RACHEL CALLANDER

OFFERINGS

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KEYNOTE PRESENTATIONS

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Keynote Presentation 1

Title: The Impact and Implications of Language - Communication Strategies for

Better Health Outcomes

30-60 mins

Who For: Paediatricians, Doctors, Nurses, Allied Health Staff, Hospital Executive Staff,

General Practitioners, Disability Services, Midwives, Sonographers, Medical

Students

Key Research: "Health professionals with better communication and interpersonal skills are able

to detect problems earlier,

can prevent medical crises and expensive intervention,

and provide better support to their patients.

This leads to higher-quality outcomes and better satisfaction, lower costs of care,

greater patient understanding of health issues, and better adherence to the

treatment process."

Ochsner J. 2010 Doctor-Patient Communication: A Review www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/

Primary Model:

POSITIVE

FLUFFY

Irrelevant phrases, like: "Special kids are only given to special parents."

"Stay strong."

"Focus on enjoying every day you have."

Open-hearted language:

Information is disclosed clearly.

Ensures a parent leaves the room understanding

what has been said.

EMPOWERING

Values are discussed and acknowledged.

Health literacy levels are identified and become a measure of how to best communicate further.

JARGON

HEALTH LANGUAGE MATRIX

INFORMATIVE

CONFUSING

The parent/patient's level of health literacy is not considered.

Medical terminology is used without explanation.

DESTRUCTIVE

Language that is no longer acceptable in a cultural or social context.

Uses subtractive, deficit words such as, mental retardation, abnormal, incompatible with life, dysmorphic.

Learning Objectives:

- Building positive relationships with parents/patients
- Communicating effectively, for best health results
- How to empower a parent/patient
- The impact of value-based approaches on health outcomes

Key Problems Solved:

- Lowers costs of care-reduces hospital/clinic visits and stays
- Better patient/parent satisfaction- fewer complaints and lawsuits
- Less stress and burnout for professionals- higher job satisfaction and staff retention
- Better health outcomes

Presentation Style:

Rachel is completely engaging and unassumingly unique, drawing her style from three distinct perspectives:

- Her motherhood to her daughter Evie, and the years of experience as a parent in the health system.
- Her perspective as an artist, applying right-brained emotional strength to a conversation often filled with left-brained statistics and facts.
- Her work with the Thought Leadership Business School (essentially, a commercial PhD), allowing her to build every concept into something strong, communicable, and effective, and then to tailor those ideas to specific audiences. The message is delivered with passion, beautiful imagery, no "death by powerpoint", and flair.

The message is simple, validating and powerful. Your audience will have actionable, productive takeaways ready to implement as soon as they leave their seats.

Testimonial:

"Hi Rachel.

Just wanted to let you know how great you were at DFTB 17. You have revitalised and revolutionised my clinical approach to my patients, and the copies of your book that you signed for me have found a good home.

Keep up the great work...it matters!"

David McDonald A/Prof MBBS FRACP DA(UK) A/Prof Paediatrics UNSW Director Prevocational Education and Training PMBH Consultant Paediatrician | Head Department of Paediatrics /Port Macquarie Base Hospital

Keynote Presentation 2

Title: Forging Meaning - When Parenthood Suddenly Looks

Totally Different To What You Imagined

30-60 mins

Who For: Parents/carers of children with rare conditions/disability, Disability Services,

Patient Advocacy Services, Rare Disease Services, Genetics Services,

Paediatricians, General Practitioners

Key Themes:

"....The words we currently use, maybe mostly because of the medical profession, to describe disability are, retarded, incompatible with life, abnormal, disabled. These words are negative and culturally insensitive.

In our current culture, sadly our first thoughts that come to mind when we see or meet someone who looks different to us, is 'what's wrong'. These words take potential, and even ability away.

What we associate with the word disability actually shows up the deficits in our culture, which does not accept or enable humanity.

We are quick to place value judgements on a person, often before they are even born. Before they have a chance to reveal their unique character. Before they can enrich our own experience of life...."

Rachel Callander

"....But not only creativity and enjoyment are meaningful. If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death, human life cannot be complete. ... The way in which a person accepts their fate and all the suffering it entails gives them ample opportunity-even under the most difficult circumstances- to add a deeper meaning to his life."

Viktor Frankl

Learning Objectives:

- Communicating effectively, for best health results
- Know what you value and how to incorporate this into your care plan
- The impact of value-based approaches on health outcomes
- Being empowered within the health system

Key Problems Solved:

- Finds meaning and identity in a new reality of parenthood
- Better relationships with service and care providers
- Better health outcomes
- Reduces stress, overwhelm and a sense of powerlessness
- Care and service providers are utilised and plans are implemented and adhered to

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Testimonial:

Hi Rachel

I just want to say thanks again for your book, Super Power Baby Project.

