

Seasons Greetings

The purpose of the IHC-C Faculty Newsletter is to provide a forum for ongoing communication with faculty, as well as to share Institute information with other interested partners, clients and colleagues.

If there are any items that you would like to see included / addressed in this newsletter, please feel welcome to contact the IHC-C office any time.

On behalf of the IHC-C staff and Operating Committee, we hope that your holiday season is warm and wonderful and everything that you need it to be!



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

CANADIAN FACULTY COURSES - 2009

Clinician-Patient Communication

Dates: January 12-15, 2009
Sponsored by: Tom Baker Cancer Centre
Location: Calgary, AB
Faculty leader: Michele Nanchoff-Glatt

Coaching for Impressive C.A.R.E.

Dates: April 14-16, 2009
Sponsored by: Cross Cancer Institute
Location: Edmonton, AB
Faculty leader: Michele Nanchoff-Glatt

USA FACULTY COURSES - 2009

Clinician-Patient Communication

Dates: April 20-24, 2009
Location: New Haven, CT
Faculty leader: Kathleen Bonvicini



Coming soon ...

Early next year, the IHC-C will have an on-line survey available to follow up with workshop participants.

The goal of this survey is to assess the impact of the training on our workshop attendees' interactions with patients.

Through a very brief and confidential questionnaire, participants will be invited to share their observations about their patient interactions since attending the IHC-C workshop.



IHC-Related Projects / Research



US IHC Office awarded funding for two new initiatives in California

Kaiser Permanente grant application

The Connecticut office of the IHC has just received word that the grant application for a six-month pilot program to work with safety net organizations in California has been approved and funded in full.

The project began officially on November 1st, 2008. Special thanks go to Dr. Michael Goldstein (former Associate Director of the IHC) for taking the lead on this outstanding proposal and to Dr. David Shearn (IHC, Board of Directors member) for facilitating this opportunity.

California HealthCare Foundation

Thanks to the longstanding efforts by Michael Goldstein and others, the IHC has been awarded a contract by the California HealthCare Foundation (CHCF) to provide training to about 10 selected health care organizations in California. These organizations are being selected by CHCF from over 100 organizations that have applied from across the state.

The program begins on November 1, 2008 and will conclude in December, 2010. It will focus on improving the care of patients with chronic conditions, and the IHC component will provide training in Choices and Changes and other patient self-management support techniques.

Dr. Michele Nanchoff-Glatt will be leading the IHC training programs, and IHC CEO, Dr. Greg Carroll, will be the project director.



University of Alberta – based study provides opportunity for IHC workshop training

The Canadian Institutes of Health Research has funded TREC (*Translating Research in Elder Care*) to study the role of context in translating knowledge in long term settings across western Canada.

Within TREC, a pilot study is taking place that will investigate the effect of using the *Coaching for impressive Care* workshop for leaders in long-term care settings. The purpose of the pilot is to examine the experience of long term care managers in becoming coaches of their staff's performance, and its subsequent influence on provider skills and research use, and the potential for influencing resident outcomes.

Research methods include pre and post workshop surveys and focus groups with workshop participants 2 months after the workshop to discuss what has worked and what hasn't, as they prepare to use their CFIC skills in the workplace.

Dr. Greta Cummings, who is also a member of the IHC-C Canadian Operating Committee, is leading the pilot, and Dr. Michele Nanchoff-Glatt is facilitating the workshop and focus groups.

IHC-C continuing to grow...

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
# FACULTY COURSES	6	8	11
# EXTERNAL workshops	1	4	13
# INTERNAL workshops	unknown	122	340



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

- ◆ **Capital Health** (*Disclosing Unanticipated Medical Outcomes*)
- ◆ **Health Quality Council of Alberta**
(*Disclosing Unanticipated Medical Outcomes & Treating Patients with C.A.R.E. (x2)*)
- ◆ **Cross Cancer Institute** (*Treating Patients with C.A.R.E.*)

“DISCLOSING UNANTICIPATED
MEDICAL OUTCOMES”

3 day FACULTY COURSE: September 3-5, 2008

Location: Edmonton, AB

Sponsor: Capital Health

Leader: Dan O’Connell

Small Group Facilitators:

- ◆ Michele Nanchoff-Glatt
- ◆ Kristen Atwood
- ◆ Terri Bannah
- ◆ Diana Kemp

New DUMO Faculty

Noel Berger

P Douglas Davey

Tammy DuPerron

Beth Lipsett

Pamela Mathura

Ilyne McTeer

Daniel Scott

Jackie Sperling

Roxy Thomas

Colleen Torgunrud

Monica Whitehead

“DISCLOSING UNANTICIPATED
MEDICAL OUTCOMES”

3 day FACULTY COURSE: November 12-14, 2008

Location: Edmonton, AB

Sponsor: Health Quality Council of Alberta

Leader: Dan O’Connell

Small Group Facilitators:

- ◆ Michele Nanchoff-Glatt
- ◆ Bruce MacLeod

New DUMO Faculty

Tala Alphin

Val Austen-Wiebe

Doug Buwalda*

David Chakravorty*

Catriona Gano

Yvonne Hoppins

Monique Janes*

Karen King

Deborah Perry **

Sid Viner

Gail Wells*

* Also trained as “CARE” faculty in 2008

** Special “external to Alberta” participant:
First IHC-C faculty member in Newfoundland!

"TREATING PATIENTS WITH C.A.R.E."

3 day FACULTY COURSE: September 8-10, 2008

Location: Edmonton, AB
Sponsor: Health Quality Council of Alberta
Leader: Michele Nanchoff-Glatt

New CARE Faculty
Karen Carter
Monique Janes
April Lemire
Shannon McGurk
Tammy Syrnyk

"TREATING PATIENTS WITH C.A.R.E."

3 day FACULTY COURSE: September 15-17, 2008

Location: Calgary, AB
Sponsor: Health Quality Council of Alberta
Leader: Michele Nanchoff-Glatt

Small Group Facilitators:

- ♦ Heather Coburn
- ♦ Deborah Prowse

New CARE Faculty
Lisa Barrett
Cathe Cameron
David Chakravorty
Gunit Cheema
Lisa Barrett
Donna Lynne Erickson
Karen Hodgins
Carolyn Kremer
Ann Lemieux
Gino Savoia
Fran Wilkin
Joanne Zinter

Cross Cancer Institute (CCI) Volunteers:

1st North American volunteer team to be trained as "C.A.R.E." Facilitators

This fall, five volunteers and a Volunteer Department staff person, were the first team of volunteers to be trained to facilitate "Treating Patients with C.A.R.E" workshops. The Volunteer Department at the Cross Cancer Institute has been committed to this learning opportunity for several years and all the volunteers are encouraged to participate in a "C.A.R.E." workshop to learn practical skills that enable them to better enhance the experience of patients and families at the Institute. It is exciting to know that it is now their peers who will facilitate these sessions.*

"TREATING PATIENTS WITH C.A.R.E."

3 day FACULTY COURSE: October 20-22, 2008

Location: Edmonton, AB
Sponsor: Cross Cancer Institute
Leader: Michele Nanchoff-Glatt

New CARE Faculty
Shirley Gaudet
Neil Horne
Marilyn Kerr
Eugene Malo
* Deborah McTaggart-Baird
Donna Vine

Canadian Patient Safety Institute (CPSI) presents:

Disclosure of Adverse Events Training

Roundtable Discussion

Date: January 16, 2009
Time: 9:00 am to 3:00 pm
Place: Toronto Intercontinental Hotel

For further information, contact Erin Pollock at epollock@cpsi-icsp.ca or 780.498.7267

ARTICLES OF NOTE



Ontario to make it easier to say 'sorry'.

Jessica McDiarmid

THE CANADIAN PRESS - OCTOBER 7th, 2008 AT 5:02 PM EDT

TORONTO - Legislation that would allow people to offer apologies without fear of having it used against them in court will be introduced in Ontario, the provincial government said Tuesday.

The Apology Act is meant to make it easier to say sorry without fear of legal repercussions, said Attorney General Chris Bentley. "It's an issue that speaks to our wish, when something goes wrong, when we might be responsible for causing harm, our wish to say, 'I'm sorry, didn't mean it, and I'll try and make amends,'" Mr. Bentley said.

