

The Four Way Flasher



Vol. 24, Issue 3 July 18, 2017

Website: MeadowRidgeRotary.ca

	Meetings: Tuesday 12 Noon, Bella Vita Restaurant			
President:	Libby Nelson	Phone: 604-314-6749	E-mail the President	ROTARY
Secretary:	Deborah Hyslop	Phone: 778-387-0429	E-mail the Secretary	
Editor:	Peter Boekhorst	Phone: 604-465-3392	E-mail the Editor	DIFFERENCE

Today (July 11):

Next Week (July 18):

Happy Birthday	Happy Anniversary

CALENDAR OF CLUB AND DISTRICT EVENTS:

Date	Time	Event	Venue
Aug. 13		Rotary Duck Race	Maple Ridge Park – Alouette River
Aug. 19	10 am – 3 pm	Community Garage Sale	Memorial Peace Park (South side) M.R.

LAST WEEK'S MEETING

President Libby Nelson's Quote for the Day:

Muhamed Ali –

"Service to others is the rent you pay for your room here on earth."

Guests:

- Colton Hope, Financial Advisor with Edward Jones (guest of Mark Vosper)
- Pauline De Silva (SPECC-tacular Productions Theatre Group)

Cheque Presentation:



Sharon Kyle presented a check from our Club in the amount of \$500 to **Pauline De Silva in support of the SPECC-tacular Productions Theatre Group**, which is a Musical Theatre Company specializing in Pantomime and musical revues within Maple Ridge, Pitt Meadows and the surrounding areas.

The Group was formed as a not-forprofit company in 2009 by a group of talented performers; <u>S</u>ue Wolfe, <u>P</u>auline De Silva, <u>E</u>d Marshall,

<u>C</u>hristine Olorenshaw and <u>C</u>hris Wolfe (hence the name SPECCtacular), so that they could ensure their love of Musical Theatre would continue in the Ridge Meadows community. They have abut 30 members at the present time. Past President Ineke Boekhorst presented the following awards tho two members who were unable to attend the Installation Dinner on June 27, 2017:

Betty Levens - 100% Attendance Award





Matt Debruyn - Four-Way-Test

Award (recognizing, among other contributions to the club, his work on presenting the Four-Way-Test into our elementary schools, the library project in distributing dictionaries to students, and putting on a "Bonfire Fireside" at his home.

Happy Sad

Dave Rempel - happy that his daughter and her spouse have finally moved into their home down the street from Dave's house; but sad that due to new rules in Russia the Vladivostok project will not proceed.

Eric Mollema - a couple of bucks for noting that Ineke is sometimes late at meetings

Ineke Boekhorst - with the "counterattack" that if Eric was as busy as her, he would be late too ("better late than never").

Sharon Kyle - \$5 for 5 friends who have had to be evacuated from their home as a result of the fires burning in our province.

Guest Speaker - Gordon Heinrichs

Why Doctor-patient Communication Is Important to You and Your Community



Our program was presented by Gordon Heinrichs from Lynden, Washington. Gordon has a long and varied work history in healthcare as well as a background in health education. He has assisted healthcare non-profit companies to improve the readability of their public documents, and is a patient advocate whose goal is to improve doctor-patient communication. He is a member of the American Medical

Writers Association, and his latest book is: Did Your Doctor Pass Communication 101? How Miscommunication Endangers Your Life.

Gordon's presentation demonstrated the consequences of medical miscommunication, as well as offering solutions for appropriate communication that are immediately operational. For example, if at the end of a doctor visit, the doctor asks if you have any questions, that sounds like a good question but it isn't really, because it is a closed-end question to which most people will answer in the negative. A closed-end question generally ends the conversations. A more fruitful statement that advances communication would be something like, "everyone has questions about...., what is yours?" Or more simply, "everyone has questions, what is yours?"

Another method to make sure that a doctor is communicating properly is what Gordon refers to as Teach-Back, patient understanding. Healthcare communication experts suggest the doctors refrain from saying, "did you understand," or "do you have any questions", and instead ask their patients to restate in their own words what the doctor has just said to them.

