



Abstracts

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WEDNESDAY 9 SEPTEMBER 2020

07:45 – 08:45

Orals - Teaching/Assessment 1

O1.1

Translation of communication skills training into psychiatric clinical practice: A qualitative study

Lead Presenter:

Philippa Ditton-Phare, University of Newcastle / Hunter New England Mental Health

Authors:

Philippa Ditton-Phare, University of Newcastle / Hunter New England Mental Health, Australia

Sue Outram, University of Newcastle, Australia

Harsimrat Sandhu, Hunter New England Mental Health, Australia

Brian Kelly, University of Newcastle, Australia

Carmel Loughland, University of Newcastle, Australia

Background: ComPsych communication skills training (CST) teaches psychiatry trainees to more effectively communicate information about diagnosis, prognosis and treatment to mental health patients and their families. This qualitative study investigated trainees' perspectives on the translation of ComPsych skills into clinical practice, including barriers and enablers.

Methods: 17 postgraduate psychiatry trainees were interviewed approximately six months after ComPsych communication skills training. Thematic analysis was used to analyse responses to semi-structured questions and were coded in NVIVO. Themes were developed based on the findings by the research team.

Findings: Most trainees (14/17) reported improved professionalism, self-efficacy, self-confidence, effectiveness, and doctor-patient engagement in their clinical practice due to utilisation of the ComPsych framework, as well as reduction in anxiety regarding difficult conversations (12/17). Trainees felt the model was transferable to other clinical and non-clinical situations. Trainees (5/17) reported supportive supervisors who were knowledgeable about the model as an enabler of skill translation. However, a barrier to skill transfer was supervisors not reinforcing training and focusing on assessment (6/17). Trainees highly valued particular skillsets such as agenda setting (13/17), and circular questioning for family discussions (13/17) and felt they now placed a greater emphasis on patient-centred care and shared decision making (16/17). While time management was reported as a systemic barrier to transfer, most trainees (11/17) described more effective timing as a good outcome from the training. Other barriers included patient acuity and illness behaviour and previous lack of exposure to CST, which potentially limited learning response. Refresher training was identified as an ongoing need (5/17).

Discussion: Trainees reported that the ComPsych CST framework was transferable to the psychiatric clinical environment and resulted in greater clinical communication efficacy and confidence in their clinical practice. Regular refresher training is recommended, as well as training clinical supervisors in the model to reinforce trainees' skills in supervision.

O1.2

Radiation therapy student reflections and post placement assessment of a communication skills module

Lead Presenter:

Toni Kelly, The University of Newcastle

Authors:

Toni Kelly, The University of Newcastle, Australia

Helen Warren-Forward, The University of Newcastle, Australia
Yolanda Surjan, The University of Newcastle, Australia
Marianne Rinks, Illawarra Shoalhaven Local Health District, Australia

Background: The Radiation Therapy (RT) degree program at the University of XX, XX, includes a clinical reasoning module that provides students the opportunity to learn about and engage in communication skills. Scheduled before the first clinical placement, the module includes interactions with simulated patients and radiation therapists (RTTs). This study aimed to investigate students' perceptions of how well the module prepared them for placement and explored students' perceptions of their communication experiences during placement.

Methods: Data was collected at three times points (pre-module, post-module and after placement) via an online survey comprising 48 closed and open-response questions assessing changes in confidence, how the module assisted in preparation for placement and on perceptions with regard to their interpersonal skills with patients and RTTs. Survey data was analysed quantitatively (counts and weighted sum average (WSA – max score of 4)) and was supported by written comments.

Findings: Participants reported increasing confidence levels when measured over three time-points (pre-module (WSA - 1.13), post-module (2.88) and after placement (3.38)), in their ability to communicate with patients and RTTs (WSA scores 1.0, 2.13 and 3.25). One student reported that "running through scenarios beforehand and role-playing helped settle some initial nerves and gave me much more confidence for placement." Students reported communication strategies prepared them well for patient interactions as "it helped me gain ideas of reasonable things to say to patients in different situations whether it be about their treatment or just day to day life." Direct feedback from RTTs provided positive reinforcement through "praise on my ability to communicate with them and ensure patient needs were met" and further development of their interpersonal communication skills in preparation for their next placement.

Discussion: The clinical reasoning module successfully increased students' confidence and provided the opportunity to develop good communication skills for placement.

O1.3

A "Four-Scales-in-One" Evaluation System for Medical Students' Doctor-Patient Communication Skills

Lead Presenter:

Jiang-Hua Liu, The First Affiliated Hospital of University of South China

Authors:

Guo-dong Chen, The First Affiliated Hospital of University of South China, China

Jiao-Yang Li, The First Affiliated Hospital of University of South China, China

Tian-Tian Feng, The First Affiliated Hospital of University of South China, China

Heng Zhao, The First Affiliated Hospital of University of South China, China

Lan Wen, The First Affiliated Hospital of University of South China, China

Wen-Jie Liu, The First Affiliated Hospital of University of South China, China

Jiang-Hua Liu, The First Affiliated Hospital of University of South China, China

Background: Chinese medical colleges lack comprehensive evaluation system for doctor-patient communication (DPC) skills. This study aimed to develop the first standardized "Four-Scales-in-One" evaluation system in China.

Methods: Literature review, expert consultation and preliminary test were applied to develop the initial evaluation framework. 4 sub-scales of the evaluation system were constructed for patients, teachers, standardized patients (SP) and medical students. Each scale consisted of 4 dimensions: humanistic care, communication attitude, communication content and communication results. 448 residents were recruited. They were required to communicate with inpatients or SPs under the scenario of admitting or discharging patient that including collecting case history, providing diagnosis and treatment plans, and delivering

patient education. We selected items by critical ratio, correlation coefficient, Cronbach's α coefficient and factor analysis, and tested internal consistency, split-half reliability, combination reliability and structure rationality of 4 sub-scales by confirmatory factor analysis. The weight of 4 sub-scales was analyzed by using analytic hierarchy process.

Findings: The items of 4 sub-scales for SP, teacher, inpatients and self-evaluation were 17, 19, 24, and 19 respectively. The Cronbach's α coefficient of 4 sub-scales was between 0.835-0.931, split-half reliability was between 0.716-0.820, combination reliability among dimension was between 0.766-0.857, the result of confirmatory factor analysis showed that 4 sub-scales possess rational structures, which revealed good reliability and validity. Analytic hierarchy process proved that, based on "Four-Scales-in-One" evaluation system, Y (the total score of DPC skills) = $0.207 X$ (teachers' evaluation) + $0.084X$ (self-evaluation) + $0.245X$ (inpatients' evaluation) + $0.464X$ (SP evaluation), and weight setting is rational (consistency ratio, $CR < 0.1$).

Discussion: The four sub-scales of the "Four-Scales-in-One" DPC evaluation system obtained good content and construct reliability, and we hope this initial study can provide evidence for the Chinese DPC education. Further reliability and validity test are needed to test the solidity of the system.

O1.4

Communication Skills in Postgraduate Oncology Training in Russia.

Lead Presenter & Author:

Maxim Kotov, FSBI National Medical Research Cancer Center N.N.Petrov, Russia

Background. There are no communication skills training in Russia within the oncology residency in the Russian Federation. Scientific data shows that communication skills training improves trust-based doctor-patient relationship, treatment results, doctor's and patient's satisfaction of the medical care as well as prevents conflicts, complaints and legal claims. We present the results of PGY 2 oncology residence short course with simulated patients' engagement.

Methods. PGY 2 oncology residents were included into educational program. Communication skills training was based on Calgary-Cambridge model and included lectures and simulated patients role plays. It included training of the main skills – greeting, open questions, facilitations, summarizing, screening, consultation agenda, explanation and skills for delivery bad news. Training effectiveness has been evaluated within the residents, who finished the course compared with the residents, who didn't. Videos of the simulated examination with two clinical scenario were evaluated by the examiner, simulated patient – actor and by the resident himself upon 13 criterion. (Max-130).

Results. Ten PG2 residents have completed the course. The course participant's mark for the first scenario given by the examiner, simulated patient – actor and by the resident himself amounted to $99,5 \pm 32$, $125 \pm 5,5$ и $102 \pm 17,25$ thoroughly, that was higher than mark of the examiner among the residents, who didn't participate in the course, median \pm IQR 15 ± 28 . Marks for the second scenario also showed higher points within residents, who participated in the course: $113,5 \pm 20$ and $107,5 \pm 20$ and 104 ± 20 VS $22 \pm 37,5$ examiners mark and $66 \pm 37,5$ resident's self-evaluation. Four (40%) program participants overestimated their skills and evaluate themselves higher than examiner and actor, whereas all 7 (100%) non-participants in control group overestimated their skills.

Conclusion. Short course allows to master main skills of communication with patients and critically estimate someone's own level of communication skills.

Orals – Health Literacy 1

O2.1

A cross-sectional study evaluating health literacy among community care workers

Lead Presenter & Author:

Background: The role of health literacy in older adults has garnered recent attention, because it has been recognized as a strategy for reducing health disparities among vulnerable groups. There is limited understanding of health literacy and communication skills among Japanese health professionals. This study aimed to evaluate the health literacy among community care workers.

Methods: Questionnaires were distributed via mail to 571 community support centres in two prefectures in Japan. Three professions (care manager, nurse, and social worker) in the support centres, which deliver comprehensive care and preventive care services for the elderly, were selected. Based on a literature review and pilot study, the questionnaire consisted of 5-item of communicative and critical health literacy scales and 8 items related to communication skills. Descriptive statistics and chi-square test were used to evaluate health literacy knowledge and practice. The Ethical Committee of Kobe Gakuin University approved the study protocol.

Results: A total of 452 community care workers participated in the survey. Only 9 % of the participants knew the definition of health literacy. More than 80% of the participants always avoid medical terminology; however, fewer than 10% of the participants use visual material and teach-back methods when communicating with their clients. Nurses and university graduates had a greater communicative and critical health literacy level than the care managers, social workers, or vocational school graduates ($p < 0.05$).

Discussion: Although the scope of health literacy in health care policy and strategy has been expanding, the knowledge and practice of health literacy among health care professionals is limited. To improve shared decision-making between the elderly and the community care workers, effective training on health literacy among care providers is required.

02.2

Getting ready for the digital era in Germany: Adaption of the eHealth Literacy Questionnaire (eHLQ)

Lead Presenter:

Renate Wiedemann, University of Education Freiburg

Authors:

Karin Drixler, University of Education Freiburg, Germany

Renate Wiedemann, University of Education Freiburg, Germany

Sandra Nolte, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, Medical Department, Germany

Richard H. Osborne, Swinburne University of Technology, Australia

Lars Kayser, University of Copenhagen, Denmark

Eva Maria Bitzer, University of Education Freiburg, Germany

Background: The eHealth literacy Questionnaire (eHLQ) is designed to capture users' perspective on digital health engagements, such as feeling safe and in control while using digital health applications. The eHLQ was developed in Danish and English, and is available in several languages. We report here on the translation and cultural adaption into German.

Methods: Adaptation followed a standardised protocol, consisting of the following six-step procedure: (1) translation by three health professionals familiar with the topic, (2) synthesis of the translations, (3) review by the German research team (4) blind back translation by a professional translator, (5) consensus conference with the original authors and (6) review of the items. 21 German native speaking adults (aged 20-75 years) participated in cognitive testing.

Findings: Challenges occurred during all steps, except for step 4. Important terms such as digital health technology, health application, health services or healthcare provider, although broadly used in German professional language, are not yet present in the community and were difficult to translate. Some

translations passed cognitive tests (i.e. description of healthcare provider), while others did not (i.e. health technology services). During the cognitive pretesting, subjects generally had severe difficulties with items that focus on digital health technologies (i.e. “All the health technology I use works together”). They expressed having had a lack of opportunities in healthcare to gain experiences with such technologies.

Discussion: We were challenged by surprisingly little general German language terms to describe digital health technology, and found little familiarity of digital and eHealth concepts among community members. This might be due to the lack of widespread digital services in the German healthcare system. While this may reflect current community experience, the eHLQ provides an empirical basis to prospectively evaluate Germany’s transition to the digital era.

O2.3

Validating an Australian parenting health literacy skills instrument: The Parenting Plus Skills Index

Lead Presenter:

Julie Ayre, The University of Sydney

Authors:

Kirsten McCaffery, The University of Sydney, Australia

Julie Ayre, The University of Sydney, Australia

Daniel Costa, Royal North Shore Hospital, Australia

Don Nutbeam, The University of Sydney, Australia

Danielle Muscat, The University of Sydney, Australia

Background: Existing instruments for assessing health literacy skills in parents have limited scope to inform the design and evaluation of health literacy interventions. In this study we aimed to develop and validate a new online performance-based measure of health literacy for Australian parents, the Parenting Plus Skills Index (PPSI). The instrument aimed to assess functional, communicative and critical health literacy skills.

Methods: The PPSI was developed in three phases: 1) a Modified Delphi Expert Panel to provide feedback on 34 initial items (3 Australian and 5 international experts in health literacy and maternal and child health); 2) Evaluation of psychometric properties of each item using a multidimensional item response theory model in a sample of Australian adults of parenting age (20-44 years) (N=500); 3) Assessment of subset of items in an independent sample (N=500), and assessment of criterion validity (associations with other health literacy instruments).

Findings: Following the three phases, 13 items were included in the final instrument. These items covered topics such as immunisation, healthy eating, body temperature, medicine dosage and timing, physical activity, and evaluated functional (e.g. dose measurement using a syringe), communicative (e.g. extraction of information from health materials), and critical health literacy skills (e.g. appraisal of online health information). Participants scored on average 8.9/13 (69%). The instrument demonstrated acceptable reliability ($r=0.70$) and was significantly correlated with other performance-based health literacy instruments (e.g. S-TOFHLA: $r=0.70$; Newest Vital Sign: $r=0.65$).

Discussion: The PPSI is a validated 13-item online performance-based instrument that assesses health literacy skills for parents in an Australian setting. It demonstrates strong psychometric properties, and is a brief and practical instrument that fills an important gap in available health literacy instruments that may facilitate development and evaluation of health literacy interventions.

O2.4

Cancer information overload, health literacy, and prevention/screening behaviors

Lead Presenter:

Martin Breyton, Aix-Marseille Univ, APHM

Authors:

Martin Breyton, Aix-Marseille Univ, APMH, France

Alexandra Rouquette, AP-HP, Univ Paris-Saclay, Univ Paris-Sud, France

Allan 'Ben' Smith, UNSW, Australia

Julien Mancini, Aix-Marseille Univ, Inserm, IRD, APMH, France

Background: A large part of the burden of non-communicable diseases such as cancer could be avoided by higher adherence to preventive and screening behaviors. The transmission of information is major to empower citizens in this context. However many people feel overwhelmed by the increasing amount of cancer-related information available in the environment. Moreover, cancer information overload (CIO) might also be related to lower health literacy (HL). At the end both CIO and HL can similarly results in inadequate behaviors. Our aim was to examine the association between CIO, HL and prevention/screening behaviors.

Methods: A large survey using a self-administered online questionnaire was proposed to all adult members of the Seintinelles which is a French national non-profit organization facilitating recruitment for cancer studies. A ten-item version of the CIO scale was used after French translation. We also collected functional, communicative, and critical HL (FCCHL), deprivation, current smoking, frequent sunburns, and rare skin self-examination.

Findings: In two weeks, 2 444 participants answered the online questionnaire. The five item CIO scale demonstrated the best balance between psychometric properties and number of items. CIO was increased among people with higher deprivation. In multivariate analyses, current smoking was associated with CIO, rare skin self-examination increased with lower communicative HL, and frequent sunburns increased with CIO and lower functional HL.

Discussion: The links observed between CIO, HL, and prevention/screening behaviors encourage further research in order to better characterize the psycho-cognitive and environmental phenomena at play. Efforts are needed to communicate adequately and empower citizens to limit the growing burden of cancer.

O2.5

What to tell the doctor or nurse about yourself? A toolbox for patients with COPD and heart failure

Lead Presenter:

Leontine Groen - van de Ven, Windesheim University of Applied Sciences

Authors:

Leontine Groen - van de Ven, Windesheim University of Applied Sciences, Netherlands

Annet Olde Wolsink, Saxion University of Applied Sciences, Netherlands

Madeleen Uitdehaag, Saxion University of Applied Sciences, Netherlands

Background: Palliative care for patients with chronic obstructive pulmonary disease (COPD) or chronic heart failure (CHF) aims at promoting or sustaining the wellbeing of patients by providing tailored care. Information about the unique perspectives of patients, including their experiences, desires and preferences is essential for providing tailored care. However, this information is not often shared during regular consultations. Our project aims at developing a toolbox that empowers COPD and CHF patients to share their unique perspectives during regular consultations with their doctors and nurses.

Methods: We used a participatory action research including Design Thinking in order to develop our toolbox. COPD and CHF patients, their informal caregivers, and their doctors and nurses in the clinical and ambulant setting participated in co-creation sessions and interviews. Interviews and sessions were recorded and transcribed verbatim. Analyses included thematic analysis using coding and constant comparison. Preliminary results were member checked during subsequent sessions with stakeholders.

Findings: Patients obstacles in providing their perspectives include: 1) Telling who you are and what is important to you, 2) Explaining your experiences with the disease and treatment. Steps in empowering patients towards overcoming these obstacles consist of: acquiring knowledge; eliciting what is important to you; preparing for the health care consultation; interacting with the health professional; and, evaluating. We found numerous existing tools (100+) that can facilitate during these steps. Our toolbox incorporates the most suitable tools in the stepwise approach.

Discussion: Knowing the unique perspectives of patients is crucial for providing tailored care. However, the medical context with limited time and hierarchical relations between patients and professionals hinders patients in expressing their experiences, desires and preferences. Our toolbox aims at empowering patients to express their perspectives. This will be tested in a pilot study. Preliminary results of this pilot will be shared during the presentation.

O2.6

MEMORABLE family carers experiences of managing their older relative's medications

Lead Presenter:

Judy Mullan, Unievrstity of Wollongong

Authors:

Judy Mullan, Unievrstity of Wollongong, Australia

Sally Lawson, Aston University, United Kingdom

Geoff Wong, University of Oxford, United Kingdom

Andrew Booth, University of Sheffield, United Kingdom

Hadar Zaman, University of Bradford, United Kingdom

Sylvia Bailey, Aston University, United Kingdom

Ian Maidment, Aston University, United Kingdom

Background: In the United Kingdom, approximately 6.5 million family carers provide 'informal' support to their relatives. Many of these family carers play a key role in managing medications for their older relatives living at home with multiple long-term health conditions. Unlike formal carers however, family carers receive limited training or support to undertake these challenging roles. This study describes the experiences of family carers responsible for managing their relative's medications.

Methods: Three groups were interviewed: older people (n=13), family carers (n=16) and practitioners (n=21). The five stages of medication management, identified in 'MEdication Management in Older people: Realist Approaches Based on Literature and Evaluation (MEMORABLE)' was used to inform the analysis.

Findings: Family carers described being involved in some or all five of the MEMORABLE stages to help manage their relative's medications. Their capacity to undertake these responsibilities were sometimes, limited by time, distance and cost, as well as (for some) their own declining physical and/or cognitive health. Family carers perceived that their knowledge and skills in medication management improved over time, but also described stress associated with their knowledge gaps. They described their medication management experiences, through the lens of burdens that could be mitigated against, such as ambiguity, concealment, unfamiliarity, fragmentation and in particular exclusion.

Discussion: To help mitigate against these burdens, especially exclusion, the important medication management roles of family carers should be recognised and they should be afforded greater inclusion in key relationships with healthcare teams. Family carers should also receive better information, training and support to mitigate against other burdens: ambiguity through clarification; concealment through information; unfamiliarity through consistency; and fragmentation through co-ordination. Overall therefore, continued reliance on family carers for their important medication management contributions requires strategic recognition in policy and practice, as well as support for their individual needs.

O3.1

Share To Care: Transforming an entire clinic into a full-blown Shared Decision Making organization

Lead Presenter:

Olga Kopeleva, University Medical Center Schleswig-Holstein, Campus Kiel,

Authors:

Olga Kopeleva, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Anja Scholdt, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Kristina Blankenburg, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Felix Wehking, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Christina Gesine Sommer, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Kai Wehkamp, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Fülöp Scheibler, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Jens Ulrich Ruffer, TakePart Media & Science, Cologne, Germany
Christine Kuch, University Medical Center Schleswig-Holstein, Campus Kiel, Germany
Friedemann Geiger, University Medical Center Schleswig-Holstein, Campus Kiel, Germany

Background and aims: Share To Care (S2C) is a comprehensive implementation program for shared decision making (SDM). It is currently applied to the University Medical Center Schleswig-Holstein in Kiel, Germany, and the University Hospital of North Norway in Tromsø. Our aim is to demonstrate the roll-out within the Department of Neurology in Kiel.

Methods: The S2C program comprises four intervention modules: 1) training of every physician (online tutorial & individual feedback based on prior analysis of videotaped consultations using MAPPIN'SDM), 2) empowerment of every patient using the ASK3 approach, 3) training of decision coaches to support patients' decision processes and 4) web-based decision aids developed within the particular department in close cooperation with the physicians. These four modules are embedded into a comprehensive implementation strategy focusing on the organizational level and clinical processes. Implementation success was judged by the feasibility and sustainability of the implementation strategy based on feedback from hospital staff and patients (PICS) respectively.

Results: The S2C program could be successfully implemented within the entire department: 93% (n=42) of all physicians could be trained in SDM. Patient empowerment was enforced by providing visual material, such as posters, video clips, ASK3 cards and giveaways. A total of seven web-based decision aids were developed from scratch in seven months following IPDAS criteria (topics e.g. epilepsy, multiple sclerosis or Parkinson's disease). Patient pathways were modified to allow for elaborated decision processes. Two decision coaches were trained to further enhance patient support through decision aids. Effects of the roll-out of S2C on physicians and on patients' perception of involvement (PICS) will be presented at the conference.

Conclusion: The S2C program has proven feasible as an approach of large-scale SDM implementation. By actively involving all stakeholders of healthcare simultaneously, it triggers and catalyzes organizational changes that are necessary for sustainable implementation processes.

O3.2

Know, Encourage, Warmth (KEW): development of training for empathic communication in radiotherapy

Lead Presenter:

Mara van Beusekom, School of Medicine, University of St Andrews

Authors:

Mara van Beusekom, School of Medicine, University of St Andrews, United Kingdom

Josie Cameron, Western General Hospital, Edinburgh, United Kingdom
Carolyn Bedi, Western General Hospital, Edinburgh, United Kingdom
Elspeth Banks, Independent Cancer Patients' Voice; National Cancer Research Institute, United Kingdom
Rachel Harris, The Society and College of Radiographers, London, United Kingdom
Gerry Humphris, School of Medicine, University of St Andrews, United Kingdom

Background: Many people who receive radiotherapy for breast cancer experience emotional concerns during and after treatment. Therapeutic radiographers are often a first contact point for patients to share these worries with. To encourage consistency in quality of support provision, priorities for communication skills training (CST) were identified using Experience-Based Co-Design with radiographers and patients. To prepare for implementation, national stakeholders informed the development process with the aims to 1) generate specific guidelines and training materials and 2) increase the scalability of these outputs.

Methods: In several iterations, 24 stakeholders throughout the UK provided consultative input on the findings from the co-design process. Stakeholders included patient representatives from support networks (n= 8), radiographers (n= 12) and other members of the national Society and College of Radiographers Research Advisory Group (n= 4), including managerial staff. Responses were invited through email or individual discussions and included specific requests for feedback and free responses.

Findings: Comments were received from all stakeholders (separate statements, n= 70). Thematic collation through consensus from the research team resulted in the 'KEW' guidelines for radiographers to support empathic conversations with patients: Know (Confidence; Expectations; Person), Encourage (Emotions; Space; Follow-up), Warmth (Start; Normalise; Ending). Stakeholder consultations also led to the development of trigger videos (n= 6), a simulated patient scenario and interactive handouts on fears of cancer recurrence and the patient pathway.

Discussion: Enriching co-design outputs with consultative feedback from patient and professional stakeholders ensures that stakeholders' voices are represented even in the details of the developed materials. In addition, representation on a national level helps validate and generalise findings beyond the initial co-design site. The KEW CST for empathic communication has been delivered for the first time within a radiotherapy service and is designed to be appropriate for wide implementation in clinical practice.

Work supported by Breast Cancer Now.

03.3

Palliative care in mass media – national communication campaign

Lead Presenter:

Amela Duratovic Konjevic, Institute of Oncology Ljubljana

Authors:

Amela Duratovic Konjevic, Institute of Oncology Ljubljana, Slovenia

Maja Ebert Moltara, Institute of Oncology Ljubljana, Slovenia

Branko Zakotnik, Institute of Oncology Ljubljana, Slovenia

Vesna Skrbec, Institute of Oncology Ljubljana, Slovenia

Marjana Bernot, Institute of Oncology Ljubljana, Slovenia

Background: In our country there are still several misunderstandings and a lack of awareness of palliative care (PC) in the lay public and in the media. This can lead to a negative attitude towards the PC in general. Public campaigns can improve awareness of PC among lay public. Our institute conducted a national communication campaign to raise awareness of the PC in the lay public through the media in the autumn of 2019. The main goal was to achieve accurate media coverage of PC.

Methods: The campaign took place in September-October 2019. Activities included: developing key messages as part of a backgrounder for journalists, divided into general and topic-specific messages on PC;

setting a group of speakers for interviews; targeted media selection; contacting journalists in advance with the backgrounder. There were no additional costs related to the campaign.

Findings: Quantitative analysis: we achieved coverage in 3 out of 4 addressed national media (75%) and reached 454,095 people, one fifth of our population (21.73%). The media outlets were also issued on the online channels of the same media and summarized by other media. In total, we reached 22 media outlets with a reach of 2,905,932 people.

Content analysis: journalists included key messages from the backgrounder in their reporting, using an average of 67% of the general messages and 80% of topic-specific messages.

Discussion: The results of the analysis showed that our proactive and targeted communication approaches were well accepted, with journalists being more interested in topic-specific messages. An issue that was not addressed in this campaign was whether the media reporting had an effect on people's understanding or attitude toward PC. However, the evaluation showed that through organized communication activities we can influence media reporting on palliative care, both in number of media outlets and in accurate content.

O3.4

Teaching Communication Skills in Healthcare—a Proposal for a National Charter of Guiding Principles

Lead Presenter:

Margarida Figueredo-Braga, Faculty of Medicine, University of Porto

Authors:

Margarida Figueiredo-Braga, Faculty of Medicine, University of Porto, Portugal

Miguel Barbosa, Faculty of Medicine, University of Lisbon, Portugal

Paulo Victoria, Faculdade de Ciências Sociais e Humanas, Universidade da Beira Interior, Covilhã; Instituto Universitário de Lisboa (ISCTE-IUL), Centro de Investigação e Intervenção Social, Lisboa, Portugal

Nuno Madeira, Faculty of Medicine, University of Coimbra, Portugal

Irene Carvalho, Faculdade de Medicina, Universidade do Porto, Portugal

Pedro Morgado, Life and Health Sciences Research Institute (ICVS), University of Minho, Braga, ICVS/3B's, PT Government Associate Laboratory, Braga/Guimarães, Portugal

Background: The Portuguese Society for Clinical Communication in Health Care (SP3CS) aims to promote the development of communication skills in health care professionals and students by stimulating research and reflection on the field. The SP3CS works with national and international entities with related areas of activity to identify needs and challenges in teaching clinical communication and to establish principles and consensus. This talk presents the underlying principles of a consensus of Portuguese experts for a basic curriculum that allows students and health professionals to acquire a basic set of professional and clinical communication skills.

Methods: The Charter of Guiding Principles was developed by the SP3CS core curriculum task force. The content was grounded in the teaching experience of the experts, scientific evidence, and review of several consensus statements, principles and recommendations for a core communication curriculum, taking into account the Portuguese social, cultural, academic and clinical context.

Findings: The Charter of Guiding Principles is organized in five sections: (1) principles;(2)objectives;(3) teaching-learning strategies and competencies; (4) evaluation; and (5) monitoring. Core principles are listed starting with the establishment of a professional and supportive relationship, ability to inform and share decisions, respect for the will and safeguarding social and cultural identity, etc. Specific strategies are suggested to the acquisition of communication abilities, as provide information to the patient in a clear, meaningful, adapted and timely manner and encourage the expression of their own ideas, concerns and expectations.

Discussion: The Charter of Guiding Principles intends to raise awareness for the core role of communication skills in healthcare at a national level, as well as helping faculties to integrate charter recommendations into their institutions' curriculum reforms to promote the best practice in health care.

O3.5

Development of patient decision aids in a German hospital: the example of vestibular schwannoma

Lead Presenter:

Friedemann Geiger, University Medical Center Schleswig-Holstein, Kiel

Authors:

Claudia Hacke, University Medical Center Schleswig-Holstein, Kiel, Germany

David Krug, University Medical Center Schleswig Holstein, Kiel, Germany

Alexander Doukas, University Medical Center Schleswig-Holstein, Kiel, Germany

Claudia Schmalz, University Medical Center Schleswig-Holstein, Kiel, Germany

Fülöp Scheibler, University Medical Center Schleswig-Holstein, Kiel, Germany

Lea Kruse, University Medical Center Schleswig-Holstein, Germany

Jürgen Dunst, University Medical Center Schleswig-Holstein, Kiel, Germany

Michael Synowitz, University Medical Center Schleswig-Holstein, Kiel, Germany

Friedemann Geiger, University Medical Center Schleswig-Holstein, Kiel, Germany

Background: Shared Decision Making (SDM) is the mandatory process of making medical decisions in Germany. Decision aids (DAs) have emerged as powerful instruments that help patients getting involved in treatment decisions. The aim of the SHARE TO CARE implementation program is to demonstrate the feasibility of a large-scale development and implementation approach.

This presentation will discuss the current structures and processes of our “production chain” using the example of the interdisciplinary-used DA for vestibular schwannoma (VS).

Methods: For the treatment of VS, neurosurgery and stereotactic radiotherapy are well accepted and comparable therapy options with regard to long-term tumor control. Given the differences in their procedure and invasiveness, the decision is preference-sensitive. An interdisciplinary collaboration of the departments of radiotherapy and neurosurgery and our SHARE TO CARE development team was established. The DA development followed a rigorous process incorporating patients, clinicians from both specialties and external reviewers, following IPDAS criteria.

Findings: The process of development consists of the following steps: 1.) Scoping with two involved clinicians of both departments and external reviewers 2.) Needs assessments (semi-structured interviews) with patients 3.) Orienting searches for qualitative papers, systematic reviews or clinical practice guidelines 4.) Definition of the precise question and systematic searches 5.) Evidence synthesis and plain language translation 6.) Filming of medical experts and patient stories 7.) Review and acceptance by clinicians 8.) Definition of decision points in the clinical pathway 9.) user testing.

Discussion: Following this process, 34 DAs for various medical decisions have already been produced since June 2018. We developed an effective and standardized method for serial production, allowing the application of generic processes to different clinical contexts and health care systems. Our experiences will be shared using the example of the vestibular schwannoma DA. SDM is a great opportunity to enable a patient-centred healthcare and promote interdisciplinary collaborations.

Orals - Shared Decision Making 1 (Intervention)

O4.1

Doctors' attitudes to patient questions and patient question prompt lists: A qualitative study

Lead Presenter & Author:

Background: Patient question prompt lists (PQPLs) have benefits for both patients and doctors when used effectively. However, doctors' attitudes to PQPLs and patient questions in daily practice has not been explored. Our research addresses this gap in real world PQPL implementation.

Methods: Forty Australian doctors - twenty specialist general practitioners (GPs) and a variety of twenty other specialists (e.g. physicians, surgeons, paediatricians) - were purposively selected as leaders in their fields. Participants were interviewed individually (n=21) or participated in focus groups of three to nine participants. Interview guides included questions exploring doctors' perceptions of patient question-asking, PQPLs and a sample PQPL created using an Australian government-funded online tool, "Question Builder". Recordings were transcribed verbatim and data analysed thematically using the method by Braun and Clarke.

Results: Analysis showed that patient question-asking is viewed as a normal "part of [the] consultation process" as are PQPLs. Although doctors acknowledged that "questions are a good thing" they wanted to "see what's on the list" and had to "decide how (they) are going to approach it all" particularly when the patient agenda is perceived to exceed the constraints of the consultation.

Time, patient factors and medical complexity affected strategies employed by doctors to manage PQPLs: "You have to get a feel for what information they want... so it's very individual each consultation."

Regarding the sample PQPL, available consultation time and specialty influenced responses: "I'd just feel overwhelmed...it'll just take up so much time" (GP) compared with "I have the luxury of having plenty of time in my consultations. So I can... give them time to think" (specialist).

Conclusion: Doctors strive to manage patient expectations and maintain the benefits of PQPLs in practice. Clarifying the expectations and agendas of both the doctor and patient may lead to effective use of PQPLs in medical consultations.

O4.2

The role of older patient goals in GP decision making about medicines: A qualitative study

Lead Presenter:

Kristie Weir, The University of Sydney

Authors:

Kristie Weir, The University of Sydney, Australia

Vasi Naganathan, The University of Sydney, Australia

Kirsten McCaffery, The University of Sydney, Australia

Stacy Carter, The University of Wollongong, Australia

Jesse Jansen, The University of Sydney, Australia

Background: To optimise and prioritise medication use in older people, it is recommended that clinicians evaluate evidence on potential benefits and harms of medicines in light of the patients' overall health, values and goals. While this suggests GPs should facilitate patient involvement in decision-making, in practice this is challenging; research shows considerable variation in the extent of older patients' involvement. Our study aimed to explore GPs' perspectives on the importance of discussing patient goals and preferences, and the role patient preferences play in GPs' prioritisation of medicines.

Method: Semi-structured interviews were conducted with GPs (n=32) from Australia. Participants were purposively sampled with variation on experience levels and geographic location. Transcribed audio-recordings of interviews were coded using Framework Analysis.

Results: Most GPs recognised the importance of understanding patients' goals/preferences regarding their medicines. Most reported some discussions of goals/preferences with patients, but often because this was

initiated by the patient. We observed three different ways that GPs practice relating to patients' goals in medicine management: 1) goals and preferences considered lower priority in medicine decisions; 2) goals seen as central to medicine decision making; 3) goals and preferences considered in medicine decisions but not explicitly elicited. A few GPs rarely discussed priorities with their patients, stating individual goals/preferences were not a "real world issue". These GPs tended to be older, male, and working in a small or solo practice.

Discussion: This study highlights challenges in providing care that aligns with patients' goals/preferences in general practice. We identified limitations importantly goals and preferences may not be actively elicited in decision-making about medicines. Not all GPs were convinced of the clinical significance of individual, patient-specific goals. Future research could investigate the benefits of incorporating patient priorities in health care decision-making, and practical support strategies to help clinicians involve patients in discussions about their medicines.

O4.3

Communication challenges for nurses with people who have life-limiting illness: a focus group study

Lead Presenter:

Sharyn Milnes, Barwon Health

Authors:

Debra Kerr, Deakin University, Australia

Sharyn Milnes, Barwon Health, Australia

Jette Ammentorp, Lillebaelt Hospital / IRS University of Southern Denmark, Denmark

Claire McKie, Deakin University, Australia

Trisha Dunning, Deakin University, Australia

Joan Ostaszkiewicz, Deakin University, Australia

Peter Martin, Deakin University, Australia

Maiken Wolderslund, Lillebaelt Hospital / IRS University of Southern Denmark, Denmark

Background: Nurses spend considerable time with patients and their families, providing ample opportunity to engage in important but complex topics such as goals of care, prognosis or concerns over future care. However, prior research suggests that attitudes, skills and knowledge about how nurses communicate effectively with patients and their families could be improved. Also, the literature predominantly focuses on nurses working in oncology care and the medical profession. The proposed study aimed to answer the following question: What communication issues do nurses find challenging when caring for people with life-limiting illness?

Methods: A qualitative descriptive design was used. Six focus groups were conducted in 2019 with 39 nurses from three acute inpatient wards (medical, surgical, palliative care) within a regional healthcare organisation in Victoria, Australia. An interview schedule was used, and group interviews were taped using an audio recorder. Data were analysed using thematic content analysis.

Findings: Participants in this study described that nurses are in a position to develop strong bonds with patients and their families. Three key themes were identified: 1) Feeling unskilled to have difficult conversations with patients who have life-limiting illness; 2) Interacting with family members adds complexity to care of patients who have life-limiting illness; 3) Organisational factors impede nurses' capacity to have meaningful conversations with patients and their families. Nurses reported several barriers to team communication including time restraints and lack of information about the patient's condition and goals of care. No participant recalled receiving communication skills training in their undergraduate program, and less than 40% had any postgraduate training in communication skills.

Discussion: Limitations in communication skills affects nurses' ability to confidently engage in conversations with patients and their families, particularly when responding to prognostic questions. Specific training may increase nurses' confidence and efficiency when communicating with patients and their families.

