

# Institute for Healthcare Communication



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June 2013

## Letter from CEO

### Hello from IHC!

I recently took part in my second annual Five Boro NYC Cycling RIDE. I emphasize ride versus race. While I've had my share of participation in competitive sports growing up, I now bask in the sheer pleasure of the ride. As I pedaled the 40 miles along the streets of Manhattan, Bronx, Queens, Brooklyn, and, finally, Staten Island, I recognized how very important "community" is to me. I was surrounded by a "community" of fellow cyclists who love the bike and love the ride. We shared this commitment, and coming together to ride only a few weeks following the events at the Boston Marathon made it even more meaningful.

During the ride, I witnessed a sense of community within each of the NYC boroughs where people came together to celebrate and show pride in their neighborhoods – through music, dance and playful antics that made for great entertainment. It made me reflect about my appreciation for my community of family, loved ones and, of course, my community through IHC. Our commitment of living out our mission for relationship-centeredness in healthcare is stronger than ever. I value our collaborative work with our long term client organizations and cherish the excitement of developing new client relationships this year in human and veterinary healthcare. I continue to be honored to lead this wonderful organization and I am grateful for your support and commitment. Enjoy our summer newsletter and feel free to call or email anytime as we love to hear from you!

With warm regards,  
Kathleen



Kathleen Bonvicini, MPH, EdD

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## Send us your opinion!

*What is the single thing doctors could do to improve their communication skills with patients?*

In a recent issue of the [Wall Street Journal](#), national healthcare experts were asked this question. Below are excerpts from selected experts and from IHC.

We urge you to send your response to [info@healthcarecomm.org](mailto:info@healthcarecomm.org)

*Kathleen Bonvicini, MPH, EdD, IHC CEO: **Take a few seconds to pause and check in.***

"Like all of you, I've had a range of personal experiences as a patient and walking alongside loved ones through the journey of chronic and ultimately terminal illness. One thing that has stood out as often lacking yet most needed is for the doctor to take a few seconds to pause and check in. This pause is especially powerful when discussing difficult news and/or sharing health updates. Imagine...getting bad news and not once being asked something as simple and humane as "How are you doing with this?" As a leader and educator in healthcare training, I appreciate that clinicians are under tremendous pressure to do more in a shorter period of time, all while using the electronic health record. Yet, a two second pause takes just that - two seconds. Asking someone how they are doing or coping, especially when sharing information that is potentially life-changing, is one of the shortest ways I know to connect with a human being. One of my favorite authors, Brene Brown, defines connection as "the energy that exists between people when they feel seen, heard, and valued" How vitally important that connection is in our healthcare world."

*Sandra Reifsteck, RN, MS, FACMPE, IHC Director, Development and Quality Outcomes in Human Healthcare: **Learn to listen to patients.***

"Patients need to know they are heard and understood. The best way is not to think, "What am I going to say to this patient next?", but to pick up their words and make sure you are discussing what they wish. Patients can share so much with us to make our jobs easier. Also you can ask the patient, simply, "What do you want to be sure we discuss at today's visit?", and listen to what they say. Remember the patient cannot hear what you are saying until you hear what they say!"

*Dan O'Connell, PhD, IHC Master Trainer and Course Manager: **Think more like a patient.***

"Imagine how your patient is thinking and feeling about a concern or question."  
*Monica Broome, MD, IHC Master Trainer, Assistant Professor of Medicine, Director, Communication Skills Program, University of Miami Miller School of Medicine: **Invest in the opening.***

"It encourages the patient to feel seen, heard and respected, and it enhances feelings of safety."

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*Peter Maselli, MD, IHC Master Trainer: **LISTEN!!***

"Having sat with several physicians during their patient interviews I have been amazed at how many times I have heard physicians ask a question that a few minutes before the patient had told them. I think that sometimes physicians are so rigid in their processes that they only hear what they want. They may tune out responses that are not what they want to know at that moment. This then infers to the patient that the physician doesn't really care about what the patient has to say and there goes the RELATIONSHIP."

*Mary Barrett, IHC Administrator: **Review and listen.***

"Review the medical record first for important information such as a recent loss. Then listen to the patient, to actually hear the patient's words and understand who that individual is."