The following is an abbreviated version of Gordon's presentation:

1. Background: Doctor-patient communication is found within an area of medicine called health literacy. A simple definition: the communication or miscommunication that occurs between you and whoever provides you with medical information. Lots of venues for getting info-today focus on your doctor's visitmost of your personal info. There are two words I want to highlight from that definition—information and communication. Information is giving out; communication is getting through. So communication is not only the skill of producing and providing information that can be easily understood and remembered - the giving out, but it's also assessing whether it's actually gotten through to the patient.

In general doctor-patient communication is not in a good place right now.

2. <u>Why is doctor-patient communication important to you as</u> <u>Rotary members?</u> You're community leaders—there are consequences for you, your employees and your community when medical mis-communication occurs. What are the Consequences, Financial and physical?

Financial: Canada spends extra \$10 billion each year due to medical miscommunication. That's 3-5% of every healthcare dollar spent. Similar to annual cost of Diabetes. And this is a preventable problem. But it's more than just dollars isn't it.

Physical consequences: How many read the recent headlines: Medical errors the 3rd leading cause of death in the US? And, of course, there are other less fatal consequences.

3. <u>Let's look at a communication scenario</u>: good communication can't be that hard. Can it? Which is easier to understand and remember:

"Well Mr Fisher, your systolic blood pressure is 150 and your diastolic is 95, indicating primary hypertension. We could get you on 25 milligrams of beta blockers once a day. You'll cut your risk of heart disease by 50% if you can quit smoking. What do you think?"

OR

"Mr Fisher, your blood pressure is high. We have medications that can help. If you quit smoking you can cut your risk of heart disease in half."

So it's obvious that the better approach is to leave out the numbers. That's usually recommended by experts for most cases. Let's look at the numbers again. This is a risk scenario. Risk of doing this or the risk of doing that. So maybe we shouldn't take communication skills for granted. Maybe people, maybe doctors could actually use some training. Because for risk scenario alone, experts have identified many different situations that require different language to best communicate risk.

So, communication is not that simple. Communication, the ability to transfer information from your doctor to you is part of the art of medicine. And as you would expect, communication training for doctors has been shown to improve their skills.

4. <u>How you can immediately improve communication when</u> <u>you're talking one on one with your doctor</u>. Most of us like our doctors. Why not make that experience even better?

There are 2 avenues:

First: If your doctor allows you time to ask as many questions as you want to, (you are among the privileged few) then there are numerous books which can help you prepare. What you can bring to your office visit by way of reading these books is preparation. Be prepared. Your chances of excellent communication improve dramatically.

Second: If you're like most of us, when you get into that room, you can feel the time crunch. And your doctor will do most of the talking. So when he's done, and asks if you understood what he said or if you have any questions, instead of doing the normal thing and saying nothing, you can say these 8 words, Because this phrase starts a conversation—without embarrassment to anyone. Doctor what I understood you to say was......So you repeat back in your own words what your doctor said and if you didn't get it right, then he will clarify what wasn't clear. What you did is called TEACH BACK but from a patients perspective. 5. And finally. <u>What role you can play to improve your doctor's</u> <u>written and verbal communication in his office</u>. Sometimes the miscommunication is obvious, like medical jargon. Sometimes it's not so obvious. And then if you've identified miscommunication, tell your doctor or someone in the office about it. Because as business and community leaders, you can have an impact at improving your doctor's communication skills. They will listen to you.

By speaking up when you see miscommunication, YOU NOT ONLY HELP YOURSELF, BUT ALSO ALL THE OTHER PATIENTS in your doctor's office.

50/50

Libby Nelson - again !!! But all it got her was the 7 of Clubs.

CLOSING QUOTE: Dr. Seuss -

"Nonsense wakes up the brain cells.

And it helps develop a sense of humor, which is awfully important in this day and age."

Submitted by Laurie Anderson

COMMUNITY GARAGE SALE AUGUST 19, 10 AM – 2 PM (SET UP STARTS AT 8:30 AM)

- We need donations of garage sale items.
 (No baby seats/ cribs or large furniture items)
- Everything needs to be clean and "working".
- Call Peter or Ineke for drop off/pick up. (604-465-3392)
- We need volunteers for 2 hr shifts on Aug 19.
- Assistance required for: set up, pricing, sales, and break down.
- All remaining leftover items will be donated to the Ridge Meadows Hospice Thrift Store
- > 100% of proceeds to Rotary projects.