O4.4

Goals of Patient Care discussions in acute medical admissions: Participant's perspectives

Lead Presenter:

Elly Harris, Royal Perth Hospital

Authors:

Elly Harris, Royal Perth Hospital, Australia

Derek Eng, Royal Perth Hospital, St John of God Subiaco Hospital, University of Western Australia, Notre Dame University Fremantle, Australia

Atul Sinha, Royal Perth Hospital, St John of God Murdoch Hospital, University of Western Australia, Australia

Moira O'Connor, Curtin University, Australia

Qi Ang, Royal Perth Hospital, Australia

Emily Clarke, Royal Perth Hospital, Australia

Background: The Goals of Patient Care (GoPC) framework is a relatively new concept in Australian healthcare which aims to initiate an open discussion about individual values and end-of-life care wishes with hospital inpatients at risk of deterioration. The acute medical environment harbours unique challenges for GoPC discussions. We aimed to characterise the participant experience of discussion during acute medical admissions and identify influential factors.

Methods: A qualitative interview study using purposive sampling and inductive thematic analysis. Patients and their family/carer/person responsible who participated in a GoPC discussion during their admission at an Australian tertiary teaching hospital, and their matched doctors, were recruited in 2019.

Findings: Most participants found the GoPC discussion appropriate and understood their doctor. However, communication was commonly procedure-focussed, with patients questioned about preferences for CPR, intubation and intensive care. Participants often considered the discussion irrelevant due to their health, and occasionally shocking. They commonly related GoPC with death, and without context, this led to fear and abandonment. Previous experience with end-of-life care influenced GoPC decision-making. Participants trusted in their doctor's clinical knowledge to make appropriate medical decisions during deterioration, with GoPC perceived as for the doctor's benefit by some.

Discussion: This study identifies deficiencies in the acute medical setting in communicating the intent of GoPC discussions and achieving a commensurate direction of care. GoPC discussions are life-saving procedure focussed leading to poor understanding and potentially distress, and jeopardising patient-centred care. Clinician education to improve approach to GoPC discussions is essential to support patient values and optimise patient and institutional outcomes.

O4.5

Communicating with Older Patients about Medications across Care Transitions: A Focused Ethnography

Lead Presenter:

Guncag Ozavci, Deakin University

Authors:

Guncag OZAVCI, Deakin University, Australia

Elizabeth Manias, Deakin University, Australia

Tracey Bucknall, Deakin University, Australia

Robyn Woodward-Kron, Melbourne Medical School, Australia

Christine Jorm, The University of Newcastle, Australia

Carmel Hughes, Queen's University Belfast, United Kingdom

Background: Communication about managing medication across transitions of care can be a challenging process for older patients because they often have complex medication regimens. Past research has focused on links between communication failures and medication errors in older patients; however little attention has been paid to exploring their perspectives and experiences of communication about medications while in hospital. This presentation examines the perceptions and experiences of older patients about medication communication that contributed to or hindered their medication management across transitions of care.

Method: A focused ethnographic methodology was carried out across diverse wards at two metropolitan hospitals in Australia. Thematic analysis was undertaken of interviews and focus groups, and critical discourse analysis was utilised for observations.

Findings: Fifty interviews and 20 focus groups were conducted with older patients, and 204 hours of observations of interactions between health professionals and patients were completed. Older patients participated to varying degrees in communication about medications across transitions, which ranged from having no interest or involvement, to being actively involved in medication decisions. Reasons contributing to passive participation involved lack of encouragement from health professionals during communication activities, the perception of having poor medication knowledge, preferring not to know about medication changes and an inability to question health professionals' decisions, especially as they transitioned between hospitals. Active participation in medication communication included older patients having a sense of control over own medication regimens, and feeling motivated to raise questions about medication changes with health professionals.

Discussion: Efforts by health professionals to provide targeted and pre-emptive communication about medications can facilitate an enhanced understanding and enable opportunities for active participation and decision making. This situation is especially important for older patients with a reduced participation to ensure their views are explicitly addressed about medication changes across transitions of care.

O4.6

Lost opportunities to discuss deprescribing medications.

Lead Presenter:

Robyn Gillespie, University of Wollongong

Authors:

Robyn Gillespie, University of Wollongong, Australia

Lindsey Harrison, University of Wollongong, Australia

Judy Mullan, Australian Health Services Research Institute, University of Wollongong, Australia, Australia

Background: Globally, the use of ≥ 5 medications, defined as polypharmacy, is increasing, especially in older adults aged ≥ 65 . While polypharmacy use is often appropriate, it can also result in higher personal and healthcare costs. This study explored how older adults communicate their preference to stop medication/s with their prescribers.

Methods: An Australian qualitative study was conducted in 2018, as part of a mixed methods study examining medication management in primary care. Interviews were conducted with a convenience sample of 25 independent, community living older adults, aged ≥ 65 , who were using ≥ 5 medications. A review of the literature and responses to an earlier survey were used to develop the interview guide. Interviews were transcribed verbatim, coded and analysed thematically, assisted by NVivo 12.

Findings: The participants' assertiveness regarding preferences to stop medications varied. Three distinct groups were apparent; those who were assertive and communicated their preferences to their GPs, those who communicated preferences but easily compromised these, when challenged and those who chose not

to communicate preferences. The first group were also more likely to hold negative attitudes toward their medications, while those in the third group were more likely to accept their medications. Trust allowed participants to defer decision making to their GP. This trust was limited however, by their greater trust in specialist prescribers. A concurrent study indicated that GPs often wait for patients to raise the topic of stopping medications.

Discussion: Deprescribing processes aim to stop medications that are ineffective or harmful or those that are no longer necessary. These findings suggest that not all patients actively express their preference to have medications stopped. In addition, GPs may not ask about their preferences. This may result in poor doctor-patient communication about the appropriateness of deprescribing. Greater trust in specialists may also undermine attempts by GPs to promote deprescribing.

09:00 – 10:30

Symposia

S1

Innovative communication skills training approaches for nurses in Australia, Denmark and England.

Lead Presenter:

Peter Martin, Deakin University

Presenters:

Meg Chiswell, Deakin University

Jette Ammentorp, Lillebaelt Hospital / IRS University of Southern Denmark

Maiken Wolderslund, Lillebaelt Hospital / IRS University of Southern Denmark

Lynn Furber, Healthcare Communication Matters

Debra Kerr, Deakin University

Authors:

Debra Kerr, Deakin University, Australia

Peter Martin, Deakin University, Australia

Meg Chiswell, Deakin University, Australia

Jette Ammentorp, Lillebaelt Hospital / IRS University of Southern Denmark, Denmark

Maiken Wolderslund, Lillebaelt Hospital / IRS University of Southern Denmark, Denmark

Lynn Furber, Healthcare Communication Matters, United Kingdom

Becky Whittaker, Loughborough University, United Kingdom

Sharyn Milnes, Barwon Health, Australia

Nurses are the largest group in the healthcare workforce. Globally, formal teaching of communication skills has not routinely been incorporated into undergraduate nursing programs, leaving a gap in professional development for nurses. In contrast, there has been considerable focus on training for medical physicians and students. Nurses spend more time with patients and their families than any other healthcare professional group. However, evidence suggests that nurses find certain components of communication challenging and often avoid difficult conversations with patients and their relatives. They have limited understanding of the underpinning structures, skills and frameworks that can be applied to difficult conversations. Hence, there is a need to incorporate educational programs for nurses in a large majority of healthcare organisations to address this gap. Globally, healthcare organisations have restraints that limit available funds for postgraduate education. Training initiatives for healthcare professionals, such as nurses, need to be designed for sustainable and accessible implementation.

This symposium aims to present four innovative approaches for teaching communication skills to nurses, implemented in Australia, Denmark and England.

Speaker 1 is a Professor of Clinical Communication and End of Life Care and palliative care clinician. He has been involved with communication skills training for more than 20 years, teaching at Cambridge, Monash, Melbourne and Deakin medical schools. Speaker 2 has worked in education, policy and practice and health service delivery. She has a special interest in the use of multimedia education tools, communication skills faculty development and program implementation. Speaker 3's primary research interest is the development, assessment and implementation of methods to improve communication between patients and health professionals. She is a Professor in Health Service Research and Communication in Healthcare. Speaker 4 has special interest in the development and implementation of digital communication aids and training programs for both healthcare professionals and patients. Speaker 5 was an Associate Professor of Nursing, specialising in cancer related communication skills training and research. She is now director of an independent training organisation. An experienced educator, Speaker 6 worked as an assistant professor for ten years delivering a wide range of palliative and end of life care topics for pre and post registration nursing courses. She now holds responsibility for the training component of a large scale video-based

research programme on UK palliative care communication. Speaker 7 has conducted several research projects on this topic, including a systematic review exploring the effectiveness of communication skills training for nurses. Speaker 8 is building a program of research on values and the impact of goals of care discussions and documentation for patients with life-limiting illness.

S2

Cross-cultural consultations in MUS healthcare: research and educational tools

Lead Presenter:

Anne Weiland, Erasmus MC, University Medical Center Rotterdam, Rotterdam

Presenters:

Peter Vermeir, University Hospital Gent

Karen Stegers-Jager, Erasmus MC, University Medical Center Rotterdam

Marlies van der Meer, Erasmus MC, University Medical Center Rotterdam

Lilla Lucza, University of Szeged

Authors:

Anne Weiland, Erasmus MC, University Medical Center Rotterdam, Rotterdam, the Netherlands

Peter Vermeir, University Hospital Gent, Belgium

Karen Stegers-Jager, Erasmus MC, University Medical Center Rotterdam, Netherlands

Marlies Van der Meer, Erasmus MC, University Medical Center Rotterdam, Netherlands

Lilla Lucza, University of Szeged, Hungary

Marta Csabai, University of Szeged, Hungary

Geurt Essers, Network of GP training Institutes in the Netherlands, Netherlands

Rationale: Healthcare providers and students experience consultations with ethnic-minority patients challenging. We will address this issue by presenting research from four different perspectives. First, we share the results of a systematic review on care for patients with Medically Unexplained Symptoms (MUS) and cross-cultural communication. Second, we'll discuss the development of an evidence based competency profile on MUS & cross-cultural communication. Third, we will explore results of a questionnaire and focus group study among international students and teachers to define important communication elements in cross-cultural care, and how they can be taught. Finally, we summarize key-components of a training program to improve cross-cultural communication skills for residents.

Systematic review: approach of medically unexplained symptoms in medical education

Communication skills have a positive influence on outcome and use of health care in MUS. Stressing the implications of normal test results upfront strengthens patient reassurance in handling negative predictive value of proposed investigations. Patients report less symptoms and health anxiety when symptoms are explained properly. Positive physician-patient interaction and feedback reduce use of health care resources and increase coping. Knowledge about epidemiology, pathogenesis and treatment was selected to be first objective in training programs. Acquisition of skills in explanation, conferring understanding on nature of MUS and offering effective reassurance was second major objective. Speaker 1 is professor in communication.

Competency profile for intercultural communication about MUS: To facilitate training of healthcare professionals in MUS consultations with ethnic-minority patients, we developed a competency profile. Based on literature search and repetitive consultation rounds with experts from numerous countries and disciplines, the competency profile defines key knowledge, skills and attitudes for dealing with intercultural communication and MUS at four levels of training: bachelor, master, resident and teacher. Given its development process, the profile represents an internationally consented training tool for a wide variety of medical education contexts. We will present this competency profile and its development process. Speaker

2 is educational scientist with over 10 years of experience in medical education. Speaker 3 is assistant professor with over 10 years medical education research.

Student and Teacher Needs Assessment about Medically unexplained symptoms and Intercultural competences: Our study contained a questionnaire survey with 314 local and international medical students and 3 focus groups with 12 teachers in Hungary. Instruments were: Interpersonal Reactivity Index, Intercultural Sensitivity Scale and Attitudes to medically unexplained symptoms (MUS) questionnaire. Results suggest correlations of empathy and intercultural sensitivity. Women reached higher levels on both. Students are aware of difficulties of managing MUS patients. Linear stepwise regression model showed that intercultural sensitivity, student gender, year of study and field of study influence the knowledge about MUS. Focus group participants emphasized the challenges of intercultural situations and MUS both in healthcare and in training of medical students. Speaker 4 is PhD student in the topic for 2 years. Speaker 5 is professor, has taught and researched the topic for 20 years.

Training residents to communicate better with ethnic minority MUS patients: Using the 'intervention mapping approach' we composed a 28-hour communication skills training program for residents focused on ethnic minority MUS patients, which has been designed as a blended small private online course and contains online training material (8 hour), experiential learning and feedback during consultation hours (12 hour), and face-to-face sessions (8 hour). Crucial challenges in MUS cross-cultural doctor-patient communication are differences in perspectives, values and beliefs about illness between doctors and patients. Patient-centered communication is a preferred strategy to overcome these problems and address patient's illness perceptions and emotions irrespective of their cultural background. Development of the training will be discussed. Speaker 6 is assistant professor and researched the topic for 15 years.

Workshops

W1

Novel strategies using the arts for teaching clinical and communication skills to larger audiences

Presenter & Author:

Claire McKie, Deakin University

Rationale: While small group experiential learning with simulated patients is the gold standard for teaching communication skills, this method is not always available. Different, interactive, methodologies for teaching clinical and communication skills, especially in larger group settings, are useful

Learning objectives: Participants will experience and be actively involved in a number of different teaching strategies, using a variety of different media from the arts and humanities. They will understand the experience of their students in using interactive activities to teach communication skills in larger group settings (including lecture theatres).

Teaching methods: Teaching activities will include an experiential activity, the use of art and film and both individual, small group and whole group discussion and reflection. The facilitator will model, and discuss, additional teaching strategies throughout the workshop.

Evaluation: Participants will discuss how the teaching strategies might be applied in their own settings and complete a self-reflection exercise at the conclusion of the workshop.

Number of participants: 20-3

W2

Teaching Remote Consultation Skills

Presenters & Authors:

Andy Ward, University of Leicester, United Kingdom

Main Focus - Teaching / Assessment

Rationale: A student just entering medical school is likely to be still practising medicine in the latter half of the 21st century - it is inconceivable that technology will not play a significant role in their interactions with patients. Remote consultations are seen by many as key to improving access to healthcare. We need to ensure that health care workers are provided with the skills required to communicate effectively in this rapidly developing area.

Learning objectives:

- To discuss the different methods of remote consultations and the technology used.
- To understand the advantages, disadvantages and potential risks
- To co-create a teaching session/curriculum/assessment to highlight the particular skills needed for remote consulting
- Apply how the learning from the workshop might be applied at their institution and potential barriers to implementation

Teaching Methods: Short presentation to introduce the workshop and describe the different methods of remote communication

Group discussion about the advantages/disadvantages and potential risks of remote consultation

Working in small groups to design a teaching session/curriculum/assessment to highlight the particular skills needed for remote consulting. Each group to focus on either telephone/video/text-based communication.

Groups to feedback:

- What were the challenges in designing the teaching?
- What would be the practical issues that may arise in delivery?
- How did designing the teaching differ from more traditional communication skills?

Workshop leaders to describe their own experiences in introducing this teaching in their institutions.

Evaluation of outcomes for participants: The presentations produced by the small groups will be disseminated to all attendees post meeting to share the learning. Delegates will also be encouraged to share their reflections with their peers as this can help with implementing the learning once the conference is over.

Preferred maximum number of participants: 24

11:00-12:00

Roundtable

R1

Translation of Inter-professional Education into Collaborative Clinical Practice

Presenters & Authors:

Manasik Hassan, Hamad medical corporation, Qatar

Magda Youssef, Sidra Medicine, Qatar

Eman Al- maslimani, Sidra Medicine, Qatar

Hatim Abderlham, Sidra Medicine, Qatar

Ahmed Alhammadi, Sidra Medicine, Qatar

Background: Inter-professional collaboration approach, involving inter-professional teams of health care providers offering comprehensive and coordinated health care services, is essential to the clinical learning environments of the future.

Effective inter-professional collaboration associated with better patient care, less medical errors, increase teamwork & job satisfaction. Insufficient teaching skills, knowledge of (IPEC) concept, Lack of organization support and institutional culture, Lack of alignment between education and practice and others contributes to many challenges in implementation of IPEC.

The round table discussion will address the importance of Inter-professional education and collaboration with various healthcare providers and will equipped the participants with some strategies and practical tool to implement IPEC concept in a different clinical setting to enhance the quality and safety of patient care, finally will summaries some indicators to measure the success of IPEC

Objectives: At the end of this discussion , participants will be able to:

- 1) Highlights the benefit of IPEC and key concepts of high functioning Inter-professional team
- 2) Implement some strategy and practical tools to apply IPEC in the clinical learning environment
- 3) Identify indicators of effective IPEC in the clinical practice

The discussion will address the different aspects of IPEC e.g.; definition, background, advantages, Afterwards, through analyzing interactive video clips and using role-play, participants will introduce to the main concept of high-functioning teams to reach a level of synergy that enhances their efficiency and effectiveness. In the group, participants will practice use some skills and tool to enhance implement IPEC in a different clinical setting and at the end we will share some indicators of effective inter-professional collaboration.

Who should attend: The workshop welcomes all stakeholders in healthcare clinical environment; physicians, nurses, clinical pharmacist, social worker and other allied health providers and educators interested in faculty and professional development.

14:45 – 15:45

Orals - Intra/Inter disciplinary communication

O5.1

A Mixed-Methods Study of Health Information Technology in U.S. Home Health Agencies

Lead Presenter:

Jingjing Shang, Columbia University School of Nursing

Authors:

Jingjing Shang, Columbia University School of Nursing, United States

Ashley Chastain, Columbia University School of Nursing, United States

Monika Pogorzelska-Maziarz, Thomas Jefferson University, United States

Kyungmi Woo, Columbia University School of Nursing, United States

Andrew Dick, The RAND Corporation, United States

Uduwanage G. Perera, Columbia University School of Nursing, United States

Patricia Stone, Columbia University School of Nursing, United States

Background: In the United States (U.S.), home healthcare agencies (HHAs) are becoming a leading source of post-acute services. Health information technology (HIT) has been recognized as a key facilitator to improving care coordination and quality of care in other healthcare settings. However, HIT adoption in home healthcare is unknown. This study examined current HIT usage in U.S. HHAs through mixed methods.

Methods: Telephone interviews were conducted from May to November 2018 with 41 staff of varying roles from 13 Medicare/Medicaid-participating HHAs. Transcripts were thematically analyzed in NVivo 12 guided by a codebook that was developed by our team. A nationally-representative survey, directed at administrators and clinical managers, was conducted from October 2018 to November 2019 using a stratified random sample (1,506 Medicare-participating HHAs) with a 35.5% response rate (n = 536). Descriptive statistics with probability weights were computed using Stata 13.

Findings: Currently, 10.1% of U.S. HHAs do not have an electronic medical record (EMR) system, and an additional 2.2% are in the process of acquiring one. Tablets (58.0%), followed by smartphones/handheld devices (32.4%) and laptops (26.0%), are most often provided by HHAs to staff for point-of-care documentation; 18.5% of HHAs do not provide any devices. In interviews, some staff mentioned that, even with EMR, they often document on paper while in patients' homes and then electronically input the information later. They also described mismatches between EMR systems of HHAs and other area providers, and how that affects care coordination. Relatedly, 14.2% of U.S. HHAs switched to EMR systems in the past year, and that transition was viewed as enhancing care coordination (55.7%) and accuracy of patient records (54.4%).

Discussion: Although the usage of EMR in U.S. HHAs was high, challenges still exist with HIT in home healthcare. EMR mismatches between different providers negatively affect inter-disciplinary communication, and adversely impact the quality of patient care.

O5.2

Successes and Challenges with Care Coordination: Experiences of U.S. Home Healthcare Staff

Lead Presenter:

Ashley Chastain, Columbia University School of Nursing

Authors:

Ashley Chastain, Columbia University School of Nursing, United States

Jingjing Shang, Columbia University School of Nursing, United States

Monika Pogorzelska-Maziarz, Thomas Jefferson University, United States

Sabrina Mangal, Columbia University School of Nursing, United States
Patricia Stone, Columbia University School of Nursing, United States

Background: Home healthcare agencies (HHAs) have multi-disciplinary teams of clinicians to provide specialized care to patients in their own home. Care coordination (CC) organizes patient care across disciplines. However, little is known about CC at HHAs, and the challenges and successful strategies that HHA leadership may have implemented to overcome those challenges. This study explored the experiences of HHA staff, particularly around infection prevention and control, in the United States (U.S.).

Methods: From May to November 2018, we conducted in-depth, telephone interviews with 41 staff with various roles from 13 U.S. HHAs. Questions were asked about CC for patients with infections. Transcripts were thematically analyzed in NVivo 12 guided by a codebook that was developed by our team.

Findings: Communication modalities that are used to coordinate patient care inside and outside HHAs include secure messaging apps, emails, faxes, in-person meetings, telephone calls, and teleconferences. HHA staff described specific challenges with interdisciplinary communication related to: 1) paper-based clinical documentation, 2) proper documentation of certain conditions (i.e., infections), 3) providers outside the agency, 4) travel time between patients' homes, and, 5) the isolated nature of providing home health care. These challenges were described as affecting patient care and hospitalization rates. Some agencies addressed those challenges by restructuring case conference meetings, purchasing electronic devices, electronic medical record systems and/or group messaging platforms, and/or creating and implementing new infection tracking forms/modules to securely and quickly disseminate patient information to agency staff and providers outside the agency.

Discussion: HHA staff shared valuable experiences with interdisciplinary CC, and impacts upon care for patients with infections. Some agencies were able to address issues with CC; however, others, such as those in rural locations, may have reduced access or funding for such improvements. Successes and challenges named by our participants can inform future CC strategies in home health.

05.3

Patient-initiated second opinions in oncology: A prospective mixed-methods study

Lead Presenter:

Marij Hillen, AmsterdamUMC

Authors:

Marij Hillen, AmsterdamUMC, Netherlands

Vicky Lehmann, Amsterdam University Medical Centers, Netherlands

Ellen Smets, Amsterdam University Medical Centers, Netherlands

Maxime de Jong, Amsterdam University Medical Centers, Netherlands

Filip de Vos, University Medical Center Utrecht, Netherlands

Jacqueline Stouthard, The Netherlands Cancer Institute (NKI), Netherlands

Gemma Kenter, Amsterdam University Medical Centers, Netherlands

Background: Cancer patients increasingly seek second opinions (SOs), but their motivations and expectations remain poorly understood, the medical and psychological benefits of SOs are debated and whether these consultations are optimally conducted remains unknown. We aimed to examine patients' motivations and expectations of seeking an SO, patient- and oncologist-reported medical outcomes, patients' perceived psychological consequences, and the observed communication about SO-specific topics during these SO consultations.

Methods: In a prospective mixed-methods study, consecutive cancer patients seeking an SO in medical oncology (N=77), their consulting oncologists, and referring oncologists provided self-report at three measurement points: before, shortly following, and 2 months following the SO, and their SOs were audio-taped. We assessed patients' motivations and expectations to seek an SO, patient- and oncologist-

perceived discrepancy between first opinion and SO (i.e., the medical outcome), and psychological outcomes over time (uncertainty, anxiety, trust). Patient-provider communication during SOs was assessed by two independent coders using an extensive coding manual. Discussions of SO-specific topics were coded, including motivations, the referring oncologist, and treatment transfer/back-referral.

Results: Cancer patients most frequently reported seeking an SO because they needed expert advice and more information. Many (65.7%) expected to receive different treatment options, but the vast majority (90%) received a medical advice similar to the first opinion. Patients' level of uncertainty decreased over time ($F=6.82$, $p=0.002$; $\eta^2=0.22$), particularly if the first opinion was confirmed. Anxiety and trust remained stable ($p>.05$). During SOs, patients' motivations were barely discussed. Patients were mostly critical about their referring oncologists, while the consulting oncologist often defended/confirmed them.

Discussion: Patient-sought SOs can yield psychological benefits, but the added medical value remains debatable, given that most SOs yielded a similar outcome. Communication about patients' motivation to seek an SO should be improved. Future research combining objective with prospective self-report measures could guide optimizing patient-sought SOs in oncology.

05.4

Provider education about triggers and environmental control during pediatric asthma visits

Lead Presenter:

Betsy Sleath, University of North Carolina at Chapel Hill School of Pharmacy

Authors:

Betsy Sleath, University of North Carolina at Chapel Hill School of Pharmacy,

Delesha Carpenter, University of North Carolina at Chapel Hill, United States

Nacire Garcia, University of North Carolina at Chapel Hill, United States

Scott Davis, University of North Carolina at Chapel Hill, United States

Ceila Loughlin, University of North Carolina at Chapel Hill, United States

Dan Reuland, University of North Carolina at Chapel Hill, United States

Gail Tudor, Southern New Hampshire University, United States

Background: We conducted a randomized controlled trial to test the effectiveness of an asthma question prompt list/video intervention to engage youth during visits with their providers. We examined whether providers were more likely to educate youth in the intervention group about triggers and environmental control than youth in the usual care group and what areas they were most likely to educate about.

Methods: English or Spanish-speaking youth ages 11-17 with persistent asthma and their caregivers were recruited from four pediatric clinics and randomized to the intervention or usual care groups. Youth in the intervention group watched the 11 minute video and then completed a one-page asthma question prompt list before their visits. The video covered: asthma triggers, staying active with asthma, how to get mom off your back, tracking asthma symptoms, how to talk to your doctor, and having confidence with asthma. All medical visits were audio-tape recorded, transcribed, and coded. Chi-square statistics were used.

Findings: Forty providers and 359 of their patients participated. a Adolescents in the intervention group were significantly more likely to be educated by providers about triggers than adolescents in the usual care group (59% versus 46%) ($p=0.012$). Providers were most likely to educate intervention than usual care adolescents about: allergies/pollen (36% versus 16%), colds (22% versus 15%), exercise (35% versus 24%) , weather/seasonal allergies (27% versus 14%), and pets (9% versus 2%). Adolescents in the intervention group were significantly more likely to be educated by providers about environmental control than adolescents in the usual care group (22% versus 12%) ($p=0.019$). Providers educated primarily about smoking when discussing environmental control.

Discussion: The patient question prompt list/video intervention did increase provider education about triggers and environmental control. The findings illustrate the importance of encouraging youth to ask the questions that they have about asthma triggers and environmental control.

O5.5

How to make multidisciplinary team meetings in oncology more patient-centered? A narrative review

Lead Presenter:

Pola Hahlweg, University Medical Center Hamburg-Eppendorf

Authors:

Pola Hahlweg, University Medical Center Hamburg-Eppendorf, Germany

Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Background: In multidisciplinary team meetings (MDTMs) differently specialized physicians and sometimes other health care providers discuss and recommend treatments for specific patients. MDTMs are considered best practice in oncology. However, MDTMs were found to mostly discuss medical information and pay little attention to patients' perspectives and psychosocial situations. The current organization of MDTMs has been argued to not support patient-centered care and shared decision-making (SDM). This review aimed to identify recommendations for MDTMs to become more patient-centered and enable SDM.

Methods: A narrative review of literature recommending strategies to foster interdisciplinary communication and patient-centeredness in MDTMs was conducted by two researchers with ample experience in SDM research in oncology. They previously conducted observational studies in MDTMs. We structured extracted recommendations in order to function as the basis for an implementation strategy to foster SDM. Then, the recommendations were discussed with clinical cooperators at a comprehensive cancer center in Germany.

Findings: We extracted recommendations from 30 publications, including original research, reviews, and opinion pieces. This led to 13 recommendations regarding the following areas: 1) routine pathways and quality management standards (e.g., consistent denomination as MDTM recommendation instead of decision); 2) participants (e.g., discussion of cases only if at least one participant has met the patient); 3) information discussed during MDTMs (e.g., documentation of more than one possible treatment, if uncertainty exists during meeting); 4) tasks of the MDTM coordinator/chair (e.g., communication and leadership training for MDTM chairs). After discussion with clinical cooperation partners, changes in setting emerged as a fifth area for change (e.g., changing seating arrangement into u-shape).

Discussion: Since MDTMs in their current organization do not foster patient-centered care and SDM, recommendations for changes towards more patient-centeredness and SDM in MDTMs were reviewed and consolidated. Those recommendations can inform implementation effort to foster patient-centered MDTMs and SDM in oncology.

O5.6

New Patient Profiles to Fulfil Older Cancer Patients' Information Needs

Lead Presenter:

Julia van Weert, University of Amsterdam

Authors:

Julia van Weert, University of Amsterdam, Netherlands

Nadine Bol, Tilburg University, Netherlands

Ellen Smets, Amsterdam University Medical Centers, University of Amsterdam, Netherlands

Mathilde Verdam, Leiden University, Netherlands

Background. Older (70+) cancer patients often deal with multiple diseases. To optimize coping with illness and disease management, understanding and fulfilling their information needs is essential. Little research has considered the potential complex patterns in information needs among older patients. This study aims to identify profiles of older cancer patients based on differences in their information needs.

Methods. Two-hundred and twenty-three patients with cancer and survivors aged 70+ completed an online survey. Based on an extensive scoping review, we included measures on information needs (i.e., monitoring coping style and type of information needs as measured with QUOTE) and related factors (i.e., psychological distress, ability, motivation, participation in decision making, and demographics). Profiles were identified using k-means cluster analysis.

Findings. Analysis revealed three profiles of older patients with cancer exhibiting differences in monitoring coping style and type of information needs: the so-called “information seeker” (38.8%), the “listener” (47.2%), and the “information avoider” (14.0%). Besides differences in information needs, the profiles differed on psychological distress (i.e., intrusive thinking, cancer worry, and intolerance of uncertainty), ability (i.e., self-efficacy in interaction with physician), and motivation (i.e., information goals and future time perspective).

Discussion. Whereas earlier research has described the distinction between monitoring (information seeking) and blunting (information avoiding) coping style, a third group appeared to be the largest older patient group in this study: the “listener”. This group presented a different pattern in coping style and information needs: although characterized by a high monitoring coping style, patients in this group showed at the same time lower perceived importance for different cancer-related information topics. This group has not been identified before. Clinicians could use these results to increase their awareness of the complexity and heterogeneity of information needs in older cancer patients and to tailor their information to the needs of these patients.

Orals - Provider patient relations/triadic communication

O6.1

Nonconscious Nonverbal Synchrony and Patient and Physician Affect and Rapport

Lead Presenter & Author:

Lauren Hamel, Wayne State University/Karmanos Cancer Institute, United States

Background: Communication is poorer with Black than White patients, but most studies are limited to verbal communication. Nonverbal synchrony, the subtle, nonconscious coordination of movement between individuals, has been shown to reflect relationship quality. We investigated nonverbal synchrony's association with patient and physician affect and rapport in cancer treatment discussions, and whether those associations differed by patient race.

Methods: We used motion detection software to measure overall synchrony and synchrony based on who is leading in the interaction (similar to leading in ballroom dancing) in video recordings of 68 Black patients and 163 White patients discussing treatment with their non-Black physicians. Additionally, observers rated each interaction for six constructs: patient and physician positive and negative affect and patient-physician positive and negative rapport. We examined associations between nonverbal synchrony and the six constructs.

Findings: In interactions with Black patients, overall synchrony was positively associated with patients' positive affect and positive patient-physician rapport and negatively associated with patients' negative affect and negative patient-physician rapport. When the physician was leading, synchrony was positively associated with patients' positive affect and positive patient-physician rapport and negatively associated with patients' negative affect and negative patient-physician rapport. When the patient was leading,

synchrony was positively associated with patients' and physicians' positive affect and positive patient-physician rapport, and negatively associated with patients' negative affect and negative patient-physician rapport. In interactions with White patients, overall synchrony was positively associated with patient positive affect; when the physician was leading, synchrony was negatively associated with patient negative affect.

Discussion: This is the first study to use an innovative measure of dynamic, jointly-determined communication in patient-physician interactions. Nonverbal synchrony was related to patient and physician affect and rapport in interactions with Black patients, but only patient affect in interactions with White patients, suggesting nonverbal synchrony is particularly important in interactions with Black patients.

O6.2

Co-afflicted but invisible, informal caregivers in cancer care

Lead Presenter:

Mattias Tranberg, Lund University

Authors:

Mattias Tranberg, Lund University, Sweden

Birgit Rasmussen, Lund University, Sweden

Magdalena Andersson, Regional Cancer Center South, Sweden

Mef Nilbert, Lund University, Sweden

Background: Most support initiatives for informal caregivers are targeted at optimizing the delivery of patient care by informal caregivers rather than at supporting these caregivers. The limited implementation of support initiatives and measures is likely related to a weak evidence basis, difficulties in targeting caregivers' specific and variable needs, and challenges in identifying a group for targeted intervention. Our aim in this study was to explore the lived experience of informal caregivers in cancer care, focusing on the perceived burden and needs of individuals seeking support from an informal group for next of kin.

Methods: We recruited 28 individuals who were closely related to a patient with cancer for 7 focus group interviews. All participants were members of a non-profit online community that provides peer-to-peer support for family members of patients with cancers. The interviews were transcribed and subjected to thematic analysis.

Findings: Three themes were identified: setting aside one's own needs, assuming the role of project manager, and losing one's sense of identity. Taken together, these themes form the framing theme: being co-afflicted. The participants refrained from satisfying their own needs in order to take responsibility for the person with cancer. However, in the process they lost themselves, became co-afflicted, and were sometimes affected by somatic or psychiatric diseases.

Discussion: Our study demonstrates that the lived experience of being an informal caregiver can be understood through the concept of being co-afflicted. The very term "informal caregiver" may contribute to the perception that informal caregivers are obliged to provide care rather than being entitled to receive support or care. Our data suggest that health professionals can make a difference by acknowledging the accompanying persons' uniqueness, and enquiring into their needs and awareness of support options.

O6.3

"I trust you, but what do you think about that?" Patient-caregiver-oncologist concordance on trust

Lead Presenter:

Marco Bani, University of Milano - Bicocca

Authors:

Marco Bani, University of Milano - Bicocca, Italy
Selena Russo, Department of Medicine and Surgery, University of Milano – Bicocca, Italy
Diego Cortinovis, Department of Medical Oncology, ASST Monza, Italy
Francesca Gallina, Department of Medical Oncology, ASST Monza, Italy
Stefania Canova, Department of Medical Oncology, ASST Monza, Italy
Federica Cicchiello, Department of Medical Oncology, ASST Monza, Italy
Raffaella Longarini, Department of Medical Oncology, ASST Monza, Italy
Mirko Acquati, Department of Medical Oncology, ASST Monza, Italy
Claudia Maggioni, Department of Medical Oncology, ASST Monza, Italy
Marina Elena Cazzaniga, Department of Medicine and Surgery, University of Milano – Bicocca, Italy
Paolo Bidoli, Department of Medicine and Surgery, University of Milano – Bicocca, Italy
Mariagrazia Strepparava, Department of Medicine and Surgery, University of Milano – Bicocca, Italy

Background: Trust is a central construct of a good doctor-patient relationship and impacts patients' treatment motivation, compliance with treatment, and satisfaction with their care. In oncology settings, trust can be perceived differently by patients, caregivers, and oncologists, and variation in their concordance may impact the perceived quality of care during the cancer trajectory.

Methods: In this cross-sectional study, we assessed i) the dyadic concordance in trust in oncologists and in satisfaction with the most recent patient-oncologist-caregiver visit; ii) predictors of treatment motivation in patients and caregivers; iii) predictors of oncologists' perceptions of the quality of their interactions with patients.

Two hundred twenty-seven patients in treatment for cancer in an Italian Hospital were approached after a scheduled visit. The main caregiver and oncologist indicated by each patient were invited to take part in the study.

The Trust in Oncologist Scale, the Patient Satisfaction Questionnaire, and their adapted versions for oncologists and caregivers were used; two items measured treatment motivation and oncologists' perceptions of the oncologist-patient relationship.

Findings: We recruited 193 patients, 12 oncologists, and 111 caregivers. Concordance in trust in the oncologist and satisfaction with the most recent visit were higher between patients and caregivers.

Trust in oncologists did not affect patients' treatment motivation, while oncologists' perception of patients' trust in them shapes their perception of the quality of the physician-patient relationship.

Discussion: Oncologists do not seem able to reliably infer the trust patients place in them, tending to understate it. As oncologists' perception of trust shapes their perception of the quality of the physician-patient relationship, being able to formulate reliable representations of patients' and caregivers' perspectives is essential for oncologists and should be part of structured training in doctor-patient communication.

O6.4

Development and evaluation of novel tool to assess communication skills in adult triadic interviews

Lead Presenter:

Amal Shibli-Rahhal, University of Iowa

Authors:

Amal Shibli-Rahhal, University of Iowa, United States

Daniel Runde, University of Iowa Carver College of Medicine, United States

Eric Epping, University of Iowa Carver College of Medicine, United States

Ellen Franklin, University of Iowa Carver College of Medicine, United States

Background: Interviews involving adult patients accompanied by an adult companion are common in clinical practice, lending importance to teaching and assessing triadic communication skills (TCS). There is no published tool for assessing TCS, but studies have investigated patient and companion expectations of TCS. Using the main themes from these studies, we developed a TCS assessment tool and evaluated its reliability and validity.