*Harlan Krumholz, MD, professor of medicine and epidemiology and public health at the Yale School of Medicine: **Let's start by looking in our patients' eyes.***

"I have always thought that the conversations with patients have the potential to be therapeutic or harmful. We can promote the kind of communication that enables patients to be better able to make difficult choices, to be more confident in pursuing the strategies they choose and to be more likely to achieve the results that they desire. ... Doctors, medical schools, hospitals, health-care systems need to find ways to foster an environment where everything we do starts with looking in our patients' eyes and really knowing them."

*Peter Pronovost, MD, PhD, FCCM, director of the Armstrong Institute for Patient Safety and Quality: **Listen more, talk less.***

"When meeting with patients, doctors shouldn't interrupt or dominate the conversation. Instead, doctors should ask open-ended questions to encourage each patient to describe his or her feelings and concerns about their illness. When doctors take the time to listen, the treatment decisions and care plans that they develop will better reflect their patients' wishes; in turn, those plans are more likely to be followed by patients."

*John Sotos, MD, cardiologist and flight surgeon: **It's simple: slow down.***

"In all of medicine, this is the simplest question to answer, but has the hardest solution to implement....To get the biggest improvement in physician-patient communication, physicians need do only one thing: slow down."

*Susan Devore, president and CEO of the Premier healthcare alliance:  
**Communication needs to be active***

"Today, patients need "active" communications when it comes to the care they receive. This includes the opportunity for them to be heard, and education about their condition presented to them more clearly. Considering the expanding role of nurses and other clinicians in care delivery, active communication needs to occur throughout the entire care delivery team. This type of approach supports shared decision making between care teams AND patients and their caregivers, and it's already shown to improve outcomes. ...Because every patient is different, doctors and nurses need to stress active communication to ensure they are understood. Making care decisions as partners can go a long way toward improving outcomes."

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## Faculty Profile: Dan O'Connell, PhD

Psychologist, teacher and coach, IHC Master Trainer and Course Manager Dan O'Connell has been involved in a wide array of communication teaching for more than 25 years. Based in Seattle, Dan divides his time between teaching medical students and practitioners and conducting and managing communication skills courses for IHC.

Dan's training credentials include doctoral work with James Prochaska, author of the [Stages of Change](#) model for behavioral intervention. Dan's focus was on behavior change and how clinicians can influence change in their practices. In addition to his teaching and writing on physician-patient communication, behavioral medical practice, healthcare team functioning and handling difficult interactions, Dan manages IHC's courses on disclosure. Dan is a key proponent of the concept of effective communication as a fundamental risk management tool. In collaboration with Kaiser Permanente, Dan was instrumental in the development of IHC's training to help clinicians communicate with patients about disappointing outcomes of care. IHC's disclosure programs have been influential nationally, as the evidence base has grown and there is widespread recognition of the value of candor and transparency. Indeed, a number of malpractice liability carriers offer discounts to clinicians who are trained in effective communication.

Experiential exercises are important elements of the disclosure workshops. Dan notes that they "provide avenues for discovery." In most workshops, Dan finds there is a roughly equal division among participants: one-third are "true believers" and want to use the workshop to reaffirm the value of communication skills and, perhaps, tweak their performance of specific skills; one-third are on the fence, not sure how valuable the skills are; and one-third are skeptical at the outset. When the learners who are not already "true believers" understand that the communication models make abundant good sense, are practical and not time-consuming, they come around. Learners appreciate the opportunity to focus on a manageable one or two specific skills. Dan reports that, after a disclosure workshop, most participants are more open to the possibility that enhanced communication skills will be valuable and feasible for them to employ. They are typically more open to trying new techniques, supported by specific expert guidance and feedback from program facilitators and peers.

While the growth of disclosure communication training has been significant, Dan believes that many physicians-possibly half or more-remain skeptical about the wisdom and practice of disclosure. He believes the information asymmetry that has long existed between clinicians and patients is being eroded by wide availability of medical information online, patients' and families' evolving expectations that they will be partners in medical decision-making, and the growing awareness that financial resolution of medical errors can be accomplished even without state tort reform.

Dan will lead a faculty development program for ***Disclosing Unanticipated Medical Outcomes (DUMO)*** July 17-19, 2013 in Glastonbury, Connecticut. The Connecticut Medical Insurance Company (CMIC) is hosting this course; enrollment is open to qualified professionals.



