“The Institute has contributed enormously to my ability to teach physicians one of the most important parts of the patient-provider relationship — solid, effective communication.”

James R. Gavin, III, M.D., Ph.D.
Past President
Morehouse School of Medicine

Meeting the Challenge of Healthcare Communication

The Institute for Healthcare Communication (IHC) was organized in 1987 to enhance the quality of healthcare by improving communication between clinician and patient. Nationally accredited, the Institute has partnered with hundreds of healthcare organizations over the years to train more than 160,000 physicians and other healthcare professionals throughout North America.

The Importance of Healthcare Communication

A clinician may conduct as many as 150,000 medical interviews during a typical career. If viewed as a medical procedure, the interview is the most commonly used procedure that the clinician will employ. Yet communication training for clinicians and other healthcare professionals historically has received far less attention throughout the training process than have other clinical tasks.

This is so even as evidence continues to mount that a structured approach to communication measurably improves healthcare delivery.

- Research shows a correlation between doctor communication skills and the patient’s willingness (or ability) to comply with a medical regimen.
- Studies also show that the physician’s ability to explain, listen, build rapport and empathize can have a profound effect on patient satisfaction and confidence.
- Improving doctor-patient communication has been shown to be an important step toward better results in the areas of preventative medicine, therapeutic behavior change, and long-term self-management of chronic illness.
- Studies indicate that improved communication between doctor and patient is an important factor in reducing the likelihood of malpractice suits.
“We’ve found that successful communication results in better patient care, as well as greater satisfaction for both the patient and clinician.”

Gary Friedlaender, M.D.
Professor and Chairman of the Department of Orthopaedics and Rehabilitation
Yale University School of Medicine

In consequence, doctor-patient communication, once treated lightly as mere “bedside manner,” is now considered an important practical skill.

- The U.S. medical licensing exam now includes a clinical skills section that explicitly tests examinees on ability to communicate with patients.
- In its 2004 report on adding behavioral and social sciences to the medical school curriculum, the Institute of Medicine stressed the importance of teaching communication skills in the schools.
- Communication and patient-centered care are on the agenda of many of the most influential healthcare associations, including medical specialty societies, the Veterans Health Administration, the Institute of Medicine, and the Centers for Medicare and Medicaid Services.
- Insurance companies in seven states are offering discounts on malpractice insurance to physicians who have upgraded their communication skills by means of IHC courses.

Given the increased recognition of the importance of healthcare communication, medical schools are expanding their communication training across the clinical and pre-clinical curriculum. However, many healthcare professionals practicing today have had little or no formal training in effective communication techniques.

**VISION, MISSION AND ACHIEVEMENTS OF IHC**

IHC is an independent non-profit organization. IHC was originally organized in 1987 as the Bayer Institute for Health Care Communication.

**Vision statement**

IHC seeks to optimize the experience and the quality of healthcare through effective communication.

**Mission statement**

IHC advances the quality of healthcare by optimizing the experience and process of healthcare communication. We accomplish this by:
• Creating and disseminating innovative educational programs and services

• Advocating for the importance of communication as an essential aspect of healthcare

• Engaging in collaborative research on communication in healthcare

• Partnering with other leading organizations that share our vision

Achievement highlights

▪ IHC has conducted more than 12,000 workshops reaching 160,000 physicians and healthcare professionals in the United States and Canada.

▪ IHC’s growing network of partners numbers more than 200 healthcare organizations. These include hospitals, medical schools, managed care companies, malpractice insurance companies, and national medical specialty societies.

▪ All full-time IHC staff members are seasoned professionals representing a wide range of health and human behavior disciplines, have written on clinician-patient communication for peer-reviewed journals, and are master teachers. In addition to the full-time staff, a network of cooperating consultants and faculty members extends the work of IHC to every state and province within North America. More than 1,200 faculty members have been trained.

▪ Many medical societies and universities, including the American Academy of Orthopaedic Surgeons and the Yale University School of Medicine, have adopted Institute programs.

▪ IHC is nationally accredited to provide continuing medical education and continuing nursing education by three major accreditation agencies (ACCME, AAFP, and ANCC).

▪ The staff of IHC conduct research on pertinent topics and conducts outcome studies in partnership with other organizations.

