



In This Issue

LETTER FROM CEO
APPRECIATION FOR BOARD
FACULTY SPOTLIGHT
COMMUNICATION SKILLS IN ACTION
CONGRATULATIONS NEW FACULTY



Hello and Happy Winter from IHC!

Winter has always been an odd mix of reflection at the end of a year and beginning if associated with education. We are in both places at the Institute.

Reflecting on 2022 brings feelings of gratitude and relief. Gratitude to many of you for your continued support and work toward the mission of improving health outcomes. Relief that we have continued to adapt in ways that have helped toward our mission.

I am excited about new offerings and programs at IHC including content in Diversity, Equity, and Inclusion, which will be available soon. I have taken a bigger role as a senior trainer for IHC in 2022 and it feels good to be getting back to my favorite part of education; facilitation. Special thanks to Karen Cornell, Darcy Shaw, Michele Nanchoff, and Kathleen Bonvicini for your guidance in this area.

Conversations with client representatives, workshop participants, and within the IHC forum last month continue to reveal low morale among healthcare workers mixed with resolve to improve. I am inspired by my healthcare colleagues who continue on.

Look for additional content to support you and your wellness coming from IHC!

Lastly, I would like to speak for all of the Institute staff and faculty wishing you joy as we head into the Holiday Season.

Best,

Jim Bell, CEO IHC

APPRECIATION FOR BOARD MEMBERS

We at the Institute for Healthcare Communication would like to honor two of our recent Board members who have concluded their time of service to us. We would like to extend our appreciation for the following board members for the hard work and dedication to IHC.

Robert Kloppenburg

Robert Kloppenburg served as a board member starting in 2006 and became secretary/ treasurer in 2007. He served in this capacity until 2022. His leadership was key for the Institute through the transition to independence from the Bayer Institute to the Institute for Healthcare Communication.



Stephanie Wojtowicz

Stephanie Wojtowicz, MD, FAAP served on the board from 2018-2022 and was instrumental in activating the board to engage in the workings of IHC. Her energy and output changed the culture of the board.

FACULTY SPOTLIGHT



James Bell, MPAS, PA-C started working in the space of educational facilitation in 2008 within the Academy of Communication in Healthcare (ACH). He became a member of the Communication Committee at Mayo Clinic in 2009 and became a faculty facilitator for ACH in 2012.

Jim was a full-time educator as a faculty member of Daemen College from 2011 to 2017. After working in healthcare with patients for 30 years and 11 years of facilitation, he became one of a short list of people who became candidates for the position of CEO at IHC. Jim has been active in learning the pedigree and content at IHC for the last 18 months. He has been able to combine the experiences of education, facilitation, healthcare provision, and guidance from IHC senior faculty to become a senior trainer. Jim has become the most prolific trainer for IHC in 2022.

Testimonials from participants:

"Jim Bell knew his material well. He was enthusiastic and had a sense of humor. He had lots of examples to draw from his practice that made the course more interesting and memorable. He made overcoming communication challenges seem doable."

– Clinician-Patient Communication February, 2022

"Jim was able to help us open up and bond while learning. The moments we took to talk when returning from breaks or first logging in was a great chance to learn and bond. I loved the way he did intros as it was a fun way to learn a little about the people we would be working with the next few days."

– Treating Patients with C.A.R.E. October, 2022

"Jim was engaging in the virtual format. Jim was very safe to speak with and share perceived weaknesses. He used great examples and closed-loop communication during discussions."

– Disclosing Unanticipated Medical Outcomes December, 2021

INTRODUCING NEWEST IHC TEAM MEMBER!



IHC is pleased to welcome Amy Weinberg to the staff as CE Associate. Amy brings a variety of skills to the Institute and has already been contributing to the “behind the scenes” work that makes IHC effective. Amy started on June 2, 2022.

Welcome Amy!

UPDATES TO PRODUCTS AND SERVICES



We have made some updates to our products and services! For more information, please contact Laurie Mansfield (lmansfield@healthcarecomm.org).

COMMUNICATION SKILLS IN ACTION: STORIES FROM THE FRONTLINES

Case: The Absent Surgeon

There was a female patient that had accidentally lost her thumb to a table saw accident and the attempt to reattach had failed. She came a tertiary referral facility to have her great toe transferred to her thumb to improve her function. The team consisted of two talented microvascular, micro-neurosurgical reconstructive hand surgeons, a hand surgery Fellow, a physician assistant, and the operating room staff of a nurse anesthetist, an anesthesiologist, a circulating nurse, and a surgical technologist. The team was well connected and enjoyed each other, sometimes interacting outside of work. Except for the fellow, they had all worked together for more than a year and had developed trust in each other. The communication was constant in the OR before, during, and often after the cases.