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It is an outstanding opportunity for organizations to build training capacity in professional communication skills.

**DUMO** is designed for a variety of healthcare professionals who are or plan to become involved in training. Workshops that **DUMO** faculty will teach are for clinicians in all practice specialties and settings, and for organizational risk managers and administrators who direct the organizational response when adverse events have occurred. It is beneficial for **DUMO** faculty to have experience in one or more the following areas: clinical care, risk management, communication training and/or workshop leadership.

For information and a course application, please see IHC's [website](#).

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## Sandy Reifsteck shares patient communication training with national audiences

Sandy Reifsteck, RN, MS, FACMPE, IHC Director of Development and Quality Outcomes in Human Healthcare, presented at the **2013 national conference of Medical Group Management Association and American College of Medical Practice Executives** (MGMA-ACMPE). She described the rationale, methodology and benefits of IHC's ***Team and Patient-Centered Communication for the Patient Medical Home (PCMH)*** train-the-trainer faculty development course. Her topic, Engaging the Patient in the Medical Home, was enthusiastically received by MGMA-ACMPE audience members. She discussed the importance of patient engagement and treatment adherence as key components of a successful medical home practice, and Reifsteck shared core communication tools to respond to patients' unique needs, values and preferences.



Sandy's comments were summarized in the MGMA-ACMPE publication ***Ripple effects: From process to patient care***. (Heather Grimshaw, A new piece to the patient-centered puzzle: Tapping into conviction, MGMA Connexion, available by subscription; [preview available online](#)).

The **38th Annual Conference of the American Academy of Ambulatory Care Nursing** also featured a presentation by Sandy, Motivational Interviewing: Improving Patient Outcomes. Sandy's interactive presentation acquainted nurses with the literature support, theory and techniques for promoting change in health care behaviors. The session also included time to discuss and practice three key communication skills, and presentation the Conviction and Confidence Model that nurses can use in their practice to motivate patients.

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## It's all about managing communications

Communications with patients, family members and other healthcare team members are always central to the provision of quality, patient-centered care; they become even more important when the results of care are not what patients hoped for and expected. IHC's suite of training curricula around disclosure provides organizations with specific evidence-based tools that give providers knowledge and confidence to communicate more effectively. Some of the impetus for the growth of IHC's disclosure programs is to reduce medical liability claims; increasingly, clinicians and organizational decision-makers recognize that disclosure is not only an effective way to avoid lawsuits, it is also the ethical and humane thing to do.

[Ascension Health](#), based in St. Louis, has worked in partnership with IHC on *Managing Communication After Unanticipated Medical Outcomes (MCUMO)*. This day-and-a-half IHC course for key clinical leadership in hospitals and medical groups provides training on Ascension Health's risk management high-reliability program CORE (Communicate Openly. Resolve Early).

Under the leadership of IHC Master Trainer Dan O'Connell, PhD, workshops are presented monthly for medical and administrative leadership from across Ascension Health. The two models presented – **TEAM** (Truth, Transparency, Empathy, Apologizing, Accountability and Managing) and **ALEE** (Anticipate, Adjust, Listen, Empathize and Explain) – are used to manage communication to staff, patients and families. In addition, Ascension Health has trained several of its physicians as workshop leaders to spread this knowledge to medical staff members at more than 100 Ascension Health hospitals across the country.



Ascension Health's "Fab Five" Managing Communication after Unanticipated Medical Outcomes leadership trainees. From left to right: Andy Brown, Anton Salud, Dan O'Connell, Ken Rothfield, Frank Mazza, Charlie Husson

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Participants have provided enthusiastic feedback:

*"Best workshop I have been to...good info. Presented well..."*

*"Excellent. I will use these skills immediately..."*

*"Wonderful information. Felt like a gift instead of more work..."*

*"Wonderful program! Learned a lot and the interactions with others were very beneficial. Great discussions!"*

*"One of the better training sessions that I have attended. Kept me engaged. Learned a great deal. Actors great."*