Methods: We piloted the tool on 140 senior medical students during a five-station Objective Standardized Clinical Encounter (OSCE) that included a station of a patient accompanied by a sibling. The simulated patient and simulated companion each independently rated the students' interactions with the patient and companion on the same communication behaviors. As a result, the patient assessed communication with patient (P1) and companion (C1) and the companion assessed communication with patient (P2) and companion (C2). We conducted multi-trait multi-method and generalizability analyses to assess the performance of the new tool in the setting of our triadic OSCE station.

Findings: The correlation between communication with patient and communication with companion irrespective of the rater (P1/C1, P2/C2, P1/C2, P2/C1) was much lower (0.36-0.55) than the correlation between communication with the patient by the two raters (P1/P2:0.8) and communication with the companion by the two raters (C1/C2:0.76). The generalizability study showed strong discrimination between student communication with patient versus companion (accounting for 27% of the variability in scores), with high levels of agreement between raters.

Discussion: These preliminary results strongly suggest that the two distinct skill sets of communication with patient and communication with companion can be assessed within a single OSCE station using this novel TCS assessment tool. This tool fills a gap in communication assessments and we aim to generalize it to other programs after testing it in a different triadic station to better assess its reliability.

O6.5

Assessing thin slices of genetic counselor communication with standardized video prompt simulation

Lead Presenter:

Chenery Lowe, Johns Hopkins School of Public Health

Authors:

Chenery Lowe, Johns Hopkins School of Public Health, United States

Michael Setzer, Medical Science and Computing; National Institutes of Health, United States

Debra Roter, Johns Hopkins School of Public Health, United States

Background: Previous studies indicate that short observational samples – thin slices – of communication can accurately predict a range of clinical and social psychological outcomes. While studies of genetic counseling communication have analyzed full-length sessions or simulations, video prompt simulation offers a less resource-intensive, standardized, and skill-focused alternative. This study aims to describe variation in genetic counselors' (GCs') responses to brief standardized video prompts, identify specific prompts that appear most sensitive to capturing variation in GCs' communication, and evaluate overall reliability of counselors' performance over a series of prompts.

Methods: GCs' verbal responses to 10 to 12 video prompts were recorded by secure voicemail and analyzed using the Roter Interaction Analysis System. Reliability of the series of prompts was estimated using McDonald's omega coefficient. Ongoing analyses will describe variation in GCs' emotionally responsive, psychosocial, and medical statements as a proportion of all statements.

Findings: Fifty-one recorded prompt responses were collected. Preliminary analyses of 13 tapes suggest adequate internal consistency, with McDonald's omega of 0.71 for percent of emotionally responsive talk, 0.68 for psychosocial talk, and 0.80 for medical talk. Four prompts ("Concern," "Family risk," "Ambivalence," and "Decision") were identified as potentially sensitive enough to detect variation in communication style, with either emotionally responsive or psychosocial talk accounting for more than 15%

of all GC statements in response to each of these prompts. These findings will be validated by analysis of the remaining recordings.

Discussion: Preliminary analyses suggest that video prompt simulation is a reliable measure of GCs' emotionally responsive, psychosocial, and medical communication. Prompts in which the simulated client expressed worry or internal conflict were most sensitive in detecting variation in GCs' communication style than those addressing genetics education or therapeutic options. These findings can inform assessment strategies with the potential for incorporation into genetic counseling research and training.

O6.6

The process of communication in the child care within the Brazilian Family Health Strategy.

Lead Presenter:

Maria Wanderleya de Lavor Coriolano Marinus, Federal University of Pernambuco

Authors:

Maria Wanderleya de Lavor Coriolano Marinus, Federal University of Pernambuco, Brazil

Gabriela Sette, Federal University of Pernambuco – Recife, Brazil

Thais Silva, Federal University of Pernambuco – Recife, Brazil

Luciane Lima, Federal University of Pernambuco, Brazil

Weslla Albuquerque, Federal University of Pernambuco – Recife, Brazil

Ana Lima, Federal University of Pernambuco – Recife, Brazil

Background: Child care practices in primary healthcare should consider the exchange of knowledge with the family and the cultural factors that influence their decision-making process. This study analyzed the communication practices between health professionals and family members in caring for children under two years of age in the context of the Brazilian Family Health Strategy.

Methods: The design was a . The study implemented in the city of Jaboatao dos Guarapes, Pernambuco, Brazil. The techniques used non-participant observation in diary, recording interactions between health professionals-mothers-children in childcare nursing consultations, dentist appointments and a group of 15 pregnant women as data collection methods. Mothers and health professionals signed the free and informed consent form The analysis results were in the Theory of Communicative Action by Jurgen Habermas.

Findings: There were 10 nursing consultations in childcare, four dentist appointments and educational group with pregnant women. The communicative relationship centered on the imposition of rules to be adopted by the mothers, with no evidence of the coordination of joint action plans for carrying out a communicative action. The interactions of health professionals with mothers and children was centered on instrumental rationality and a normative discourse to the detriment of communicative one. Such approach could undermine health learning to child care as a health promotion action.

Discussion: Group educational actions are recommended to enhance opportunities for exchanging mothers' experiences. Other recommendation is the use of problematizing strategies to promote engagement and support mothers' empowerment in health actions including children's self-care. Professionals in the should have communication knowledge and tools to work with dialogue and problematic communication, based on the assumptions of communication for health promotion.

Orals - Patient emotions, cues & concerns

O7.1

Factors influencing patient participation in pharmacist-led consultations: a systematic review

Lead Presenter:

Bonyan Qudah, University of Wisconsin-Madison

Authors:

Bonyan Qudah, University of Wisconsin-Madison, United States

Betty Chewning, University of Wisconsin-Madison, United States

Tanvee Thakur, University of Wisconsin-Madison, United States

Background: Findings document that patient participation in pharmacy encounters is associated with favorable outcomes. However, there is a need to understand the factors that may enhance or hinder patient engagement and pharmacist counseling behaviors during their medication discussions. This review aims to: (1) identify barriers and facilitators of patient engagement in pharmacy consultations, (2) explore whether and how patients influence pharmacist counseling behavior.

Methods: A systematic review of research examined studies published in English addressing influences on patient participation and/or pharmacist behaviors during their encounters at the pharmacy. Four databases were used - PubMed, CINAHL, PsycINFO, Scopus. Findings were framed thematically within the constructs of Street's Linguistic Model of Patient Participation in Care.

Findings: Forty-seven studies were identified spanning from 1983 to 2019 with the majority using self-reported data (n=35). Patient involvement in patient-pharmacy communication was influenced by enabling factors such as patient knowledge, communication skills, and pharmacy environment. Predisposing factors for participation ranged from patients' beliefs and past experiences to demographic characteristics such as gender and age. Pharmacists' participative behavior with patients was positively associated with patients' engagement and perceived cues in pharmacy dialogue. Findings suggest that pharmacists are sensitive to patients' cues, behaviors and adjust their counseling behavior accordingly.

Conclusion: This review provided a comprehensive picture of factors that enhance or hinder patients' participation during pharmacy encounters. Patients may have more power than they realize. Pharmacy encounters should no longer be viewed as controlled simply by pharmacists' expertise and agendas. Patient factors such as patient questions, input, expectations, needs, belief system, and agendas also appear to contribute and influence patient-pharmacist interpersonal communication. Additional research needs to address the barriers that appear to disengage patients and to test strategies to enhance patient participation related attitude, skills and requests for pharmacist communication in order to impact pharmacist counseling.

07.2

Interpretation and working through Micro-Expressions benefits the doctor- patient relationship

Lead Presenter:

Henriette Löffler-Stastka, Medizinische Universität Wien

Authors:

Dr. Henriette Loeffler-Stastka, Medizinische Universität Wien, Austria

Felicitas Datz, MedUni Wien, Austria

Guoruey Wong, Faculté de Médecine, Université de Montréal, Montréal, Québec, Canada

Introduction: The significance of therapeutic micro-processes, such as nonverbal facial expressions and relationship quality, is widely known, yet hitherto has not been investigated satisfactorily. In this study, we aim to examine the occurrence of micro-processes during doctor-patient encounter, specifically facial micro-expressions, in order to shed light on their impact on therapeutic interactions and patient-clinician relationships.

Methods: In analyzing 22 video recordings of psychiatric interviews in a routine/acute psychiatric care unit of Vienna General Hospital, we were able to investigate clinicians' and patients' facial micro-expressions in conjunction with verbal interactions and types. To this end, we employed the Emotion Facial Action Coding

System (EmFACS)—assessing the action units and microexpressions—and the Psychodynamic Intervention List (PIL). Also, the Working Alliance Inventory (WAI), assessed after each session by both patients and clinicians, provided information on the subjective quality of the clinician–patient relationship.

Results: We found that interpretative/confrontative interventions are associated with displays of contempt from both therapists and patients. Interestingly, displays of contempt also correlated with higher WAI scores. We propose that these seemingly contradictory results are a consequence of the complexity of affects and the interplay of primary and secondary emotions with intervention type.

Conclusion: Interpretation, confrontation, and working through contemptuous microexpressions are major elements to the adequate control and containment of major pathoplastic elements. Affect-cognitive interplay is an important mediator in the working alliance.

07.3

Association of complexity of medications and need for emotional support by older people in home care

Lead Presenter:

Lena Günterberg Heyn, University of South-Eastern Norway

Authors:

Lena Heyn, University of South-Eastern Norway, Norway

Linda Hafskjold, University of South-Eastern Norway, Norway

Espen Andreas Brembo, University of South-Eastern Norway, Norway

Hilde Eide, University of South-Eastern Norway, Norway

Vibeke Sundling, University of South-Eastern Norway, Norway

Background: Home care services are salient for supporting older persons. Polypharmacy is a marker of complexity of the older persons care needs. Appropriate and timely home care relies on nursing staff's ability to detect care needs, and sensitivity to expressed worries is imperative. The aim of this study was to explore the association between complexity of medications and older persons' need for emotional support.

Methods: The study is a secondary analysis of audiotaped home care visits (n=195) of the Norwegian part of the COMHOME project, including 48 older persons (≥65 years) receiving home care, and 16 nurses (RN) and 17 nurse assistants (NA) providing care. Expressions of worries were coded with The Verona Coding Definitions of Emotional Sequences. The complexity of care needs was categorized as high, moderate, and low based on number and types of medication prescribed. Data were analyzed with descriptive statistics, frequency tables and Pearson Chi square test.

Findings: The care needs were categorized as highly complex for 53% of the older person, 10% as moderately complex and 37% as low complex. In total, 45 older persons expressed worries.

Discussion: This study indicates that many of the older persons receiving home care has complex care needs based on number and types of medications. Our findings indicate that the need for emotional support is not associated with complexity of medications. Given the high frequency of polypharmacy among older patients in home care, there is a need for high competence among NAs as well as RNs to ensure quality care in home care services.

07.4

How physicians respond to the cues and emotional concerns of patients undergoing cancer treatment?

Lead Presenter:

Fernanda Bittencourt Romeiro, Unisinos University

Authors:

Fernanda Bittencourt Romeiro, Unisinos University, Brazil

Margarida Figueiredo-Braga, University of Porto, Portugal

Elisa Kern de Castro, Lusíada University, Portugal

Background: In oncology there is a growing interest in assessing what concerns patients report and how health professionals, especially physicians, respond to these concerns. Exploring patients' emotional expressions impinges psychological well-being, satisfaction with interpersonal care and greater understanding of treatment.

The aim of the study was to relate the emotional concerns of patients with the responses of oncologists, the length of treatment, satisfaction and the assessment of the patients' perception of the communication established.

Methods: The study design was descriptive and correlational. Participated twelve adult patients undergoing treatment for cancer and eight doctors. The twelve consultations were recorded on video and codified using the Emotional Sequences Coding system (VR-CoDES). Patients answered the sociodemographic and clinical data questionnaire, satisfaction and communication assessment questionnaire, and doctors answered the sociodemographic and work data questionnaire.

Findings: The results indicated that more explicit responses and those reducing space were positively related to emotional cues that evidenced potentially stressful experiences and repetition of the emotional content verbalized by the patient. The cue of physiological symptoms was positively related to the physician's responses to provide space only regarding the content. Patients expressed less nonverbal behaviors (eg crying, silence or pausing in speech) as they had been on treatment for longer, receiving more empathic responses from physicians. No relation was found between cues and concerns and patients and physicians' responses with communication satisfaction and assessment.

Discussion: There is room for improvement in physician's ability to recognize patients' concerns and in providing space for patients to receive comprehensive health care, considering the severity of oncological disease and the negative emotional impact it can have on patients.

Orals - Work in progress - Health Literacy

WIP1.1

Racial and ethnic differences in patient-provider communication by disability status and type

Lead Presenter:

Tiffany Kindratt, University of Texas at Arlington

Authors:

Tiffany Kindratt, University of Texas at Arlington, United States

Florence Dallo, Oakland University, United States

Grace Brannon, University of Texas at Arlington, United States

Background: Adults with disabilities experience poor patient-provider communication (PPC). The purpose is to: 1) explore whether adults' perceptions of PPC qualities differ by disability status and type and 2) determine differences among US- and foreign-born racial and ethnic groups.

Methods: Secondary, cross-sectional data will be gathered from multiple years of linked National Health Interview Survey (2001-2015) and Medical Expenditure Panel Survey (2002-2016) data. The sample (n=26,104) will be limited to adults (18 years) who saw a health care provider in the past 12 months. Independent variables include disability status and types (instrumental activities of daily living, among others). Dependent variables include adults' perceptions of qualities of PPC (listened, showed respect,

spent enough time, explained things, gave specific instructions, instructions were easy to understand, and demonstrated “teach-back”). Bivariate analysis and multivariable logistic regression will be used for associations between disability status and type and PPC qualities before and after controlling for covariates. Stratified results will be presented by race/ethnicity.

Preliminary Implications of Research: We expect the prevalence of a disability will be higher among US- compared to foreign-born adults collectively but will be higher among foreign-born adults when disaggregated by race and ethnicity. We expect that adults’ perceptions of the qualities of PPC will be lower among adults with a disability compared to adults without a disability. Results will help to determine racial and ethnic differences in what qualities of PPC are most important to adults with a disability. Exploring these qualities will help to determine the best ways to intervene on patient, provider, and population-based levels to meet national goals for the elimination of barriers to health care and increase activities/participation among adults with a disability.

Request for Feedback: Alternative analytic strategies and theoretical recommendations.

Presenter’s Early Career Status: Tenure-track assistant professor, Year 1. No funding or mentor.

WIP1.2

Implementing Routine Health Literacy Assessment in a Student-Run Free Clinic

Lead Presenter:

Saif Hamdan, Vanderbilt University School of Medicine

Authors:

Saif Hamdan, Vanderbilt University School of Medicine, United States

Mollie Limb, Vanderbilt University School of Medicine, United States

Sunil Kripalani, Vanderbilt University School of Medicine, United States

Robert Miller, Vanderbilt University School of Medicine, United States

Candace McNaughton, Vanderbilt University Medical Center, United States

Background: Over one-third of US adults have limited health literacy (HL), which is associated with poor health status. Provider awareness of patient HL is necessary in order to intervene with targeted efforts that make care safer, more patient-centered and equitable.

Since 2004, the Institute of Medicine has recommended incorporating HL assessment into clinical care. Here, we describe the implementation of routine HL assessment at Shade Tree Clinic (STC), a student-run free clinic for uninsured patients in Middle Tennessee.

Methods: An intake form is completed at every STC appointment during the rooming process. In January 2020, we added the Brief Health Literacy Screening (BHLS), a 3-item survey that is validated for administration in a clinical setting in both English and Spanish. Total BHLS score ranges from 3-15 and scores 9 indicate inadequate HL. We introduced the BHLS to STC staff with a brief training video demonstrating proper administration. At the conclusion of each clinic, BHLS scores are entered directly into the patient’s electronic medical record and into a secure RedCap survey. Each week, a RedCap report was generated to monitor BHLS completion rates.

Preliminary Findings: In January, a total of 84 patients attended Primary Care clinic at STC. Of these, 56 were non-English speaking and the mean age was 50.0 years. In total, 18 (21.4%) patients had inadequate health literacy, and the average level of education was some high school.

Preliminary Implications: Preliminary findings suggest that it is feasible to incorporate HL screening into a primary care clinic setting. With improved recognition of patients with inadequate HL, next steps include identifying targeted interventions for using this awareness to improve patient care.

Request for Feedback: How can we intervene to support patients who have inadequate HL? What interventions have worked in the past? How do we assess for future change/improvements?

WIP1.3

Exploring Dyadic and Triadic Interactions in Therapeutic Encounters for Autistic Children

Lead Presenter:

Eleni Glarou, Cardiff University

Authors:

Eleni Glarou, Cardiff University, United Kingdom

Catherine Jones, Cardiff University, United Kingdom

Monica Busse-Morris, Cardiff University, United Kingdom

Rachel McNamara, Cardiff University, United Kingdom

Lucy Brookes-Howell, Cardiff University, United Kingdom

Background: Autism spectrum disorder (ASD) affects approximately 1.47% of the child population and constitutes one of the most common neurodevelopmental conditions. Therapeutic approaches are common in ASD including sensory integration therapy (SIT), which uses play-based sensory activities to support autistic children to process and integrate sensory input. Studies on healthcare communication focus predominantly on interactions between adults; even when the patient is a child. There is a need for a greater understanding on how to include autistic children in their therapeutic encounters, consistent with health equity goals. This study aims to explore the communication and relationship evolution between the autistic child, Occupational Therapist (OT) and parent.

Methods: This study samples from the Sensory Integration Therapy in Autism Randomised Controlled Trial (ISRCTN: 14716440) dataset of video-recorded SIT sessions, following three autistic children throughout their therapeutic journey over 26 weeks (= 56 video-recordings). A qualitative theme-oriented discourse analysis of transcript segments from the 56 therapy sessions is underway. Drawing on sociological and linguistic concepts (e.g., social identity, face and facework, framing and footing, contextualization cues and inferences), this approach reveals what is or not actually said and how it is said.

Preliminary Findings: Data analysis is ongoing. Preliminary findings will be presented focusing on the OTs' interactional strategies to achieve rapport during therapeutic interactions and the interactional role of autistic children and their parents over time.

Potential Implications of Research: The results will be used to identify ways in which communication can be optimised during child interventions, encourage the inclusion of autistic children in therapeutic settings, and explore the potential impact of findings for different therapeutic interactional settings (e.g. physiotherapy sessions).

Request for Feedback: Feedback on analysis of data presented would be much appreciated. Suggestions for future directions and ways to expand this project would also be helpful.

WIP1.4

Engaging People Experiencing Homelessness in Primary Care

Lead Presenter:

Jahanett Ramirez, UT Austin

Authors:

Jahanett Ramirez, UT Austin, United States

Liana Petruzzi, UT Austin, United States

Timothy Mercer, UT Austin, United States

Lauren Gulbas, UT Austin, United States

Elizabeth Jacobs, UT Austin, United States

Background: Individuals experiencing homelessness die at younger age than the general population due to undertreated chronic disease and mental illness. Healthcare for the Homeless Programs (HCH) have been widely implemented across the country to improve access to care. However, retaining and engaging individuals experiencing homelessness in care is challenging. In this work in progress, we set out to understand the facilitators and barriers to engagement and retention of homeless individuals in primary care.

Methods: We are conducting semi-structured qualitative interviews with 30 patients engaged in care at two different clinic sites in Austin, TX (one shelter-based and the other church-based), and with 15 individuals not engaged in care. From these interviews, we are generating descriptive statistics and are coding and analyzing their responses using a thematic approach.

Preliminary findings: We have interviewed 38 individuals and have generated preliminary themes: Individuals were more open to sharing information when they felt their concerns were taken seriously and were treated “as family” by clinic staff. They also expressed concern about being treated at clinics not geared towards the homeless because providers often did not understand their circumstances and needs. As one participant shared, he was diagnosed with “possible schizoid personality disorder” for saying he lived at an airport – which was true at the time.

Preliminary implications: Individuals experiencing homelessness face multiple barriers to engaging in primary care, ranging from logistical difficulties to physical and mental challenges. Multidisciplinary team models are an important component in care, but retaining these individuals requires recognizing perceived communication barriers that often remain unaddressed.

Request for feedback: We would appreciate feedback on how to improve provider-patient communication with underserved populations, especially those who do not regularly engage in care. This will allow us to develop more effective communication strategies that could increase retention of individuals experiencing homelessness in primary care.

16:15 – 17:45

Creative Arts

CA1.2

An animation video is worth 10,000 words

Presenters & Authors:

Lior Rozental, Tel-Aviv University, Israel

Orit Karnieli-Miller, Tel-Aviv University, Israel

Background: Teaching medical students is a challenging task. To gain students' attention, there is a need to integrate innovative and creative teaching methods. Throughout the years of teaching communication skills, we used various teaching methods, including written, didactic, and experiential methods, role-plays, simulations, and feedback. However, we noticed that students had difficulty in learning the importance of the opening of the interview and exploring patients' emotions. To help them understand the skill and its principals, and connect to the Y and Z generation short attention span, we developed an animation video. The aim of this presentation is to show how this animation can help learners understand the way to handle the opening of the medical encounter and the importance of exploring patients' emotions.

Methods: The format - We will first present a short play focused on "teacher's frustrations" to illustrate the various non-efficient efforts we made to teach these communication principals and skills (7 min).

Then, we will demonstrate using the animation within the classroom while involving the audience (13 min).

The benefits of animation will be presented, including creating a character that, on the one hand, is easy to connect to and, on the other hand, is not a real person that students feel obligated to imitate or find too ideal that they have difficulty learning from (10 min).

Creativity: This presentation includes both a "live show" from teacher's frustrations and the use of colorful, visual characters, in the mission of advancing the understanding of communication skills.

The animation will be translated into English and can be translated into other languages so that an international audience can use it. It is relevant to all health professions. It includes color, humor, and clear messages both about the principles of these communication skills and about their application.

Symposia

S3

Medical Decision Making: Broadening the Scope

Lead Presenter:

Justin Clapp, University of Pennsylvania, United States

Presenters & Authors:

Pål Gulbrandsen, University of Oslo, Norway

Saul Weiner, University of Illinois at Chicago; Veterans Affairs Center of Innovation for Complex Chronic Healthcare, United States

Jennifer Gerwing, Akershus University Hospital, Norway

Leila Finikarides, University of Cambridge, United Kingdom

Rationale: Research on medical decision making has come to focus conceptually on shared decision making (SDM) and interventionally on decision aids. However, after four decades of reform-oriented discourse around improving interactions between clinicians and patients, empirical work shows that medical consultations across diverse settings still rarely resemble SDM. Research also indicates that decision aids,

while effective in informing patients and families about therapeutic options, have limited effects on altering trajectories of care.

In light of these limitations and the medical community's continued focus on assessing appropriateness of care and reducing low-value care, the intent of this symposium is to broaden the scope of our thought on medical decision making with the goal of encouraging more wide-ranging deliberation of how to improve it and toward what ends. The symposium is motivated by the twin premises that (a) decision-making research has been based on a narrow conceptualization of how courses of care are pursued and (b) it has been driven to adopt correspondingly narrow criteria for examining the ethicality of this care.

An international group of researchers will present empirical and conceptual work that pushes the boundaries of thought on medical decision making. We hope to facilitate a productive discussion by interrogating the utility of the SDM concept, the temporal and relational nature of medical decisions, the nature of medical authority, and what it means to align care with patients' values or preferences.

Speaker 1 (Chair): This talk will briefly raise the question of whether SDM is a helpful concept, and if not, how this community can reframe the concept in a way that makes it easier to achieve the intentions of SDM in the variety of clinical situations and contexts physicians meet in practice.

Qualifications: Speaker 1 has researched SDM using conversation analysis, video coding, and questionnaires, and has made theoretical contributions.

Speaker 2: This talk will explore the chasm between the ideal of shared decision making and what many if not most physician-patient encounters actually sound like, at least in the United States. The speaker will posit that medical training prepares physicians to become "task completers" whereas SDM requires a capacity to fully and openly engage while maintaining boundary clarity.

Qualifications: Speaker 2 leads a research team that records and analyzes over 1000 physician-patient encounters a year, with a focus on measuring and improving physician attention to patient life context in care planning.

Speaker 3: Using examples from video-taped interaction between doctors and patients, this presentation will propose an alternative conceptualization that integrates the identification of decisions in a consultation with assessing whether they are contextualized to the patient's particular situation.

Qualifications: Speaker 3 is a social psychologist who has studied clinical dialogues in hospital, primary, and emergency care.

Speaker 4: This talk will report on work exploring the decision making of patients considering lung or kidney transplants. These patients make decisions over long time periods, in discussion with many different healthcare professionals, and the two groups have different options available to them.

Qualifications: Speaker 4 conducts qualitative research on patients and a range of healthcare professionals in a national multi-centre study with the aim of providing appropriate risk communication tools.

Speaker 5: This talk will explore taken-for-granted assumptions of the concepts of 'decision' and 'choice' when applied to the analysis of medical care. It will use findings from empirical studies of elective surgical care to suggest that these assumptions do not always accord with how this care proceeds and that novel models/interventions are needed.

Qualifications: Speaker 5 has led several ethnographic projects and published conceptual commentaries examining processes of perioperative care and communication.

Workshops

W3

Interprofessional communication competencies: Lost in translation

Presenters:

Anthony Brenneman, University of Iowa Carver College of Medicine

Thanakorn Jirasevijinda, Weill Cornell Medical College

Authors:

Anthony Brennen, University of Iowa Carver College of Medicine, United States

Jane Miller, University of Iowa Carver College of Medicine, United States

Thanakorn Jirasevijinda, Weill Cornell Medicine, United States

Susanne Lindqvist, University of East Anglia, United Kingdom

Rationale: Communication is central to interprofessional learning and performance. How this is taught, where taught, and how assessed remains challenging, especially in programs packed full of educational requirements. While the IPEC Competencies address specific expectations for communication, they do not address how those competencies and expectations may or may not be relevant in different countries and cultures.

Our goal is to encourage participants to bring their own successes and challenges in fostering interprofessional communication skill development and reflect on the relevance of the IPEC Competencies to their own teaching practice. Attendees will be invited to participate in small group discussions which will be facilitated by the abstract authors. Participants will discuss:

- Descriptions of their own IPE courses or programs;
- Successes and challenges in IPE communications;
- How the IPEC Competencies for communication are/are not relevant in their professional and/or broader cultural context;
- Recommendations for using the IPEC Competencies in communication to maximize relevance to healthcare educators.

Learning Objectives: At the conclusion of this session, participants will be able to:

1. Describe the IPEC Competencies on communication;
2. Reflect on how those Competencies are/are not meaningful to their own IPE practice;
3. Make recommendations for how the IPEC Competencies in communication can be understood more clearly or adapted in cultural contexts.

Teaching Methods:

- Brief didactic establishing a common definition of IPE and introducing the IPEC Competencies
- Facilitated discussion in small and large groups
- A scribe at each table will report out results of discussion (facilitators will assist in identifying important themes)
- Participants will receive a summary of reflections

Evaluation of Outcomes: Participants will be invited to complete a retrospective pre-/post-survey on: 1. Understanding and comfort with IPE generally and the IPEC Competencies particularly; and 2. The applicability of ideas generated in the workshop to their own IPE practice.

W4

Therapeutic education: practicing chronic patient education & self-management support methodology

Presenters:

Anbreen Slama-Chaudhry, Medical Training Services

Olivia Braillard, Geneva University Hospitals

Melissa Dominicé Dao, Geneva University Hospitals

Aline Lasserre Moutet, Geneva University Hospitals

Authors:

Anbreen Slama-Chaudhry, Medical Training Services, Switzerland
Aline Lasserre Moutet, Geneva University Hospitals, Switzerland
Grégoire Lagger, Geneva University Hospitals, Switzerland
Melissa Dominicé Dao, Geneva University Hospitals, Switzerland
Olivia Braillard, Geneva University Hospitals, Switzerland

Rationale: Chronic diseases epidemic is a global health issue with health systems being not designed to tackle long term disease's management. Primary care providers are first line dealing with chronic patients and face difficulties managing patient's immediate health concerns as well as preventing long term disease complications. Chronic illnesses require a day to day management provided by patient himself on a 24/7 basis. Patient education and support in living with/managing their condition are prerequisites in helping patients dealing with daily care, providing capacity-building to face daily management challenges such as daily injections, wound care, choice of food or implementing enough physical activity. The Service of Therapeutic Education for Chronic Diseases at Geneva University Hospitals has been applying innovative therapeutic patient education methods for more than thirty years, promoting a patient centred, psychosocial and culturally sensitive approach combined with interdisciplinary teamwork.

Learning Objectives: Participants will:

1. gain knowledge of a methodology for providing patient education & self-management support to patients living with a chronic condition
2. get a first hand experience of exploring difficulties encountered and resources mobilised when suffering from a chronic illness through the group activity
3. be able to use this methodology to engage patients towards achieving their health outcomes

Evaluation of outcomes for participants: Participants will be invited to fill an Evaluation Form at the end of the session including a Likert scale to rate the usefulness of the activity, learning from the group work, ability/confidence to reproduce patient education methodology in their own setting. The form will also have a space for sharing qualitative feedback.

There will also be a reflection session guided by semi-structured questions asked by moderator. Here participants will reflect on their experience, emotions felt, difficulties faced and new elements gained during the process by sharing with the larger group.

Preferred max number of participants: 20

18:00 – 18:30

ePosters

P.101

How communication, language and verbal commands influence swallowing – the state of the art

Margarida Figueiredo-Braga, Faculty of Medicine of the University of Porto, Portugal

Juliana Patrícia Ferreira, Faculty of Medicine of the University of Porto, Portugal

Background: The dynamics of swallowing involve rapid and sequential processes, initiated by a complex mechanism of sensory inputs that trigger motor responses. The complexity of these processes and neuromuscular interactions needs evaluation by complementary exams, also used as intervention monitoring in swallowing disorders. Ensuring that the patient understands the instructions delivered and to support the emotional state during the examination and rehabilitation, can influence the quality of information retrieved and the recovery during intervention. In dysphagia, verbal commands may at the same time interfere with physiological mechanisms and swallowing efficiency. Our aim was to explore how communication patient-health providers may impact the patient's swallowing performance, through a comprehensive review of the current literature.

Methods: Material and methods: Articles published from January 2004 to January 2019 were searched in the PubMed database. The keywords "verbal effects, communication, verbal commands" AND "swallowing, dysphagia" were included in the search. Sixteen articles were found. After reading the abstracts and titles exclusively two articles were retrieved and selected for reading and analysis.

Findings: One study report that prior explanation of the taste of the food improves the efficacy of swallowing in dysphagic patients; also concluded that maximum suprahyoid muscle activity significantly decreased when beverages were ingested without auditory verbal cues before the ingestion. The other study reported the results of video fluoroscopic exam in healthy subjects, comparing swallowing with and without the verbal command. They detect an increase in the time to trigger the swallowing reflex when the verbal command was added.

Discussion: In dysphagia, manipulation of the language system may have a dichotomous impact on swallowing efficiency in healthy subjects and patients with dysphagia. The effect of verbal communication, and specifically verbal instructions, could be at the same time supportive for the patient and instrumental in his rehabilitation.

P.102

Understanding Adults with Autism Spectrum Disorder in the Clinical Encounter

Michelle Wright, university of manitoba, Canada

Maria Medved, American University of Paris, France

Janine Montgomery, University of Manitoba, Canada

Kerstin Roger, University of Manitoba, Canada

Background: Many adults with Autism Spectrum Disorder (ASD) navigate healthcare independently, despite experiencing hallmark challenges with social competencies and communication. Historically, these adults with ASD have generally been excluded from informing healthcare research on their own behalf, which may contribute to healthcare providers (HCPs) reports of lacking knowledge and feeling ill-equipped when interacting with these patients. We examined the perspectives of adults with ASD regarding their experiences in healthcare, with the aim of providing HCPs with an understanding that will better equip them within the clinical encounter.

Method: 28 Canadian and American adults with ASD who navigate healthcare independently (without the support of a third party) were asked open ended long-answer questions online about their strengths and

challenges in healthcare, what they wished HCP's better understood, and what their HCP does that is helpful. Responses were analyzed using constant comparison analysis within the grounded theory framework to identify the themes that consistently emerged between participants.

Findings: Participants reported multiple strengths in communication but that they had difficulty incorporating these strengths into healthcare communication (e.g., strong written communication skills). Furthermore, they reported feeling that HCPs did not understand the importance of modifying their communication style in a way that facilitated engagement (e.g., failing to use concrete rather than idiomatic language). Finally, they reported feeling fundamentally misunderstood as individuals, and at times dismissed (e.g., struggling to make eye contact was perceived as not wanting engage in their healthcare).

Discussion: These participants identified communication strengths and barriers, the need for HCPs to modify their communication style, and feelings of being misunderstood in general, all of which can inform HCPs who feel ill-equipped about the needs of these adults. Ultimately, this understanding - and resultant recommendations – are necessary if HCPs are to better understand these often misunderstood adults.

P.103

Identifying Barriers to Care Transitions for Rural Latino Children with Special Healthcare Needs

Kathleen Kieran, Seattle Children's Hospital, United States

Peter Asante, Yakima Pediatrics Associates, United States

Purpose: As care for children with special health care needs (CSHCN) has resulted in improved outcomes, an increasing number of children survive childhood and require transition to adult care. We wondered what barriers parents and providers identified to care transitions.

Methods: We held one focus group for Spanish-speaking parents of children with CSHCN, and another for primary care providers. We asked groups to identify significant barriers to transition of CSHCN to adult care. Meetings were transcribed, transcriptions coded, and common themes identified.

Findings: Themes identified by providers were: 1) comprehensive pediatric health care (e.g. multidisciplinary clinics, care coordination) did not help parents, caregivers, and children self-advocate and progress through the health care system; 2) limited number of local providers willing to accept insurance payors (e.g. state insurance) and complex medical issues; 3) travel limitations, specifically that provided services (e.g. wheelchair vans) allowed one caregiver (or none) to come with patient, creating a situation where the patient was managing complex visits alone.

Parents identified day-to-day stressors (balancing work, home, and the care of CSHCN), leading them to defer decision making and consideration of care transitions. Parents also cited input from support groups (which encouraged parents to “focus on today”), and the high quality of pediatric care coordination at tertiary and quaternary centers, with feelings of being unable to advocate for oneself, as potential barriers to care transitions.

Neither parents nor providers identified language concordance and access to translation/interpretation services as a barrier to care.

Discussion: Our findings suggest that family, provider, and institutional priorities are not well aligned. There exist opportunities to optimize patient and family engagement and education and to integrate transitional care into the care of CSHCN.

P.104

Empowering people with diabetes with free self-management support tools online

Anbreen Slama-Chaudhry, T1International, United Kingdom

Carly Baumgartner, T1International, United Kingdom

Fiona Connor, T1International, United Kingdom
Elizabeth Pfister, T1International, United Kingdom

Background: Type 1 diabetes is an unrelenting and complex health condition, requiring patient self-management 24/7. Time spent on patient education is generally brief and insufficient to acquire all of the necessary skills required. An educational resource might be useful to provide guidance on a day-to-day basis.

Methods: Patient-led advocacy charity T1International conducted a survey of Global Advocates in 2018 to determine how many felt they needed more information on the management of type 1 diabetes. 87.5% said they needed more information, with insulin management and exercise being the most requested topics.

With a global audience in mind, we chose to develop an educational booklet. The booklet was designed to act as an easy-to-understand, country-independent daily reference guide. Content covered included: Type 1 Diabetes defined, Food & Diet, Insulin Treatment, Blood Sugar Management, Exercise, Self-Care & Mental Health.

A team of primary care doctor/patient educator and a patient/designer with type 1 diabetes developed the content. This was then revised by a Diabetology specialist as well as Global Advocates from Zimbabwe, Lebanon, Bolivia, Canada and United Kingdom.

https://www.t1international.com/media/assets/file/All_About_T1D_Final_Booklet.pdf

Findings: Between 20th November 2019 and 20th January 2020, the booklet was downloaded 207 times from the T1International website. Feedback from users included: 'useful', 'easy to read', 'very diverse', and 'great to see mental health and self-care included'. We will further assess the usefulness of the booklet by collecting data via an online questionnaire for detailed analysis by the end of 2020.

Discussion: Management of type 1 diabetes is a daily challenge. It is difficult to cover every situation with a protocol as so much management is 'in the moment'. However, an accessible self-help reference guide may help to reassure, inform and give confidence in treatment decisions. Further feedback from users will be sought in order to refine and improve the booklet.

