, licensure assessment has been reformed in Canada and the United States, including a national standardized assessment of patient-physician communication and clinical history taking and examination skills.

#### OBJECTIVE

To assess whether patient-physician communication examination scores in the clinical skills examination predicted future complaints in medical practice.

#### DESIGN, SETTING, AND PARTICIPANTS

Cohort study of all 3424 physicians taking the Medical Council of Canada clinical skills examination between 1993 and 1996 who were licensed to practice in Ontario and/or Quebec. Participants were followed up until 2005, including the first 2 to 12 years of practice.

#### MAIN OUTCOME MEASURE

Patient complaints against study physicians that were filed with medical regulatory authorities in Ontario or Quebec and retained after investigation. Multivariate Poisson regression was used to estimate the relationship between complaint rate and scores on the clinical skills examination and traditional written examination. Scores are based on a standardized mean (SD) of 500 (100).

#### RESULTS

Overall, 1116 complaints were filed for 3424 physicians, and 696 complaints were retained after investigation. Of the physicians, 17.1% had at least 1 retained complaint, of which 81.9% were for communication or quality-of-care problems. Patient-physician communication scores for study physicians ranged from 31 to 723 (mean [SD], 510.9 [91.1]). A 2-SD decrease in communication score was associated with 1.17 more retained complaints per 100 physicians per year (relative risk [RR], 1.38; 95% confidence interval [CI], 1.18-1.61) and 1.20 more communication complaints per 100 practice-years (RR, 1.43; 95% CI, 1.15-1.77). After adjusting for the predictive ability of the clinical decision-making score in the traditional written examination, the patient-physician communication score in the clinical skills examination remained significantly predictive of retained complaints (likelihood ratio test,  $P < .001$ ), with scores in the bottom quartile explaining an additional 9.2% (95% CI, 4.7%-13.1%) of complaints.

#### CONCLUSION

Scores achieved in patient-physician communication and clinical decision making on a national licensing examination predicted complaints to medical regulatory authorities.



## Teaching motivational interviewing: using role play is as effective as using simulated patients

**Authors:**

Lane, Claire; Hood, Kerensa; Rollnick, Stephen

**Source:**

Medical Education, Volume 42, Number 6, June 2008, pp. 637-644(8)

Although several studies of motivational interviewing (MI) as an intervention have been conducted, there has been little research into how best to teach MI. Practice and rehearsal is often beneficial in helping practitioners to acquire communication skills, but there have been few studies into what types of practice and rehearsal are most effective.

### **METHODS**

Health care professionals (who attended a 2-day workshop in MI) were randomly assigned to conduct skills practice sessions with either a simulated patient (SP) or a fellow trainee. Their competence was assessed before and after training using the Behaviour Change Counselling Index, a validated rating scale. Participants also scored each practice session in terms of their affect and its perceived applicability to everyday clinical work.

### **RESULTS**

There was no significant difference in skill levels between groups following training and no significant difference between groups in their scoring of the affect and applicability of each practice session. There was little indication of an association between how participants felt about their practice sessions and their skill levels.

### **CONCLUSIONS**

Trainees reached the same level of competence in MI following a 2-day workshop, regardless of whether they practised with an SP or a fellow trainee during training.

## Training faculty to facilitate communication skills training: development and evaluation of a workshop.

**Authors:**

Bylund CL, Brown RF, di Ciccone BL, Levin TT, Gueguen JA, Hill C, Kissane DW.

**Source:**

Patient Educ Couns. 2008 Mar;70(3):430-6. Epub 2008 Jan 16.

### **OBJECTIVE:**

To develop a workshop for training faculty to facilitate small group role play sessions for a communication skills training program and assess the impact of that workshop on the trainees' self-efficacy about facilitation skills.

### **METHODS:**

A multi-specialty group of 33 attending physicians at a Comprehensive Cancer Center were trained in a Facilitating Communication Skills Training workshop in order to prepare them to facilitate small group role play with fellows and residents. The workshop curriculum was based on theory and literature on teaching communication skills.

### **RESULTS:**

The workshop had a significant effect on participants' self-efficacy in facilitating communication skills training. At least 75% of participants reported feeling comfortable facilitating communication skills training small groups.