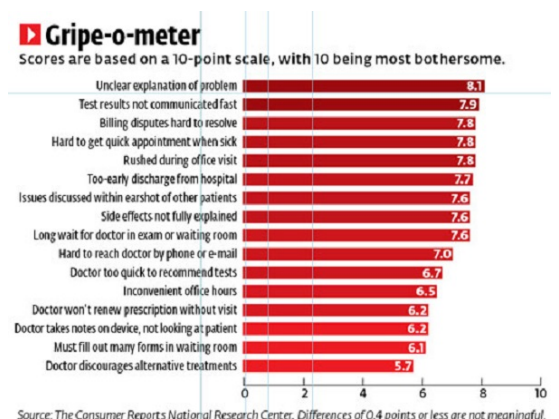
*"I really appreciate the practice sessions, especially help with reflective listening and questions. I will continue to practice."*

**MCUMO** is designed for clinicians, risk managers and administrators responsible for advising clinicians and helping to direct the organizational response when unanticipated medical outcomes occur. IHC offers a related, more closely focused, workshop to help clinicians gain the perspectives and skills to respond effectively to adverse outcomes, **Disclosing Unanticipated Medical Outcomes (DUMO)**. The first portion of the **MCUMO** workshop is presentation of and participation in the **DUMO** workshop. An associated train-the-trainer program for **DUMO** builds organizational capacity to disseminate the **DUMO** training to a large number of clinicians.

IHC is pleased to announce an open enrollment train-the-trainer faculty development course for **Disclosing Unanticipated Medical Outcomes (DUMO)** July 17-19 in Glastonbury, Connecticut. For more information [visit our website](#).

## Consumer Reports find patients' biggest gripe is "unclear explanation"

A national survey of consumers conducted by *Consumer Reports* examined gripes patients have with care and service during doctor visits. Of 16 possible gripes, "unclear explanation of problem" was rated the most bothersome, with a score of 8.1 (where 0 means "not bothered at all" and 10 means "bothered tremendously"). This wasn't the only gripe that is fundamentally or partially a communication issue: "rushed during office visit" (5th most bothersome complaint, score 7.8), "issue discussed within earshot of other patients" (7th most bothersome, score 7.6) and "doctor takes notes on device, not looking at patient" (14th most bothersome, score 6.2) were also cited.



Source: The Consumer Reports National Research Center. Differences of 0.4 points or less are not meaningful.

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*Consumer Reports* includes helpful advice for patients: preparing a list of their concerns so they can take full advantage of brief office visits, prioritizing their concerns so the most important are not given short shrift, and respectfully insisting their doctors listen to them.

*Consumer Reports* naturally focuses on the consumer, but there are steps clinicians can take to ensure the onus of responsibility for full communication does not fall on patients alone. IHC's flagship workshop, [Clinician-Patient Communication to Enhance Health Outcomes](#) gives learners practical tips and practice opportunities with specific evidence-based communication skills.

[Connected: Communicating and Computing in the Exam Room](#) helps healthcare providers use computer technology effectively, so that it supports patient care rather than hindering care. Throughout IHC's workshops is an emphasis on ensuring that each patient feels seen and heard.

A summary of the *Consumer Reports* findings is available online ([link](#)).

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## Veterinary and human medicine connections

Just as there are close parallels between human and animal physiology, so are there parallel needs for effective communication between human and veterinary medical providers and patients or patients' caregivers. IHC was approached by Bayer Animal Health to help bridge the gap in veterinary training relating to communications. Veterinary medicine has benefitted from the literature on the importance of communication in human medical care, and there is a rich and growing literature of veterinary research, inspired by work in human medicine.

Thanks to the generous support from Bayer Animal Health over the past 11 years, IHC has developed 15 training modules on a wide range of communication-related topics. As in our human medicine work, veterinary training is disseminated through a train-the-trainer model. Every veterinary school in North America uses IHC training modules to teach communication skills.

In human and veterinary medicine there are common themes and skills: establishing trust and rapport, listening to patients or caregivers' narratives, engaging patients for treatment adherence, handling difficult conversations and helping families with end-of-life decision-making. The veterinary world has some concerns that are different from human medicine, including a more explicit focus on financial challenges, the triadic relationship (provider-pet-owner) and the grief process and decision-making around euthanasia.

IHC recognizes there are opportunities for inspiration in both directions. IHC's most recent training module on how to give feedback to colleagues has informed the development of training in human medicine. Similarly, the topic compassion fatigue-and the role of provider self-care to prevent it-is an area of growing visibility in human medicine. For more information about IHC's veterinary offerings, please visit our [website](#).