P.105

Communication with obstetric providers: Experience of mothers of children with special needs

Miyako Kimura, St. Marianna University School of Medicine, Japan

Background: Although patient-obstetric provider communication is important for women's health, it seemed not easy in practice. In Japan, to reduce the psychological burden of pregnant women, obstetric providers sometimes do not provide information on risks concerning the unborn baby or medicine, which lead to medical lawsuits. This study aimed to investigate communication by obstetric providers during prenatal care and birthing focused on the experiences of mothers of children with disabilities.

Methods: A cross-sectional study was conducted with mothers of children with disabilities. From January to March 2016, 2,311 self-administrated questionnaires were distributed to such mothers throughout Japan; 1,133 responses were obtained (49%), and mothers of children younger than 20 years (n = 1,012) were selected.

Findings: The participants were divided into four groups based on their child's age (0–4, 5–9, 10–14, 15–19). Overall, 76.2% participants underwent ultrasound examination at every prenatal appointment (approximately 14 times), and those in the youngest group were more likely to have done so (85.4%) than those in the oldest group (71%). However, more than half of all participants were not provided information about ultrasounds and informed consent, and there was no statistical difference in each group. The participants of the youngest group were more likely to understand and agree with the use of oxytocin

(50%) and consult obstetrician-gynecologists (63.4%) than were others. Mothers' birth satisfaction, satisfaction and communication with obstetrician-gynecologists, and rate of problems detected by ultrasound did not differ significantly between groups.

Discussion: Comparisons showed some trends of prenatal care and communication between pregnant women and obstetric providers. Unlike most western countries, ultrasound examinations are widely used in Japan, but information about and informed consent for the examination were not adequately provided. Additionally, as nearly half did not understand oxytocic use, deeper explanations are necessary.

P.106

Communication and End-of-Life Care: Medical Student Reflections after Completing Advanced Directives

Ashley Duggan, Boston College / Tufts University School of Medicine, United States

Elizabeth Warner-Rousseau, Boston College, United States

Rory Harms, Boston College, United States

Deborah Erlich, Tufts University School of Medicine, United States

Amy Lee, Tufts University School of Medicine, United States

Communication about end-of-life care requires an ability to embrace the possibility of death and to recognizing and acknowledge medical and human limitations of averting death (Avny & Rice, 2018). Within a framework of health/illness and close relationships as interconnected through communication (Duggan, 2019), the authors identify communication processes in family medicine students' (N=546) written reflections following their completing their own advanced directive. Communication themes identified in written reflections include a) physician focus, b) directive inquiry, c) relationship-based shared decisions, and d) lifeworld of the patient as cornerstone. Conclusions address implications for medical education and communication processes.

Physician focused reflections (n=106 entries) focused on physicians' role, knowledge, or medical expertise. Physician-focused communication included educating patients, focusing on scientific and medical components of care, describing power of the physician to the exclusion of the agency of the patient, insisting on a particular treatment or activity, or stating that patients are not knowledgeable enough to act in their best interest.

Directive inquiry reflections (n=341) included communication guiding and advising the patient to make decisions or encouraging patients to create advanced directives or living wills and facilitate end of life discussions, but with a language implying physician expertise and guidance.

Relationship-based shared decisions reflections (n=302) referred to the physician-patient relationship as a partnership requiring joint conversation and navigation, usually over an extended period of time including navigating complexities together, openness to conversation and dialogue, engaging across appointments and/or years, and supporting patients.

Lifeworld of the patient as cornerstone reflections (n=541) referred to eliciting, understanding, and respecting patients' unique perspective, worldview, and experiences. Participants viewed the patient as the expert in choices about their end-of-life desires through issues including relational components, patient beliefs and values, empathetic connection, focus on the autonomy and agency of the patient, and resisting imposing provider beliefs on the patient.

P.107

Effect of negative support on the dynamics between health experts and mothers of young children

Miyako Kimura, St. Marianna University School of Medicine, Japan

yoshihiko Yamazaki, Nihon Fukushi University, Japan

Background: Although Japan has one of the lowest mortality rates in the world, the suicide rates of pregnant or postpartum women are very high. This may be associated with postpartum depression or child-care stressors; thus, support from healthcare professionals is extremely important. However, support includes positive and negative aspects and the impacts of negative support sometimes overwhelm those of positive support. This study aims to explore what words and actions of healthcare professionals are perceived negatively by women of young children in Japan, and the consequences of such possible negativity.

Methods: The participants, 21 mothers of young children aged 0-5 years, were recruited from parenting circles in Tokyo, Chiba, and Saitama prefectures. Three focus group interviews were conducted, recorded, and transcribed for qualitative content analysis.

Findings: The theme of this study was “Realizing the difficulty of obtaining healthcare professionals’ understanding,” which included sub-themes such as “Obligatory breastfeeding,” “Unshared seriousness,” “Labeled ‘risky’ mothers,” and “Excessive interventions.” According to a mother, nurse’s expressions, “I will give formula to your baby, I’m sorry,” were very shocking, because the combination of “sorry” and “formula” seemed to deny her efforts to sustain the strongly recommended ‘exclusive breastfeeding.’ Similarly, when nurses repeatedly used the expression, ‘It’s OK,’ this was also negatively perceived by mothers: “Maybe, something was wrong,” or “They didn’t receive my SOS seriously.” Although these were common expressions, some mothers were reluctant to ask for healthcare professionals’ help.

Discussion: During early stages of child-rearing, mothers appear very sensitive and conscious about others’ words, particularly of healthcare professionals. Although there is an intention to encourage mothers, professionals’ words were sometimes adversely perceived and its effect was profound. Investigating various cases of negative support to construct a deeper understanding of their impact is necessary to reduce unintentional consequences.

P.108

Influence of sexual health education on sexual history taking styles of US family medicine providers

Ashley Chastain, CUNY Graduate School of Public Health & Health Policy, United States

Emmeline Rodriguez, CUNY Graduate School of Public Health & Health Policy, United States

Betty Wolder Levin, CUNY Graduate School of Public Health & Health Policy, United States

Background: In the United States (U.S.), preventive screening practices, such as sexual history taking, are increasingly important as rates of sexually transmitted infections continue to rise. With greater emphasis on providing sexual and reproductive health care in primary care settings, better understanding of how primary care providers learn and communicate about sexual health topics is needed. This pilot study qualitatively explored how U.S. family medicine providers learned about sexual health over the years, and how those experiences may have shaped their current sexual history taking style.

Methods: From May 2017 to August 2018, we recruited 9 family medicine physicians and nurse practitioners (all identified as female) from two federally-qualified health centers in a large, urban area of the U.S. During in-depth interviews, participants were asked questions about sexual history taking and where they learned about sexual health over the years. Interview transcriptions were thematically analyzed in NVivo 12.

Findings: Providers described various avenues from which they learned about sexual health. Early educational experiences (e.g., primary and secondary school, friends) were the most salient, with several participants recalling the particular topics they learned about and the tone (e.g., didactic, moralistic/religious, cautionary) in which topics were introduced. Almost all participants mentioned that, during puberty and adolescence, they perceived conversations about sexual health topics with parents/close family members as unnavigable. Later educational experiences from medical training were remembered as being very brief and inadequate. Several providers described the subsequent “on the job”

learning and associated challenges as crucial to how they currently approach sexual history taking with their patients.

Discussion: A lack of discussion with family members and perceived inadequate medical training around sexual health topics was a common thread among our participants, and seemed to influence how they currently conduct sexual histories. More research is needed regarding how sexual health education throughout the lifespan shapes provider-patient communication.

P.109

Risk communication about medicines: scoping review

Anne Moorhead, Ulster University, United Kingdom

Brian Taylor, Ulster University, United Kingdom

Priya Bahri, Book Editor with Springer, Heidelberg, Netherlands

Background: Risk communication about medicines spans academic paradigms. The aim was to review the range of topics in research on communicating risks of side effects of medicines from a social science perspective. This is a further analysis of social science data gathered in a project developing multi-disciplinary perspectives (<citation to be added after review>).

Methods: This literature review used a systematic approach: ten databases (ASSIA; CINAHL; Communication Abstracts; Embase; Medline on Ovid; PsycInfo; PubMed; Scopus; SCI and SSCI on Web of Science) and *Google Scholar* search engine were searched using the concept structure: 'risk' AND 'communication' AND 'medicines'. The basic search formula (adapted for each database) involved 25 search terms and truncation variants, supplemented by citation searching and expert recommendations. All empirical studies using recognised methodologies in peer-reviewed journals were included. Included studies were classified using a schema derived from study content.

Results: Twenty-three studies, published 1995 to 2015, were retrieved. Methods: qualitative (7); surveys (6); intervention trials (4); other (quasi)-experimental (4); and mixed methods (2). Location: Australia (1); Denmark (1); Germany (2); Kenya (1); Netherlands (1); Switzerland (1); Uganda (1); UK (2); and USA (13). Content domains:

- Information Presentation (9 studies): presenting risk data verbally, statistically and visually.
- Professional Relationship (5 studies): professional and inter-disciplinary behaviour including trust.
- Recipient Sense-making (5 studies): mental models of risk and decision making, and incorporation of new information.
- Intervention Effectiveness (4 studies): identifying change in knowledge, behaviour or decisions following the communication.

Discussion: When communicating risks of medicines it is important to consider information presentation, professional relationships and recipient sense-making to understand intervention effectiveness. This domain classification can enable meaningful syntheses within domains and guide future studies. Consistent terminology should be promoted for coherent knowledge creation.

P.111

Women's experiences of interacting with healthcare professionals when receiving care for prolapse.

Purva Abhyankar, University of Stirling, United Kingdom

Isabel Uny, University of Stirling, United Kingdom

Karen Semple, University of Stirling, United Kingdom

Sarah Wane, University of Stirling, United Kingdom

Suzanne Hagen, Glasgow Caledonian University, United Kingdom

Joyce Wilkinson, University of Stirling, United Kingdom

Karen Guerrero, NHS Greater Glasgow and Clyde, United Kingdom
Douglas Tincello, University of Leicester, United Kingdom
Edward Duncan, University of Stirling, United Kingdom
Eileen Calveley, University of Stirling, United Kingdom
Andrew Elders, Glasgow Caledonian University, United Kingdom
Doreen McClurg, Glasgow Caledonian University, United Kingdom
Margaret Maxwell, University of Stirling, United Kingdom

Background: Pelvic organ prolapse is a common urogenital condition affecting 41%-50% of women over 40. To achieve early diagnosis and appropriate treatment, it is important that care is sensitive to and meets women's needs, using person-centred communication. We explored women's experiences of interacting with health professionals when seeking diagnosis and treatment for prolapse and their priorities for improving person-centred care.

Methods: Twenty-two women receiving prolapse care through urogynaecology services across three purposefully selected NHS UK sites took part in three focus groups and four telephone interviews. Discussions focussed on women's experiences of prolapse, diagnosis, treatment, follow-up, interactions with professionals, and ideals for responsive services. Data were analysed thematically.

Findings: Three themes emerged relating to women's experiences of a) Evaluating what is normal, b) Hobson's choice of treatment decision, and c) Trial and error of treatment and technique. Women often delayed seeking help for their symptoms due to lack of awareness, embarrassment and stigma. When presented to GPs, their symptoms were often dismissed and unaddressed until they became more severe. Women reported receiving little or no choice in treatment decisions. Choices were often influenced by health professionals' preferences which were subtly reflected through the framing of the offer. Women's embodied knowledge of their condition and treatment was largely unheeded, resulting in decisions that were inconsistent with women's preferences and needs. Greater awareness of prolapse and physiotherapy interventions among women, GPs and consultants and women's involvement in treatment decision-making were desired.

Discussion: Women presenting with prolapse symptoms need to be listened to by the health care team, offered better information about treatment choices, and supported to make a decision that is right for them. As prolapse treatment options expand to include more conservative choices, greater awareness and education among women and professionals is needed, alongside a multi-professional team approach to treatment decision-making.

P.112

Familial communication influence on young adults' trust and comfort with healthcare providers

Easton Wollney, University of Florida, United States
Carma Bylund, University of Florida, United States
Carla Fisher, University of Florida, United States

Background: The way in which patients communicate with healthcare providers is informed by how they learned to communicate in their families. Scholars argue that by integrating family behavior-related theories into healthcare settings, we can improve patient-provider relationships. Research grounded in Family Communication Patterns Theory (FCP) shows that families develop patterns of communicating over time that contribute to their way of interacting among one another and others. Rules and norms of communicating are centered around two orientations: openness (conversation) and structure (conformity). Higher orientation scores indicate more structure and openness. Conversation orientation refers to how openly families communicate. Conformity orientation represents how much freedom there is to communicate divergent ideas within the family. Patients' family communication orientations may inform how they talk with providers.

Method: Participants were young adults ($M = 20.8$, $SD = 1.67$) at a large research university in the Southeastern United States ($n = 147$). We used a 67-item online survey to examine whether family communication patterns have a relationship with the provider-patient relationship in primary care and clinical settings. The RFCP Scale was used to score family orientations. Finally, this study measured two traits of healthy relationships, trust and comfort, using a 10-item Trust in Healthcare Providers Scale.

Findings: Higher conformity and conversation orientations both had a positive relationship with higher levels of comfort with healthcare providers ($\beta = .33$, $t(142) = 3.68$, $p < .0001$). There was a positive relationship between conversation orientation and the amount of trust felt with healthcare providers ($\beta = .20$, $t(142) = 2.21$, $p = .03$). However, the relationship between conformity orientation and trust was not significant ($\beta = .17$, $t(142) = 1.85$, $p = .67$).

Discussion: Findings provide preliminary evidence that patients' family-of-origin communication norms of conversation/openness and conformity/structure play a role in trust and comfort when communicating with healthcare providers.

P.113

Improving Communication In Pharmacy Practice: Utility Of Politeness Theory On OSCE Test Interaction

Sarah alsubaie, University of Reading, United Kingdom
Daniel Grant, University of Reading, United Kingdom
Parastou Donyai, university of reading, United Kingdom

Background: Despite the abundance of research into communication, the specifics for achieving 'effective interactions' between patients and pharmacists remain unresolved. One option is to explore the utility of Politeness Theory (PT) which looks in detail at the words that are used within an interaction to redress a myriad of possible Face Threatening Acts (FTAs) within encounters – where, 'negative' face wants relate to maintaining freedom/autonomy and 'positive' face wants relate to self-esteem/wanting to be liked. Failing to minimise FTAs may lead to patient dissatisfaction and, in turn, decrease the effectiveness of the interaction. This study aimed to examine interactions between pharmacy students and 'patients' (examiners) within Objective Structured Clinical Examination (OSCEs) using PT to identify and categorise the range of FTAs and strategies used for addressing them.

Methods: A total of 20 videos detailing the interaction of 10 students with 'patients' (examiners) within 'health checks' and 'responding to symptoms' stations were transcribed using Jeffersonian transcription system. Each of the student utterances was coded using PT into a) type of FTA and b) the politeness strategy used (if any) to mitigate these acts.

Findings: The majority of utterances could be categorised as a type of FTA, impacting either on 'negative' face wants (e.g. requests and advice-giving) and/or 'positive' face wants (e.g. diagnosis). Pharmacy students intrinsically used a variety of negative politeness strategies, including 'being conventionally indirect' and 'minimizing the imposition', and positive politeness strategies, including 'avoiding disagreement'. However, students mainly focussed on maintaining the 'negative' face of patients compared to their 'positive' face.

Discussion: Not addressing patients' 'positive' face wants could impact on patients' self-esteem leaving them dissatisfied with the encounter. Future research could explore whether increasing awareness of interactional elements, including 'positive' face wants and relevant politeness strategies can improve communication by establishing better rapport.

P.114

How does therapist's non-verbal behaviour influences patient's response behaviour?

Dörte Watzek, Bern University of Applied Sciences, Switzerland
Celine Studer, Bern University of Applied Sciences, Switzerland

Background: There is currently little evidence of non-verbal behaviour by therapists in relation to the patient's response behaviour. On one hand, this work investigates whether the non-verbal behaviour of the therapist actually has an influence on the patient's response behaviour and on the disclosure of information. In addition, it is analysed whether a difference in the response behaviour between open and closed questions can be detected.

Methods: We transcribed verbatim 13 video recordings and transcripts of communication training sessions, physiotherapy students were taking history. Observation criteria were non-verbal behaviour of therapists and their questioning techniques. Patients length of answers and information coded by ICF-categories were dependent variables.

Findings: Open questions were answered with an average of 38.6 words, closed questions with 20.9 words. Upright eye contact of the therapist during an open question and no eye-contact during the answer leads to longest answers and to more ICF-contents in the answer. An influence on the answering behaviour was also found for backchannels and overlaps, what is defined as a non-disturbing interruption.

Discussion: From the available results it can be interpreted that non-verbal behaviour has a direct influence on the patient's response behaviour. The current state of knowledge regarding non-verbal behaviour in the medical setting says that the therapist's eye contact has a significant effect on the disclosure of psychosocial information. This could also be determined from the results of the present study. Eye contact is a decisive component of the non-verbal behaviour of therapists and influences the patient's response behaviour. The authors of this paper recommend students as well as experienced physiotherapists to maintain eye contact with the patient while asking and to reduce this while waiting for the answer. However, larger observation groups are recommended for further investigations and authors looking forward for confirmation of the observations in natural settings.

P.115

Physician Online Photographs Make Strong First Impressions on Potential Patients

Mollie Ruben, University of Maine, United States

Morgan Stosic, University of Maine, United States

Jessica Correale, University of Maine, United States

Judith Hall, Northeastern University, United States

Background: Physician photographs are routinely displayed to prospective patients. The purpose of this study was to examine how characteristics of physicians that are revealed in their photographs can trigger biases in potential patients.

Methods: Physician online photographs from the United States (N = 210) varied in gender and specialty (dermatology, emergency medicine, internal medicine, oncology, OBGYN, and surgery). Participants (N = 69) were community members who rated each physician's warmth and technical competence. Physician photographs were reliably coded for race, ethnicity, age, wearing of white coat (vs. not), smiling intensity, gaze direction, babyfacedness, body size, dominance, trustworthiness, formality and physical attractiveness.

Findings: Higher perceptions of competence were most influenced by older age, glasses (for men only), less heavy bodyweight, less babyfacedness, less direct gaze, and more impressions of trustworthiness, formality, and dominance. Higher perceptions of patient-centeredness were most influenced by wearing of a white coat (vs. not), more smiling, less heavy bodyweight (for men only), less babyfacedness, more attractiveness, and more impressions of trustworthiness. Women physicians were rated higher on patient-centeredness than men but there were no gender differences in ratings of competence.

Discussion: These findings may help physicians tailor their online photographs in order to create more positive first impressions or make physicians aware of these biases that could in turn alter expectations and subsequent interactions.

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Client sustain talk during change planning in Motivational Interviewing: an unexpected finding

M. Barton Laws, Brown University School of Public Health, United States
Molly Magill, Brown University School of Public Health, United States
Nadine Mastroleo, Binghamton University, United States
Timothy Souza, Brown University School of Public Health, United States
Peter Monti, Brown University School of Public Health, United States
Justin Walthers, Brown University School of Public Health, United States
Christopher Kahler, Brown University School of Public Health, United States

Background: The technical model of Motivational Interviewing (MI) posits client Sustain Talk (ST) – talk against change – is predictive of poor outcomes. We observed in a sample of 164 MI sessions focusing on alcohol use that client ST during the change planning component was, unexpectedly, associated with larger than average reduction in subsequent reported drinking.

Methods: Qualitative analysis of transcripts of the 14 cases with the most ST utterances in the change plan, ranging from 8 to 27.

Findings: Ten participants reported near or greater than 50% reduction in average drinks per week at follow-up. All of these reported heavy drinking at baseline, with symptoms of alcohol use disorder, and indicated a desire to reduce drinking. For these participants, the ST in change planning did not consist of resistance to reducing drinking, but rather substantial exploration of the difficulties, including doubtful self-efficacy; obstacles; rejection of intermediate steps proposed by the therapist; and that abstinence was not an expectation. The therapist had the opportunity to encourage problem solving around these issues. Of the remaining four participants, one had reported a relatively moderate baseline drinking pattern that barely made her eligible for the study. She did not believe she had a drinking problem. For the three remaining participants the high number of ST utterances also reflected exploration of difficulties, however these participants did not indicate consistent motivation to reduce drinking.

Discussion: For people with high alcohol consumption and dependency, numerous ST utterances in the context of change planning are not necessarily predictive of failure to reduce drinking, but may reflect constructive exploration of the challenges, in the context of motivation to change. This suggests that therapists should not discourage ST in change planning for people with alcohol dependency, but rather elicit clients' perceptions of challenges, and explore problem solving.

P.117

Patients' lived experience with antineoplastic medicines for colorectal cancer: a qualitative study

Alison Brincat, Robert Gordon University, Malta
Patricia Vella Bonanno, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow, Scotland, Malta
Derek Stewart, Qatar University Health and College of Pharmacy Qatar University, Doha, Qatar
Anita E. Weidmann, School of Pharmacy and Life Sciences Robert Gordon University, Aberdeen, Scotland

Background: Patients' lived experience with medicines (PLEM) is a complex phenomenon based on the interplay between medication related burden, medication related beliefs and medication taking practice. A paucity of literature of this interplay on the use of antineoplastic medicines in colorectal cancer patients was identified. Yet the patients' own perspective on their experience with the various aspects of their care

is key to enable treatment and services which meet the patient's needs and expectations. The aim of this study is to explore the communication aspects of patients' lived experience with colorectal cancer medicines at the point of antineoplastic medicines initiation.

Method: A qualitative study was adopted to provide a deeper understanding of PLEM in patients receiving antineoplastic medicines as part of their treatment for colorectal cancer. Prospective in-depth semi-structured interviews were carried out with 16 newly diagnosed patients suffering from colorectal cancer and starting treatment with XELOX or FOLFOX between October 2018 and September 2019. Patients were treated at the national oncology hospital in Malta. Ethical approvals were sought and interviews were audiorecorded and transcribed verbatim. Data was analysed using an interpretative phenomenological approach and key themes were identified.

Findings: Five themes in relation to the communication aspect were identified. These include communication between healthcare providers and patients, patients and significant others, patients and other patients, patients and relatives/friends, and also across different departments of care. The patients evaluated the information they received from various sources and adapted the necessary modifications into their lifestyles. Aspects of information in relation to safe handling of chemotherapy waste material was found to be lacking.

Discussion: Communication in relation to colorectal cancer and treatment with antineoplastic medicines seems to be complex and challenging. Hence it is crucial to coordinate the different healthcare providers and other individuals involved and focus on specific treatment-related information tailored to the patient's needs.

P.119

"I didn't know you were such a good cook": Photos in primary care clinician-patient communication

Evelyn Y Ho, University of San Francisco, United States

Genevieve Leung, University of San Francisco, United States

Jennifer Fung, University of California San Francisco, United States

Jane Jih, University of California San Francisco, United States

Background: Photo sharing can be implemented during the clinic visit that gives patients an opportunity to share what health-related symptoms they are currently experiencing within the larger context of their lives. Research has not yet examined the interactional nature of photo-sharing using observational methods during real clinical interactions. This paper reports on an examination of audio-recorded primary care interactions with patient-initiated photo sharing around food and diet choices.

Methods: Patients age 60+ with at least 2 concurrent chronic conditions and their primary care clinicians were recruited for a pilot study of a photo-based communication intervention to promote dietary discussions. Patients shared photos and their narrative to their clinician during the audio-recorded medical clinic visit. Data were analyzed with a discourse analytic focus on the interactional qualities of clinician-patient interaction.

Findings: Thirteen patient-clinician dyads completed the photo-sharing. Photo-based communication sequences lasted between 3:34 and 28:37 minutes, with an average length of 10:15 or 31% of the total visit. In eight out of the 13 cases (61.5%), either the clinician or the patient first mentioned the photo-based communication task, and while acknowledged by the other party, the photo-based communication conversation did not occur at that moment in the clinic visit. At their best, these discussions around photos opened up implementational spaces for clinicians and patients to discuss goals and effective practices. We also detail how specifically the clinician or patient brings up the photos in ways that are considered interactionally "natural" and seamless to the visit.

Conclusion: The use of photos shows definite promise as a tool not only to empower patients to provide some of their lifeworld in regular medical visits, but also for clinicians to question specific dietary behaviors and work with patients to strategize reasonable behavioral changes.

P.120

The diagnosis and discourse of diabetes remission: A multi-method study

Christy Ledford, Uniformed Services University of the Health Sciences, United States

Stephanie Fulleborn, Eglin Family Medicine Residency, United States

Dean Seehusen, Augusta University Medical College of Georgia, United States

The remission of diabetes can be empowering for patients and rewarding for physicians who coach patients through treatment. However, it is unclear if physicians document and discuss diabetes remission – acknowledging to the patient and in the medical record that a trial of lifestyle modification resulted in improved lab values, signifying the absence of disease. Recognizing diabetes as a spectrum of glucose intolerance, the study aimed to identify how physicians diagnose and discuss diabetes remission.

This multi-method study included cross-sectional survey of physicians and qualitative interviews with patients. Surveys included case scenarios followed by multiple choice questions. Data were collected at a professional meeting of U.S. family physicians. For semi-structured interviews, research coordinators recruited 33 interview participants from two U.S. medical centers. A thematic analysis using the constant comparative method identified patient perceptions of diabetes remission.

Physicians (n=284) surveyed were more likely to code for the movement along the spectrum of glucose intolerance from preDM to normoglycemia (58.7%), than for the movement from type 2 diabetes to prediabetes (14.8%). Most physicians (93.3%) would still label the condition “diabetes” in the patient who has met treatment goals with lifestyle modification alone.

Patients described two distinct potential timelines of disease: 1)*lifelong condition* and 2)*cure*. Four goals emerged for patients who perceived diabetes as a lifelong condition: 1)losing weight; 2)maintaining lifestyle and relationships; 3)reducing or avoiding medication; 4)reaching numeric glycemic targets. For patients who perceived diabetes as a disease with an end, the goal of care was to achieve normoglycemia.

Though studies demonstrate partial or complete remission of T2DM, most physicians here exhibited reluctance to diagnose or discuss remission in a patient case, whereas some patients described the expectation of “curing their disease.” Physicians should incorporate shared decision making to create a shared mental model of diabetes and its potential outcomes with patients.

P.122

Perceptions of barriers to advance care planning in Taiwanese terminal indigenous cancer patients

Yvonne Hsiung, MacKay Medical College, Taiwan

Becky Jung Hui Yeh, Shih Hsin University, Taiwan

Background: Advance care planning (ACP) has exhibited successful outcomes in Western countries to assist patients in achieving better end-of-life goals, yet communication breakdowns are commonly seen among the underserved. The objective of the study was to explore terminal indigenous cancer patients’ perceptions and barriers when practicing patient-centered communication during ACP sessions in Taiwan.

Methods: To portrait lived illness experiences and care goal perceptions at terminal patients’ end-of-life, a mixed-method study was conducted during nurse-patient ACP sessions. A total of fourteen (n=14) subjects from a diverse indigenous sample in remote areas of Southeastern Taiwan have completed a 15-minute survey and each followed by a 1-hour semi-structured interview. Both quantitative and qualitative data were used for a further collaborative, thematic analysis.

Findings: Our findings revealed central themes from a patient-centered perspective. Through this underrepresented group’s lens, a clearer picture was provided about indigenous peoples’ self-evaluated, end-of-life communication. Terminal indigenous cancer patients expressed ACP timing and information

sharing, perceived nurse-patient relationship, family support, decision-making patterns, and restraints to participate in ACP in the mainstream society. While these underserved patients did not seem to exhibit a central role in autonomous care, their end-of-life communication and ACP decision-making were extremely limited by the level of acquired knowledge regarding life-sustaining treatment and advance directive documents. A generally low awareness of palliative care, hospice service, and ACP options was affected by incomplete and inadequate information that are generally inaccessible and unavailable in the remote areas.

Discussions: Our rich data have contributed a better collective understanding of diverse indigenous cancer patients' communication and decisions in regard to EOL treatment and care. Their generally low awareness and readiness for ACP implied great importance of incorporating minority patients' socio-cultural preference and health inequity factors in end-of-life communication. Future interventions are to seek for cultural competence, family support, and patient-centered, effective communication in ACP standards and practices.

P.123

Communication preferences among ASL users, satisfaction and unmet need in a cross-sectional study

Kathleen Thomas, University of North Carolina at Chapel Hill, United States

Mark Myers, North Carolina DHHS, United States

Izabela Annis, University of North Carolina at Chapel Hill, United States

Jan Withers, North Carolina DHHS, United States

Lee Williamson, North Carolina DHHS, United States

Background: There is extensive evidence of poor quality communication between American Sign Language (ASL) users and their healthcare providers. Unanswered questions are the extent to which mode of communication aligns with preferences, the association of mode of communication and satisfaction, and factors are associated with unmet needs.

Methods: A cross-sectional study was conducted of ASL signers in North Carolina. Respondents completed a novel video-based survey presented in ASL and English (N=189). The survey captured modes of communication, preferences, satisfaction and unmet needs. McNemar's tests were used to compare rates of preferred and actual methods of communication. Logistic regression models explored relationships of communication method with satisfaction and unmet need. Qualitative interviews were conducted to explore satisfaction with communication with healthcare providers and reflections on what works, what does not, and resultant outcomes (N=54).

Findings: Common modes of communication were use of a professional sign language interpreter (45%), written notes (22%), lipreading plus speaking (18%), and direct sign or cued language (10%). In contrast, 65% of respondents preferred to use a professional sign language interpreter. Dissatisfaction with communication was associated with preference for sign language (OR=9.03, $p<.05$), using sign language (OR=.18, $p<.05$), and living alone (OR=6.09, $p<.05$). Unmet need for care was associated with being male (OR=.05, $p<.05$), having higher than a high school education (OR=.05, $p<.01$), and having a personal doctor as a usual source of care (OR=.04, $p<.001$). Interview respondents emphasized their preference for live interpreters, explaining how video remote interpreting was subject to technical difficulties while writing back and forth led to important gaps in understanding.

Discussion: ASL users prefer to use a professional sign language interpreter to communicate with clinicians. Most actually use some other form of communication. Findings emphasize the need for policy strategies to facilitate access to high quality well-functioning professional interpreter services.

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Improvement in self-reported pediatric PROMIS scores in Latino children with mental health needs

Kathleen Thomas, University of North Carolina at Chapel Hill,
Izabela Annis, University of North Carolina at Chapel Hill, United States
Christianna Williams, University of North Carolina at Chapel Hill, United States
Monica Perez Jolles, University of Southern California, United States
Betsy Sleath, University of North Carolina at Chapel Hill, United States
Linda Guzman, University of Arkansas, United States
Charlotte Williams, University of North Carolina at Chapel Hill, United States
Joseph Morrissey, University of North Carolina at Chapel Hill, United States
Gabriela Stein, University of North Carolina at Greensboro, United States

Background: There has been considerable investment in patient-centered care for pediatric populations. Nonetheless, racial and ethnic disparities remain. Unanswered questions include the extent to which Latino children can play a role in reporting on their mental health outcomes and how parent activation skills support child mental health.

Methods: A prospective cohort study within the context of a randomized controlled trial examined child-reported pediatric Patient-Reported Outcomes Measurement Information System (PROMIS) scores on anger and depression among Latino children with mental health needs (n=97). Parent perceptions were captured with parent proxy PROMIS scores, the Child Behavior Checklist (CBCL) and school suspension or expulsion. Parent activation was measured with the parent Patient Activation Measure. Data were collected at baseline, one- and three-month follow-ups. Assessments were completed in Spanish or English at the respondent's preference. Concurrent and discriminant validity of child-reported scores were assessed with Pearson correlations and independent sample T-tests. Linear regression assessed the relationship between parent-child agreement over PROMIS scores, parent activation and change in PROMIS scores over time.

Findings: Child-reported PROMIS scores were significantly associated with parent PROMIS proxy scores ($R=.27-.36, p<0.05$) and CBCL internalizing scores ($R=.001-.006, p<0.05$). Suspension/expulsion was significantly related to child-reported scores (mean=60vs50,63vs52, $p<0.05$) but CBCL clinical thresholds were not. Parent-child agreement over PROMIS scores was not associated with change over time in child-reported scores. However, after adjusting for agreement, an increase in parent activation was associated with reduced child-reported anger ($b=-.62, p<0.05$).

Discussion: Findings underscore the importance of parent-child partnership in the clinical process. Child scores improve when the parent and child agree on the issue at hand and parent activation score also improves. Future work should seek to determine if parent and child agency extends to expressing preferences about treatment approaches and outcome goals that yield both improved child mental health outcomes and higher satisfaction with care

P.126

The DISCO App: A pilot test of an electronic patient intervention to improve cost communication

Lauren Hamel, Wayne State University/Karmanos Cancer Institute, United States
David Dougherty, Dana-Farber Cancer Institute, United States
Theresa Hastert, Wayne State University/Karmanos Cancer Institute, United States
Erlene Seymour, Wayne State University/Karmanos Cancer Institute, United States
Seongho Kim, Wayne State University/Karmanos Cancer Institute, United States
Hadeel Assad, Wayne State University/Karmanos Cancer Institute, United States
Jasmin Phalore, Wayne State University/Karmanos Cancer Institute, United States
Susan Eggly, Wayne State University/Karmanos Cancer Institute, United States

Background: Financial toxicity, the burden of treatment cost, affects 30-50% of people with cancer in the US. Although experts recommend patients and oncologists discuss treatment cost to identify patients who need assistance, cost discussions occur in fewer than half of cancer treatment discussions. We pilot-tested

the feasibility and efficacy of the DIScussions of COst (DISCO) App, a patient communication intervention to improve cost discussions and other financial toxicity-related outcomes during and following oncology treatment consultations. The DISCO App provides an individualized list of cost-related questions patients can ask their oncologist, specific to a patient's economic situation.

Methods: While waiting to see their oncologist, newly diagnosed patients with breast or lung cancer (n=32) used the DISCO App on an iPad. Clinic visits were videorecorded and patients completed pre- and post-intervention measures of self-efficacy for managing treatment costs, self-efficacy for interacting with oncologists, cost-related distress, and perceptions of the DISCO App. A trained coder observed the recordings to determine the presence of a cost discussion, the cost-related topic, and any emergent factors.

Findings: Findings showed increases in patients' self-efficacy for managing treatment costs ($p=.02$) and interacting with oncologists ($p=.001$). Cost-related distress decreased but not significantly. Patients reported the DISCO App was understandable ($M=4.5/5$) and useful as they talked with their oncologist ($M=4.0/5$). Most (94%) interactions were videorecorded; all of these included a cost discussion. The most frequently discussed topics were: insurance, time off from work, and financial navigation. Frequently, the oncologist asked the patient for his/her question list and discussed/answered the questions.

Discussion: Findings suggest the DISCO App is feasible and effective in improving patient-oncologist cost discussions and financial toxicity-related outcomes. Oncologist engagement suggested the intervention prompted cost discussions. Next steps include conducting a longitudinal randomized controlled trial to determine the effectiveness of the DISCO App on financial toxicity, and other outcomes.

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The effectiveness of training interventions on nurses' communication skills: a systematic review

Debra Kerr, Deakin University, Australia

Peter Martin, Deakin University, Australia

Trisha Dunning, Deakin University, Australia

Joan Ostaszkiwicz, Deakin University, Australia

Background: The majority of evidence concerning the effectiveness of communication skills training focuses on medical doctors and undergraduate students, and interactions in cancer care. The objective of this systematic review was to identify, critically appraise and synthesise evidence for the effectiveness of communication skills training interventions in postgraduate nursing education.

Methods: This systematic review included randomised controlled trials (RCTs) published in English from 1998 to 2018, identified in five databases (Medline, Cinahl, Embase, Psycinfo and Cochrane Database). Studies reported an educational intervention to enhance nurses' communication with patients and contained an objective measure of communication skills and/or patient outcome measures. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guided the review. Data extracted included study design, type of intervention and effect on nurses' communication skills. Trial quality was assessed using the Joanna Briggs Institute Critical Appraisal Checklist.

Findings: Seven trials were identified. The quality was modest. There was significant variance in the structure, location, duration and use of outcome measurement tools for the communication skills training programs. Five trials focused on the verbal interaction between nurses and cancer patients, and these studies also utilised simulated patients. All trials found at least one statistically significant improvement for a communication micro-skill. No two studies utilised the same outcome measurement tool, hence a meta-analysis could not be performed.

Discussion: The paper reports the first systematic review of RCTs concerning the effect of communication skills training on nurses' ability to communicate with patients, inclusive of non-cancer settings. Whilst educational interventions to improve nurses' capacity to communicate with patients show promise, the direct impact is difficult to measure arising from non-standardised outcome measurement tools and

variance in program structure. There is lack of high quality evidence on the efficacy of communication skills training for nurses in acute, chronic illness, aged care and community settings.

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Artificial intelligence in stroke medicine. What does it mean for the therapeutic relationship?