▪ Members of IHC’s staff, faculty, and Advisory Council have consulted with or made presentations to scores of medical schools, residency programs, hospitals, managed care organizations, government health entities, and professional societies.

▪ IHC’s activities have been featured in the medical trade press and in major media such as The Wall Street Journal, The Washington Post, and The New York Times.
CURRENT WORKSHOPS AND PROGRAMS

Development and implementation of training workshops are major activities of IHC. IHC’s programs are interactive and experiential, featuring videotapes, simulations, and case studies. IHC’s flagship workshop, Clinician-Patient Communication to Enhance Health Outcomes, has trained more than 175,000 clinicians in the “4Es” of Communication (Engage, Empathize, Educate, Enlist). The current roster of workshops and programs includes:

Clinician Workshops
- Clinician-Patient Communication to Enhance Health Outcomes
- Team and Patient-Centered Communication Skills for the Patient Medical Home
- Choices & Changes: Clinician Influence and Patient Action
- “Difficult” Clinician-Patient Relationships
- Strangers In Crisis: Communication for Emergency Department and Hospital-Based Clinicians
- Candid Conversations: Talking with Female Patients about Sexual Health
- Coaching Clinicians for Enhanced Performance
- Disclosing Unanticipated Medical Outcomes
- Managing Communication: After Unanticipated Medical Outcomes
- Connected: Communicating and Computing in the Exam Room
- Care Not Cure: Dialogues at the Transition
- Conversations at the End of Life
- Intensive Communication Skills

Programs for Non-Clinicians and Patients
- Treating Patients with C.A.R.E.
- Coaching for Impressive Care
- P.R.E.P.A.R.E. to be Partners in Healthcare
  C.A.R.E. = Connect, Appreciate, Respond, Empower
  P.R.E.P.A.R.E. = Plan, Report, Exchange information, Participate, Agree, Repeat

ACCREDITATION

IHC awards continuing education credits under the auspices of its national accreditation from:
- ACCME: The Accreditation Council for Continuing Medical Education
- AAFP: American Academy of Family Physicians
- ANCC: American Nurses Credentialing Center

Malpractice insurance companies in six states provide premium discounts to their insured physicians who attend IHC skill-building workshops.
WORKSHOP DEVELOPMENT

IHC conducts its workshops, and develops the materials and programs used in them, based on the best available evidence of what constitutes effective clinical and educational practice. IHC workshops are based on scientific research in medicine, psychology, communication and related fields. In developing IHC programs, we rely upon a variety of data sources to identify professional practice gaps among the target audience. This process includes conferring with client leaders and clinical staff, relevant external bodies, content experts, literature review, patient satisfaction scores, trends in medical licensure and graduate medical education. Such extensive efforts assist with program planning, development and sustainability within client organizations.

- The process begins with the creation of an annotated bibliography to assure that state-of-the-art information is available to the design team. The bibliography becomes part of the workbook as a resource for participants after the workshop.

- Once the bibliography has been assembled, experts from IHC staff and its Advisory Council are brought together with consultants to develop the framework for the new program. Through an iterative process between this team and the staff responsible for the development of the program, a design is created and materials are developed.

- Extensive pilot testing then takes place with revisions made after every test. Pilot test sites are selected for their diversity to assure that the program is applicable in all delivery systems. Audio-visual materials are then produced.

- The program is introduced to the faculty, who are physicians or behavioral scientists with extensive experience as teachers or clinicians, through an intensive faculty development process, usually one week in length.

- Whenever possible, an outcome study is launched to evaluate program effectiveness.

“Our doctors have found the Institute’s model to be a powerful tool for building relationships.”
David Shearn, M.D.
Director, Physician Education and Development
Kaiser Permanente

PARTNER ORGANIZATIONS

IHC has more than 1200 trained faculty members and has worked with more than 250 program partners to offer Institute programs to clinicians in every specialty and type of practice in the United States and Canada. Partners include medical schools, specialty societies, government agencies, medical groups, hospitals, malpractice insurance companies, and managed care organizations.