Today I received a new referral for a child with Kabuki Syndrome. I hadn't heard of it and so googled it.

So many terribly unflattering pictures and then I saw a picture that stood out above them all – it painted the child in such beauty. It was one of your pictures.

From the bottom of my heart thanks for doing something that is changing the face of disability, that speaks in a language of love and compassion.

Lynda Nicholson, Physiotherapist

Keynote Presentation 3

Title: Powerless to Empowered-A Model Of Healthcare For

Parents/Patients/Professionals

30-60 mins

Who For: Hospital Executive Staff, Patient Experience Executive Staff, Paediatricians,

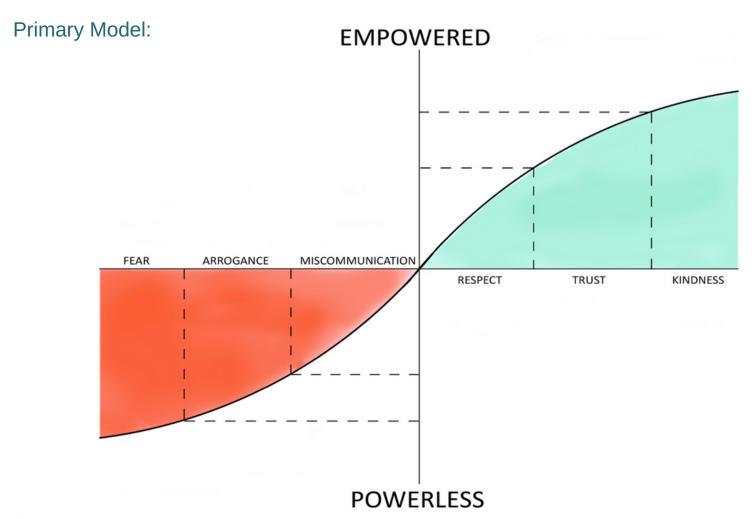
Doctors, Nurses, Allied Health, General Practitioners, Parents/carers of children with rare conditions/disability, Disability Services, Patient

Advocacy Services, Rare Disease Services, Genetics Services,

Key "Parents and patients are more trusting of, and committed to,

Research: health professionals who adopt an empowering communication style with them"

Robyn Ouschan, Jillian Sweeney, Lester Johnson, (2006) "Customer empowerment and relationship outcomes in healthcare consultations", European Journal of Marketing, Vol. 40 Issue: 9/10, pp.1068-1086,



Learning Objectives:

- Feeling empowered in the health system
- Communicating effectively, for best health results
- The impact of value-based approaches on health outcomes
- Working from a place of respect and trust
- Attention Out: Operating from a place of respect not fear

Key **Problems** Solved:

- Reduces costs of care
- Better health outcomes
- Reduces stress, overwhelm and a sense of powerlessness for patient/parent/professional
- Fewer complaints and lawsuits

Style:

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Testimonial:

"I feel privileged to have heard you talk today.

Thank you for sharing.

I am going to strive to be that understanding Paediatrician that communicates in an empathetic, empowering way to parents."

Paediatrician, DFTB17 conference

TRAINING WORKSHOP

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Training Workshop

Title: Effective Communication Strategies for Better Health Outcomes

Half Day 10-20 people

Who For: Hospital Executive Staff, Patient Experience Executive Staff, Senior Leaders

in: Paediatrics, Nursing, Allied Health, General Practition, Parents/carers of

children with rare conditions/disability, Disability Services, Patient

Advocacy Services, Rare Disease Services, Genetics Services,

Key Research: "Parents and patients are more trusting of, and committed to, health

professionals who adopt an empowering

communication style with them"

Robyn Ouschan, Jillian Sweeney, Lester Johnson, (2006) "Customer empowerment and relationship outcomes in healthcare consultations", European Journal of Marketing, Vol. 40 Issue: 9/10, pp.1068-1086,

"Given the wealth of evidence linking ineffective clinician-patient communication with increased malpractice risk, non-adherence, patient and clinician dissatisfaction, and poor patient health outcomes, the necessity of addressing communication skill deficits is of the utmost importance."

http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/

"The 'root cause' of malpractice claims is a breakdown in communication between physician and patient.