The act, if passed, will mean those apologies can't later be used in court as an admission of fault or liability, and won't impact someone's insurance coverage. The legal system has made it increasingly difficult for people or organizations to apologize out of fear it could later be used in lawsuits, Mr. Bentley said. "We see fewer and fewer acknowledgments, demonstrations of regret, demonstrations of remorse, until the lawsuit," he said. But Mr. Bentley said he's heard from numerous people involved in lawsuits say they wouldn't have proceeded if only someone had apologized.

The government said the bill would help speed up healing and reconciliation by allowing people to acknowledge when they've harmed someone. Similar legislation in other jurisdictions has led to a decline in the number of civil litigations, as well as the length of time they take to resolve, officials said.

The act would be particularly pertinent to health-care professionals, allowing them to have more open and frank discussions with patients by removing concerns that insurance policies to protect them from civil suits would be void if they apologized.

However, Mr. Bentley said the bill isn't designed to make it easier for the government to apologize because it should do the right thing regardless. Last week, Mr. Bentley and Community Safety Minister Rick Bartolucci apologized on behalf of the province for the flawed work of Dr. Charles Smith. The once-respected forensic pathologist was the subject of a 1,000-page report by Justice Stephen Goudge that slammed him, along with Ontario's former chief coroner and his deputy, for their roles in wrongful prosecutions.

Health Minister David Caplan said the bill represents a step toward a more open relationship between patients and practitioners. "Being able to say you're sorry is the right thing to do," Mr. Caplan said.

The Apology Act was first introduced as a private member's bill in April by Liberal backbencher David Oraziotti. The legislation wouldn't affect the right to sue for compensation or receive damages, nor impact on criminal proceedings or provincial offence prosecutions. British Columbia, Saskatchewan and Manitoba have similar apology laws, and 35 U.S. states have some form of "apology legislation."

Progressive Conservative Leader John Tory said his party is supportive of the principle of the bill but would wait to see it before pledging support.

Doris Grinspun, executive director of the Registered Nurses' Association of Ontario, said the legislation will let health-care workers relate to patients on a more human level.

Nurses and other health-care professionals go to work with the best intentions but mistakes do happen, Ms. Grinspun said. "In those occasions, nurses and other health-care professionals have been advised to not apologize because it could come back to haunt you," she said. "When Patients are coping with a medical error, they need the support of medical staff. The last thing you need is for people to start to retreat because they cannot say, 'I'm truly, absolutely, really sorry for what happened'"



Physician and Patient Communication Training in Primary Care: Effects on Participation and Satisfaction

Kelly Haskard, Summer Williams, Robin DiMatteo, Robert Rosenthal, Maysel Kemp White, Michael Goldstein

Health Psychology 2008, Vol. 27, No. 5, 513–522

Objective: To assess the effects of a communication skills training program for physicians and patients.

Design: A randomized experiment to improve physician communication skills was assessed 1 and 6 months after a training intervention; patient training to be active participants was assessed after 1 month. Across three primary medical care settings, 156 physicians treating 2,196 patients were randomly assigned to control group or one of three conditions (physician, patient, or both trained).

Main Outcome Measures: Patient satisfaction and perceptions of choice, decision-making, information, and lifestyle counseling; physicians' satisfaction and stress; and global ratings of the communication process.

Results: The following significant ($p < .05$) effects emerged: physician training improved patients' satisfaction with information and overall care; increased willingness to recommend the physician; increased physicians' counseling (as reported by patients) about weight loss, exercise, and quitting smoking and alcohol; increased physician satisfaction with physical exam detail; increased independent ratings of physicians' sensitive, connected communication with their patients, and decreased physician satisfaction with interpersonal aspects of professional life. Patient training improved physicians' satisfaction with data collection; if only physician or patient was trained, physician stress increased and physician satisfaction decreased. Conclusion: Implications for improving physician-patient relationship outcomes through communication skills training are discussed.