IHC launched its Program Partner Award in 1999. The award recognizes partners who have made an
extraordinary effort to address the issue of clinician-patient communication within their organizations. Recipients of the award include:

1999 Veterans Health Administration
2000 Permanente Medical Group
2001 Geisinger Health System
2002 Physicians’ Reciprocal Insurers
2003 American Academy of Orthopaedic Surgeons
2004 Copic Insurance
2005 Affinity Health System
2006 Washington State University College of Veterinary Medicine
2007 ISMIE Mutual Insurance Company
2008 Michigan State University

WORKING PARTNERSHIPS

✓ IHC has had extensive experience working with healthcare systems, medical specialty groups, government and public hospital systems, Safety Net facilities, multi-specialty provider organizations, and provider networks. Currently, IHC is working closely with the California Health Care Foundation (CHCF) on its “Team Up for Health” initiative and training staff from five California clinic-based organizations to work more effectively with patients living with chronic illnesses and conditions. IHC has partnered with the California Health Care Safety Net Institute (the quality improvement arm of the California Association of Public Hospitals) to provide training in communication skills for hospital-based clinics.

✓ IHC has collaborated with medical specialty groups such as the American Academy of Orthopedic Surgeons (AAOS) for several years. This partnership led to the creation of tailored materials to address the identified deficits in communication skills among this specialty group to better meet their patients’ communication needs. To ensure congruence between learners’ current scope of practice and workshop content, this partnership produced relevant video case studies specific to the clinical environment of orthopedics. IHC then trained 47 AAOS Communication Mentors in a customized version of IHC’s CPC faculty course. Those Mentors have taught 234 workshops to 4,200 practicing orthopaedic surgeons and residents since 2001.

✓ IHC has provided train-the-trainer courses and has developed customized programs for the Veterans Administration as a key component of its Patient Centered / Medical Home Initiative—the VA’s national model of health care delivery. The pilot for this program was conducted in July 2010 and a subsequent training was conducted in November 2010. The Veterans Administration System is the largest integrated healthcare system in the United States and offers IHC workshops at VA Medical Centers and Hospitals throughout the country. More than 200 trained VA faculty have taught 3,695 four-hour workshops to 51,915 practicing physicians and other VA clinicians across the United States.
✓ IHC has also worked closely with the leadership of the American Association of Diabetes Educators (AADE) to develop a program that emphasizes the importance of assessing patient self-care behaviors in clinical interactions. As a result of the AADE collaboration, IHC designed customized activities in the workshop, “Choices and Changes,” and integrated self-care behavior communication assessment tools and the chronic care model to meet specific communication needs in delivering care to patients with diabetes.

From these experiences, IHC has learned to adapt its educational programs and the delivery of those programs and associated follow-up services, to the unique needs of organizations. IHC is confident that these partnerships and experiences provide it with the experience to meet the training needs of a wide variety of health care organizations, professions, and clinicians.

**KEY LESSONS FOR SUCCESS**

- The effectiveness of IHC’s Programs in meeting identified educational needs relies heavily on an organization’s selection of prospective training faculty, and on the evaluation and sustainability of both faculty and program content. IHC advises clients that prospective faculty be selected on the basis of specific criteria, and that the client’s infrastructure is conducive to teaching communication training within the organization. When client organizations do not select faculty carefully, or where administrators fail to encourage good communication skills for both patient and organizational benefit, there is a high likelihood that the communication training effort will fail.

- IHC has conducted large scale evaluation studies using RCT design and a robust educational intervention (3 months of workshops and one-on-one coaching and feedback). However, a client’s evaluation efforts are often limited to testing the effect of workshops on clinicians’ communication behavior, health outcomes and patient satisfaction. Consequently, IHC implemented a system whereby it sends an email reminder to all learners 6 weeks after an IHC workshop about the communication techniques they intended to incorporate into clinical practice as a result of their learning. This reminder system reinforces practice skills, first identified by the learner in a behavioral plan completed at the end of the workshop. Learners then participate in an online survey which inquires about the effect of newly-practiced communication skills in their clinical practice. The post-workshop survey provides IHC with data that are sorted to measure the impact of various IHC workshops on specific practice behavior.

- From long experience, IHC recognizes that clinician exposure to a half-day skill building workshop will not change the prevailing culture. Only through sustained and committed effort will educational programming have an enduring effect on the demonstrated outcomes of good communication between clinicians and patients:
  - better health outcomes
  - increased diagnostic accuracy
  - enhanced adherence to a treatment regimen
  - reduced malpractice liability
  - improved patient and clinician satisfaction
IHC works with clients to develop an appropriate process for implementing a coordinated effort to introduce communication skills training into the on-going life of the organization.