Research that examined plaintiff depositions found that 71% of the malpractice claims were initiated as a result of a physician-patient relationship problem. Closer inspection found that most litigious patients perceived their physician as uncaring. The same researchers found that one out of four plaintiffs in malpractice cases reported poor delivery of medical information, with 13% citing poor listening on the part of the physician."

Huntington, B., & Kuhn, N. (2003). Communication gaffes: A root cause of malpractice claims. Baylor University Medical Center Proceedings, 16, 157-161. pubmed Beckman, H. B., Markakis, K. M., Suchman, A. L., & Frankel, R. M. (1994). The doctor-patient relationship and malpractice. Lessons from plaintiff depositions. Archives of Internal Medicine, 154(12) 1365-1370. pubmed

Key Research:

"The majority of clinicians claim to share decisions with their patients: they 'already do it'. It is anothema for clinicians to be told that they do not involve patients in decisions. So we need to find a more positive frame.

We suggest that the whole patient centred movement could usefully move away from phrases that come from some ideal concept and instead promote two core behaviours—collaboration and deliberation.

To deliberate with patients is to consider next steps carefully and with good evidence. To collaborate is to acknowledge that this is difficult work, where there are many views to be taken into account, and that it does take effort.

The language we use matters: 'decision making' might have been a good academic vantage point for starting this work but perhaps we need to be more aware of the considerable puzzlement, and at times, resentment that this term has generated."

Shared Decision Making in Health Care, Achieving Evidence-Based Patient Choice Adrian Edwards, Glyn Elwyn

Primary Models:

fig 1 Trichotomy of Care model

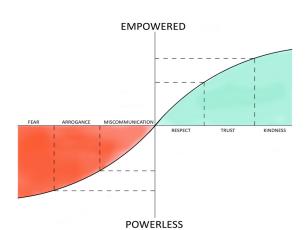
fig 2 Respectful Care Model

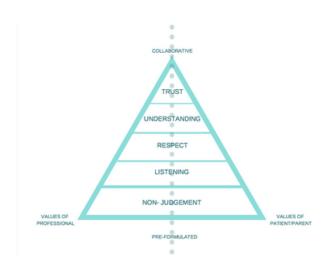
fig 3 Aligning Values Model

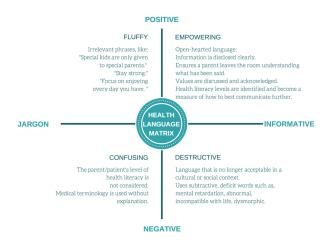
fig 4 Health Language Matrix











Learning Objectives:

- Building positive relationships with parents/patients
- Communicating effectively, for best health results
- How to empower a parent/patient
- Using value-based approaches for better health outcomes

Key Problems Solved:

- Lowers costs of care-reduces hospital/clinic visits and stays
- Better patient/parent satisfaction- fewer complaints and lawsuits
- Less stress and burnout for professionals- higher job satisfaction and staff retention
- Information retention and care plan adherence after discharge

Presentation Style:

Employing practical exercises and simple actionable strategies, your team will collaborate to unpack what health looks like in your organisation through the lens of parent/carer, patient and health professional.

The goal is to develop skills to establish positive relationships between parents, patients and professionals, to achieve better health outcomes company-wide. We'll explore the humanity of your profession, developing communication skills and perspectives of care, and the solutions that best facilitate respect, trust, and kindness, throughout the diverse relationships within your health system.

This program has contributed to an increase in work enjoyment, reduced stress, a greater confidence to communicate difficult information, and a broader perspective of the parent/patient/health professional relationship and how to ensure it is an empowering one. Better parent/patient experience, better health outcomes.

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How confident are you that your medical staff are communicating with parents/patients in a way that is fully understood?

Are you seeing avoidable re-admissions due to lack of understanding at discharge?

Does your take-home informational material, including medical reports, contain negative phrases or words that could be causing undue stress or hurt?

Has your hospital or any of your medical staff been complained against as a result of poor communication?

How many of your medical staff are feeling overwhelmed and stressed due to not being equipped to communicate in a way that empowers a parent or patient?

Is your current system for measuring the patient/parent experience, working as well as you need it to be?

Does your organisation have as part of its values, a commitment to care, communication and compassion? If so, are you living out these values effectively?

Investment*

Keynote

30-90 minutes

Presentation /

\$4500

Webinar:

Training

Half day, 10-20 people

Workshop:

\$5500

Bundled

(Same day delivery only)

offering:

2x keynotes, OR

2x training workshops, OR

1x keynote + 1x training workshop.

\$9000

Travel /

Additional, priced as required

Accommodation:

^{*}Pricing subject to change- contact me for a proposal