Reducing Patients' Unmet Concerns in Primary Care: the Difference One Word Can Make

John Heritage, Jeffrey D. Robinson, Marc N. Elliott, Megan Beckett, Michael Wilkes

JGIM 2007 Oct; 22(10):1429-33

Does Doctor–Patient Communication Affect Patient Satisfaction with Hospital Care? Results of an Analysis with a Novel Instrumental Variable

Sarah L. Clever, Lei Jin, Wendy Levinson, and David O. Meltzer

Health Services Research 43:5, Part I (October 2008)

Objective. To determine the relationship between physicians' communication behaviors and patients' overall satisfaction with hospital care using a novel instrumental variable to address possible confounding of this association by patient attributes.

Data Sources/Study Setting. Administrative records and postdischarge survey data were obtained from patients discharged from the General Medicine service at an urban tertiary-care academic hospital between July 1, 1997 and June 30, 2000. Administrative data included comorbidities, demographic data, and payer status. In the discharge survey, patients rated their attending physician on four communication behaviors, other aspects of their hospital stay, and their overall hospital care.

Study Design. The primary outcome was patients' ratings of their overall satisfaction with hospital care, and the primary independent variable was patients' ratings of their physicians' communication behaviors. To remove possible confounding of the association between patient ratings of physician communication and overall satisfaction by other patient-specific attributes, we created an instrumental variable (IV) in a two-stage linear regression. The IV was the mean of the communication ratings given to each physician by the other patients cared for by that physician.

Principle Findings / Conclusions. Three thousand one hundred and twenty-three patients were included in the analysis. In the ordinary least squares regression, there was a significant positive relationship between overall satisfaction and overall ratings of attendings' communication behaviors, with an increase in overall satisfaction of 0.58 points on a 5-point scale for each 1-point increase in overall attendings' communication behaviors, $p < .001$. This relationship was maintained but attenuated in the IV regression, with a coefficient of 0.40, $p = 0.046$. Although we find that the relationship between patient communication ratings and overall patient satisfaction may be confounded by patient-level factors, we nevertheless continue to find evidence of a statistically significant and sizable relationship between physicians' communication behaviors and overall patient satisfaction after controlling for such factors.

To read full articles link to:

http://www.ihcc.ca/Cited_articles.asp



With the world of technology infiltrating virtually every sector of our lives, including the offices of health care workers, there has been a growing interest in the IHC Course **“CONNECTED: Communicating and Computing”** (CC&C). The following is a newspaper article that refers to this course, with major contributions from CC&C Course Manager, Dr. Larry Baker.

Electronic Records in the Exam Room

EHRs have the potential to enhance the clinician-patient relationship. Their use can make patients more active partners in their own care.

By Nancy Giguere,

Star Tribune Sales and Marketing

November 24, 2008 - 11:48 AM

EHRs in Minnesota

The Minnesota e-Health Initiative is a public-private collaborative whose vision is to accelerate the adoption and use of health information technology in order to improve healthcare quality, increase patient safety, reduce healthcare costs and improve public health. Learn more about the initiative at www.health.state.mn.us/e-health/.

The electronic health record (EHR) is revolutionizing healthcare, reducing the potential for misdiagnosis, dangerous drug interactions, duplicate testing and errors stemming from miscommunication or missing information. But the use of EHRs in the exam room can also complicate the medical visit.

Interloper In The Exam Room

A trusting relationship between patient and clinician is the key to good care. This relationship is established largely through eye contact and the open body position of the clinician facing the patient.

If the computer terminal is badly positioned, the clinician can't face the patient and eye contact is lost. In addition, a clinician may pay more attention to the screen than to the patient's concerns.

"The computer becomes an interloper in the exam room," says Laurence Baker, clinical psychologist and western regional consultant for the Institute for Healthcare Communication (www.healthcarecomm.org).

Effective Use Of EHRs

But Baker also believes that EHRs have the potential to enhance the clinician-patient relationship. "I'm really a fan of electronic records," he says. "I believe their use can make patients more active partners in their own care."

He offers these suggestions for using EHRs effectively during an office visit:

Begin by establishing rapport through eye contact, tone of voice and facial expression.