Julia Amann, ETH Zurich, Switzerland

Effy Vayena, ETH Zurich, Switzerland

Alessandro Blasimme, ETH Zurich, Switzerland

Background: Clinical decision support systems powered by big data analytics and artificial intelligence (AI) promise to push personalized stroke medicine to the next level. However, the impact of these novel technologies on the therapeutic relationship remains unclear. To address this gap in current research, we aimed to explore different stakeholders' expectations regarding the use of AI in the four phases of stroke (prevention, acute treatment, rehabilitation, reintegration).

Methods: We adopted a qualitative research design guided by the sociology of expectations. Semi-structured interviews were conducted with stroke patients (N=10), informal caregivers (N=2), and healthcare professionals specialized in stroke (N=12). Interviews explored 1) personal experiences with stroke; 2) understanding of AI and possible areas of application; 3) attitudes towards an AI-powered clinical decision support system. Data analysis was carried out in parallel to data collection using a combination of inductive and deductive thematic analysis.

Findings: Participants' understanding of what AI is and how it could be used in stroke medicine varied greatly. When presented with the concrete example of an AI-powered clinical decision support system, most participants evaluated it as both realistic and desirable. Participants did not expect major changes to the therapeutic relationship resulting from the introduction of such a tool into clinical practice. Four main themes were identified: 1) healthcare as a relationship-based realm; 2) challenges to the adoption of AI-powered systems; 3) opportunities and hopes; 4) risks and concerns.

Discussion: Findings indicate that overall participants had positive attitudes towards technological advance. Yet, it is important to also consider the perceived challenges and risks associated with novel technologies. It is only a matter of time until AI-powered clinical decision support systems find their way into clinical practice. Understanding what different stakeholders expect from technological change can help us to anticipate challenges and devise appropriate guidelines for clinical encounters.

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Low eHealth literacy is a lurking risk factor during transitions of care

Valerie Press, University of Chicago, United States

Hanna Vollbrecht, University of Chicago Pritzker School of Medicine, United States

Kyle Carey, University of Chicago, United States

Sebastian Otero, University of Chicago, United States

David Meltzer, University of Chicago, United States

Vineet Arora, University of Chicago, United States

Introduction: Transitions of Care (TOC) for high-risk patients are fraught with communication breakdowns leading to poor health outcomes. Increasingly, technology-based solutions are being applied to TOC gaps. While low HL has been associated with increased risk, it is not known whether low "eHealth" literacy may worsen TOC gaps and what relationship eHealth literacy has with HL. We evaluated HL and eHealth literacy among hospitalized adult patients in an urban, underserved patient population.

Methods: Adult inpatients enrolled in an ongoing study of quality of care completed this sub-study including. HL (Brief Health Literacy Screen) and eHealth (eHEALS) were assessed. Descriptive statistics, bivariate Pearsons and McNemar chi square tests and multivariate logistic regression analyses were performed.

Results: Among 178 participants, the mean age was 53 (sd: 17.9). Three-quarters (132/178) of participants were African American and half were female (94/178). Just under half (78/178) had a high school diploma or less education. Approximately one-third (55/178) had low health literacy and also low eHealth literacy (70/178) but were not correlated (spearman coefficient = -0.044). Over half had been hospitalized at least once, and over one-third had had three or more hospitalizations in the last year not including the current hospitalization. There was not a statistically significant difference in HL (low vs. high) among those with at least one prior hospitalization (58% vs. 54%, $p=0.6$), but there was a significant difference for eHealth literacy (67% vs. 48%, $p=0.01$). Low eHealth literacy remained associated with increased prior hospitalizations when adjusting for age, gender, race, and health literacy ($p=0.0002$).

Conclusions: In this high-risk, underserved patient population, low eHealth literacy and not HL was associated with increased hospitalizations. Lessons include the need for caution when using technology-based interventions to address TOC vulnerabilities and a need to expand our risk assessment to include eHealth literacy.

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Needs assessment for developing an action planning app for people with chronic conditions in Japan

Yuki Yonekura, St.Luke's International University, Japan

Background: Action planning is one of the established ways to improve self-efficacy. Improved self-efficacy leads to behavioral change and better self-management. Thus action planning is included in several educational programs for people with chronic conditions. However, people feel difficulties to continue action planning after the program finished. It is supposed smartphone applications can help them to continue their action planning by various features. The objective of this study was to specify the features needed for an action planning application for people with chronic conditions.

Methods: Three focus group interviews were held in November 2018. Participants of the interviews were selected from peer leaders of the Chronic Disease Self-Management Program (CDSMP) in Japan. The CDSMP is a lay-led self-management program for people with chronic conditions which include action planning as its program contents. At the focus group interview, the researcher asked the participants to state their comments on the candidate features of the application based on the review of the existing application.

Findings: Four main features were suggested to be implemented through the review of existing health care apps. These are (1) help making action planning, (2) record history of action plans, (3) social networking, and (4) reminder to action planning. Seventeen people with chronic conditions participated in three focus groups. Suggested features were almost supported by the participants. Some participants stated that users should have the choice of using social networking function or not because some people feel uncomfortable to share their plans. In addition, they suggested that rewards for achievements may help them continue action planning.

Discussion: In this study, features that support people with chronic conditions to continue action planning were specified. Alpha version of the application based on this specification is now under development. The alpha version of the application will be presented at the conference.

P.131

Development of a Japanese version of the Quality of Informed Consent scale (QuIC)

Miho Fujita, St.Luke's International University, Graduate School, Japan
Yuki Yonekura, St.Luke's International University, Japan
Kazuhiro Nakayama, St. Luke's International University, Japan

Background and Aim: Japanese clinical trials for investigational new drugs (INDs) require the use of Informed Consent Documents (ICDs) that meet Good Clinical Practice (GCP) criteria, however, they are often difficult and convoluted for patients. While studies have extensively measured patients' understanding, there is no validated comprehension scale in Japan.

Although the Quality of Informed Consent scale (QuIC) , a validated tool to assess patients' objective and subjective understanding of cancer clinical trials was previously translated into Japanese, it had been modified for a specific research and could not be commonly used in trials. Therefore, we conducted translation and cognitive debriefing with an aim to develop the QuIC that could be widely used in Japan, especially in "placebo-controlled, randomized, double-blind" trials.

Methods: This study was conducted in accordance with the guidelines of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR).

First, three translators made forward translations from English to Japanese which were synthesized into a Japanese version and modified for "placebo-controlled, randomized, double-blind" trials through discussions with our research team. The original author confirmed the back translated Japanese versions, which were refined with feedback from the original author. As a pilot test, cognitive debriefing of the modified QuIC was conducted on patients who had experienced a placebo-controlled, randomized, double-blind clinical trial.

Findings: Five patients were selected for the cognitive debriefing. The average QuIC scores were 93.8 and 94.7(out of 100) for objective and subjective understanding. In subsequent semi-structured interviews, we confirmed the clarity of words and appropriateness of conceptual understanding. Certain word corrections were required, however, linguistic validity was generally acceptable.

Discussion: Through procedures, a modified, Japanese version of QuIC was created and refined. It is necessary to examine the reliability and validity of the Japanese scale in future research.

P.132

Advancing the measurement of quality of life: Opportunities for information and skills acquisition.

Maddalena Fiordelli, Università della Svizzera italiana, Switzerland
Nicola Diviani, Swiss Paraplegic Research, Switzerland

Background: According to the World Health Organization, the opportunity to acquire new information and skills is one central facet of quality of life. This is included in the WHOQOL-BREF, an instrument assessing quality of life based on its definition of 1994. Thirty years later, this measurement is arguably not up-to-date anymore. The aim of this paper is to update the conceptualization and measurement of the facet "opportunities to acquire new information and skills".

Methods: We performed a critical review of the literature in the fields of psychology, educational sciences, marketing, and health communication. To explore the constructs more closely related to the facet at stake, we gave particular attention to the evolution in the conceptualization and measurement of their main dimensions over the last decades, but also to the chances offered by technology to measure them and adapt to them.

Findings: The WHOQOL-BREF measures "opportunities to acquire new information and skills" in its objective component, referring to the possibility to acquire information, and in its subjective component, referring to the individual's ability to satisfy the need of accessing new information and developing new skills. Following the change in the information landscape, we assist to a shift of the problem from the

availability of health related information to the ability of accessing it. Marketing provides examples of how it would be possible to acquire information about the individuals and tailor information to their needs, preferences, and abilities.

Discussion: The measurement of the subjective component of information and skills acquisition is a priority. Individuals must be able not only to access information but also to appraise it critically. Only then, the new information and skills will contribute to enhance quality of life. It is crucial to develop systems able to collect data allowing tailoring information to the individuals' needs, preferences, and abilities.

P.133

A realist synthesis regarding patient-pharmacist communication skills training for pharmacy students

Aisling Kerr, RCSI, Ireland
Teresa Pawlikowska, RCSI, Ireland
Caroline Kelleher, RCSI, Ireland
Judith Strawbridge, RCSI, Ireland

Background: Good patient-pharmacist communication improves health outcomes. There is, however, room for improving pharmacists' communication skills. These develop through complex interactions during undergraduate pharmacy education and beyond. There is, however, little understanding of how patient-pharmacist interpersonal communication skills training interventions work to produce their effects.

Methods: A realist synthesis approach to review the literature was used to make sense of the complexities of educational interventions. This realist synthesis asked what works for whom, how, and why in the development of interpersonal patient-pharmacist communication? Initial programme theories were developed through an initial scoping search of the literature and focus groups with students, faculty and patients. PubMed, EMBASE, Scopus, Web of Science and ERIC were searched to identify relevant papers. Included papers were classified as high, moderate or low relevance and rigour. Extracted data was synthesised to test and refine initial programme theories.

Findings: The search found 1761 articles, excluding duplicates, which after screening and relevance and rigour checks, resulted in 44 articles in the final synthesis. Studies were heterogeneous with respect to rigour and relevance. Patterns of context-mechanism-outcome configurations were explored and used to refine initial programme theories. Role-play, simulation, video recording and experiential learning were the most widely used interventions. The stage the students are at in the journey to being a pharmacist impacts on how interventions work. Practice, reflection, contextualisation, feedback, confidence and authenticity are some of the mechanisms by which these interventions work. Simulated patient role-play is most widely used and works for all levels of students in a safe environment through practice, feedback, reflection, contextualisation, confidence and authenticity, to improve communication skills.

Discussion: The refined programme theories help us to understand the complexities of communication skills training and how the interventions produce their effects. This could help pharmacy educators globally to enhance communication skills training for pharmacists.

P.134

Decision-making styles of patients and citizens in health communication: a scoping review

Hitomi Danya, St.Luke's International University, Japan
Kazuhiro Nakayama, St. Luke's International University, Japan

Background and aim: While capturing individual differences in decision-making styles has been widely studied in psychology, it is unclear how such styles have been addressed in the health communication and

decision aid literature with regard to patients and citizens. We therefore aimed to explore decision-making styles' respective nature and features in these contexts.

Methods: We conducted a scoping review in which we identified 142 records. After deduplication and preliminary title and abstract screening, we retained 18 articles for full-text review.

Findings: We identified five main categories as decision-making styles' nature and features: 1) preference of decision-making role, 2) personality trait, 3) psychological factors, 4) decision making process, and 5) decision approach. In most cases, however, styles were described abstractly.

Discussion: Decision style not only shows individual trait-based differences in how people perceive and processes information, it more narrowly focuses on capturing individual differences in people's decision-making processes. Reacting in a certain way in a specific decision context can therefore be seen as a habit-based skill. However, most people have more than one such style; they adopt styles to suit certain environmental and personal conditions. A style is theoretically dynamic and can also change. However, in the health communication and decision aid context, it is mainly viewed as a personality trait or preference affecting engagement in information and decisions, and is not considered a dynamic and habit-based skill. There is also a lack of perspective on it. Future research should adopt a new perspective that decision-making styles have dynamically change, and study whether communication can affect them. This will shed new light on a crucial yet understudied effect of health communication, and it also might contribute to the concept's theoretical clarity.

P.135

Shared decision-making in severe mental illness: a concept analysis and review of the literature

Yumi Aoki, St.Luke's International University, Japan

Background: Shared decision-making for adults with severe mental illness has increasingly attracted attention. However, this concept has not been comprehensively clarified. This review aims to clarify a concept of shared decision-making for adults with severe mental illness and propose an adequate definition.

Methods: A systematic search was conducted using MEDLINE, PsychINFO, and CINAHL for articles written in English and published between 2010 and 2019. Rodgers' evolutionary concept analysis was conducted to clarify attributes, antecedents, and consequences of shared decision-making for adults with severe mental illness. Surrogate terms and a definition of the concept were also described.

Findings: Of the 1185 abstracts identified, 70 articles were included in this review. Four key attributes were identified: user-professional relationship, communication process, user-friendly visualisation, and broader stakeholder approach. The antecedents as prominent predisposing factors were long-term complex illness, power imbalance, global trend, users' desire, concerns, and stigma. The consequences included decision-related outcomes, users' changes, professionals' changes, and enhanced relationship.

Discussion: The findings of this concept analysis may be useful for understanding the theoretical structure for the current usage of this term. Furthermore, the results are considered to be helpful in carrying out treatment/care decision-making in line with the service users' values.

P.138

Advance Care Planning Support Needs of Intensive Care Patients in Japan: A qualitative study

Kanako Yamamoto, St. Luke's International University, Japan

Yuki Yonekura, St.Luke's International University, Japan

Junko Hayama, St. Luke's International University, Japan

Taketo Matsubara, St.Luke's International Hospital, Japan

Hiroyasu Misumi, St. Luke's International Hospital, Japan

Toshiko Yoshida, St. Luke's International University, Japan
Kazuhiro Nakayama, St. Luke's International University, Japan

Background: Patients entering the intensive care unit (ICU) may transition into an end-of-life phase during treatment. Advance care planning (ACP) for them has not been well studied and support for it is unclear in Japan. This study aimed to clarify support needs of ACP in patients with prior ICU admission.

Method: This qualitative descriptive study included semi-structured interviews with patients who had been admitted to ICU. Participants were selected from a population that had entered the ICU between 3 months to 2 years after discharge. The interview focused on the content of the ACP from preoperative to discharge.

Findings: Among the 13 patients, the average age of the participants was 63.6 years and the average length of stay was 4 days. Four participants underwent emergency or semi-emergency surgery. No participant remembered the contents of the living will that was submitted to the hospital before surgery, even after discharge. About 80% considered the possibility of dying before surgery and considered giving advance orders. Participants told their families about their wishes regarding inheritance, work and housework outside of treatment and care, but rarely about treatment and care. Additionally, they had thought the contents of the advance directives, but the medical staff was not informed. They had thought that wanted to understand and share the distinction between life prolongation and treatment with medical staff, and be given education on knowledge and awareness of ACP.

Discussion: Many patients who have been admitted to ICU are unclear about the difference between life prolongation and lifesaving; this is also true for medical staff. Medical staff need to have a general understanding of the ACP as they are required to support the process that provides patients with sufficient information about ACP and identify its opportunities.

P.139

Making sense with shared decision making: patients' reflections and observations of encounters

Marleen Kunneman, Mayo Clinic / LUMC, United States

Megan Branda, Mayo Clinic, United States

Ian Hargraves, Mayo Clinic, United States

Sarah Brand-McCarthy, Mayo Clinic, United States

Victor Montori, Mayo Clinic, United States

Background: We previously showed a link between patients' perceived involvement in decision making, and their perception that the care plan made sense (intellectually/practically/emotionally), although we found high ceiling effects on both measures. The aim of this secondary analysis was to compare patients' perception of care plan sense, observer-based degree of shared decision making (SDM), and patients' decisional comfort in usual care with and without and SDM tool.

Methods: We included consecutive patients with nonvalvular AF considering starting/reviewing anticoagulation, who participated in a larger multicenter trial and had decisional conversations with their clinicians. Encounters were randomized to usual care with or without ANTICOAGULATION CHOICE, an SDM conversation tool for use during the clinical encounter. Post-encounter, patient completed 5 open-ended questions to invite reflection, a 10-point linear analogue scale to assess the extent to which the plan of care made sense to them, and the Decisional Conflict scale (DCS). Video-recorded encounters were coded for clinician involvement of patients in SDM by using the OPTION12-scale.

Findings: We included 127 patients (64 randomized in intervention, 63 in usual care), of which 30% female and with a mean age of 69 (range 31-94). Patients' perceived sense of the care plan was high and not significantly different in intervention compared to usual care (mean 9.1 (SD1.8) vs 9.4 (SD1.0) $p=0.8$, respectively). Sense scores were significantly ($P=0.0002$), albeit weakly ($\rho=-0.33$) correlated to DCS scores, and not correlated to OPTION12 ($p=0.8$, $\rho=0.02$). Patients' reflective narratives on the intellectual/emotional/practical sense are currently analyzed and will be presented.

Discussion: After decisional encounters, patients' perceived sense of the care plan is consistently high, and not related to third-party observed patient involvement in the decision making process. Qualitative analysis of patients' narratives will shed light on patients' reasons for perceived intellectual, emotional and/or practical sense of the care plan.

P.140

Preferences and Perceptions of Foreign Domestic Workers' Involvement in Medical Decision-Making

Xixi Wang, The Hong Kong Polytechnic University, Hong Kong

Background: Foreign Domestic Workers (FDWs) in Hong Kong are faced with various health concerns, which may arise from their extended working hours and unfavorable living environment. Encountering these health issues requires FDWs to seek appropriate healthcare services. Most of the extant literature examining Hong Kong FDWs' health-related issues center on the effects of socioeconomic factors on FDWs' health conditions, while very few studies focused on FDW populations who used healthcare services in Hong Kong and how these FDWs communicate with healthcare providers during medical consultations, especially whether and how they participated in making health-related decisions. To address this research gap, this study aims to draw on FDWs' narratives based on their previous medical visits and provides insights into FDWs' preferences and perceptions of participating in making health-related decisions.

Method: This study mainly adopted a qualitative approach by conducting interviews with seven FDW participants. Interview transcriptions were coded and categorized. Thematic analysis was applied to examine participants' preferences and perceptions of involvement in decision-making

Findings: The findings indicated that FDWs' trust in healthcare providers, grasp of medical knowledge and healthcare providers' communication styles (private clinic vs. public hospital) constituted the factors that resulted in FDW patients' actual level of participation in making health-related decisions. Meanwhile, the type of medical decisions and individual patients' emotional factors, such as fear and worry, affected FDW participants' preferences for participation in decision-making.

Discussion: This study intends to inform healthcare providers about how to effectively communicate with FDW patients to contribute to FDWs' positive health outcomes. Meanwhile, it hopes to inform policy-makers about implementing policies to alleviate FDWs' adverse health conditions.

P.141

Health literacy and pain medication management amongst people with Chronic Kidney Disease (CKD)

Judy Mullan, Unievrsity of Wollongong, Australia

Alexandra Mooyman, University of Wollongong, Australia

Kelly Lambert, University of Wollongong, Australia

Pippa Burns, University of Wollongong, Australia

Background: Health literacy directly affects health outcomes, especially for people with chronic conditions. People with chronic kidney disease (CKD), often feel unsure about safely managing their medications, including pain medications. This study aimed to investigate health literacy in people with CKD and their knowledge and use of over-the-counter (OTC) pain medications.

Methods: A cross-sectional survey of people with CKD attending renal clinics within an Australian local health district was conducted between July and August 2018. The survey collected information about patient: demographics; pain symptoms; pain medication use; OTC pain medication knowledge; and health literacy. Descriptive statistics were used to analyse responses and logistic regression was used to evaluate whether health literacy could predict the ability to correctly identify the active ingredient of six commonly used OTC pain medications.

Findings: Respondents (n=143; 17.4% response rate), had a median age of 66.3 years, were mostly male (59.4%), and had completed less than 11 years of schooling (56.6%). One quarter had inadequate health literacy (25.9%). Despite over 44% reporting moderate (27.3%) to severe (17.5%) pain, only 26.6% reported taking pain medication that day. Paracetamol-only products were most commonly used to treat pain (49.0%), followed by opioid medications (20.1%).

Only 17.5% correctly identified the active ingredient in six common OTC pain medications, this was significantly associated with younger respondents (≤ 65 years), and those educated beyond year 11. Adequate health literacy did not predict individuals' ability to correctly identify the active ingredients.

Discussion:

Over a quarter of respondents had inadequate health literacy and despite many of them experiencing moderate to severe symptoms, pain medications were not taken that day. For respondents who took pain medications, paracetamol-only products, effective for treating mild symptoms, were commonly used. This research highlights the need to better address knowledge gaps about effective pain management for people with CKD.

P.143

A Comparative Study of Health Communication Design between West and East

Yah-ling Hung, Chang Jung Christian University, Taiwan

Chia-Heng Chang, New York State University at Albany, United States

Paper-based healthcare material has been identified as one of the effective communication platforms to offer a diversified society an immediate care system. Yet, most of the health information leaflets that cost much of the governments' annual budget are still being ignored by audiences. Despite being indicated in recent studies that visual design plays an important role in bridging the gap between providers and receivers of healthcare information, visual communication strategies for health information leaflets that Western and Eastern designers concern the most are still in the stage of the investigation.

This was an interdisciplinary research based on the integration of Design, Communication and Public Health. The study was implemented in three stages, the first of which contained a review of existing literature to explore the criteria used to evaluate paper-based healthcare materials. In the second stage, some of the existing healthcare leaflets in New York and Taiwan were collected and divided into 5 categories. In the third and final stage, a selection of 30 health information leaflets from New York and 30 health information leaflets from Taiwan were evaluated separately using a content analysis.

The results demonstrated that both the Eastern and Western findings agreed with certain visual communication strategies in term of the advertising strategy. There was a significant difference between the East and the West in terms of context presentation and visual appearance. This may be because Western readers are proficient in two-way communication, whereas Oriental readers are used to one-way learning. It may due to the different development of the aesthetic concept and economic circumstances in West and East. The findings of this study are expected to be invaluable to designers to improve their health information leaflet designs. It will also be helpful to Eastern and Western audiences to read about the new design of visual health communication.

P.144

Cultivating Curiosity for Broad Research Vision: Recognizing Organizational White Space

Ashley Duggan, Boston College / Tufts University School of Medicine, United States

Allen Shaughnessy, Tufts University School of Medicine, United States

Research answers arise from the questions asked; these questions are predicated on who oversees the research agenda, who is asking them, who wants to know the answers, the ability to answer them, and the paradigm, or worldview, in which questions are asked. Existing organizational structures, therefore, strongly influence – fostering or limiting – research agendas. There exists, though, a “white space” around the organizational chart, an area of vague rules and fuzzy authority which critical interfaces with these factors. While formal capacity for research can be mapped out as an organizational structure, much of the success of healthcare communication research collaboratives is grounded in cultivating curiosity for new and emerging questions that are not yet part of organizational structures. We describe the engaged scholarship process of recognizing the “white space” in organizational systems for healthcare communication research, the soft systems that cultivate curiosity and emergence of new questions.

Last year, we created a Communication and Family Medicine Institute, a formal collaborative co-directed by a social scientific theorist and an evidence-based medicine innovator. Funded by a university grant to spark innovation, we spent 70 days listening and learning from international thought leaders in family medicine, organizational development, research funding, and primary care research. Thought leaders included people who had started new divisions of national and international government agencies, people who started divisions of research, international consultants, high-profile interdisciplinary researchers, and people with large grants whose work indicates broad vision. We identified a model of engaged scholarship as co-created research, which moves beyond translating new concepts into practice, instead considering bigger picture perspectives with practical questions and concerns to identify emerging needs and opportunities. We present initial ideas for attending to this “white space” for researchers interesting in identifying new areas of investigation and building bigger vision in healthcare communication research.

P.146

Health communication and the roles of undergraduate nursing students and teachers

Maria Wanderleya de Lavor Coriolano Marinus, Federal University of Pernambuco, Brazil

Caio Sá, Federal University of Pernambuco – Recife, Brazil

Rayanne Lima, Federal University of Pernambuco – Recife, Brazil

Lunara Mota, Federal University of Pernambuco – Recife, Brazil

Rute Sousa, Federal University of Pernambuco – Recife, Brazil

Gabriela Sette, Federal University of Pernambuco – Recife, Brazil

Thais Silva, Federal University of Pernambuco – Recife, Brazil

Weslla Albuquerque, Federal University of Pernambuco, Brazil

Ana Lima, Federal University of Pernambuco – Recife, Brazil

Background: Health promotion of individuals and populations involves health communication skills through interpersonal relationships. For nurses, such skills is expected to be learned and refined throughout one’s nursing career. This study aimed to understand the understanding and perspectives of undergraduate nursing students and teachers on matters of health communication. The context was the nurses’ practice, in classrooms’ simulation and providing care to the population.

Methods: Case study reserch, qualitative research in a public institution of Brazil. The survey was conducted between the years 2015 and 2016 131 students and 15 teachers participated. The techniques of data collection were the narrative of students, through open questions and semi-structured interviews with teachers. The interviews were audiorecorded, transcribed and coded with support of Atlas.ti 8.0 software. Data analysis used the inductive method, with thematic analysis.

Findings: Most students 47% defined communication as an exchange of information, while 34% % defined it as knowledge transmission from a vertical perspective. For other 9% participants, communication has several verbal and non-verbal components within the dimensions of 1, 2,3. Students stated that communication is an important worktool for independent and confident professionals. For teachers, communication in the classroom encourages dialogue and participation, as well as confirms the importance of humanization as key features for learning communication skills. Furthermore, teachers considered

important the joint recognition with students that communication skills are developed either in their interactions as well as with the clientele and the community-at-large.

Discussion: The relationships established between teachers and students are fundamental pillars for the enhanced communication skills by new graduate nurses. The interactions should be discussed and reflected on within the perspective of health promotion to support the clientele's empowerment and engagement in their own health care.

P.147

Feasibility of a blended learning program to enhance communication skills for nurses

Debra Kerr, Deakin University, Australia

Sharyn Milnes, Barwon Health, Australia

Jette Ammentorp, University of Southern Denmark, Denmark

Maiken Wolderslund, University of Southern Denmark, Denmark

Peter Martin, Deakin University, Australia

Meg Chiswell, Deakin University, Australia

Background: Nurses are often in a position that requires them to engage in difficult conversations with patients who have life-limiting illness. Whilst some are confident with core communication skills (listening, rapport building, empathy), they are less familiar with the full repertoire of communication micro-skills and conversation structure. The purpose of this feasibility study was to implement and undertake preliminary evaluation of a blended learning program, the Communication Skills Training Program for Nurses (CSTN), which aimed to enhance nurses' communication skills with patients who have life-limiting illness.

Methods: This was a feasibility single arm intervention study. The CSTN was trialled in three wards at one regional hospital in Victoria, Australia with 25 participants. It was comprised of an online program of three modules (1-hour duration) and a 4-hour face-to-face experiential workshop. The primary outcome was to evaluate feasibility and satisfaction about the CSTN among nurses. The secondary outcome was to evaluate improvement in clinical communication skills using the self-efficacy questionnaire (SE-12).

Findings: The study will be implemented in March 2020. Hence, no results are yet available. Key findings will be presented regarding the web-based learning program including: feasibility (recruitment, retention, and level of engagement with the online program) and satisfaction ('Satisfaction and Quality Assessment of the Web-Based Education Program'). Effect on clinical communication skills will be compared for baseline and post-workshop self-report surveys using descriptive and univariate statistics.

Discussion: Strategies need to be developed and tested to increase exposure of Communication Skills Training, including conversation structure, in professional development for registered nurses. This may improve the efficiency by which nurses communicate with patients who have life-limiting illness. Blended learning may be an efficient modality for communication skills training for nurses, the largest cohort of the healthcare workforce.

P.148

Tell me what that means: Applying qualitative language analysis for improving medical interactions

Susan Barone, Vanderbilt University, United States

This session reports on the continuing research and application of qualitative language analysis used in training materials for the purposes of improving medical interactions, interventions, and patient outcomes. The poster details the process of using a sociolinguistic discourse analysis method to collect and analyze health care professionals - patient interactions to create training materials focused on improving medical interactional language. The poster offers a step-by-step process for engaging in qualitative language

analysis for non-linguists. The data include transcription excerpts which offer participants opportunity to engage in informal qualitative data analysis while receiving guidance and feedback from the researcher. The researcher collected video-recorded data from a free medical clinic managed by medical students and supervised by attending health care professionals. The video-recordings were transcribed and qualitatively analysed for linguistic markers of understanding and alignment between the health care professionals and patients. A primary finding is discussed through the case analysis of a health care professional and patient assuming shared understanding of a non-jargon, medicalized term, 'moderation,' where the transcription seems to prove they are not in alignment. These data informed a mental lexicon model that depicts how language is possibly understood by different interlocutors. Viewers/participants will be prompted to consider using such methods to better understand how they may improve their communication with patients and with health care professionals-in-training.

These instructional materials have been successfully used in workshops and other training sessions where the researcher has found participants to gain an increased awareness of the language they use to mitigate the possibility of assumed knowledge which may lead to misunderstandings. This type of informal data analysis contributes toward improving communication in healthcare.

P.149

Medical Student Reflections: Teenage and Young Adult Cancer placements enhance Communication Skills.

Cameron Magrath, University of Cambridge, United Kingdom

Deborah Critoph, University of Cambridge, United Kingdom

Helen Hatcher, Cambridge University Hospitals, United Kingdom

Background: Treating teams are protective of vulnerable patient groups due to unique communication challenges with these groups. Therefore, medical students can have little contact and experience communicating with such patients. This reflective piece looks to examine the benefits of a student placement in the local Adolescent and Young Adult Cancer (AYAC) service in improving the communication skills of medical students. Such placements aim to promote student awareness of the difficulties of communicating with AYAC patients and provide essential skills for later practice.

Methods: Students at this medical school can undertake a 6-week, student-selected placement with the local AYAC service. Placements provide opportunities to shadow members of the multi-professional cancer team and to converse with patients and their families, practising triadic communication skills, on the AYAC ward. Mid-placement, an experiential learning experience with simulated patients, focusing on triadic interviews, was also offered.

Findings: Upon reflection, 4 main areas of learning were evident.

- The problems faced by AYAC patients as they try to establishing independent adult identities at the end of life or in the midst of severe illness and the implications this has for the triadic interview.
- Information sharing during patient denial.
- The AYA perspective: desire for control over their situation and the difficulty of communicating new-found limitations.
- Challenges of communicating well when faced with emotionally-charged situations.

Experiential learning during the placement highlighted techniques for balancing both patient and parental involvement during consultations to maximise efficacy of information gathering.

Discussion: With underexposure to vulnerable patient groups at medical school, this student hopes sharing his experiences with AYAC patients can convince healthcare professionals, who treat these vulnerable groups, to encourage the involvement of medical students in their work. A valuable learning experience, such placements provide opportunities to develop communication skills and can be augmented with experiential learning.

P.150

Communication Skills placements for Students in Young Adult Cancer. Triadic Communication is Key.

Deborah Critoph, Cambridge University, United Kingdom
Luke Smith, Cambridge University, United Kingdom
Helen Hatcher, Cambridge University, United Kingdom
Cameron Magrath, Cambridge University, United Kingdom
Rachel Williams, Cambridge University, United Kingdom
Stephanie Smith, Cambridge University, United Kingdom
Mandy Williams, Cambridge University, United Kingdom

Background: Students repeatedly expressed the need for skills to navigate complex triadic communication observed in clinical attachments. A structured focus group was performed to further understand these experiences, and resulted in the development of an experiential learning session specifically targeted at equipping students with skills to approach triadic consultations. To help those with a special interest develop their skills further, placements with the Adolescent and Young Adult Cancer service have been developed to allow students to experience triadic communication, a cornerstone of AYAC communication.

Objectives:

- To provide opportunities in clinical practise to engage and build rapport with young people with cancer and learn about this underrepresented population.
- To experience complex communications and navigate triadic interviews.
- To examine, and add to, the literature related to communicating with adolescents with cancer.

Methods: Students explore the AYAC speciality during a 4 or 6-week placement. They are jointly supported by the TYAC regional lead and sarcoma consultant, and a senior tutor in Clinical Communication Skills. At the end of the placement the students reflect on a patient case, presenting to members of the hosting specialisms about what they have learnt, with a particular focus on communication.

Results: The placements have now been running for over 18 months and 12 students have undertaken this. There is considerable interest from students and evaluation of the placements has been positive.

Outcomes include a student presenting at an international conference, a publication and commencement of a qualitative study with cancer survivors. We have ethical approval to formally evaluate the placement in a focus group study and future work is planned.

Discussion: This placement is valuable for medical student's Clinical Communication Skills development, and the AYAC speciality in raising awareness of cancer in young people for future doctors and fostering interest in this speciality. We want to share this learning.

P.151

ComPsych CST: An objective assessment of acquisition and retention of skills in clinical practice

Philippa Ditton-Phare, University of Newcastle / Hunter New England Mental Health, Australia
Harsimrat Sandhu, Hunter New England Mental Health, Australia
Brian Kelly, University of Newcastle, Australia
Carmel Loughland, University of Newcastle, Australia

Background: The ComPsych communication skills training (CST) program teaches psychiatry trainees to more effectively communicate information to patients and their families about diagnosis, prognosis and treatment of mental illness. This study investigated the acquisition and retention of ComPsych skills, process and strategy tasks from pre- to post-training, and into clinical practice.

Methods: Video recordings of 40 postgraduate psychiatry trainees' consultations with simulated patients were objectively assessed by blinded coders using the ComSkill Coding System and analysed over four time points, twice pre-CST and twice post-CST. 10 trainees were followed up in clinical practice approximately 12 months later to have consultations with real patients recorded and similarly coded to investigate skill retention or decay in clinical practice.

Findings: Increases subsequent to ComPsych training were observed for agenda setting, information organisation and empathic skills. Checking, questioning skills and process tasks were unchanged. There were no significant decreases post-training. In clinical practice with real patients 12 months later, results of retention and decay were mixed with trainees continuing to use Empathic, Information Organisation and Agenda Setting skills in their practice, but tending to revert to the baseline high levels of Questioning from before training, possibly at the expense of Checking and increased Agenda Setting skills. Trainees did well in clinical practice with process tasks, but were not continuing to apply all of the acquired strategies.

Discussion: ComPsych training led to the acquisition of a range of specific patient-centred skills and behaviours and there was a mix of retained and improved skills versus decayed skills still observed in clinical practice approximately 12 months later. The acquisition and retention of some components of the training lends weight to the argument that CST should be provided to all medical doctors in postgraduate training. Booster training may be required to embed communication skills into trainees' clinical toolkits.

P.152

Comprehensive facilitation training project

Abdulsalam Sultan, National Center for Training and Human Development, Iraq

There are considerable reports in media of low patients' satisfaction rate in Iraq. The first program was developed at Iraqi Ministry of Health. The aim was to train a team of facilitators to teach communication skills "CS" at a high standard for Healthcare professionals "HCP" at health directorates all over Iraq.

The program was started in 2016, each health directorate in governorate "fifteen governorates" nominated two interested HCP to participate in ten days intensive course for facilitators at National Training Center "NTC" annually. Experiential learning approach; observation, feedback and rehearsal was main tool for training. Evaluation was based on descriptive feedback using agenda led outcome based analysis. We use an Arabic version of Calgary Cambridge Guides as a framework for learning. Then facilitators at their directorates have been facilitating dozens of courses. With expansion of the project, some of the trainees became facilitators.

Trainees' courses was composed of five days training with home assignments. Participants should submit video recorded encounter for evaluation after two weeks of the course as a final activity of training.

For continuing education of facilitators, we refresh their integrated communication and facilitation skills with short courses annually. Moreover, we use media Viber and You Tube as a teaching tools and forming a CS community of HCP all over Iraq.

More than 3000 HCPs have been participated in training courses till now, CS committee at NTC have been reviewing the evaluation reports of participants with satisfaction rate for all courses were around 80-95%. The committee has been also observing five best trainees' encounters chosen by facilitators to ensure the quality of the training. Finally, the committee send feedback for facilitators for improvement of quality of the courses.

Since 2018, the program has been extended to cover undergraduate study at three medical colleges; Basarah, Kufa and Hawler.

P.153

Communication skills of final year medical students - a pilot-study from Lebanon

Myriam Ghossein, University Of Balamand- Koura, Lebanon, Lebanon
Cadja Bachmann, Medical Faculty of Rostock University, Germany, Germany

Objective: Communication skills are important for the clinical work of doctors. To gather communication competencies among final year medical students, a medical student from the University of Balamand, Lebanon, conducted an online survey on students' communication skills at six universities in Lebanon. This study is part of an international student-led project.

Methods: Based on the Calgary-Cambridge-Guide for the medical interview and supplemented by specific communication skills, e.g. breaking bad news or written communication, the survey comprised 50 questions on communication skills in a 6-point-scale rating (6= I feel very confident, 1= not confident at all). The survey was sent to 377 final year students in Lebanese medical schools. 42 final year students filled the entire survey and were taken into analysis, 24 students were either not final year students or they did not complete the survey. Only two students commented in free-text.