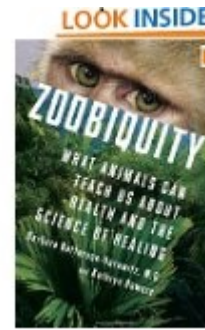
An exploration of the parallels between human and other animal health was recently released in paperback. Co-authors Barbara Natterson-Horowitz and Kathryn Bowers provide a far-ranging and thought-provoking review of Dr.

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Natterson-Horowitz's "Aha!" revelations about the connections between animal and human health. Their book, *Zoobiquity: What Animals Can Teach Us About Health and the Science of Healing*, brings a comparative perspective to behaviors and illnesses and highlights a host of congruencies across species.



Who knew that okapi confined in a zoo could die of fright while within earshot of a Wagner opera? Or that blue-footed boobies may suffer bullying from their nest-mates? Or that Tasmanian wallabies have been known to sneak into secured medical opium poppy fields and gorge on mind-altering plants? Terry Gross, host of NPR's Fresh Air, interviewed Dr. Natterson-Horowitz; the [podcast](#) is available online for free.

Reviews from two renowned authors and researchers in both human and veterinary medicine:

"*Zoobiquity* is full of fascinating stories of intersection between human and nonhuman medicine – fish that faint; dinosaur cancers; human treatments that cure dogs of melanoma; lessons from adolescent elephant behavior that explain human teenagers. I was beguiled."

-Atul Gawande, M.D. (author of *The Checklist Manifesto*)

"Fascinating reading about the similarities in both the physiology and behavior of people and animals."

-Temple Grandin, PhD.

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## Coaching in the Spotlight



IHC's two formal coaching programs—one to train clinician-coaches, the other to train supervisors of non-clinician healthcare team members—are active and generating significant interest.

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A report of a pilot study of ***Coaching for Impressive Care*** in long-term care facilities has been accepted for publication in *Health Care Management Review*. Greta Cummings, PhD, RN, FCAHS and colleagues examined the impact of a two-day train-the-trainer program on leadership development among 21 managers in long-term care facilities in their article, "On becoming a coach: A pilot intervention study with managers in long-term care."

The study team had four objectives: " (a) to identify managers' perceptions of their role as a coach of employee performance in LTC facilities; (b) to understand managers' intentions to coach employee performance; (c) to examine opportunities and factors that contributed to or challenged implementation of workshop coaching skills in daily leadership/management practice; and (d) to examine managers' reports of using coaching practices and employee responses after the workshop." The report notes the coaching workshop was well-received by participants and feasible to implement. Further, it showed evidence that managers' coaching skills can be improved through this workshop.

IHC's initial train-the-trainer ***Coaching Clinicians for Enhanced Performance (CCEP)*** programs have been well received. The workshop is designed to build organizational capacity to provide clinician coaching and support, in response to reports in the literature and from IHC clients about the value of ongoing coaching to effect meaningful behavioral changes. Participant comments included:

*"Great course. The challenge is applying it in 'real world' settings."*

*"Breaking into small groups and practicing our coaching and feedback with 'clinician actors' was extremely helpful. This gave me the opportunity to apply these new skills in real time in a challenging yet very supportive environment."*

*"This experience has increased my confidence in my own practice of motivational interviewing - now applying these skills with the clinicians I will be coaching."*

*"IHC's four stage clinician coaching model provided me with a grounding structure that will be very beneficial in the field. I feel motivated to continue working hard to create buy-in for clinician coaching at my organization."*

*"What an amazing learning experience! Wish our time together could have been longer. It was wonderful to have the benefit of a safe and supportive learning laboratory."*

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## Congratulations and welcome, new IHC-trained Clinician Coaches!



