

Dalhousie Ph.D. candidate wins provincial award

Robin Urquhart was honoured for her research on the synoptic report

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News Contributor

If you've ever been to a hospital, you know how frustrating it can be when information doesn't get passed down the line. Robin Urquhart knows too, and she's made it her business to improve what she calls "knowledge sharing" in cancer care facilities.

Urquhart, who works for Cancer Care Nova Scotia and is a Ph.D. student at Dalhousie, recently won the John Ruedy Award through the Nova Scotia Health Research Foundation, worth \$5,000, for her research on the synoptic report.

For two years Urquhart has been an investigator in a grant looking at access to and quality of care for cancer patients in the entire Nova Scotia province.

"That's what I'm interested in— trying to improve communication between physicians so that they can sit down with the best information available and make the best treatment decision possible," says Urquhart.

Since the time of the Egyptians, physicians have used a system called the narrative report when passing on information. However, research shows that these reports don't always contain the information that oncologists need to make good treatment decisions.

"There are lots of different healthcare people involved when it comes to cancer patients," says Urquhart. "Sometimes even in different parts of the province."

In cancer care, between radiologists, oncologists, surgeons and more, it's easy for information to get left out when being passed around.

"Because there's no checklist that says exactly what bits of information have to be in this report, they don't always end up being included."

This is where the synoptic report comes in. It is a structured, itemized checklist that physicians will use to

record all the pre-established necessary pieces of information. It can be on a piece of paper, or an electronic web-based system.

The Canadian Partnership Against Cancer has spent the last two to three years trying to develop a consensus from surgeons across the country about what it needs to be put into these synoptic reports. The final copy of the checklist is then used as a standard template for physicians in several cancer treatment initiatives.


Urquhart's challenge is to study how health care teams in an institution like a hospital can put something like the synoptic report into practice. Will doctors continue to use the old system or transition into the new one? It's a matter of getting people to change their habits, and it's not always easy.

"It sounds so simple but my committee members have spent years trying to put this in place," says Urquhart.

The nature of the synoptic report touches on a controversial topic in healthcare: To what extent should treatment practices be standardized? The synoptic report does not allow for physicians to add additional information.

"In medicine and surgery I think that most doctors and surgeons would tell you that medicine and surgery is more of an art than a science," says Urquhart. That's because not every patient, not every case, not every cancer is the same."

At a time when standardization has become a blazing trend in North America, Urquhart stresses a balance between the artistic side of healthcare and the structural. Even in her research, Urquhart says there is a creative element.

"When you sit down to write a grant, you can write whatever you want. That doesn't mean you're going to get funded, but you can be so creative in that stage. I just really love research." 





Urquhart believes better communication will improve the healthcare system.

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