

**IHC-C...Meeting the challenge of providing effective clinician-patient interactions**



**That "back to school" feeling!**

Although many of us still feel that inevitable anxiety that comes with the approach of September, it is always an excellent time to set or revise goals, as well as to seek and accept new challenges and opportunities.

In the spirit of September renewal, the IHC-C Canadian Operating Committee is currently developing a new and innovative approach to supporting and developing IHC-C Faculty; this new model is being designed to use our human and financial resources to the greatest advantage and efficiency. We will have more information on this as we work through the details of this new model.

**IHC-C "LAUNCH" / Refresher  
and Faculty Development**

**November 26 - 30, 2006**

**BMO Institute for Learning**  
3550 Pharmacy Avenue  
Toronto, ON M1W 3Z5

As you can see, we now have a venue for the highly anticipated IHC-C official "LAUNCH". Attending faculty members will be contacted in the coming weeks to confirm your attendance and assess your accommodation requirements. The BMO Institute for Learning provides a unique environment that is ideally suited to this type of meeting and overnight accommodations and amenities are right on site. It is hoped, in order to develop a heightened sense of collegiality and collaboration among the attending faculty, that most participants, (including the "locals") will join us for a true retreat. A subsidized rate of accommodation will be offered to entice all attendees to take advantage of this opportunity.

**PROFESSIONAL MEETINGS OF INTEREST**

*The Canadian Association for Continuing Health Education (CACHE) is hosting its annual conference on September 9-11, 2006 in St. John's, Newfoundland & Labrador. IHC-C staff and representation from the Operating Committee will be in attendance and we invite any IHC-C Faculty present to introduce themselves - we would be very pleased to make your acquaintance.*



**UPCOMING  
FACULTY DEVELOPMENT COURSES**

The following Canadian-sponsored Faculty Development courses are being arranged by request through the sponsoring institution. There may be opportunity for enrolment of faculty external to the sponsoring institution if there is space. Contact K. Stewart for further information.



**Treating Patients with C.A.R.E.**

Tom Baker Cancer Centre, AB  
Tentative dates: Oct 4 - 6, 2006



**Clinician-Patient Communication**

Fraser Health Authority, BC  
Tentative dates: January 14 - 19, 2007



**Treating Patients with C.A.R.E.**

Toronto East General Hospital, ON  
Tentative dates: Jan. 30 - Feb. 1, 2007

The following USA-sponsored Faculty Development courses are open enrolment. If you are interested in attending, please contact K. Stewart for further information.



**Choices and Changes**

October 30 - November 2, 2006  
New Haven, Connecticut



**Disclosing Unanticipated Outcomes & Medical Errors**

November 1 - 3, 2006  
Chicago, Illinois



**Clinician-Patient Communication**

November 5 - 10, 2006  
New Haven, Connecticut

**Also of note.....**

*A CME Program being developed by Dr. Sudi Devanesen and sponsored by AstraZeneca, will include the presentation of a condensed CPC workshop, with Canadian IHC-C Faculty member, Dr. Mel Borins, as the course leader. This will be held on September 20, 2006 in Toronto.*

**Katheryne Stewart** 

Manager, IHC-C  
The College of Family Physicians of Canada  
2630 Skymark Avenue  
Mississauga ON L4W 5A4

T: 905-629-0900 or 1-800-387-6197 x251  
F: 905-629-0893 E: [ks@cfpc.ca](mailto:ks@cfpc.ca)



## INTERESTING READING...

### **Predictors of Physicians' Involvement in Addressing Sexual Health Issues**

Journal of Sexual Medicine  
Volume 3 Issue 4 Page 583 - July 2006

Zoi Tsimtsiou, MD, MSc, Konstantinos Hatzimouratidis, MD, PhD,  
Evangelia Nakopoulou, MSc, Evie Kyra, MSc, George Salpigidis,  
MD, PhD, and Dimitris Hatzichristou, MD, PhD

**Objectives:** Although the World Health Organization has declared that sexual health is an integral part of overall health, physicians seem to engage in taking the sexual health history less than their patients would desire. This study aimed at investigating the factors that predict physicians' involvement in addressing sexual health issues, including their attitudes toward the doctor-patient relationship, as well as sexual issues.