### IHC's Inaugural Coaching Clinicians for Enhanced Performance cohort Germantown, Wisconsin, February 2013

**Front (L to R):** Nancy Corkle, Aurora Health Care; Katherine Stewart, IHC-Canada; Theresa Yakoviev, Marshfield Clinic; Kathleen Bonvicini, IHC; Tami Waterman, Aurora Advanced Healthcare; Barbara Andrews, IHC; Beth Pierce, Mercy Health System

**Back Row:** Kathryn Leonhardt, Aurora Health Care; Doug Culling, Aurora Medical Group; Arpita Patel-Mehta, Aurora Health Care; Stephanie Wojtowicz, Springfield Clinic; Sue Weiss, Aurora Medical Group; Jane Jones, Aurora Health Care; Eric Huber, Springfield Clinic; Jim Katz, Aurora Health Care; Monica Broome, IHC/U of Miami Miller School of Medicine. Sadly missing from photo: Lori Evers, Springfield Clinic



### Clinician Coaching to Enhance Performance (CCEP), May 2013 Held at College of Family Physicians of Canada, Mississauga, Ontario

**Front row (L to R):** Kathleen Bonvicini, IHC; Nancy Corkle, Aurora Advanced Healthcare; Olga Nikolajev, Champlain LHIN; Nikki Sharma, Halton Healthcare Services

**2<sup>nd</sup> row standing:** Christine McIntosh, South Georgian Bay Community Health Centre; Rachel Davidson, Living Healthy Champlain; Jenni Ritchie, NW Community Care Access Centre; Mona Virk, North York Family Health Team; Sally Kirby, Southlake Regional Health Centre;

**3<sup>rd</sup> row up:** Leigh Caplan, Sunnybrook Health Sciences Centre; Natasha Beckles, Central East Care Access Centre; Annie Hoang, Sunnybrook Health Sciences Centre; Celina Thomas Hicks, SW Community Care Access Centre; Monica Broome, U Miami School of Medicine; Tammy Purdy, Ontario Shores Centre for Mental Health Sciences;

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As with all IHC train-the-trainer programs, **CCEP** offers a blend of didactic presentations with hands-on practice opportunities. Participants found the simulated clinician coaching sessions with feedback to be particularly helpful.

## Congratulations and welcome, new IHC-trained Clinician Coaches!

New faculty for *Treating Patients with C.A.R.E.* were trained in San Fernando, California, May, 2013. We are pleased to welcome Teecha Chamblee, MHA, Inland Family Community Health Center; Myesha Calhoun, LVN, Inland Behavioral and Health Services; Alison Duiven, BA, Petaluma Health Center; and Marilen Howard, BS, MSHA, Northeast Valley Health Corporation (photo unavailable).



### Clinician-Patient Communication training has impact

Providers at the San Francisco Health Plan in San Francisco, California, are showing demonstrable benefits from their training in IHC's ***Clinician-Patient Communication to Enhance Health Outcomes (CPC)***. In a six-month follow-up evaluation shared by Santhi Hariprasad, Project Manager of Care Experience, providers report using the communication skills they learned and feeling that those skills are having a positive impact on their practice. More than half of respondents (53%) report feeling more satisfied with their interactions with patients and an equal proportion say they are more actively engaging patients in decision-making. Results are positive for patients, too: 47% of providers report their patients have a better understanding of their health conditions.

Partnering organizations find that as providers gain communication skills, they gain confidence and become increasingly willing to try more skills over time. The initial CPC training starts the process, and providers' enthusiasm propels ongoing learning. San Francisco Health Plan providers, when asked what types of additional provider-patient communication programs would be helpful to them, responded most frequently with "best practice sharing at staff meetings."

The next 3.5-day ***Clinician-Patient Communication (CPC)*** train-the-trainer program will be held September 24-27, 2013 in Germantown, Wisconsin. For information and an application, please visit the IHC [website](#). **CPC** half-day workshops for clinicians can be hosted anywhere in North America. For information, please contact [info@healthcarecomm.org](mailto:info@healthcarecomm.org).



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## Faculty News

### Physician burnout

Monica Broome, MD, IHC Master Trainer, Assistant Professor of Medicine, Director, Communication Skills Program, University of Miami Miller School of Medicine co-authored a response to an October 2012 [article](#) in the *Archives of Internal Medicine* by Shanafelt et al, "Burnout and satisfaction with work-life balance among US physicians relative to the general US population". Dr. Broome's and colleagues' review, published in the *Journal of the American Medical Association, Internal Medicine*, underlines the implications for growing rates of physician burnout for patient care. They note, "The same drivers affecting physician ownership of practices may also be at play in physician burnout and satisfaction with work-life balance." See "[Declining Proportion of Physician-Owned Practices Possibly Related to Increasing Burnout](#)" published Apr. 22, 2013.