Results: The total response rate was 24.1 %, 11.1% were taken into analysis. Mean age of the participants was 24.6 years, 38.0 % were male. The answers ranged from 'I feel very confident' to 'not confident at all'; means ranged between 5.67 and 3.0. On average, final year students felt rather confident (> 4.5) in 41 communication skills. Highest competencies (> 5.0) were observed in showing respect, initiating the consultation, listening skills, empathy, non-judgmental behavior and in taking the actual, past and family medical history. Lower competencies (< 4.5) were stated in taking a sexual history, gathering psychosocial aspects, breaking bad news, information giving and in written communication/documentation (e.g. referral, death certificate).

Conclusion: On average, Lebanese medical students self-assess their communication competencies as appropriate or high. Still, certain oral or written skills could be broadened. Some individual students stating weak competencies need stronger support. To confirm these findings, further investigation in larger cohorts and summative assessments are needed.

P.154

Assessing Clinical Communication Skills on a Healthcare-specific English Language Test

Brigita Seguis, Cambridge Assessment English, United Kingdom
Samuel Johnson, Cambridge Assessment English, United Kingdom

When applying to work in an English-speaking country, healthcare practitioners are normally required to provide evidence of adequate language proficiency. One of the available options is the Occupational English Test (OET), which assesses candidates' English language ability and clinical communication skills in the healthcare context. While assessment of clinical communication skills has been investigated in numerous studies, little is known about how clinicians engage in clinical communication when it is framed within a language test.

The present study aims to address two research questions:

- Are there any significant differences in candidates' performance on the OET clinical communication criteria by age, gender, and geographical region?
- Is there a correlation between candidates' performance on the linguistic and clinical communication criteria?

The data for the study consist of OET Speaking scores from 34,471 doctors. Descriptive and inferential statistics (t-test) were used to determine the relationship between candidates' clinical communication scores and the variables outlined in (1). Linear correlational analysis was performed to answer research question (2).

Score analysis showed that on average, female doctors outperformed male doctors on both language and clinical communication ($p < 0.05\%$). Age was another decisive factor, with statistically significant

differences ($p = <0.05\%$) observed between candidates under 30 (highest scorers) and over 50 (lowest scorers). Doctors who sat the test in English-speaking countries achieved highest average clinical communication scores, whereas doctors from the Indian sub-continent achieved lowest average scores. Finally, a moderately high correlation (0.4) was observed between doctors' performance on linguistic and clinical communication criteria.

Age and gender differences reported in this paper further confirm the findings of the previous studies related to other assessment and clinical contexts (Roter 2002, GMC PLAB reports). While there is a moderately high correlation between higher language scores and higher clinical communication scores, language ability does not appear to be the decisive factor.

P.155

Student to student short-term courses of communication skills in Russia: influencing motivation

Daria Moseeva, Saint-Petersburg State Pediatric Medical University, Russia

Aleksandra Rykachevskaia, Saint-Petersburg State Pediatric Medical University, Russia

Larisa Sahno, Saint-Petersburg State Pediatric Medical University, Russia

Background: Delivering clinical communication skills to undergraduate medical students is an important part of medical education. The fields of communication and pediatric-specific skills are poorly researched and taught in our developing country. There are only a few groups on a volunteer basis in medical universities. We report on the developing and implementing student to student volunteer based clinical communication skills short-term courses with emphasis on pediatrics and students' assessment of this program.

Methods: We drew up a short-term clinical communication skills program with emphasis on pediatrics based on the Calgary-Cambridge model and delivered it twice during one semester in small groups. We organized 3 meetings per group, 2.5 hours each. We asked the students to evaluate the program on some aspects including skills relevance, interest and competencies using 5-point Likert scales before and after the course. They could also add free text comments.

Findings: Thirty five of the 53 (66%) student feedback forms were completed. The average importance score of a partnership model of communication increased from 62% to 88%, of ICE-questions from 57% to 89%. New knowledge about communication skills was received by 86% of the students, 72% of them felt that they gained new competencies during the workshop.

Discussion: According to the feedback from the participants of the program communication skills are admitted to be a highly rated competence in medical practice. Student to student short-term courses of communication skills accounting the lack of the systemic approach to this discipline in healthcare education could increase the motivation to the further exploration in this field. Focus on the student to student education is a qualitative tool for a rapid initiative of the relevant course. Interviewing the undergraduate students and young doctors would help the communication skills researchers understand the correct agenda better and develop the systemic educational program.

P.156

How Clinical Communication Sessions prepared me for the Adolescent and Young Adult Cancer Placement

Simran Goyal, University of Cambridge, United Kingdom

Deborah Critoph, University of Cambridge, United Kingdom

Helen Hatcher, Cambridge University Hospitals NHS Trust Foundation, United Kingdom

Background: Adolescents are frequently described by health care professionals as being the most difficult patient group to communicate with. Their needs and that of parents or relatives needs to be dealt with sensitively and confidently. After identifying that medical students struggle with balancing multiple agendas and talking to adolescents, a focused teaching session was introduced for them. This abstract is an evaluation of the teaching intervention from the perspective of a medical student.

Methods: Intervention: Medical students undertake experiential learning through clinical communication skills (CCS) sessions. This involves 6 students in a room with a facilitator and a role player. Students take it in turns to practice a scenario with the role player. A new session was introduced called “Complex Clinical Communication” involving triadic interviews and communicating with adolescents using a psychosocial assessment framework called HEEADSSS.

Evaluation method: This is a medical student’s reflections on how this teaching session influenced their communication with adolescents during their time on the adolescent and young adult (AYA) cancer placement.

Findings: Choosing to be on the adolescent and young adult cancer placement I was able to put the skills I had learnt into practice and found that:

- Practising triadic communication is an essential part of the medical school curriculum.
- The psychosocial assessment tool enables better engagement with adolescents.
- CCS sessions give students the confidence to make the most of opportunistic learning on the wards.

Discussion: From a medical student perspective, this CCS session was an effective way to enable me to conduct more productive medical consultations both in GP and during my time on the TYAC ward. Medical school curricula should be developed to include triadic communication teaching and more sessions involving different techniques to sensitively asking relatives to leave the room during the consultation- an essential part of good practice.

P.157

Online communication between medical students and patients in lifestyle modification

Andy Ward, University of Leicester, United Kingdom

Ron Hsu, University of Leicester, United Kingdom

Jane Bethea, University of Leicester, United Kingdom

Background: In the UK, the GMC Outcomes for Graduates state that newly qualified doctors must be able to “to help and empower people to achieve the best health possible, including promoting lifestyle changes”. In the second year at Leicester Medical School, students work in small groups, communicating online with a real patient to assess their lifestyle and support them in making changes to improve their health.

Methods: Using an online medical records system students work as a group, communicating electronically with a patient. After the patient completes an online lifestyle assessment, the students identify suitable targets for lifestyle modification. Using techniques learnt elsewhere in the curriculum, the students encourage the patient to make changes and provide ongoing support. Focus groups were conducted to evaluate the intervention.

Findings: Patients found the online lifestyle assessment easy to complete and felt it made them think more carefully about their lifestyle. Students occasionally struggled to identify targets for intervention, especially in already well-motivated patients. The asynchronous nature of the online communication was helpful in allowing patients and students time to consider their responses. Patients were more likely to make successful lifestyle changes when student groups engaged well in the task, provided personalised advice and regularly checked on the patient’s progress. The remote nature of the communication did not create significant barriers to the intervention.

Discussion: A shared electronic patient record provides an excellent opportunity for medical students to practice the assessment of lifestyle and to utilise lifestyle modification techniques in an authentic situation. Most patients found the online approach acceptable and many of them made positive changes as a result of the intervention. Medical students are potentially an untapped resource in helping patients to adapt healthier lifestyles. The use of asynchronous text-based communication was convenient for patients and students.

P.158

How to stop practicing clinicians ruining all your communication skills teaching...

Paul Kerr, University of Exeter, United Kingdom
Jen Blackman, University of Exeter, United Kingdom
Sarah Bradley, University of Exeter, United Kingdom
Chris Bower, University of Exeter, United Kingdom
Carolyn Charman, University of Exeter, United Kingdom
Thomas Fox, University of Exeter, United Kingdom
Malcolm Hilton, University of Exeter, United Kingdom
David Leeder, University of Exeter, United Kingdom

Background: Qualified clinicians are rarely observed in practice. Over time their communication skills may become idiosyncratic and diverge from the communication skills curriculum. They may undermine existing communication skills teaching. At best they can confuse students; at worse they can adversely affect their communication style once qualified. A common example of this would be of the student who is directed to ask a series of closed questions of each and every patient lest they miss out the 'critical detail' of the history rather than employ open questions and active listening.

Methods: We have developed a two-day training programme for faculty doctors on modern methods of communication skills teaching. We use the ALOBA method developed in Cambridge and follow the Cambridge-Calgary approach. Delegates act as tutors, teaching medical students from years one to five, from simple introduction, through to dealing with complex scenarios such as breaking bad news and dealing with anger. Volunteer students and standardised patients recreate existing communication skills sessions taught in our clinical skills laboratory.

Findings: Our approach has helped working clinicians understand the methods used for teaching communication skills, has reduced the hidden conflict between what is taught in our clinical skills laboratory and the clinical environment, and has improved clinicians' willingness to watch, and be watched, communicating with patients. The course receives excellent feedback; 94% of the sessions are rated positively; 100% of delegates reported that the course met their overall objectives; qualitatively candidates report in their feedback how their teaching will be more student led, and how they felt inspired to watch students communicate in real time more as a result of the course

Discussion: We present an approach to harmonise the teaching of communication skills between the laboratory and clinical environments that is efficient, well received and effective.

P.159

Training North American Surgical Residents to Communicate with their Patients: A Scoping Review

Muneera Kapadia, University of Iowa, United States
Edmund Lee, Inova Fairfax Medical Campus, United States
Heather Healy, University of Iowa, United States
Jonathan Dort, Inova Fairfax Medical Campus, United States
Marcy Rosenbaum, University of Iowa, United States
Anna Newcomb, Inova Fairfax Medical Campus, United States

Clear and compassionate communication with patients is critical in surgical practice. While there are clear benefits to communication skills training, in North America there is no standardized communication curricula for surgical trainees; surgical program directors must generate their own curriculum and skills assessments. This scoping review explores patient-focused communication training in surgical residency programs in North America.

Methods: This scoping review was conducted according to PRIMSA guidelines with a literature search of English, peer-reviewed articles published prior to June 2019 identified through MEDLINE, EMBASE, Cochrane CENTRAL, Web of Science and ERIC, as well as manual reference review. Eligible peer-reviewed articles described physician-patient communication education for surgical residents in North America. Abstracts were screened by two reviewers using Covidence software. For articles meeting criteria, data on study setting, participants, educational techniques, and skills focus were extracted and analyzed.

2418 articles were initially identified and 71 full-text articles were reviewed. Thirty-five articles met the study criteria. All articles were published from academic hospitals. Most of the communication skills education focused on bad news delivery, followed by a range of topics, including end-of-life discussions, medical error disclosure, shared decision-making, and informed consent. Many described teaching “general communication skills” and “empathy” as well as “professionalism.” The majority focused on general surgery residents and education commonly included lectures with simulation. Most curricula described a single session dedicated to communication skills training; however, nine institutions described multiple training sessions.

While several surgical programs have published communication skills curricula, more exploration is required to understand how many programs have regular and ongoing communication skills education. Communication skills training is a necessary part of surgical education and should be a focus for all programs. Our results may serve to guide standardized curricular development using best practices for patient-focused communication skills education.

P.161

A new norm: an analysis of Singapore’s digital interventions during the COVID-19 pandemic

Sarah Fraser, Associate Professor, Dalhousie University, Canada

Divya S, University of Miami, United States

Aruna Dhara, Dalhousie University, Canada

The novel coronavirus has had global technological impacts which we are only beginning to understand. The pandemic has resulted in an increased use of digital technologies and communication strategies for public messaging. Many aspects of life were shifted online, as isolation and quarantine measures were enacted on a spectrum of gentle recommendation to strictly enforced laws. Singapore, an island city in Southeast Asia, adopted digital communication and enforcement tools earlier than many other countries during the pandemic. These technologies included Trace Together, an app that uses bluetooth technology for contact tracing, and online campaigns such as the SG United campaign and the Stay Well to Stay Strong movement, which use various digital media platforms to support mental and physical well-being. Government and health authorities also relied on digital communication to promote specific behaviors, such as physical distancing, wearing a mask and handwashing to prevent the spread of the virus. Our methodology includes outlining the details of Singapore’s digital communication strategies, beginning with an assessment of whether these were evidence-based. We analyze uptake rates for optional government applications web-based tools with public health data. Finally, we examine the limitations of these digital interventions including an analysis of social tradeoffs. Critics have voiced concerns over privacy, limitations on personal freedoms and the applicability and efficacy of these interventions with respect to migrant workers. This is especially salient as this marginalized group has been disproportionately affected by COVID-19. As other jurisdictions look to widespread rollout of digital technologies in response to the pandemic, Singapore provides important lessons and cautions.

P.162

Best Practices in Art Therapy Telehealth Communication: Perspectives from the Middle East

Alan Weber, Weill Cornell Medicine - Qatar, Qatar

Natalia Gómez-Carlier, ATIC Psychological & Counselling Center, United Arab Emirates

Mariam El Halawani, ATIC Psychological & Counselling Center, United Arab Emirates

Sara Powell, ATIC Psychological & Counselling Center, United Arab Emirates

Object: The research reports on novel communication challenges when translating art therapy clinical encounters to online environments in the Arabian Gulf.

Background: Due to COVID-19 restrictions, three certified art psychotherapists in the United Arab Emirates (UAE) moved their in-person clinical sessions to online videoconferences in Zoom.com from March-June, 2020. This is the first time that digital art therapy has been offered in the Gulf region. With future uncertainties about coronavirus, and some clients now preferring virtual environments, online psychotherapeutic clinical encounters may become standard practice.

Methodology: A literature review on communication in telehealth was carried out. Communications best practice guidelines issued by the professional organizations BAAT / AATA / ANZACATA / APA / ACH / AMA were also consulted. To understand emerging communication issues during the online transition, the clinicians analyzed thematically their non-clinical professional notes and their own reflective art work. In addition, the therapists reviewed evaluations from their online art therapy training program.

Results: Despite initial therapist resistance to online therapy, both therapists and clients discovered new ways of communicating. For example, children used the chat function to enhance private communication. The therapist-client dynamic sometimes shifted with younger clients feeling empowered by displaying their technological literacy. Opportunities for co-creation increased. The less formal online environment altered communication boundaries as therapists virtually entered the client's home space, offering opportunities for inter-family interaction and providing valuable diagnostic information. Two serious challenges identified were: maintaining communication privacy, and difficulties in viewing the clients' real-time art-making process reduced diagnostic information.

Conclusion: Online art therapy must be recognized as a sometimes necessary therapeutic environment and communications practices will need further research, specifically in the context of Islam and Gulf culture. Effective clinical communication in online therapy sessions can take place with a proper understanding of the strengths and limitations of the technological media.

P.163

Telehealth in practice: comparing interaction in telehealth and face-to-face consultations

Sarah White, Macquarie University, Australia

Amy Nguyen, Macquarie University, Australia

John Cartmill, Macquarie University, Australia

Background: Telehealth has quickly become an important dimension of clinical care across the health system as a result of COVID-19. Telehealth has been adopted by a variety of clinicians including surgeons and specialists. In contrast to face-to-face clinical consultations, there is a paucity of research into the interactional practices of telehealth. Research shows that specific guidance and training is required for implementing telehealth effectively. This project focuses on surgeons and specialists, and questions the implicit assumption that consultation skills transfer from face to face to telehealth.

Methods: We recruited three doctors at a metropolitan gastrointestinal clinic, with an aim to record a total of 40 consultations over a period of three months. Telehealth consultations will be recorded and

transcribed verbatim and data will be analysed using the inductive approach of conversation analysis and interactional linguistics. The results of this analysis will then be compared to face-to-face surgical consultations from an existing data set available for secondary analysis and with published guidelines and policies for telehealth.

Findings: The analysis will provide insights into the complexities of interaction in telehealth, with a description of the sequential and structural organisation of telehealth communication. In this presentation, we will focus on our initial analysis, which will cover interactional challenges identified by Shaw et al (2020), particularly the opening of the call and dealing with disruptions.

Discussion: These findings will help inform more robust support for doctors using telehealth and provide specific advice about effective strategies for managing key interactional challenges of conducting such consultations. They will also be used to inform internal training at the clinics and hospital where the research is being conducted using Conversation Analytic Roleplay Method.

P.165

Social media focused on lung cancer and COVID-19: A content analysis of Twitter messages

Kristin Maki, The University of Texas MD Anderson Cancer Center, United States

Katy Harris, University at Buffalo, The State University of New York, United States

Background: Due to COVID-19's effects on the lungs, individuals with lung cancer may have a higher likelihood of complications from the virus if contracted. Additionally, routine care has been disrupted as a result of precautions for slowing the virus' spread. The present study examines Twitter messages (tweets) pertaining to lung cancer and COVID-19 to better understand the types of information being shared in this context. Specifically:

RQ1: What types of content are included in messages about COVID-19 and lung cancer?

RQ2: What are the most prevalent message sources?

Methods: Tweets containing “#LungCancer” were mined using the rtweets package in RStudio. This retrieved English language tweets from the past 10 days and was repeated twice (early and mid-June 2020). Only tweets containing key words relating to COVID-19 were retained (n = 110). Two coders independently coded the sample with acceptable reliability (Kappa = .94). Finally, the screen name for each tweet source was looked up and categorized.

Findings: In the present analysis, nearly half of messages focused on awareness or resources relating to lung cancer (44%). Other top categories included general mentions of COVID-19 (27%), effects related to lung cancer (17%), and research in progress (16%). Individuals were the most frequent source of tweets (51%); this included researchers, clinicians, patients, and others. The second-most frequent source was organizations that serve as foundations and advocacy/education resources (22%).

Discussion: The results of this preliminary analysis show that most tweets containing COVID-19 key words referred readers to other resources, generally in the form of webinars or other information sources. Individuals were the most frequent content source. Additional data collection and analyses are planned. Possible implications from this research include a need for timely, relevant, and accurate information to be shared on this platform for both expert and general audiences.

P.166

COVID-19 Information Overload and preventive behaviours after French lockdown

Julien Mancini, Aix-Marseille Univ, Inserm, IRD, APHM, France

Martin Breyton, APHM, France

Alexandra Rouquette, AP-HP, Université Paris-Saclay, Univ. Paris-Sud, UVSQ, France

Background: Despite national efforts to provide clear messages, many information about COVID-19, including divergent and non-validated information, was available in the media. Our aim was to validate the COVID-19 Information Overload (CovIO) scale, to describe the level of information overload in this specific context, and its association with knowledge and preventive behaviours.

Methods: the CovIO scale was an adaptation of the Cancer Information Overload Scale (CIO, Breyton et al. under review) scale replacing throughout its 5 items the term “cancer” by “coronavirus (COVID-19)” (possible range 5-20). An online survey was conducted among 1 003 representative French participants from an online panel (IPSOS i-say) between May 27th and June 5th, i.e. between 2 and 4 weeks after the end of the complete lockdown in France. This survey collected sociodemographic characteristics, a few questions about COVID-19 knowledge and preventive behaviours, and the CovIO or CIO scale (for two subsamples of 50% of participants randomly selected).

Findings: Among the 503 respondents to CovIO scale ($\alpha=0.81$), the average score (14.2) was higher ($p<0.001$) compared to the CIO scale (13.3, $n=500$, $\alpha=0.86$). CovIO was lower among participants with a diploma higher than high school and higher among those who did self-reported COVID-19 infection in their household. After controlling (partial r [pr] correlation coefficient) for education level, age and infection in the household, CovIO was associated with less confidence in “barrier gestures” effectiveness ($pr=-0.12$), and more close contact with people outside the household ($pr=0.14$).

Discussion: A few weeks after lockdown, COVID-19 Information Overload was non negligible, particularly among lower educated and previously infected participants. It was associated with lower knowledge and more risky behaviours. Future analyses should investigate more completely the potential barriers to preventive behaviours in this context.

P.167

The Use of Digital Tools within Physiotherapy: How COVID-19 influenced Facilitators and Barriers

Sara Keel, Haute Ecole de Santé Vaud, University of Applied Sciences and Arts Western Switzerland, Switzerland

Fabienne Keller, HESAV, University of Applied Sciences and Arts Western Switzerland (HES-SO), Switzerland

Anja Schmid, HESAV, University of Applied Sciences and Arts Western Switzerland (HES-SO), Switzerland

Veronika Schoeb, HESAV, University of Applied Sciences and Arts Western Switzerland (HES-SO), Switzerland

The use of digital technology in health-care has become increasingly important and its potential to improve the latter has been recognized (Hinman et al. 2017; Lambert et al. 2017). However, interview-based studies report that its adoption within physiotherapy is rather low and its potential to increase patients' self-management, adherence to home exercise programs, etc. underexploited (Button et al. 2018; Blumenthal et al. 2016; Postelacho et al. 2017).

This paper is part of a larger study. By adopting an ethnographic approach, 1) it investigates how digital tools are used in physiotherapy consultations, and 2) identifies facilitators and barriers to its use. From February to June 2020, we observed 45 physiotherapy consultations in two different outpatient clinics in German-speaking Switzerland, and interviewed 13 therapists about their use and perception of digital tools within physiotherapy. We also collected information of 50 participating patients regarding age, gender, use and attitude towards digital tools. Due to COVID-19 pandemic restrictions, the ethnographic data collection was interrupted for three months (March-Mai 2020).

In this contribution, we present 17 interdependant factors that facilitate or hinder the use of digital tools within physiotherapy, by distinguishing three levels: the Swiss health system level (macro-), the institutional level (meso-), and the interactional, individual physiotherapist-patient level (micro-level). Pre- and post COVID-19 observational and interview data suggest that certain factors proved particularly relevant for facilitating physiotherapists' adoption of digital tools during the period, in which face-to-face consultations were restricted to emergency cases.

Our observations and interviews give insight on how a flawless use of digital tools in physiotherapy arises from the complex interplay between various factors and help outline the conditions under which digital tools allow to maintain health services during extraordinary situations like the COVID-19 pandemic.

P.168

Teaching and assessing communication skills online during lockdown

Sarah Bradley, University of Exeter, United Kingdom

Paul Kerr, University of Exeter, United Kingdom

Background: During the Covid-19 pandemic, face-to-face clinical communication skills teaching and assessment has been cancelled. Without the guidance of existing models for online delivery, innovation has been essential to ensure the continuation of teaching and assessment during the present, and possible future periods of lockdown.

Methods: The University of Exeter rapidly moved all roleplay-based small –group communication skills teaching to remote online sessions on Microsoft Teams. The communication skills curriculum for all years of the BMBS programme continued without interruption and the use of simulated patients for role play provided students with an alternative to real patient interaction during lockdown. Building on this success, we delivered a formative online OSCE in June to 120 Year 4 medical students. Each student undertook two twenty minute telecommunication OSCE stations, immediately followed by verbal feedback from the examiner and simulated patient. The stations assessed history taking, communication skills and clinical reasoning. Electronic marking using iPads enabled contemporaneous data collection, efficient standard setting and prompt publication of results.

Findings: The online teaching and OSCE were positively evaluated by all involved. We would be pleased to share our experience of running a large and comprehensive programme of communication skills teaching and assessment remotely. We will present feedback on our methods from students, academic staff and professional services including psychometricians.

Discussion: This model for online OSCEs provides a valid, authentic and feasible approach to assessment of communication skills. Should Covid-19 continue to disrupt clinical assessment, online OSCEs can offer an alternative to face to face assessment.

We now have a robust process in place to ensure that OSCEs can be delivered remotely in the future should the need arise and have demonstrated the feasibility of assessing telecommunication in OSCEs.

P.169

Changing the Paradigm of Health Profession Education in the time of COVID 19

Claire Condon, Royal College of Surgeons in Ireland, Ireland

Maria Morris, Royal College of Surgeons In Ireland, Ireland

Claire Mullhall, Royal College of Surgeons in Ireland, Ireland

Background: Containment measures introduced worldwide to flatten the curve of the Covid pandemic demanded a prompt reconsideration of existing pedagogical approaches to health professions education, the removal of students from clinical site and immediate conversion to online delivery. Full transition to distance-learning, including online video consultations with simulated patients, on line skills tutorials with equipment couriered to individual students and on line clinical examinations was implemented on the Masters in Surgical Training Program.

The aim of the work is to evaluate the impact of this major paradigm shift on the engagement welfare, self-confidence and perceived preparedness of students. Learnings are also sought from faculty and

administration staff who delivered and ran the program. The world has change and educationalists need to be prepared for the impact of distancing measures and travel restrictions.

Methods: Data was collected by semi structured focus groups conducted by videoconferencing with learners, faculty and course coordinators. Transcribed recordings were coded and thematically analyzed by 3 researchers using the qualitative data analysis software NVivo 11 Pro. A descriptive inductive approach was taken focusing on causal mechanisms and exploring the necessary conditions for success.

Findings: The views and perspectives of the learners experiencing our new approaches to teaching, the coordinators organizing and supporting these new approaches and faculty delivering on-line will be presented. Preliminary themes include student engagement, faculty burnout, IT technical issues.

Discussion: It is envisaged that this work will help inform future developments to educational methodologies for the wider HPE student body.

P.171

Talking about Chronic Pain in Later Life

Gilles Merminod, Lausanne University Hospital, Switzerland

Pascal Singy, Lausanne University Hospital, Switzerland

Imane Semlali, Lausanne University Hospital, Switzerland

Ana Terrier, Lausanne University Hospital, Switzerland

Orest Weber, Lausanne University Hospital, Switzerland

Background: Among the many health issues affecting the elderly, the difficult management of chronic pain in later life is a case in point, where part of the solution relies upon everyday communication. With this situation in mind, we carried out a study aiming to better understand the elders' communicative practices relating to chronic pain: Is chronic pain a topic within elders' social networks? If so, when, how and why?

Methods: Within an applied linguistic perspective, we interviewed 50 elders from French speaking Switzerland, between 75 and 95 years old, suffering from chronic pain and without major cognitive troubles. We then carried out a qualitative analysis in order to map the elders' personal network and to identify their communication practices and needs.

Findings: Elders' social networks include between 1 and more than 30 persons of importance. These networks are in the most part family-oriented and feature a specialization of relationships. The primary interlocutors in the communication of chronic pain are health practitioners and friends of the same age. Family members are those with whom the elderly tend to avoid talking about pain.

Elders generally tend to express few communicative needs. Barriers to chronic pain communication relate to elders' self-restraints (negative evaluations surrounding troubles talk, banalisation of pain in later life, fear of threatening social relations) as well as their interlocutors' features (difference of age or gender, different experience of pain) and behaviours (showing no interest, being in a hurry, lacking of communicative abilities or of health literacy).

Discussion: Our findings evidence a series of fine-grained grids that allow the elderly to adjust their communicative practices about pain to the audience with whom they are talking. Health professionals and other caregivers should better know these communicative resources and ideologies.

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Introducing cross-cultural education in palliative care: a study in Switzerland

Pascal Singy, Lausanne University Hospital, Switzerland

Orest Weber, Lausanne University Hospital, Switzerland

Imane Semlali, Lausanne University Hospital, Switzerland

Background: Despite the increase of cultural diversity among patients in palliative care, few studies address the challenges relating to interactions between migrant patients and clinicians and the training needs of the latter. Our study aimed at: 1. exploring palliative care clinicians' difficulties in communicating with diverse patients and their interest in cross-cultural education; 2. investigating opportunities for the implementation of cross-cultural education in palliative care; 3. developing relevant recommendations.

Methods:

1. We sent an online-survey to all clinicians (440) working in palliative care in French and Italian speaking Switzerland. The survey contained questions about their difficulties in communicating with linguistically and culturally diverse patients and about their interest in various aspects of cross-cultural education. We used statistical analysis.
2. We conducted 4 focus groups with experts in palliative care and cross-cultural communication, exchanging about effective ways of implementing cross-cultural training in palliative care curricula. We used thematic analysis.

Findings: A large number of clinicians reported communication problems with migrant patients, mainly related to patients' specific difficulties (e.g. linguistic and financial situation) and their representations about end-of-life. Among the clinicians, the interest in cross-cultural training was very high. Focus groups' experts expressed the necessity to train all clinicians concerned by end-of-life care. For them, a good training allows clinicians: to understand some basic yet complex concepts (culture, diversity); to be conscious of their own cultural background; to be able to communicate about cultural misunderstandings; and to collaborate efficiently with interpreters.

Discussion: This study has shown that participants all agreed on the need to implement cross-cultural education in end-of-life care, and attests the feasibility of future training initiatives. The next step of this project is to collaborate with training managers to modify curricula, by introducing new contents in existing trainings, to develop and test new didactic approaches.

WIP.P.1

Function of Facebook Groups for Cancer Patients: A content and discourse analysis

Çağlayan Akpınarlı, Galatasaray University, Turkey

I am a Media&Communication Studies PhD-student, working on health/science communication. I am currently working for a Nursing undergraduate programme as an Academic&Administrative Coordinator, that provides me a better understanding of healthcare education nurturing my studies in health communication as a media scholar.

This PhD dissertation research is being conducted under the supervision of an adviser, aims to understand the function of Facebook groups for cancer patients.

Background: Cancer, as a life treating disease, contains uncertainties and its treatment methods has a variety of side effects leading patients/their families to seek support and new information sources to overcome the related problems. Social media is one of the tools for them to reach out people experiencing similar phases. The purpose of this qualitative research is to improve our understanding of information/content flow of Facebook groups dedicated to individuals affected by cancer. Aim1) is to describe admin/moderator's experiences in the role of managing cancer related Facebook groups, aim2) is to describe the information seeking/sharing behaviours of individuals affected by cancer on the cancer specific Facebook support groups.

Methods: Admins of ten Facebook groups, dedicated to cancer patients with the highest number of members, were invited in a semi-structured interview. In addition to the interviews with admins, the posts of these groups are screened for a 6-month period (August 2019-January 2020). Discourse and content analysis are conducted to the admin interviews and the content of posts. The posts are categorized based on health literacy concept framework and their narrative while describing their journey.

Preliminary findings: The preliminary codes from the admin interviews are: a) Barriers to reach up-to-date information (availability of information mainly in English creates a language barrier for non-English speakers), b) Threats created by the members of the group (alternative treatment supporters or opponents of chemotherapy are seen as threat for cancer patients) and c) Motivations for joining the groups (to get psychological support)

Preliminary implications of research: The findings will help us to understand the perceptions of admins to create such a group, and also to analyse the content shared by the individuals affected by cancer that are the members of the groups.

Request for Feedback: It would be fruitful for the research to get feedback on the health literacy concept and other theories that can be applicable in conceptualisation of social media utilization to improve health communication/education.

WIP.P.2

Transdisciplinary Art Magazine Model to build Resilience and Combat Burnout in Medical Students

Michael Gilbert, University of Dayton, United States

Anam Hussian, Wright State University Boonshoft School of Medicine, United States

Medical students' ability to build resilience can be trying throughout their time in medical school due to constant studying, clinical work, and maintaining personal relationships; it may be difficult for students to maintain professionalism and not fall victim to compassion fatigue as future physicians. Boonshoft School of Medicine has partnered with the Institute of Applied Creativity for Transformation at the University of Dayton to come up with an innovative, education-level approach to building resilience and combatting compassion fatigue. Stepping Stones was created with a transdisciplinary approach as an artistic magazine for medical students, which provides individuals with a self-reflection outlet and a trusting environment where students share and relate with the same community of students through a different means. The prototype, Volume 1, was given to first-year students of the Class of 2022, as they were introduced to Stepping Stones and building resilience, with Volume 2 following a similar technique. After re-evaluating effectiveness, a pivot occurred with Volume 3. The Class of 2022 was requested to submit short stories, poetry pieces, and artwork, and Volume 3, which contained these pieces, was distributed to first-year students of the Class of 2023, as well as the now second-year students of 2022. The submission population was chosen to demonstrate the importance of participating in hobbies outside of medicine to first-year students such as creative writing or photography. Through evaluating student responses, we have found an increased interest in artistic endeavors and an increased self-reported drive to manage stress through varying creative means. Given this preliminary research, the goals of this project will be to continue to create new volumes that are tailored and shaped to maximize the student's ability to build resilience, with hopes that building habits of stress management will lead to a diminishing in compassion fatigue as future physicians.

WIP.P.3

Medical students' beliefs about the SPIKES protocol. Do they undermine or support teaching?

Anna Przysucha, Medical Univeristy of Lublin, Poland

The presenter is a 4th year MD student. The presenter is working with the mentor on this project and has no funding supporting this project.

Background: In 2012 the Higher Education act of the Republic of Poland implemented a new standard of education based on a curriculum dividing the learning effects into: knowledge, skills and competencies. The new system cancelled the 13-month internship period at the end of the 6-year medical program. The curricular changes aimed to convert the educational system into a 6-year program where the last year of

education consisted of a reviewing Practical Clinical Teaching year. The new law indicates (among others) teaching medical students protocols of discussing serious news e.g. SPIKES

The state primary objective is to explore medical students' beliefs about the SPIKES protocol. The main research question is whether medical students' beliefs undermine or support teaching and learning process. The aim of the study is to describe beliefs about the SPIKES protocol and compare it with the OSCE results.

Methods: A mixed methods approach by using triangulation is adopted to collect evidence. Through the use of a literature review, a semi-structured interview and a questionnaire survey data will be first gathered and then analysed.

Participants of the study are 4th and 6th year MD students.

Preliminary Findings: Are not yet available .

Preliminary implications of research: Research aims at better understanding of the students perspective. Exploring students' beliefs would help to identify barriers for teaching and learning SPIKES protocol.

Request for feedback: The presenter would like to have discussion about ethical issues of the project. Comparing students' beliefs with their OSCE score would be difficult if the data are anonymous.

WIP.P.4

Healthcare Innovation and Technology Capstone

Hajar Shirley, Rutgers University, United States

Background: The Healthcare Technology & Innovation Capstone is a newly formed collaboration with Rutgers University, Robert Wood Johnson Medical School, and global healthcare industry leaders. Students work on an existing problem or unmet need related to medical education or clinical care in which digital healthcare technology can serve as a solution. Students present their final communication healthcare innovation to a panel of industry leaders and interdisciplinary faculty members across Rutgers University.

Methods: Students learn design thinking methodology and healthcare industry best practices while partnering with healthcare industry leaders and peer mentors for guidance on how to solve the healthcare communication technology problem. Knowledge of human-centered design thinking methods is assessed before and after course. Students are provided with career guidance and pathways to employment in healthcare communication and technology field.

Preliminary findings: TBD

Preliminary implications of evaluation – Students have demonstrated increased knowledge in design thinking. Healthcare technology solutions have shown potential to address health communication challenge in medical education.

Request for feedback: We are partnered with a global healthcare industry leader and would like to pilot this model with other academic institution around the globe? How might we expand this new teaching model and identify global academic partners? What would be global evaluation and assessment measures?

THURSDAY 10 SEPTEMBER 2020

09:00 – 10:00

Orals - Teaching about emotions

O8.1

Evaluating an 'empathy-focused' curriculum for Foundation Year medical students

Lead Presenter:

Rachel Winter, University of Leicester

Authors:

Rachel Winter, University of Leicester, United Kingdom

Sam Adcock, University of Leicester, United Kingdom

Nicola Walker, University of Leicester, United Kingdom

Andrew Cook, University of Leicester, United Kingdom

Andrew Ward, University of Leicester, United Kingdom

Karl Herbert, University of Leicester, United Kingdom

Background: Clinical empathy is recognised as essential for healthcare professionals, with benefits for patient care, and practitioner health. Those in education are increasingly invested in promoting empathy in medicine. Leicester Medical School (LMS) is the first in the UK to develop a mandatory empathy-focused curriculum for Foundation Year medical students. The Clinical Empathy Programme (CEP), alongside a person-centred medicine module is rich in experiential learning and aims to develop and nurture empathic approaches to patient care. Our goal is to support students coping with high academic demands whilst maintaining and continuing to develop empathy throughout their medical career.

Method: Medicine with Foundation Year students at LMS were included. We used a pre-post design to evaluate the effectiveness of CEP, using the Jefferson Scale of Empathy Student-Version (JSE-S) to measure empathy pre- and post-intervention. Students attended an empathy-focused five-week medicine module and four additional training sessions. Teaching activities were designed to enhance students understanding of clinical empathy and nurture an empathic, person-centred approach to medical practice.