“Our company has worked closely with the Institute in developing programs in healthcare communication, for our insured physicians. These programs have been very well received by the physicians; we are confident that they have provided them with tools to help improve patient relationships, and thereby, the quality of care. This is in keeping with our own goal of reducing the frequency and severity of malpractice suits, by addressing the underlying patient safety issues.”

Anthony Bonomo
President and CEO (AFP)
Physicians’ Reciprocal Insurers

**ADVISORY COUNCIL**

Since its inception, IHC has benefited from the guidance of its Advisory Council. Composed of leading researchers and clinicians from Canada and the United States, the Council members work closely with members of the staff to develop programs, evaluate research proposals, and advocate for the importance of communication as an essential aspect of healthcare. Council members include:

**Kathleen Bonvicini, EdD, MPH**
Executive Director / Chief Executive Officer
Institute for Health Care Communication

**Thomas L. Campbell, MD**
William Rocktasel Professor; Chair of Family Medicine
University of Rochester

**Susan Cohen**
Director of Counseling / Chairperson
Carola Walburg Rothschild Society for the Human Animal Bond

**Jacqueline Dunbar-Jacob, PhD, RN, FAAN**
Dean, School of Nursing
University of Pittsburgh

**John C. Laidlaw, MD, PhD**
Consultant
Cancer Care Ontario

**Dennis Novack, MD**
Professor of Medicine
Associate Dean for Medical Education
Drexel University College of Medicine

**Moira A. Stewart, PhD**
Director, Centre for Studies in Family Medicine
The University of Western Ontario

**SOURCES OF FUNDING**

IHC was originally established through funding from Bayer Pharmaceuticals, which remained a generous contributor over the years. IHC also receives grants to support specific projects, enters into contracts with various organizations to develop and implement communication improvement programs, and sells materials to organizations conducting its programs.

The large majority of IHC’s budget comes from fees for educational and consulting services, product sales, contracts, and project grants. A small percentage derives from the work of a for-profit subsidiary.

Major IHC programs have been funded through partnerships with the Veterans Health Administration, the American Association of Diabetes Educators, the American Academy of

Since 2005, IHC has been an independent non-profit educational organization determined to be tax exempt under Section 501(c)(3) of the US Internal Revenue Code.

“The Institute played a key role in helping our physicians improve their communication skills. This improvement in physician skills led to significantly higher patient satisfaction scores that have been maintained even though we have increased productivity.”

Randy Hutchison
Director, Customer Services and Performance Enhancement
Geisinger Health System

**Board of Directors**

IHC is an independent not-for-profit corporation legally incorporated as a private operating foundation in the state of Indiana. Fiduciary responsibility for IHC rests with an independent board of directors, whose members currently include:

**Robert Levine, MD**
Chairman
Institute for Healthcare Communication
- and -
Co-chair of the Executive Committee
Yale University Interdisciplinary Project in Bioethics
Director, Law, Policy and Ethics Core
Center for Interdisciplinary Research on AIDS
Professor of Medicine and Lecturer in Pharmacology
Yale University

**Kathleen Bonvicini, EdD, MPH**
Executive Director and Chief Executive Officer
Institute for Healthcare Communication

**Robert L. Engle, DBA**
Associate Professor of International Business
Assistant Director of European Union Business Studies
Quinnipiac University School of Business

**Robert Kloppenburg**
Secretary/Treasurer
Institute for Healthcare Communication
- and -
Vice President, Synta Pharmaceuticals

**Richard Kull, MD**
Psychiatrist
Masonicare

**John C. Laidlaw, MD, PhD**
Consultant, Cancer Care Ontario

**Bernard A. Marlow, MD CCFP FCFP**
Former Director of Continuing Professional Development (Ret.)
College of Family Physicians of Canada

**James Meuser, MD, CCFP, FCFP**
Director of Continuing Medical Development
College of Family Physicians of Canada

**Sherri Rigby, DVM**
Vice Chairman
Institute for Healthcare Communication
- and -
Area Veterinary Services Manager
Bayer Healthcare, LLC, Animal Health

**W. Wayne Weston, MD, CCFP, FCFP**
Chairman, Canadian Operating Committee, Institute for Healthcare Communication; and
Professor Emeritus, Department of Family Medicine,
University of Western Ontario

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