### Clinician self-care

Dr. Broome's recent talk at the American College of Physicians' annual scientific meeting was reviewed in [amednwes.com](#). She provided guidance on self-care as a way to achieve balance between work and life.

### IHC faculty will participate in international confab

The 33rd International Congress of Law and Mental Health convenes every two years, bringing together "an international community of researchers, academics, practitioners and professionals in the field, whose wide range of perspective contributes to a comprehensive picture the main issues of law and mental health." In Amsterdam July 14-19, four IHC faculty members will present, as part of two tracks focused on aspects of communication.

Monica Broome, MD, IHC Master Trainer, will present *What Are You Really Saying?* as part of the track on Cognitive and Neurobiological Factors in Communication. In this presentation, Dr. Broome will offer some basic neuroscience, basic concepts of nonverbal cues, and offer practical suggestions for picking up cues to what a person is really saying. Dr. Broome will also present Physician-Patient Communication...Not Against the Law? as part of a panel discussion titled *Therapeutic or Anti-Therapeutic? Health: Care Policy Choices in the United States*.

Kathleen Bonvicini, MPH, EdD, IHC CEO, will present *Mind the Empathy Gap: The Case for Communication Training in Healthcare*. Evidence has shown that physicians frequently miss opportunities to acknowledge their patients' expressed feelings which may lead to a reduction in trust and confidence felt by the patient. Communication training programs can provide insight into patients' experiences, provide skills practice for clinicians to effectively respond to patient symptoms, concerns, preferences and emotions, and lay a foundation of trust.

Nellia Beketova, Institute of Doctor-Patient Relations, Moscow, Russia, and IHC faculty for "*Difficult*" *Clinician-Patient Relationships*, will present on *Attachment and Mentalization in Doctor-Patient Relationships*. Knowledge of the attachment

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and mentalization processes during communication in doctor-patient relationships and some techniques of improving mentalization will help clinicians to build better relationships with their patients.\_

Rob Lane, University of Leeds and IHC faculty for *Candid Conversations: Talking with Female Patients about Sexual Health*, will present as part of a panel on *Approaches to Communication Dilemmas in the Workplace*. His talk, titled *Challenging Colleagues about Difficult Behaviours*, will explore the literature on effective team functioning and make practical recommendations for busy practitioners.

Presentation abstracts are available [online](#).

## Upcoming International workshop presentation

***Plan B, When things didn't go the way we were hoping they would***-Monica Broome, MD, IHC Master Trainer, will address the 2013 International Conference on Communication in Healthcare in Montreal, Quebec. The conference will be held September 29-October 2, 2013. Dr. Broome's 90-minute presentation draws on IHC models in Managing Communication after Unanticipated Medical Outcomes and Disclosing Unanticipated Medical Outcomes.

This year's ICCH will bring together hundreds of healthcare communication professionals from across North America and Europe to share the latest research and teaching methods related to communication and relationships in healthcare. This interdisciplinary event will have a wealth of information for physicians, nurses, pharmacists, counselors, and any other professional interested in health care communication. ([Information](#))

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## Upcoming Training



### Disclosing Unanticipated Medical Outcomes

July 17-19, 2013

Connecticut Medical Insurance Company

Glastonbury, Connecticut

[Click here for information](#)

### Coaching for Impressive Care

July 24-26, 2013

Springfield Clinic

Springfield, Illinois

[Click here for information](#)





## Choices and Changes: A Course in Motivational Interviewing

August 10-13, 2013

Health Alliance Medical Plans

Urbana, Illinois

[Click here for information](#)

## Clinician-Patient Communication to Enhance Health Outcomes

September 24-27, 2013

Aurora Health Care

Germantown, Wisconsin

[Click here for information](#)



## Intensive Communication Skills

November 7-11, 2013

Brown University

Providence, Rhode Island

[Click here for information](#)

## Our New Haven Team



Kathleen Bonvicini, MPH, EdD  
Chief Executive Officer



Barbara Andrews, MPPM, MPH  
Director of Grants & Projects



Mary Beth Audet  
Business Manager



Laurie Mansfield  
Program Coordinator



Mary Barrett  
Institute Administrator