Findings: Fifteen students completed CEP. The pre-intervention JSE-S group mean was 122 (SD 11) and post-intervention mean was 130 (SD 9). A two-tailed P value was 0.0027. Twelve of the 15 students improved their empathy score, one remained the same and two students had a lower score. On average, students had improved their empathy score by 10 points. In comparison with the norm data, over 60% (10 students) could be classed as 'high empathy scorers', with no students falling below the cut off for 'low empathy scorers'.

Discussion: Initial findings are encouraging. Medical educators increasingly recognise the benefits of empathy-training but understanding the most effective methods of teaching clinical empathy and evaluating outcomes, particularly long-term effects, is still poorly understood. Further research is needed if empathy-interventions are to be routinely recommended.

O8.2

Emotional care teaching for year 1 medical students (SAGE&THYME)

Lead Presenter:

Sarah Shepherd, University of Manchester

Authors:

sarah shepherd, University of Manchester, United Kingdom

Nicky Barr, University of Manchester, United Kingdom
Claire Mimmagh, University of Manchester, United Kingdom

Introduction: Within the first month of medical school students' students meet patients to hear their healthcare experiences. Students have reported anxieties about dealing with their own and others' emotions when talking to patients. The SAGE&THYME foundation level workshop (S&T FL) is an established and evidence based course teaching the communication skills needed to provide person-centred support to someone with emotional concerns.

Method: The S&T FL workshop was delivered to year 1 medical students, within their first semester as a 2 hour compulsory workshop (30 participants). This is the first time this workshop has been delivered to medical students. Before the workshop students answered the question 'What is your first thought about speaking with a patient or their relative who is in distress?' A post workshop evaluation form was administered; it inquired about confidence, willingness and behaviour change in regard to speaking with someone in distress.

Results: 327 (78.6%) completed the preworkshop question, 357 (86%) completed the post workshop evaluation. Preliminary analysis of pre workshop evaluation showed student's reported feeling nervous about talking with someone in distress, in particular fearing they may make the situation worse. Post workshop evaluation students listed practical strategies such as structure to support their conversations and rated themselves as confident (8.29/10) and willing (8.25/10) to talk about emotions and felt the workshop was likely to influence (8.6/10) their practise. Two months later 81% of students reported that SAGE&THYME impacted the way they spoke with patients. The presentation will present data from 2 cohorts (2018-19 and 2019-20)

Conclusion: The S&T FL workshop was effective in supporting students with practical strategies for undertaking conversations in which a patient or relative shows distress. It is also effective at reinforcing the teaching of active listening skills. Future considerations will assess long term feasibility.

08.3

Advancing communication skills in intensive care: Caring for relatives of critically ill patients

Lead Presenter:

Marte-Marie Wallander Karlsen, Lovisenberg Diaconal University College

Authors:

Marte-Marie Wallander Karlsen, Lovisenberg Diaconal University College, Norway

Cathrine Mathisen, University of South-Eastern Norway, Norway

Lena Günterberg Heyn, University of South-Eastern Norway, Norway

Background: Relatives experience psychological stress while serving as caregivers for intensive-care patients. Critical-care nurses have an essential role in supporting relatives, especially in uncertain situations and end-of-life care. Few educational programs for critical-care nurses have reported using simulation-based training to develop this competence. The objective of this educational intervention was to develop and evaluate a simulation for complex communication settings for critical-care nursing students

Methods: We developed two scenarios: one about an anxious dad whose daughter is admitted after a near drowning and another that involved breaking bad news and asking the relatives about organ donation. A professional actor played the role of the relative. The simulation included theoretical preparation as well as a pre-brief and debriefing of the scenarios. The students evaluated the simulation by responding to a survey with 17 questions on a Likert scale from 1 (very little degree) to 5 (very high degree) and 4 open-ended questions. We assessed their experiences with the use of an actor, video recording, and positive/negative emotional responses.

Findings: The students (n=39) were satisfied with the outcome of the simulation (mean 4.2), particularly the use of an actor (mean 4.7) and the debriefing (mean 4.5). The students who participated in the simulated scenarios reported high satisfaction with their learning outcomes (mean 4.8). Overall, the students felt more interested, safe, and active than nervous, tense, and afraid. They also experienced realism in the scenarios.

Discussion: This is a novel way of teaching communication skills for critical-care nurses to use in challenging situations with patients' relatives. Existing curricula tend to focus on the patient, not the relatives. Scenario realism and more positive than negative emotions may facilitate the students' learning process. To fully embrace the simulation's potential, additional scenarios should be developed. Other professionals in intensive care should also be invited to participate.

O8.4

Preparing junior doctors for conversations around end of life care

Lead Presenter:

Mandy Williams, University of Cambridge Hospitals NHS Trust

Authors:

Mandy Williams, University of Cambridge Hospitals NHS Trust, United Kingdom

Debbie Critoph, Cambridge University Hospitals NHS Trust, University of Cambridge School of Clinical Medicine, United Kingdom

Stephanie Smith, Cambridge University Hospitals NHS Trust, University of Cambridge School of Clinical Medicine, United Kingdom

Rachel Williams, Cambridge University Hospitals NHS Trust, University of Cambridge School of Clinical Medicine, United Kingdom

Background: On graduating from medical school, junior doctors in the UK are expected to be able to "evaluate the clinical complexities, uncertainties and emotional challenges involved in caring for patients who are approaching the end of their lives and demonstrate the relevant communication techniques and strategies that can be used with the patient, their relatives, carers or other advocates".

Recent studies indicate that many junior doctors report: a lack knowledge and preparedness; difficulty communicating with family members; lack of support and a feeling of failure; high levels of psychological distress.

We describe a death & dying course for final year student doctors that provides knowledge, skills and practice in preparedness for their roles as junior doctors.

Methods: The course is a two day multi-professional collaboration delivering a combination of large group lectures and small group experiential role play sessions to address the legal, ethical, clinical, practical and emotional aspects of end of life care. It is delivered to all 280 final year students in our university and includes lectures on: ethical challenges, symptom management, end of life care at home, and verifying deaths and completion of certificates.

Small group experiential (role play) sessions enable students to practice communication skills relating to breaking bad news, answering difficult questions, end of life care planning, discussions around resuscitation, informing family members of expected and unexpected deaths.

In 2019 we introduced reflective discussion sessions throughout the course to promote awareness of the personal impact of this communication and support self and other care strategies.

Findings: Post course evaluations are analysed. These and letters received from postgraduates indicate that this is a highly valued course that is positively impacting on junior doctors' confidence and communications with patients and families.

Discussion: This intensive intervention is effective in improving communication outcomes for both patients and doctors.

O8.5

PalliTALK: Can a Regional Conference Help Clinicians Navigate Tough Conversations and Build Empathy?

Lead Presenter:

Amy Zelenski, University of Wisconsin School of Medicine and Public Health

Authors:

Amy Zelenski, University of Wisconsin School of Medicine and Public Health, United States

Elise Carey, Mayo Clinic School of Medicine, United States

Toby Campbell, University of Wisconsin School of Medicine and Public Health, United States

Drew Rosielle, University of Minnesota Medical School, United States

Sara Johnson, University of Wisconsin School of Medicine and Public Health, United States

Matthew Kronberger, University of Wisconsin School of Medicine and Public Health, United States

Gordon Wood, Northwestern University Feinberg School of Medicine, United States

Molly Feely, Mayo Clinic School of Medicine, United States

Lyle Fettig, Indiana University School of Medicine, United States

Background: In 2011, we began a regional simulation-based communication conference for Palliative Medicine fellows in the Midwest. Based on success and requests, we expanded this curriculum in 2016 to include a separate annual session for practicing providers. Our goals were four-fold: follow the established evidence base to teach critical communication skills, improve empathic capacity, build the ability for reflection in action, and foster long-lasting community.

Methods: We focus on six main content areas during the 16-hour conference: 1) discussing serious news, 2) responding to emotion, 3) addressing evolving goals of care, 4) facilitating family meetings, 5) shared decision-making, and 6) adapting to a conversation in the moment. Each component of the curriculum includes a brief didactic and demonstration (30 minutes) that introduces the framework for the subsequent skills practice (3 hours). These active learning sessions primarily include simulated patient encounters with peer observation and feedback; with some improvisational skills practice (medical improv). We ask participants to complete pre and post self-assessment questionnaires, using the Consultative and Relational Empathy (CARE) measure.

Findings: From 2014 to 2019, 293 providers and fellows attended the workshop. Upon evaluation of pre and post self-assessment data, we saw significant improvement in all empathy measures and reflection in action ($p > .001$). Post assessment showed 88% of participants thought the educational value of the conference was “very high,” 93% “would recommend it to a colleague”, and 92% rated this “type of training is very important.”

Discussion: By working together across institutions, we created a sustainable and self-sustaining annual conference for providers and Palliative Medicine fellows. Workshops such as these can be used to improve empathy alongside communication skills. This model could be adapted for other types of communication tasks and challenges.

Orals - Intervention research

O9.1

Con-tAct: Training health care professionals in communicating with people with aphasia

Lead Presenter:

Philine Berns, Rotterdam University for Applied Sciences

Authors:

Philine Berns, Rotterdam University for Applied Sciences, Netherlands
Karin Neijenhuis, Rotterdam University for Applied Sciences, Netherlands

Background: Patients with aphasia (PWA) are communication vulnerable. Because of their difficulties in communication, they experience difficulties in accessing health care. For instance, participating in decision-making concerning their own health care is very difficult if their communication partner is not skilled in supported communication. Research shows that skilled communication partners can enhance the communicative participation of PWA. The Dutch evidence-based guideline 'Diagnosis and therapy of aphasia' recommends that Speech and Language Therapists (SLT's) train the communicative skills of health care professionals (HCP) to facilitate better communication with PWA. Therefore, a Dutch communication partner training was developed for SLTs (Training Con-tAct) so they can train their colleagues in health care organizations in inclusive communication. The objective of our research is to describe the effectiveness of Training Con-tAct for HCP who work with PWA.

Method: Fifteen experienced HCP received Training Con-tAct.

We used a mixed methods design with pre and post measures: 1) Videotaped conversations between HCP and PWA, scored with Meting Con-tAct; 2) A questionnaire was used to explore experiences from HCP regarding communicating with PWA; 3) Focus group interview with six trained HCP. Results on the first and second measurements were analyzed with the non-parametric Wilcoxon signed rank test. The focus group interview was analyzed qualitatively.

Results and conclusion: After Training Con-tAct, HCP use significantly more supporting and checking strategies while communicating with PWA. They also consider themselves as having significantly more knowledge about aphasia. Furthermore, they think that PWA experience less frustration in communicating with them and they think that they can handle communication problems with PWA better.

Discussion: Training Con-tAct can contribute to better communication in health care for PWA and thus to the quality of care for PWA.

O9.2

Deliberate implementation of genetic germline modification: An exploration of counselors' views

Lead Presenter:

Linda Martin, Amsterdam UMC

Authors:

Janneke Gitsels-van der Wal, Amsterdam UMC, Netherlands Antilles
Linda Martin, Amsterdam UMC, Netherlands
Carla Van El, Amsterdam UMC, Netherlands

Background: Germline genome modification (GGM) to repair hereditary diseases seems to become possible by the development of CRISPR-Cas applications. Questions regarding implications for healthcare policy and practice have been raised in an ongoing scientific and societal dialogue. From e.g. implementation of the Noninvasive Prenatal Test, it is known to be important to early involve future care providers in healthcare innovations. Therefore, this study explored counselors' views regarding GGM who might become involved in counseling.

Methods: In depth interviews with midwife-counselors for prenatal anomaly screening with a Christian or Islamic background – the most professed religions in the Netherlands - were carried out to explore views on expected impact of GGM on counseling practice.

Findings: Eleven counselors were interviewed: 8 Christian and 3 Islamic. The main theme we found was a search for 'role-identity as healthcare counselor'. Participants struggled with a potential slippery slope in

the use of GGM (e.g. from cure of severe, hereditary diseases to enhancement) stretching their role to offer healthcare and health-cure to benefit vulnerable groups. Participants' medical background, including their Hippocratic Oath and (lack of) medical knowledge, as well as their worldview-based values on the beginning of life, the role of suffering, identity and manufacturability of life influenced their views on GGM and the challenges expected for non-directive counseling.

Discussion: This study shows that if healthcare policy would consider GGM to become available beyond care and cure, counselors fear for a broadening of their responsibility beyond their expertise as medical expert. More attention for reflection on personal values is necessary to assess challenges for non-directive counseling. Furthermore, breaking bad news might stay an essential part of counseling, because despite GGM, a designer-baby nor perfect health will be available, so timely education and training also in expectation management will be relevant in preparing counselors for new roles.

09.3

Challenges in the successful implementation of a communication curriculum in medical teaching.

Lead Presenter:

Christian Brünahl, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy (IMPP), Mainz

Authors:

Christian Brünahl, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy (IMPP), Mainz, Germany

Jennifer Höck, University Medical Centre Hamburg-Eppendorf, Hamburg, Germany

Barbara Hinding, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy, Mainz, Germany

Holger Buggenhagen, Rudolf Frey Learning Clinic, University Medical Center of the Johannes Gutenberg-University, Mainz, Germany

Anke Hollinderbäumer, Rudolf Frey Learning Clinic, University Medical Center of the Johannes Gutenberg-University, Mainz, Germany

Kirsten Reschke, Magdeburg University, Germany

Jobst-Hendrik Schultz, University Hospital Heidelberg, Heidelberg, Germany

Jana Jünger, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy (IMPP), Mainz, Germany

Background: Despite we know that doctors' communication skills can have a great impact on the health and well-being of their patients and themselves, communication curricula are implemented in a very heterogeneous way at German medical schools. The aim of the present study is therefore to investigate which factors support the successful implementation of a communication curriculum in medical teaching.

Methods: In the present research project conducted at the University Medical Center Hamburg-Eppendorf, Germany, the structure of the current communication courses, the course contents and the assessment of communicative skills were analyzed by using the technique of curricular mapping. After a period of twelve months, the analysis was repeated. In the meantime, optimization processes (e.g. reducing redundancies in the curriculum, filling gaps, etc.) have been carried out where necessary. Finally, the implementation process of the local communication curriculum was examined with qualitative studies (e.g. interviews, SWOT analysis).

Findings: In total, 263 courses with communication-related content were included in the curriculum. These courses are distributed longitudinally and content is fully integrated into clinical context. All communication-related learning objectives provided in the national competence-based catalogue of medical teaching objectives (NKLM) were addressed. In the twelve months lasting optimization process, redundancies were reduced, planning meetings were held in a more sufficient and regularly way and

teaching content was better coordinated. The qualitative analyses showed that faculty support and ongoing planning meetings are important components in the successful implementation of a communication curriculum.

Discussion: The support of the faculty and the continuous work on the communication curriculum seem to be important factors for the successful implementation of a communication curriculum in medical schools.

O9.4

Participatory design of an intervention to improve adolescents engagement during diabetes visits

Lead Presenter:

Imelda Coyne, Trinity College Dublin

Authors:

Imelda Coyne, Trinity College Dublin, Ireland

Sinead Pembroke, Trinity College Dublin, Ireland

Maria Brenner, Trinity College Dublin, Ireland

Carol Hilliard, Our Lady's Children's Hospital, Crumlin Dublin, Ireland

Declan Cody, Our Ladys Childrens Hospital, Crumlin, Ireland

Edna Roche, Tallaght University Hospital & Trinity College Dublin, Ireland

Background: Adolescents with Type 1 diabetes are considered a high risk patient group due to non-adherence, relatively poor metabolic control, decline in clinic attendance, and increased risk of complications. International diabetes guidelines emphasise equipping adolescents with the skills to manage their diabetes. Our aim was to develop an intervention to improve youth question-asking and provider education during paediatric diabetes visits.

Methods: In Phase 1, we conducted interviews with 13 adolescents with Type 1 Diabetes (aged 11-17 years), 14 parents, and 7 healthcare providers, from two diabetic clinics to identify adolescents' information needs and to develop the content of the intervention. Interviews were recorded, transcribed and analysed using NVivo 11.0. Ethical approval was obtained.

In Phase 2, we set up a youth advisory group (YAG) with 5 adolescents and a parent advisory group (PAG) with 5 parents to co-design the video and QPL. It was an iterative cyclical process of workshops with YAG and parents, providers and pilot testing.

Findings: The video underwent 12 phases of iteration and addresses six topics:

- A message of empowerment.
- Managing your diabetes so that you can get on with the fun stuff in life.
- The importance of promoting independence for young people with type 1 diabetes.
- Reassurance around talking at clinic visits
- How to become more comfortable to speak and ask questions
- Practical advice on how to think of questions and how parents can encourage their son or daughter to speak at clinic visits.

The QPL underwent 4 phases of iteration resulting in sixteen questions. The process of producing the video and developing the QPL will be explained and advice provided for other researchers.

Discussion: Ensuring that adolescents were central in the co-design and co-production of this intervention was critical. The intervention is currently being tested in a randomised controlled trial.

O9.5

Communication in interprofessional rehabilitation teams: a scoping review and qualitative synthesis

Lead Presenter & Author:

Julia Paxino, The University of Melbourne, Australia

Authors:

Robyn Woodward-Kron, The University of Melbourne, Australia

Charlotte Denniston, The University of Melbourne, Australia

Elizabeth Molloy, The University of Melbourne, Australia

Background: Inter-professional communication is especially important in settings such as rehabilitation, where many health professions work together to provide care for patients with complex health conditions and social situations. There are no existing reviews synthesising literature on inter-professional communication in rehabilitation. This scoping review examined the extent, range, and nature of research on this phenomenon. The aim of this review was to explore communication practices within inter-professional teams in rehabilitation.

Methods: Databases (Medline, CINAHL, ERIC, Embase, PsychInfo, & Academic Search Complete) were systematically searched for studies focusing on rehabilitation inter-professional communication. Inclusion and exclusion criteria were identified and applied, data were charted, and thematic analysis conducted.

Findings: 20 papers were identified, the majority being qualitative interview and observational studies. Analysis revealed three interrelated themes: communication processes, inputs, and effects. Formal processes, primarily in the form of face-to-face meetings, were predominantly described and although other processes were identified, and the importance of informal interactions suggested, thorough description was absent. Participation in interactions reportedly varied; barriers preventing nursing involvement were identified and patient involvement in dialogue and decision making was lacking. Communication inputs were enacted at an organisational, team and individual level. Similarly, communication affected patient and organisational outcomes. The use of shared terminology facilitated teamwork whereas inconsistent language contributed to professional divisions.

Discussion: Research examining communication practices within inter-professional rehabilitation teams has highlighted the complexities of enacting inter-professional communication in this setting, however reporting has focused on formal face-to-face communication practices. Empirical studies examining all aspects of communication, including informal and asynchronous exchanges, are needed. A more expansive inquiry, including a focus on the patient's role and experience is needed to develop a nuanced understanding of inter-professional communication in rehabilitation.

Orals - Teaching/Assessment 2

O10.2

What are we really teaching and assessing in communication skills OSCEs?

Lead Presenter:

Conor Gilligan, University of Newcastle

Authors:

Conor Gilligan, University of Newcastle, Australia

Mary Jane Dalton, University of Newcastle, Australia

Jessica Bergmann, University of Newcastle, Australia

Nara Jones, University of Newcastle, Australia

Rachel Seaniger, University of Newcastle, Australia

Background: From early stages of medical education, students are taught about, and practice patient-centred communication (PCC). Many medical schools use a model of the clinical consultation such as the Calgary-Cambridge guides which emphasise the development of 'microskills' such as rapport building,

responding to patient cues, using open and closed questions appropriately, and demonstrating empathy. History-taking stations in Objective Structured, Clinical Examinations (OSCEs), however, tend to encourage students to prioritise information gathering (IG) over PCC in order to obtain as much information as possible in the time allowed.

Methods: We analysed the relationships between the IG and PCC scores as measured in three OSCE stations; a history-taking station marked by a simulated patient (SP; PCC), a write-up of the case presented by the simulated patient (IG), and a history and handover station marked by an assessor (IG and PCC). Participants were 374 year 1 medical students across two cohorts; 2018 and 2019. The study was conducted as part of a larger, longitudinal curriculum evaluation study.

Findings: The findings suggest that while IG scores do correlate with PCC scores, relationships are stronger between the write-up and the content component of the OSCE station, as opposed to the process component. Interestingly, the content component of the assessor marked station correlated negatively with the overall score of the SP marked station. Qualitative reflections from students reinforce a focus on IG to "pass the OSCEs" which is in conflict with the PCC skills they learn and "usually practice".

Discussion: Tension exists between rigid marking schema applied to assessment, and the more fluid, flexible approach to communication taught in PCC. There is a need to better align the teaching and learning of clinical communication skills to avoid sending unintended messages to students about the relative value of the process and content components of the medical consultation.

O10.3

Simulated patients vs role-playing in promoting patient-centred attitudes - a mixed-method study

Lead Presenter:

Stanisław Górski, Jagiellonian University Medical College

Authors:

Stanislaw Gorski, Jagiellonian University Medical College, Poland

Michal Pers, Jagiellonian University Medical College, Poland

Agata Stalmach-Przygoda, Jagiellonian University Medical College, Poland

Anna Prokop-Dorner, Jagiellonian University Medical College, Poland

Katrien Bombeke, University of Antwerp, Belgium

Background: Simulated patients (SP) are considered worldwide as a standard tool in training communication skills in medical education. Surprisingly, available research shows no clear benefit compared to role-playing performed by students, which is a much more cost-effective method. Therefore, we compared the effect of role-playing versus simulated patients on the patient-centred attitudes of students.

Method: In 2014, a mandatory, clinical communication course (CCC) for medical students was implemented (60 hours over 3 years) in one of the leading Polish universities.

We have retrospectively compared students who participated in the 1st edition of the CCC starting in 2014, based on role-playing (CCC+, n=160), in the 2nd edition of the course with SP (CCCsp+, n=146) and students from last year before the implementation of CCC (CCC-, n=122).

For comparison we used three validated questionnaires: Patient-Practitioner Orientation Scale (PPOS), (2 subscales: sharing (PPOS-S) and caring (PPOS-C)), Leeds Attitude Towards Concordance II Scale (LATCon II) and Communication Skills Attitude Scale (CSAS). Additionally, we conducted a Focus Group Interview (FGI) with six students of the final semester of CCCsp+ group to better understand the positive effect of CCC with SP.

Findings: CCCsp+ students reached a significantly higher score than CCC+ and CCC- in PPOS total score (4 v 2.91 v 2.74, p<0.001), PPOS-S (3.8 v 3.06 v 2.95, p<0.001) and PPOS-C (4.2 v 2.75 v 2.52, p<0.001),

respectively, which demonstrates possible strong positive correlation between implementation of simulated patients and patient-centred attitudes among students. In LATCon II, CSAS we have not observed any significant differences. Data from FGI revealed that students perceive training with SP as more realistic, safe and engaging than role-playing method.

Discussion: Our study is among very few studies justifying the costs of introducing and maintaining a simulated patients program in pre-graduate medical education.

O10.4

Training for healthcare providers delivering group-based self-management programs – scoping review

Lead Presenter:

Ólöf Birna Kristjánsdóttir, Oslo University Hospital

Authors:

Ólöf Birna Kristjansdottir, Oslo University Hospital, Norway

André Vågan, Oslo University Hospital, Norway

Lena Heyn, University of South-Eastern Norway, Norway

Margrét Svavarsdóttir, Norwegian university of science and technology, Norway

Hilde Blindheim Børve, Oslo University Hospital, Norway

Kari Hvinden, Oslo University Hospital, Norway

Veerle Duprez, Ghent University, Belgium

Ann Van Hecke, Ghent University, Belgium

Una Stenberg, Oslo University Hospital, Norway

Background: The objective is to give an overview of research on training interventions for healthcare providers aimed at promoting competencies in delivering group-based self-management programs.

Methods: A systematic literature search was done in the databases MEDLINE, EMBASE, PsycINFO, ERIC, AMED, CINAHL, SveMed+ and Cochrane Library to identify studies meeting following inclusion criteria: 1) evaluation of training in delivery of group-based self-management support; 2) outcomes associated with healthcare providers' competencies or experiences reported; 3) publication year between 2000 and February 2019; 4) in English or Scandinavian language. Data was extracted on study design, training interventions' details, participants' professions, setting, as well as outcome measures and training benefits and challenges. Thematic analysis is used to synthesize extracted data.

Findings: Of the 6560 records identified, preliminary results indicate that 14 meet the inclusion criteria and further 12 studies have been included from snowballing. Eight studies used quantitative methods, thereof 6 with a pre-post design and 2 with evaluation post-intervention only. Ten studies used qualitative methods and 8 applied mixed methods. The duration of the training interventions varied from 3 hours to 5 days. Training interventions included various methods and means, eg. lectures, role-play with feedback, guidebooks, supervision, and dialogue and educational toolkits for use in delivery. Eleven studies evaluated healthcare providers' reactions to the training. Twenty-three evaluated self-reported impact on self-efficacy, skills, knowledge and/or explored experience of delivery a group-based self-management support following training. Eleven studies provided observation-based information on healthcare providers behavior after training. Many of the studies reported some benefits associated with the training and several challenges were also described.

Discussion: The results will give a picture of the current status of research on training interventions for healthcare providers delivering group-based programs. They may help guide development of training interventions that promote delivery of empowering group-based self-management support.

O10.5

Collaborative Development of a Triadic Consultation Assessment in two UK Medical Schools

Lead Presenter:

Deborah Critoph, Cambridge University

Authors:

Deborah Critoph, Cambridge University, United Kingdom

Andy Ward, Leicester University, United Kingdom

Rachel Westacott, Leicester University, United Kingdom

Rachel Williams, Cambridge University, United Kingdom

Nisha Dogra, Leicester University, United Kingdom

Background: Triadic communication refers to communication between a health care professional, a patient and their companion. Teaching of triadic consultation skills is becoming increasingly prevalent at medical schools, but included by few schools in summative assessments. We describe a collaboration between Cambridge and Leicester medical schools to share teaching and develop an objective structure clinical examination (OSCE) station to assess these important skills.

Methods: After sharing teaching resources, members of the communication skills and assessment teams from both institutions met to develop an OSCE rubric. Using a constructive alignment principle, broad components of the process of a triadic consultation were agreed and a framework written. Both institutions then used this framework to develop OSCE criteria and thereafter case scenarios were developed. The triadic consultation OSCEs were used in summative assessments in Year 2 at Leicester and 5 at Cambridge.

Results: The OSCEs at both institutions were subject to psychometric testing and demonstrated that the stations performed well, provided a fair and reliable test and had good face validity. Performance was similar in both schools, demonstrating that the skills can be applied at different stages of training and OSCE stations can be developed that work well in different institutions.

Discussion: Collaboration between the two universities and sharing of resources provided peer support and enabled us to produce a framework for teaching and assessing triadic communication that is likely to be generalisable for other medical schools. Despite significant differences between the style of teaching and assessment at the two schools, the learning outcomes were successfully delivered and assessed at both. We have shown that by working together across institutions it is possible to reach a consensus on what skills should be included in an assessment and to design an OSCE station to effectively test the students' ability to use them in consultations.

10:30 - 12:00

Symposia

S4

From words to action: engaging patients in communication about medicines

Lead Presenter:

Marie-Thérèse Lussier, Université de Montréal, Canada

Presenters & Authors:

Kristie Rebecca Weir, University of Sydney, Australia

Lene Berge Holm, OsloMet – Oslo Metropolitan University, Norway

Georgia Tobiano, Gold Coast University Hospital, Australia

Audrey Janoly-Dumenil, Faculty of Pharmacy of Lyon, France

Maria Stubbe, University of Otago Wellington, New Zealand

Claude Richard, Centre de santé et des services sociaux de Laval, Canada

This symposium brings together established and emerging researchers from Europe, Canada and Oceania with shared interests in optimizing communication about medicines in the context of chronic conditions, multi-morbidity and polypharmacy. The use of multiple medications is associated with reduced medication adherence, additional costs, and poorer health outcomes. Older people (65+) with multiple comorbid conditions are especially susceptible to medicine-related harm. Shared-decision making can facilitate successful deprescribing and medicines optimization, but requires patients to be well-informed and empowered to make choices. It is less likely to occur in consultation with older patients. The projects below span a diverse range of clinical settings, health professions, cultures and languages, but all share a focus on patient engagement and participation in conversations about medication. Topics woven throughout include: development of evidence-based communication tools and resources, medication adherence, patient involvement in deprescribing, and the features of patient-provider talk.

Speaker 1 is a PhD candidate who has been involved in several studies of shared decision making and enhancing conversations about medications.

TITLE: Conversation Guide to support shared decisions about medicines

This talk describes the development and feasibility testing of a Medicines Conversation Guide for use in Home Medicines Reviews with pharmacists and older patients in Australia. The Guide aims to optimize medication use for older people by increasing their involvement in discussions about general health, decision-making preferences, medicines-related health priorities, etc.

Speaker 2 is a PhD with a background in pharmacy and operations research, and has conducted research in health care management and health education.

TITLE: Norwegian physicians' opinions on factors influencing patients' adherence to medication

This talk will present and discuss the main findings of a Norwegian physician survey exploring factors which physicians believed had the most influence on patients' adherence to medication such as the quality of prescriber-patient communication, polypharmacy, and the duration of consultations.

Speaker 3 is an acute care ward nurse and researcher who has conducted studies on patient and provider communication in hospital admission and discharge processes.

TITLE: The patient's role in hospital discharge medication communication (Virtual presentation)

This Australian study explores different levels of patient engagement during discussions of discharge medication. Enabling health care professionals' communication skills may promote a patient-centred approach to medication communication, and could enable patient engagement in medication communication.

Speaker 4 is a clinical pharmacist and pharmacy educator who has conducted research in France on topics including medication adherence and deprescribing.

TITLE : Involving the patient in the deprescribing process

Deprescribing is a complex and sensitive process, influenced by multiple factors. Patient involvement is a key feature of this process. This talk presents the design and the impact of interventions that aimed to encourage medications deprescribing in France.

Speaker 5 directs a programme of applied interdisciplinary research on patient-provider communication in healthcare interactions.

TITLE: We need to talk about polypharmacy: optimising medication use for older adults

This talk describes an innovative methodology used to co-design culturally appropriate educational resources for clinicians and older adults to support decision making in medication review consultations in New Zealand general practices. Participants include GPs, nurses and pharmacists, and 40 patients from Māori, Pacific and general populations receiving four or more medications.

Speakers 6 a and b have conducted multi-method communication studies in the primary care context, over the past 25 years

TITLE: MEDICODE: decoding patient-physician communication about medications. Findings that help understand medication-taking practices.

This talk will present findings from a series of studies conducted in primary care clinics in Canada, using MEDICODE, a coding method specifically designed to describe talk about medications. A consistent communication pattern emerges and will be discussed in relation to Bajcar's medication-taking practice model.

S5

Integrating co-design with traditional research in healthcare communication

Facilitators:

Mara van Beusekom, University of St Andrews, United Kingdom

Julia Amann, Health Ethics and Policy Lab, ETH Zurich, Switzerland

Presenters:

Evelyn van Weel-Baumgarten, Radboud University Medical Center, Nijmegen, Netherlands

Leonie Visser, Academic Medical Center, Amsterdam, Netherlands

Ann van Hecke, Ghent University, Belgium

Interventions in healthcare communication are as successful as the uptake they find in practice. To help embed human factors into the development and implementation of new solutions, it is essential to draw upon the expertise of users' experience. Collaborative design, or 'Co-design' provides a philosophy and framework for user-involvement with key principles such as inclusive and convivial methods, shared decision-power between the stakeholders and research team, and an iterative process where the context and problem is examined carefully before solutions are generated.

Co-design is not, however, one specific method – instead, various approaches can be taken to engage in a successful co-design process with stakeholders. In addition, the iterative and user-led nature of co-design can at times challenge the more rigid nature of the traditional research process.

This symposium, organised by rEACH, Research Committee of EACH, aims to foster discussion about strategies that help to integrate co-design principles within more traditional healthcare communication research. It will start with an introduction on the 'why and 'what' of co-design, introducing the focus of the session. A selection of presentations will showcase different approaches to co-design taken in healthcare communication research.

Participants will be able to vote on topics or issues that they are particularly interested to discuss during the panel discussion. Potential topics include:

- How does co-design differ from other qualitative approaches?
- How to integrate co-design with evidence from literature?
- Who should I involve in a co-design process?
- How can we take shared decisions with stakeholders?
- Where/how should I report my co-design outcomes?
- How can I describe a plan for co-design in a proposal?
- How to evaluate a co-design process?

The symposium will provide insights into various approaches that researchers can take to engage in co-design processes within healthcare communication research, and move forward the discussion on how to appropriately embed co-design strategies within the framework of traditional methods to ensure quality of research, also in 'the new normal'.

Workshops

W5

Writing tEACHing tip sheets on the spot: Creating and sharing workplace based expertise

Presenters:

Katrien Bombeke, University of Antwerp - tEACH subgroup on Workplace Based Communication

Lode Verreyen, AC Chair, tEACH subgroup on Workplace Based Communication

Rationale: Learners' communication skills can deteriorate over the course of their training, especially in the clinical workplace. Therefore, the reinforcement of communication skills in real practice is of utmost importance. Do you have some experience in teaching communication in the workplace? Feel like sharing your expertise to support peers? Then this writing-on-the-spot workshop is made for you! The Communication in the Workplace Project Group of tEACH develops brief resources to help guide clinical teachers in effective communication teaching in the clinical setting. These "Workplace based Teaching Tips" address a variety of contexts and evidence-based strategies for teaching communication such as observation and feedback, bedside teaching, clinical reasoning, tEACHing Tips can be accessed on the EACH website, accompanied by brief videos demonstrating effective use of these teaching techniques. Recently, an example has been published in PEC¹. During this workshop, communication teachers and researchers with some level of expertise in workplace based communication are invited to write tEACHing Tips sheets on the spot, with the aid of the workshop leaders.

Learning objectives:

- Participants will become familiar with the goals and tools of the tEACHing Tips Project.
- Participants will write a first tEACHing Tips draft within their field of expertise, using an existing template, during the session.
- Participants will leave the session with a follow-up plan to finalize the sheet with the aid of 2 tEACH reviewers.

Teaching methods:

0-10' Welcome & (by entrance) poll asking for contact details, profession, nationality, teaching or research or policy, classroom or workplace based teaching - short introduction of the project - brief demonstration of existing sheets and video example - mentioning of editorial process & follow-up plan

10-15' Topic Brainstorm: In the form off a poll.

15-20' Demonstration of how to use the tEACHing Tips Template.

20-65' Writing on the spot while workshop leaders provide individual group feedback

65-90' Plenary 5' presentation of each group work & possibility of immediate peer feedback

Wrap-up with:

- explanation of editorial process
- clear follow-up plan for sheets and video, incl. reviewer contact details
- networking plan: may we contact experts you provide us for future sheets?

¹ <https://www.sciencedirect.com/science/article/pii/S073839911930401X>

W6

Digital teaching tools in clinical communication skills training

Presenters & Authors:

Ellemieke Rasenberg, Radboudumc, Netherlands

Remco Haringhuizen, Radboudumc, Netherlands

Rationale: Teachers and faculty members are familiar with simulated patients, lectures and roleplays when teaching students clinical communication skills. For the effectiveness of a training program it's good to explore alternative ways to teach. Digital teaching tools are quite new. What possibilities are there when you want to use them? And how do you implement them in your clinical communication skills program (CCSP).

Learning objectives: After this session you are able to

- 1) Tell your colleagues about a number of digital teaching tools which you can implement in your CCSP
- 2) Argue when a digital teaching tool is a valuable addition in your program
- 3) Implement a digital teaching tool in your program.

Teaching methods:

Activity	Time
Introduction (presentation)	5 min
Small group discussion: Participants will exchange the digital teaching methods they know.	10 min
Sharing results	10 min
Live demonstration of our own tools Videolab Taintool H5P Mini weblectures	15 min
To work! Theme: Breaking Bad news Every small group develops a small teaching program involving at least 1 digital teaching tool.	20 min
Collecting programs and giving feedback to each other.	20 min
Wrap up and evaluation Gathering take home messages Everyone formulates 1 intention how to integrate a digital tool.	10 min

Evaluation of outcomes for participants: Every participant shares 1 intention how to integrate a digital teaching tool in his CCSP on a digital post in Padlet (a digital tool). We will make a picture of this posts. Within 3 months they receive an email with this photo and the take-home messages of this session.

Preferred maximum number of participants: 30

14:00 – 15:00

Orals - Patient activation/health promotion

O11.1

Preparing residents to engage adolescents in shared decision making about opioid treatment

Lead Presenter & Author:

Delesha Carpenter, University of North Carolina at Chapel Hill, United States

Introduction: In the U.S., there are no national opioid prescribing guidelines for pediatric patients. Thus, physicians have little guidance about appropriate adolescent opioid prescribing and how to communicate about opioids with adolescents and their parents. Our objective was to co-develop an opioid shared decision making (SDM) module for residents who work with adolescents.