### **CONCLUSION:**

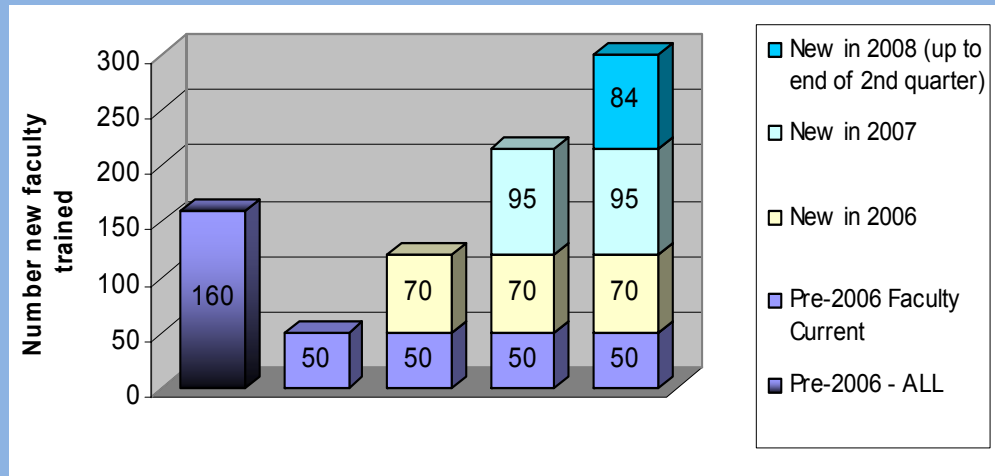
This facilitation workshop was successful in providing participants with confidence to successfully facilitate small group role play sessions in communication skills training.

### **PRACTICE IMPLICATIONS:**

In order to evaluate the effectiveness of communication skills training programs, it is important to have trained facilitators who adhere to a set of facilitation guidelines. Workshops on facilitation skills provide the background and practice time necessary as a first step in the training process.

## Development of NEW IHC-C Faculty

It is estimated at this time, that there are approximately 300 trained IHC-C faculty who are considered to be current / active faculty members. By the end of 2008, it is anticipated that this number may reach over 400!

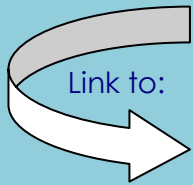


## Target Groups for Faculty Development

The following chart provides a summary of the academic backgrounds of new IHC-C faculty members over the past 2 ½ years. Those categorized as “other” are comprised of a diverse number of educational backgrounds – Diplomas, Bachelor and Master’s degrees not included in the named categories (including arts, science, business, health policy, physiotherapy, occupational therapy, radiation therapy, etc).

Course	Academic Background of new faculty							
	Nursing	MD	Social Work	PhD	Education	Pharmacy	Nutrition	Other
<b>C&amp;C</b>	7	1	2	2	1		2	12
<b>CPC</b>	3	8	4					1
<b>CFIC</b>	1				1			2
<b>DUMO</b>	40	26	4	4	2	3		24
<b>CARE</b>	30	1	6	1	3			28
<b>TOTALS</b>	<b>81</b>	<b>36</b>	<b>16</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>67</b>

## Stay up to date...



Link to:



[www.ihcc.ca](http://www.ihcc.ca)

### To find information on the following and more...

- ◆ Course descriptions
- ◆ IHC-C Policy & Procedures
- ◆ Upcoming Faculty courses
- ◆ Upcoming workshops  
*\*\*\* stay current – always inform the IHC-C office of your upcoming workshop presentation*
- ◆ Resource materials
  - Faculty Newsletters
  - Course bibliographies
- ◆ Forms
  - Scheduling a workshop / ordering materials
  - Sign in sheets
  - Evaluation summary templates



**Katheryne Stewart**

**Manager, IHC-C**

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F: 905-629-0893 E: [ks@cfpc.ca](mailto:ks@cfpc.ca)



## REMINDER ...

### Workshop POLICY & PROCEDURES

#### **PRIOR TO A WORKSHOP:**

For **INTERNAL** workshops

*(i.e. workshops given within your institution as part of your normal duties / academic contribution, and (for the most part) are planned and organized locally):*

- ☑ As soon as a date is set, please submit the **“Scheduling a Workshop / Material Request FORM”** to the IHC-C office, even if you are not ordering workbooks.

For **EXTERNAL** workshops

*(i.e. workshops given outside your home institution and for which there will be additional costs, considerations and complications involved):*

- ☑ If you have received a request for an external presentation, please inform the IHC-C office right away ([ks@cfpc.ca](mailto:ks@cfpc.ca)), so that that we can work with you to develop budgets and any necessary materials that are in keeping with IHC-C guidelines.
- ☑ If you are planning a presentation which will involve the use of small components of any IHC-C workshop, but will *not* require the presentation of the *entire* workshop, please complete and submit a **“Notification of NON-workshop IHC-C Materials Usage FORM”**.

#### **FOLLOWING A WORKSHOP:**

**Please submit the following documents to the IHC-C office:**

- ☑ Evaluation forms (as provided in the participant workbook) completed by attendees **or** a summary of all evaluations
- ☑ Sign in sheet (include participant demographics, if possible);
- ☑ Any comments Program Faculty may have to help the Institute learn how the Course and/or Materials are most useful.