The seven-hour toe to thumb transfer surgery was performed without incident and the surgeons left the OR to talk to the patient's family, who had been waiting for the outcome and conversation all day long. The patient was still in the OR with the nurse anesthetist, physician assistant, circulating nurse, and surgical technologist. She was still under anesthesia while the remaining team members constructed the post-operative splint/dressing, cleaned up the surgical mess, and were waking her up.

After the sterile field was deconstructed and splint made, the PA checked for blood circulation in the new thumb, which was customary. The case had been so routine that the rest of the team was starting the transition to the next part of their shifts. The PA noticed that the thumb did not bleed when pricked with a needle and stopped moving. In that short interval, the circulating nurse and surgical technologist both noticed hesitation and stopped what they were doing to pay attention. No doctors were in the room. The three made eye contact and the silence drew the attention of the nurse anesthetist, who asked, "is everything okay?" The PA said "Nope, we're not done here." After one heartbeat of time, the circulating nurse went to the phone to call the surgeon back in, the PA started taking down the dressing he had just applied, the nurse anesthetist administered more anesthesia, and the surgical technologist called into the surgical core for urgent help to create a new sterile field. They all acted simultaneously because they all knew that minutes matter when a limb does not have blood supply.

By the time the surgeon returned to the OR, the limb had been prepared, the sterile field reestablished, the patient was calmly asleep, and all was ready to fix the problem. The patient had a clotted artery, probably during the splint application, and would have lost the thumb had action not been taken. There was no blame offered and no anger, only action.

The patient had a perfect outcome and returned to all of her normal activities easily using her new thumb. The outcome was not only a result of the skill of the surgeons, but the care with which they had created their team. The problem that was resolved occurred while the surgeon was absent. The work of the rest of the team helped to save the situation.

Each team member had familiarity with each other and a good understanding of their individual role in the care team. They also trusted each other to do their roles without hesitation. Each respected the skills of the others. This is an example of a high functioning team.

***Effective teams can be created or enhanced by using proven communication skills.
Contact us to learn more about how IHC can help your team.***

CONGRATULATIONS NEW FACULTY

Disclosing Unanticipated Medical Outcomes



December 6, 2021, McLaren Health Care

Top Row (left to right): Kevin Smart, Jim Bell (facilitator), Jodi Swain
Bottom Row (left to right): Timothy Buchalski, Phyllis McLellan, Joseph Higgins

Veterinary Communication Program



July 18-22, 2022

Top Row (left to right): Jim Bell, Kathleen Bonvicini, Karen Cornell, Darcy Shaw, Jordan Tayce (facilitators)
Second Row (left to right): Rose Baker, Ellen Everett, Mélissa, Dana Copeland, Andrea Perkins,
Third Row (left to right): Shannon Reed, Rebecca Stinson, Mitchell Carr, DVM, Amy Lack, Kayla Le
Fourth Row (left to right): Natalie Ragland, Stephanie Dennis, Marie-Eve LeCavalier, Erin Ray, Clare Ryan.

Treating Patients with C.A.R.E.



August 8-10, 2022, Chapa-De Indian Health Services

(Left to right): KC Fallon, Michele Nanchoff (facilitator), Laura Shattuck, Tara Williams, Robynn Wren

October 17-19, 2022, Ontario Self-Management Programs

Attendees: Yalini Gunarajan, Kara Lowery, Jacqueline Lisa Mackay, Judy Murray, Nazario Salazar

Clinician-Patient Communication to Enhance Health Outcomes

September 19-22, 2022, Geisinger Health

Attendees: Lauren Love, Karen Tillotson

Choices and Changes: Motivating Healthy Behaviors



October 11-14, 2022, Ontario Self-Management Programs

Top Row (left to right): Dearbhla Lynch, Jim Bell (facilitator), Whitney Faragher

Bottom Row (left to right): Molly Firth, Umara Irshad,

Are you interested in running an IHC course at your institution?

Contact Laurie Mansfield at

(800) 800-5907 x702 or lmansfield@healthcarecomm.org.

IHC Team



Jim Bell, MPAS, PA-C
Chief Executive Officer



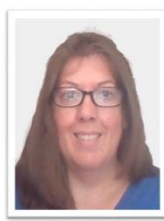
Mary Beth Dennehy
Business Operations Manager



Cindy Kalenga, PhD, MD (2024)
Online Course Project Director



Laurie Mansfield
Program Coordinator



Mary Barrett
IHC Administrator and
Project Coordinator



Amy Weinberg
CE Associate

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