Build an agenda. Ask "What is it you want us to focus on today?" and "Is there something else?" Let the patient's concerns shape the visit. Without an agenda, it's easy to get sidetracked as you move back and forth between screens.

Tell the patient what you're doing when you turn toward the computer. For example: "Now I'll look at the report on your cholesterol levels."

Always say "your record," not "the computer." That sends the message that you're working for the patient.

Use "bridging statements," such as "Will it be OK if I write some notes to refer to in the future?"

Build a partnership with the patient by looking at key data together. For instance, while viewing a graph comparing blood sugar levels and weight, you might say, "Here your weight is up, and so is your blood sugar. What do you make of that?"

CPD / CME Primer: *Workshop Accreditation*

MAINPRO-1 Credits:

The following courses have been reviewed and approved for 2008 through a **national** application for accreditation, submitted by the IHC-C office to the College of Family Physicians of Canada (CFPC).

- 1) Clinician-Patient Communication
- 2) Choices and Changes
- 3) "Difficult" Clinician-Patient Relationships
- 4) Care not Cure: Dialogues at the Transition
- 5) Disclosing Unanticipated Medical Outcomes
- 6) Strangers In Crisis

The credits assigned are **4.0 Mainpro-M1 credits (4 hour workshop) or 6.0 Mainpro-M1 credits (for the 6 hour version)** for a 12 month period, beginning January 3rd, 2008. An application for renewal of this accreditation approval will be submitted shortly for 2009 status.

Please note this is NOT final accreditation; the last step in this formal process is to request an **ethical review** from the provincial chapter where the program is being held. Simply complete the brief Ethical Review form that is available for download from the CFPC website (see link in insert below) and submit to your provincial CFP Chapter.

Ethical Review Form

<http://www.cfpc.ca/English/cfpc/cme/Whats%20New%20Planners/default.asp?s=1>

This review will take approximately 5 business days prior to a decision on final accreditation. The fee for this review is \$100/event; however, where there are multiple events, the provincial chapters have agreed to a fee of \$500 for 5-10 events.

Once the Chapter has provided final accreditation you may include the following statement on your materials:

This program has been accredited by The College of Family Physicians of Canada, and the _____ Chapter, for ___ Mainpro-M1 credits.

MAINPRO accredited Evaluation forms

<http://www.ihcc.ca/work.asp>

For any CFPC accredited course, you should use the evaluation forms posted on the IHC-C website, as it is an accreditation criteria for evaluations to include a question on commercial bias, and the workbook version of the evaluation does not include this.

Certificate templates have been made available to all faculty as follow up material sent subsequent to the faculty training (see sample to right). These electronic "fillable" templates are also available to faculty through the IHC-C office, by request, at any time. These certificates can easily be customized to reflect local circumstances (sponsor, presenters, location, accreditation status, etc) and may be distributed to your learners on the day of the workshop, or following the event if contact information is collected. If accreditation status is desired and no certificate has been distributed to learners, you may also provide a short letter to your participants, which should include the course title, date, location and number of credits the participant is eligible to claim.



Workshop Accreditation - continued

MAINPRO-2 Credits:

For those workshops not covered under this application, or for faculty development, Mainpro-2 credits can be requested by sending in a certificate of attendance, along with a CME Credit form to the CFPC CPD department. The credit attribution is 1 Mainpro-2 credit for each hour of CME. These credits can also be entered on line (members or non members) through the following link:

<https://members.cfpc.ca/English/CFPC/Members/Login/Login/default.asp?s=1>

MAINPRO-C Credits:

Mainpro-C credits (2 credits per submission) can also be requested by an individual IF they submit a "Linking Learning to Practice" exercise to the CFPC CPD department or via the online form link:

https://www.formrouter.net/forms@CFPC/Mainpro_Linking_learning_practice.html

The Royal College of Physicians & Surgeons of Canada:

Please contact an Accredited Provider for information on how to receive approval for Section 1 or Section 3 programs. A list of providers and general instructions may be accessed through the following link:

http://www.rcpsc.edu/opd/moc-accreditation/providers/providers_e.php



HOLIDAY CLOSURE

The IHC-C office will be closed beginning December 24th, 2008, reopening on January 5th, of 2009.

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