**Methods:** Physicians participating in educational courses on erectile dysfunction were the study sample, and anonymously and optionally completed a battery of questionnaires. In addition to demographics and a questionnaire on their involvement in taking sexual histories, the beliefs about the doctor-patient relationship were measured by the Patient-Practitioner Orientation Scale, while the Physician Belief Scale was used as the measurement of the psychosocial aspects of patient care. Finally, participants completed the Derogatis Sexual Functioning Inventory - Attitude subscale, in order to determine the possible role of physicians' sexual attitudes.

**Results:** Previous training in communication skills was found to be the strongest predictor for sexual history taking. Physicians addressing patients' psychosocial concerns were found to be more likely to ask for sexual health problems and to consider their management as less difficult. Other identified predictors of their involvement in sexual history taking were their medical specialty—possibly reflecting their level of education in sexual medicine—and having liberal sexual attitudes; female physicians and general practitioners reported more difficulty in dealing with sexual problems.

**Conclusions:** Physicians' training in communication skills seems to be fundamental for sexual history taking and the management of sexual problems, as it improves their level of comfort in dealing with sexual issues; exposure to sexual medicine courses, and psychosocial orientation, as well as physicians' personal sexual attitudes, are also important factors affecting their involvement in sexual medicine.

### **Medical Errors and Medical Narcissism**

By John Banja  
Jones and Bartlett Publishers, Sudbury, MA, USA, 2005.

Review by: Judy Redman, BA, MA, RGN  
University of Sheffield,  
UK Journal of Advanced Nursing  
Vol. 55 Issue 3 Page 401 August 2006

In this thought provoking book, John Banja analyses the personal and organizational barriers to medical error disclosure and suggests how these might be overcome. The central argument is that, while some errors may be inevitable in complex human services, many healthcare professionals make bad situations worse because they cannot acknowledge their own fallibilities, and so mismanage their aftermaths. Legal and administrative norms compound the problem by inhibiting disclosure.

In the first eight chapters, Banja offers definitions of medical error, before explaining individual and systemic features and analysing why healthcare professionals may conceal errors, either in whole or in part. Chapter 2, co-authored with Grena Porto, considers how healthcare professionals rationalize the concealment of error. The third chapter explains narcissism and its contribution to the non-disclosure of errors. Chapter 4 presents a detailed case study of a medical error, and the management of this by members of the healthcare team. The individual and systemic failures that lead to mistakes are explained, as are the combined effects of distress, rationalization, and narcissism leading to error concealment.

Subsequent chapters suggest improvement that could be made in the management of medical errors, beginning with an interesting examination of the role of 'forgiveness' in enabling all parties to deal with the impact of harm. Following this, chapter 6 presents a case for tort reform alongside support for healthcare professionals in order to facilitate the frank disclosure of errors. Chapter 7, co-authored with Geri Amori, provides guidance on the effective disclosure of medical error. Banja argues that healthcare professionals should be encouraged to incorporate reflective techniques and biographical approaches in client care, in order to enhance their ability to empathize with their patients. The final chapter draws the key arguments together and explains the role of humility in enabling healthcare professionals to view error from the client's perspective. Detailed appendices analyse "error rationalization" and "becoming a narcissist", respectively, in depth.

I liked the author's examination of the central focus from different perspectives, which I found to be an effective way of addressing the complexities of medical error. The use of case studies to illustrate points is helpful. Banja refers to the USA legal system and professional ethical codes, and focuses primarily on doctors, but the book outlines general principles for the management of error and should be of interest to a broad range of healthcare professionals who wish to understand the dynamics of medical error and how to manage its impact effectively. The inclusion of a bibliography would have been helpful, but generally the layout of the chapters was very clear.



Please feel welcome to contact our Canadian office if you have any questions, concerns, or comments. If you wish to be removed from the newsletter e-mail list, please let us know.