Methods: Module development consisted of three phases. In phase 1, 35 medical, dental, pharmacy, and surgical residents from a local health education center completed a survey that assessed their pediatric opioid treatment knowledge, barriers to opioid communication, and training content preferences. In phase 2, a stakeholder development panel consisting of content experts, residents in training, adolescents, and parents reviewed survey results and viewed existing SDM modules in order to co-develop an SDM module focused on communicating about opioids with adolescents and their parents. In phase 3 in 2020, the module's impact on residents' knowledge and perceived barriers about engaging in SDM will be assessed.

Results: Most residents (59%) were unsure if pediatric opioid prescribing guidelines existed. Residents reported low pediatric opioid treatment knowledge and were only moderately comfortable communicating about opioids with pediatric patients and their parents. They desired content about pediatric opioid dosing and indications. In phase 2, we developed a 30-minute online module that includes: 1) a 10-minute video demonstrating how to engage in SDM for pain treatment with an adolescent with a broken arm; 2) a description of the steps of SDM using an IF PAIN mnemonic, and 3) pain management recommendations, including dosing for non-opioid and opioid medications. Information on the importance of describing confidentiality was included at the behest of adolescent stakeholders.

Discussion: Engaging a variety of stakeholders in module development was key to creating content that is relevant for residents and adolescents. The module will be evaluated and made freely available.

O11.2

Changing the Dental Recall Interval: dentists' and patients' preferences for shared decision-making

Lead Presenter:

Hannah Scott, Cardiff University

Authors:

Fiona Wood, Cardiff University, United Kingdom

Hannah Scott, Cardiff University, United Kingdom

Ivor Chestnutt, Cardiff University, United Kingdom

Natalie Joseph-Williams, Cardiff University, United Kingdom

Anup Karki, Public Health Wales, United Kingdom

Emyr Roberts, Cardiff and Vale University Health Board, United Kingdom

Candida Lovell-Smith, Public and Patient Representative, United Kingdom

Anwen Cope, Cardiff University, United Kingdom

Background: UK dental guidelines have recommended that dentists should tailor the interval between patients' check-ups according to disease risk. Patients at low risk should be recalled at 12-24 months, instead of every six months, so releasing resources to improve other aspects of dental care. However, research has shown that few dentists implement risk-based recall guidelines. We therefore aimed to

understand the barriers to discussing risk-based recall intervals with patients, and the implementation of shared decision-making techniques into dental consultations.

Method: Semi-structured telephone interviews were conducted with 25 dentists and 25 NHS dental patients, to explore current practices regarding recall interval setting, and barriers and facilitators to shared decision-making. Data were audio-recorded, transcribed and subject to thematic analysis.

Findings: Dentists believed that shared decision-making was important, despite a lack of clarity of how this differed from informed consent. Reasons for involving patients in decisions largely centred on encouraging patients to take ownership of their health, as well as mitigating any threat of litigation. Dentists' perceptions of their patients' willingness and ability to engage in shared decision-making varied; dentists reported some patients wanting to be involved in decisions, and others wanting the dentist to make the decisions. Some patients were not aware that dental recall intervals could be anything but six months and had never previously discussed recall intervals with their dentist. Some wanted to be involved in such discussions and demonstrated prior involvement in decisions about restorative dental care. However, others felt the dentist was the 'expert' and should be making the decision, or expressed ambivalence regarding the frequency of their appointments.

Conclusions: These findings highlighted a need to support patients and dentists to collaboratively engage in shared decision-making. Results are informing the development and evaluation of a patient-friendly shared decision aid suitable for use in busy NHS general dental practices.

O11.3

Helping pregnant smokers to quit smoking – the grand challenge of engagement!

Lead Presenter:

Purva Abhyankar, University of Stirling, Faculty of Health Sciences and Sport

Authors:

Purva Abhyankar, University of Stirling, Faculty of Health Sciences and Sport, United Kingdom

Emma King, University of Stirling, United Kingdom

Ronan O'Carroll, University of Stirling, United Kingdom

Brian Williams, Edinburgh Napier University, United Kingdom

Mary Steele, University of Southampton, United Kingdom

Claire Jones, University of Dundee, United Kingdom

Andrew Elders, Glasgow Caledonian University, United Kingdom

Helen Cheyne, University of Stirling, United Kingdom

Background: Smoking during pregnancy causes serious risks to the health of mothers and babies. As uptake of traditional smoking-cessation services is low among pregnant smokers, alternative interventions are needed. SKIP-IT is a narrative and picture-based intervention aiming to help pregnant women stop smoking by sending text messages with embedded behaviour change techniques (BCTs). This study aimed to investigate the feasibility and likely success of this intervention.

Methods: The storyline and BCTs were developed with feedback from clinicians and women using smoking cessation services. The study took place in six NHS boards across England and Scotland. We aimed to recruit 70 pregnant women who smoked to test feasibility. Randomisation was on a 1:1 basis to receive usual care ± text messages between 12 weeks of pregnancy and 6 weeks post due-date. Five telephone questionnaires were completed over 40 weeks assessing smoking behaviour, intentions, perceived risk and self-efficacy.

Findings: 633 women were potentially eligible, 299 were approached (130 by post, 128 verbally), only 38 agreed to be contacted by the researchers and 28 participated. Engagement with follow-up was low but most participating women continued to receive texts until the end and reported that they were helpful and entertaining. More women in the intervention group stopped smoking but numbers were too small to draw conclusions about the likely effectiveness of the intervention.

Discussion: This intervention was acceptable to participants, but significant challenges were encountered during recruitment and data collection. Storytelling interventions could help women quit smoking but our study methods were not feasible to test this in a larger trial. Engaging pregnant smokers is crucial but extremely difficult. Any efforts in developing, testing and implementing smoking cessation interventions in pregnancy must first overcome the challenges of engaging these groups. Future research should prioritise identifying alternative methods for reaching, recruiting, and retaining pregnant smokers.

O11.4

Limited and Sparse: Young Adults' Sexual Health Discussions

Lead Presenter:

Karishma Chatterjee, University of Texas at Arlington

Authors:

Karishma Chatterjee, University of Texas at Arlington, United States

Charla Markham Shaw, University of Texas at Arlington, United States

Chyng-Yang Jang, University of Texas at Arlington, United States

Background: Over one quarter of the sexually active population (ages 15-24) account for half of the 20 million new sexually transmitted infections in the United States every year (CDC, 2020). Although there is a robust literature around safer-sex talk between young adults, there is much to learn about the discussions they may have with other members of their social networks.

Methods: As a part of a larger project, we conducted 46 in-depth interviews (12 males; 34 females) and used thematic analysis to examine with whom young adults discuss sexual health and the content of these discussions.

Findings: Thematic analysis of the interviews suggested young adults speak with their parents, doctors, siblings, and friends on general health issues. Specific to sexual health, young women reported fewer discussions and with fewer categories of their social ties.

In young women's discussion with mothers the most common theme centered on safer-sex practices. The second, less frequent theme revealed mothers' insistence on abstinence. The content of the sexual health decisions with doctors was sparse. Most female participants remembered doctor recommendations but did not recall any structured or detailed discussion.

Similar to the women, men reported fewer sexual health discussions and with fewer categories of people in their networks as compared to general health issues. The content of the sexual health conversations is limited. All but one reported no discussion or advice given in dialogue with doctors. It was friends with whom men reportedly talked about sexual health.

Discussion: Our results indicate that young women discuss sexual health with mothers more than with health care professionals. Young men reported rare discussions with parents and few with physicians. Perhaps suggestive of social norms, men seem to talk to their friends and brothers. Given the results, we suggest implications for doctor-patient communication and safer-sex education.

O11.5

How online health information seeking influences patient-provider communication

Lead Presenter:

Melanie de Looper, ASCoR, University of Amsterdam

Authors:

Melanie de Looper, ASCoR, University of Amsterdam, Netherlands

Barbara Schouten, ASCoR, University of Amsterdam, Netherlands
Ellen Smets, AMC, Netherlands
Sifra Bolle, ASCoR, University of Amsterdam, Netherlands
Julia van Weert, ASCoR, University of Amsterdam, Netherlands

Today, many cancer patients use the internet for gathering health information concerning their illness. Searching medical information might result in a feeling of self-assurance and active participation during a consultation with a physician (Tan & Goonawardene, 2017). This can result in positive health-related outcomes such as higher patient satisfaction with the provided care (Schinkel, Schouten, Kerpick, Van Den Putte, & Van Weert, 2018), better information recall (Richard, Glaser, & Lussier, 2017) and informed treatment decisions (Gerber & Eiser, 2001). The aim of this study was to gain insight into the effects of a patient's online health information seeking before a consultation with a physician. Outcome measures were patient participation during the consultation, satisfaction, anxiety, and recall. Participants were recently diagnosed colorectal cancer patients recruited from six hospitals in the Netherlands (N=84). Data was collected by means of questionnaires and the consultations were recorded and coded. Results showed that patients used the internet as primary health information source (56.98%). As expected, information source use before the consultation led to more participation during the consultation ($r = .31$, $p = .004$) and more recall ($r = .33$, $p = .024$). Besides, we found a marginally significant effect of online health information seeking on satisfaction with the consultation ($b = -0.29$, $t = -1.92$, $p = .062$), but in the opposite direction as we expected. Lastly, patient participation seemed to mediate the effect of online health information seeking on satisfaction ($b = 0.36$, $t = 2.08$, $p = .046$). The results add to existing literature by providing knowledge about possible positive and negative effects of online information seeking in a health-related context. The insights this study has provided uncover opportunities for optimizing consultations to increase patients' satisfaction, which in turn can affect other health-related outcomes.

Orals - Research relevant to the COVID-19 pandemic

O12.2

Video consultations as the “new normal”: what does it mean for the patient-clinician relationship?

Lead Presenter:

Lucas Seuren, University of Oxford

Authors:

Lucas Seuren, University of Oxford, United Kingdom
Joseph Wherton, University of Oxford, United Kingdom
Trish Greenhalgh, University of Oxford, United Kingdom
Sara Shaw, University of Oxford, United Kingdom

Background: The COVID-19 pandemic has led to a rapid scale-up in the use of video consultations across healthcare services. While research has shown that they can offer a suitable way to provide care and lower the burden on patients in terms of travel and costs, there has been little consideration for how this new service model affects the patient-clinician relationship: how do the roles, rights and responsibilities of the patient and clinician change during a video consultation compared to a face-to-face consultation?

Methods: We conducted a qualitative, in-depth study of the clinician-patient interaction in a sample of 37 video-recorded video consultations and a comparison sample of 28 audio-recorded face-to-face consultations drawn from 4 clinical settings (heart failure, diabetes, antenatal diabetes and cancer patients) collected between 2015-2018. We made detailed transcriptions of the consultations and used Conversation Analysis to do a fine-grained analysis of the interaction, focusing in particular on any difference in language use.

Findings: Patients and clinicians reveal an acute awareness of the remote context in their interaction. Patients take a more agentic role and clinicians through their linguistic choices show they are conducting

the consultation with the patient: they foreground the collaborative nature of the activity and the patient's ownership of their body. They thereby re-shape their relationship as a more collaborative one.

Discussion: Video consultations have become an integral part of healthcare services during the COVID-19 pandemic and are expected to be part of the "new normal". Our study shows that the video-mediated context provides different affordances to the consultation, offering new opportunities but also restrictions for ways in patients and clinicians interact. Further research should investigate how the context is consequential across other clinical settings, and how these changing practices shape the patient-clinician relationship beyond the context of the video consultation.

O12.3

Older adults' representation and management of the risk of covid-19: a qualitative study

Lead Presenter:

Ilaria Falvo, Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana

Authors:

Ilaria Falvo, Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana, Switzerland

Emiliano Albanese, Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana, Switzerland

Maria Caiata-Zufferey, DEASS, University of Applied Sciences and Arts of Southern Switzerland, Switzerland

Marta Fadda, Institute of Public Health, Faculty of Biomedical Sciences, Università della Svizzera italiana, Switzerland

Background: Older adults are at higher risk for developing more serious complications from covid-19 illness. In Switzerland, quarantine was particularly recommended to this group to reduce their risk of getting sick. However, quarantine may expose older adults to additional vulnerabilities, as they are already at risk of social isolation and loneliness. The present study aimed at qualitatively investigating how older adults represented and managed the risk of covid-19 in Southern Switzerland.

Methods: Between April and May, 2020, we conducted individual, telephone interviews with 19 individuals aged 64 or older and living in the Canton of Ticino. Participants were recruited using a convenience and snowball sampling. We audio-taped each interview after participant's oral consent. We transcribed the interviews verbatim and conducted an inductive thematic analysis of the transcripts with the qualitative research software NVivo. Extensive debriefing and discussion took place multiple times within the research team during data collection and analysis.

Findings: We extracted three main themes from the interviews: (1) a crisis of identity, referring to participants' refusal to embrace their at-risk status; (2) the transformation of the other, referring to the perception of strangers as potential transgressors of the covid-19 preventive measures; (3) the gestation of a new world, referring to the perceived power of the pandemic to radically and permanently change relationship dynamics among people.

Discussion: With a strong focus on the mechanisms underpinning recommendations' acceptance and adherence, results will inform the adaptation of current and future outbreak response measures at a local level, aid in the development of future public health interventions and suggest tailored messages for effective disease prevention by public health authorities.

O12.4

"I Don't Want to Burden My Family": A Nursing Perspective to Family Communication during COVID-19

Lead Presenter:

Wan Wei, Rutgers University

Authors:

Wan Wei, Rutgers University, United States

Surabhi Sahay, Pennsylvania State University-Abington, United States

Nursing work is known to be an emotionally demanding job rife with emotional labor. Family is an important form of social support network that helps nurses cope with stress. This makes it especially important to understand how family communication and stress are impacted during COVID-19 for nurses. The current study interviewed 24 frontline nurses that worked directly with COVID-19 patients and identified shifts in patterns of how nurses communicated with their families about their work and stress.

Thematic analysis helped uncover three preliminary themes. Nurses faced the dilemma of discussing COVID-19 related work issues at home because they felt guilt about compromising the physical health of their families and did not want to further burden them psychologically. Nurses were also selective about the types of narratives they shared at home that often led to distortion of information. They usually tapped into their alternative peer networks to share their feelings due to similar lived realities.

These findings contribute to the understanding of the emerging line of research focused on people's communication experiences transformed by this global pandemic. It can further help professionals develop interventions for frontline medical professionals to aid in managing their mental health and psychological well-being.

O12.5

Primary Care Physicians' Experiences of Hybrid Practice in Visits During the COVID-19 Crisis

Lead Presenter:

Hadass Goldblatt, University of Haifa

Authors:

Hadass Goldblatt, University of Haifa, Israel

Anat Drach-Zahavy, University of Haifa, Israel

Irit Chudner, College of Management, Israel

Orit Orit Cohen Castel, University of Haifa and Maccabi Health Care Services, Israel

Background: Remote medical technologies, especially digital video and telephone visits, offer significant opportunities and challenges for primary care medicine, such as accessibility to medical services in the periphery, and improving home care for chronic patients. The COVID-19 crisis has introduced a new reality, whereby primary care physicians (PCPs) have begun using hybrid practice (HP) for consultation (i.e., combining remote and face-to-face consultation). This may have reshaped the nature of patient-PCP meetings as well as physicians' preferences regarding HP format. Study objectives were to: (1) Explore the nature of HP patient-PCP visits from PCPs' perspectives; (2) Examine PCPs' preferences regarding HP and/or implementation of face-to-face visits. Research questions were as follows: (1) How did PCPs experience HP and, specifically, patient-PCP relationships during the COVID-19 crisis? (2) What were PCPs' preferences regarding HP during and following the COVID-19 crisis?

Methods: Qualitative research design was used. Participants were 20 PCPs with varying professional seniority, working in primary care clinics around Israel with diverse socioeconomic populations. Data were collected through individual semi-structured interviews. Data analysis was performed inductively, using thematic analysis.

Findings: Three main themes emerged: (1) From Enforcement to Reinforcement: The Shift in PCPs' Preferences Regarding HP; (2) Who is the Boss? Use and Abuse of Patient-PCP Relationship Boundaries; (3) Virtual Touch: Pros and Cons of Telehealth Visits.

Discussion: PCPs were surprised by their own adjustment to HP, while learning the advantages and trade-off of hybrid communication as they went along. However, they needed to re-regulate patient–PCP relationship boundaries (e.g., time and place availability). Finally, they reported new strategies of regulating and maintaining communication with their patients in HP contexts. Understanding HP preferences following the COVID-19 crisis is essential for designing new communication channels for PCPS—to contribute to patient–PCP satisfaction, patient health, and the health system.

O12.6

Transparency in the time of covid-19

Lead Presenter:

Patricia Strachan, McMaster University

Authors:

Patricia Strachan, McMaster University, Canada

Michela Luciani, University of Milano, Italy

Lisa Schwartz, McMaster University, Canada

Lydia Kipiriri, McMaster University, Canada

Sonya deLaat, McMaster University, Canada

Alessio Conti, University of Turino, Italy

Alysson Oliphant, Western University, Canada

Erynn Monette, Western University, Canada

Elysée Nouvet, Western University, Canada

Background: Transparency is espoused as a valued attribute of healthcare communication, yet best practices for communication about critical care resource allocation in the context of global pandemics, are not well established. During the COVID-19 pandemic, communication about triage and resource allocation emerged as a priority issue. This study explored the perceptions of health care providers regarding the challenges of, and their preferences for, transparency in communicating critical care triage criteria and subsequent care plans for seriously ill patients with COVID-19 who would not be prioritized for critical care.

Methods: We used a rapid qualitative descriptive study design implemented over 3.5 weeks in April 2020 during the first wave of the pandemic. Following ethics approval we used purposive criterion and snowball sampling to recruit individuals who were or positioned to be involved in communicating triage allocation for patients with life-threatening COVID-19-related illness. Participants chose individual semi-structured telephone interviews or a web-based survey. Directed content analysis was employed to extract transcribed interview and survey data to a priori codes. Coordinated, rigorous and iterative analysis was undertaken by team members to achieve results consensus.

Findings: Fifty-two interviews and 15 surveys were completed, representing all WHO regions and high, middle- and low- income countries. Transparent communication was an ideal practice. However, transparency about triage criteria and available care was understood to be ‘relative’ in nature, influenced by socio-political context and concerns about inciting fear, social disruption and heightening suffering. In some situations, participants focused on what patients and families could do (handwashing, prayer, comfort care), instead of critical care they could not have. The moral weight of transparent communication was highlighted.

Discussion: Specific, contextually-derived strategies are needed to thoughtfully communicate challenging information at individual and population levels during pandemic crises. Findings can guide development, training and support for these strategies.

Orals - Sharing medical information

O13.1

Development of PICCS: A Patient-Informed Cancer Communication Scale

Lead Presenter:

Susan Eggly, Wayne State University/Karmanos Cancer Institute

Authors:

Susan Eggly, Wayne State University/Karmanos Cancer Institute, United States

Roger Soulliere, Wayne State University/Karmanos Cancer Institute, United States

Lauren Hamel, Wayne State University/Karmanos Cancer Institute, United States

Objective: Few observational measures of patient-provider communication quality have been developed collaboratively with members of the patient population. Our objective was to develop a patient-informed observational measure for assessing physician communication behaviors during oncology interactions.

Methods: As part of a larger study at two US cancer centers, we collected videos of black and white men with prostate cancer discussing treatment and clinical trials with their physicians. For the current study, we invited black and white survivors of prostate and other cancers and caregivers/advocates to serve on a community expert panel to suggest ways to analyze and interpret the videos. Panel members first completed research ethics requirements. They then met regularly for six months to observe and discuss the videos and produce a list of behaviors they considered important for physicians to use in meaningful and productive patient-centered interactions in a racially diverse patient population.

Findings: Panel members (n=11) included 5 black and 3 white men, and 1 black and 2 white women. Among them, 4 were prostate cancer survivors, 2 were survivors of other cancers, and 5 were caregivers/advocates. Panel members iteratively generated and refined the list of items they considered to be the most critical. The final list, titled Patient-Informed Cancer Communication Scale (PICCS), included 16 general items and four items specific to clinical trial discussions (e.g., “Explained benefits and side effects for each clinical trial”). Panel members reported that serving on the panel was rewarding and would help them in future clinical interactions.

Discussion: PICCS can be used to assess communication during clinical interactions and train physicians to communicate effectively in a diverse patient population. Further assessment of validity and reliability will be conducted by applying PICCS to the videos from the larger study and comparing results to other measures and to patient self-reports of physician communication quality.

O13.2

Clinicians' communication with patients receiving a MCI diagnosis: the ABIDE project.

Lead Presenter:

Leonie (N.C.) Visser, Amsterdam UMC

Authors:

Leonie (N.C.) Visser, Amsterdam UMC, Netherlands

Ingrid van Maurik, Amsterdam UMC, Netherlands

Femke Bouwman, Amsterdam UMC, Netherlands

Salka Staekenborg, Tergooi Ziekenhuis, Netherlands

Ralph Vreeswijk, Spaarne Gasthuis, Netherlands

Liesbeth Hempenius, Medical Center Leeuwarden, Netherlands

Marlijn de Beer, Reinier de Graaf Gasthuis, Netherlands

Gerwin Roks, Elisabeth-TweeSteden Ziekenhuis, Netherlands

Leo Boelaarts, NoordWest Ziekenhuis Groep, Netherlands

Mariska Kleijer, LangeLand Ziekenhuis, Netherlands
Wiesje van der Flier, Amsterdam UMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands

Background: The use of the label mild cognitive impairment (MCI) is challenging for clinicians, since it describes the individual's current situation, but does not imply the cause of symptoms or prognosis in terms of dementia or symptom development. Despite these challenges, guidelines recommend accurate communication about the MCI diagnosis, cause, prognosis and long-term (care) planning. We aimed to explore clinicians' communication in routine post-diagnostic testing consultations with patients with MCI and their care partners.

Methods: Thematic content analysis was used to analyze audiotaped consultations in which 10 clinicians (eight neurologists and two geriatricians) from 7 memory clinics, disclosed diagnostic information to 13 MCI patients and their care partners. All audio-recordings were independently coded by two coders, using a self-developed coding scheme. We assessed clinician-patient communication regarding the diagnostic label, cause, prognosis and (care) planning. The coded communication combined with relevant transcribed segments of the consultations were then further analyzed to extract core findings.

Findings: Core findings were: clinicians 1) differed in how they informed about the MCI label; 2) tentatively addressed cause of symptoms ; 3) (implicitly) steered against further biomarker testing; 4) rarely informed about the patient's risk of developing dementia; 5) often informed about the expected course of symptoms emphasizing potential symptom stabilization and/or improvement, and; 6) did not engage in a conversation on long-term (care) planning.

Discussion: Clinicians' information provision about the underlying cause, prognosis and implications for long-term (care) planning in MCI could be more specific. Since most patients and care partners have a strong need to understand the patient's symptoms, and for information on the prognosis and implications for the future, clinicians' current approach may not match with those needs. We should (further) develop recommendations on how to optimally disclose an MCI diagnosis and prognosis, and interventions to support clinicians in their adherence to MCI guidelines.

O13.3

Discharge conversation between geriatric patients and specialist physicians

Lead Presenter:

Tahreem Siddiqui, Akershus University Hospital

Authors:

Tahreem Ghazal Siddiqui, Akershus University Hospital, Norway

Socheat Cheng, Akershus University Hospital, Norway

Christofer Lundqvist, Akershus University Hospital, Norway

Marte Mellingsæter, Akershus University Hospital, Norway

Ramune Grambite, Norwegian University of Science and Technology, Norway

Pål Gulbrandsen, University of Oslo, Norway

Jennifer Gerwing, Akershus University Hospital, Norway

Background: During discharge from the hospital, older patients meet a doctor to discuss the plan for managing their health at home. These discussions provide an opportunity for the patient to receive information, ask questions, and talk about the future treatment. The risk of not following these plans at home can be e.g., poor medication management, readmissions, or other adverse events. The purpose is to analyse how older in-patients and specialist physicians discuss treatment plans during discharge conversations. Specifically we aimed to identify all activities discussed, including their themes and distribution of those themes across the conversations.

Methods: The data were from hospitalised patients ≥ 65 years at Geriatric Department in Akershus University Hospital, Norway. We collected 11 videos of discharge consultations, medication lists, and demographics. We conducted a microanalysis of face-to-face dialogue, first transcribing the dialogues then identifying and characterizing sequences of interaction focused on the treatment plan and distinguishing the separate activities discussed. Patients' mean age was 81.8 (SD 6.0), 7 females and 4 males. Doctors were 6 females and 5 males, of them 7 were residents and 4 senior consultants.

Findings: In the treatment plans, doctors and patients discussed a median of 16 (range: 6 to 23) activities. Five topics emerged from the activities discussed, which we characterized from the patient's perspective: 41% of the treatment plan talk was on something about my medications, 12 % on someone who will come to my home, 21% someone I need to see outside home, 16% something the hospital will do and 10 % on something I have to do at home/personal care. Final analyses will be presented at the conference.

Discussion: Treatment plan included five topics, where medication was the most discussed. By examining treatment plan conversation we may use our findings to improve medication information given during discharge.

O13.4

Development and psychometric evaluation of the Telenursing Interaction and Satisfaction Scale (TISS)

Lead Presenter:

Marie Mattisson, Linköping University

Authors:

Marie Mattisson, Linköping University, Sweden

Kristofer Årestedt, Linnaeus University, Sweden

Susanne Börjeson, Linköping University, Sweden

Malou Lindberg, Region of Östergötland, and Linköping University, Sweden

Background: In telephone advice nursing (TAN) there is a demand for increased interaction quality and effects of intervention programs are suggested to be monitored by evaluations of caller satisfaction. A subset of 25 items from the Telenurse Interaction and Satisfaction Questionnaire (TISQ) form a new scale for the purpose, the Telenursing Interaction and Satisfaction Scale (TISS). The 25 items are divided into four dimensions of interaction, according to the interaction model of client health behavior (IMCHB): health information (HI), professional/technical competencies (PTC), affective support (AS) and decisional control (DC). The aim was to evaluate psychometric properties of the TISS.

Methods: A psychometric evaluation study was performed. The TISQ (60 items) was sent to 1400 callers to a nurse-led national medical advisory service. Data from 616 returned questionnaires (44.4%) were included in the analysis. Data quality was evaluated in terms of missing data patterns and score distributions, factor structure by confirmatory factor analysis (CFA) using polychoric correlations and WLSMV estimation, internal consistency by ordinal alpha, and test-retest reliability by intraclass correlation coefficient (ICC).

Findings: Mean frequency of missing data among items was 4.6%. Completeness of data was highest for the subscale of PTC (94.0%) and lowest for the TISS total score (80.3%). Data deviated significantly from a normal distribution. Goodness-of-fit indices of the four-factor model (Model I) were satisfactory (RMSEA=0.059, 90% CI=0.054-0.063, CFI/TLI=0.988/0.987, SRMR=0.039) and factor loadings ranged from 0.558 to 0.971. Factor correlations were high (0.878-0.962) and evaluation of a higher order model (Model II) showed marginally deteriorated model fit values compared to Model I. Ordinal alpha ranged from 0.82 (subscale of DC) to 0.97 (TISS total score). Test-retest reliability (n=114) was good for all scales (ICC=0.77-0.86).

Discussion: Findings suggest that the TISS holds satisfactory psychometric properties and could be used for evaluation of callers' perceptions of interaction and satisfaction in TAN.

Roundtable

R2

Interprofessional Communication in Healthcare: How do we best equip our students?

Presenters:

Anthony Brenneman, University of Iowa Carver College of Medicine

Susanne Lindqvist, University of East Anglia

Authors:

Anthony Brenneman, University of Iowa Carver College of Medicine, United States

Thanakorn Jirasevijinda, Weill Cornell Medicine, United States

Susanne Lindqvist, University of East Anglia, United Kingdom

Jane Miller, University of Iowa Carver College of Medicine, United States

Topic and Purpose: Interprofessional Education (IPE) occurs “when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” Current literature involves discussion on the need for IPE, but there is less focus on the actual communication skills needed within interprofessional teams and how these will improve collaboration and health outcomes. Many studies describe interventions that occur during clinical placements where students work in already formed teams, potentially perpetuating poor communication and team interaction. Discussions commonly evolve around when IPE should be introduced to healthcare students, and how interprofessional collaboration is best facilitated.

Communication is central to interprofessional learning. The purpose of this discussion is to encourage global exchange and collaboration among participants concerning current models and ways to approach potential challenges in IPE, specifically focusing on communication. Potential for ongoing and/or collaborative and future educational scholarly outcomes will be discussed as part of the new SIG that is developing.

Brief Outline:

1. Introduction and brief overview of current literature. (5 - 10 minutes)
2. Discussion of topics: (50 – 55 minutes)
 - When should IPE be introduced?
 - What skills underpin successful interprofessional communication?
 - How do students currently learn these skills?
 - How is interprofessional communication highlighted?
 - What approaches are more effective?
 - What can we do to support educators?
 - What research or scholarly activity will enhance the recognition of communication as central to IPE?

Anticipated Outcomes:

- 1) Identification of educational models that underpin successful interprofessional communication.
- 2) Increased awareness of how to incorporate interprofessional communication in student curriculum.
- 3) Shared best practices for teaching students to develop interprofessional communication skills.
- 4) Concrete plans on how to implement such approaches at participants’ institutions.
- 5) Early formulation of research and/or scholarly activity to take forward.

Group Identification: We are a new SIG formed from four institutions.

15:30 – 17:00

Orals – Works in progress - Teaching

WIP2.1

How does simulated patient training work for pharmacist communication training: A realist evaluation

Lead Presente & Author:

Aisling Kerr, RCSI, Ireland

3rd year PhD student, 3 years post-qualification as pharmacist.

Background: Good patient-pharmacist communication improves health outcomes. There is, however, room for improving pharmacists' communication skills. Communication skills training is complex and deeply contextualised and there are many variables and interactions at play in communication skills training. This study aims to determine the effect of simulated patient training on pharmacy students' communication skills, analysing the simulated patient session in a men and women's health module, and how the effect is produced. The study asks: How does simulation work to train pharmacy students in interpersonal patient-pharmacist communication?

Methods: Due to the complexities of communication training, a mixed methods realist approach is being adopted. Realist evaluations consist of four stages: development of initial programme theories, gathering evidence, configuring evidence, theory, and refinement of programme theories. Realist evaluations are iterative by nature and will require initial programme theories to be revisited and refined after each data collection point. Video-recordings of the simulation training session, and the mock OSCE will be scored using the Calgary-Cambridge model to determine if the session worked. Students will be invited to take part in focus groups to explore how the session worked. Data will be used to test and refine the initial programme theories, which come from a completed realist review.

Preliminary Findings: Initial findings suggest that the simulated patient role-play, followed by debrief, works to improve communication skills due to increased communication scores in the mock OSCE compared with the training session. Mechanisms by which the training works include confidence, reflection, authenticity and feedback.

Preliminary Implications: This study will provide valuable information on simulated patient communication training and how it works. The refined theories will inform future curriculum design.

Request for feedback: The presenter would like feedback on the accessibility of the initial findings in the current format.

WIP2.2

Does patient-provider communication training in orthopedics correlate to patient satisfaction?

Lead Presenter:

Olivia O'Reilly, University of Iowa Hospitals and Clinics

Authors:

Olivia O'Reilly, University of Iowa Hospitals and Clinics, United States

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Brendan Patterson, University of Iowa Hospitals and Clinics, United States

Does dedicated patient-provider communication training correlate to improved patient satisfaction? A departmental study in the orthopedic surgery clinic setting.

The first author is a first-year orthopedic resident working with a faculty mentor and the project has no funding.

Background: Effective healthcare relies on clear exchange of information between providers and patients, making successful communication a critical skill. Patient satisfaction scores are one metric by which to directly measure these interactions. The extent to which patient communication affects the clinical practice of orthopedic surgery in relation to patient satisfaction has not been studied. The purpose of the study was to examine patient satisfaction scores before and after dedicated patient-provider communication education was applied across an orthopedic surgery department.

Methods: Thirty-six orthopedic providers underwent a half-day training session on patient-provider communication. The education consisted of lecture, paired practice, and monitored interactions with standardized patients. Providers were observed in clinic 30 and 60 days after training by a trained communication coach who provided feedback. Deidentified satisfaction scores related to patient-provider clinical encounters were collected six months before provider exposure to the training, and six months after the educational session. Scores from those who participated were compared before and after the intervention.

Preliminary Findings: Post-educational session patient satisfaction scores are initially showing improvement across measured variables. Full data will be available for analysis in July 2020.

Preliminary Implications: Patient satisfaction can measure physician efficacy in communication and in the USA also impacts reimbursement. The possibility for provider education to produce a tangible effect has the potential to increase the quality of healthcare, and potentially apply across specialties. This study adds to the field, particularly in relation to orthopedic communication.

Request for feedback: Feedback about utility of the program and any suggestions for study design improvement or expansion would be helpful.

WIP2.3

Mentoring Conversations in the field of communication in healthcare

Lead Presenter:

Christoffer Amdahl, University of Iowa

Authors:

Christoffer Amdahl, University of Iowa, United States

Johanna Sommer, University of Geneva, Switzerland

Jonathan Silverman, Deakin University, Australia

Orit Karnieli-Miller, Tel Aviv University, Israel

Thanakorn Jirasevijinda, Weill Cornell Medical College, United States

Marcy Rosenbaum, University of Iowa, United States

Introduction: Professionals in the field of Communication in Healthcare come from diverse backgrounds such as communication, social science, and health care. This research sought to identify issues trainees and professionals face in achieving successful work and careers in this field.

Methods: The Pairing with Colleagues (PWC) program has been offered as a speed mentoring program annually at ICCH since 2007. Less and more experienced healthcare communication colleagues meet to discuss shared interests and questions. As part of the PWC evaluation survey, participants described what they discussed, helpful teaching tips and overall benefits of program. Thematic analysis of survey responses identified salient themes in what participants found helpful to discuss during PWC meetings.

Results: PWC evaluation survey responses from 581 mentees and 568 mentors were collected between 2008-2019. In addition to addressing individual participant questions, for example feedback on a specific research topic or teaching technique, comments pointed to a number of common discussion topics. These overarching themes included career planning, work/life balance, networking and collaboration, professional development, promoting healthcare communication work, cultural differences, and specific

teaching and research techniques. Mentors also offered more generic tips on attitudinal, organizational and philosophical approaches to productivity and avoiding burnout.

Conclusions: Discussions in the PWC program appear to address a diverse set of needs of junior colleagues in the field of communication in healthcare in a time limited manner. Further analysis of these data could help guide more sustained and programmatic approaches to common needs of emerging professionals in this field. In addition, compiling and summarizing the “collective wisdom” of more experienced colleagues may be a helpful resource.

Feedback wanted on effective ways to collate and present this data and additional aspects of the data that would be useful to analyze.

WIP2.4

Feedback and self-assessment in communication skills learning: It's complicated

Lead Presenter:

Kate Robb, University of Iowa Carver College of Medicine

Authors:

Kate Robb, University of Iowa Carver College of Medicine, United States

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Patrick Barlow, University of Iowa Carver College of Medicine, United States

Donna Lancianese, University of Iowa Carver College of Medicine, United States

Lauren Peters, University of Iowa, United States

Jane Miller, University of Iowa Carver College of Medicine, United States

Background: Feedback is an essential component of communication skills education. A variety of models advocate eliciting a learner's self-assessment of performance at the beginning of the feedback conversation. While this approach has been noted to enhance learner self-reflection and facilitate delivery of feedback tailored to a trainee's specific concerns, little research has examined learners' perceptions of pre-feedback self-assessment. This study explored medical students' impressions of self-assessment as the starting point of feedback conversations after observed medical interviews.

Methods: Current students at a US medical school were invited to participate in one-on-one interviews about their experiences with and perceptions of self-assessment and verbal feedback. Thematic analysis was applied to interview transcripts to identify salient themes in students' perceptions.

Preliminary Findings: Twenty-five medical students participated. Students perceived prefacing verbal feedback with self-assessment as a useful opportunity to reflect and potentially guide the feedback discussion. However, many students described their choices of how to respond to self-assessment varied depending on the specific self-assessment question asked and concerns about the extent to which their perceptions compared to those of the feedback giver. Students reported tension in deciding whether to underrate their performance to avoid appearing overly confident or overrate it to not reveal potential weaknesses. Concerns were also expressed that self-assessment could deter evaluators from addressing important issues not identified by the learners themselves.

Preliminary Implications: The perceived intent of learner self-assessment and potential influence on subsequent feedback impacts if and how learners engage in this activity honestly and find the practice useful. Further research should be done to examine the most effective approach to eliciting and responding to learner self-assessments.

Request for Feedback: Would appreciate feedback on additional methods for further exploring pre-feedback self-assessment.

WIP2.5

Developing undergraduate nurse communication curricula to facilitate support for self-management

Lead Presenter & Author:

Karen Cook, University of Surrey, United Kingdom

In final year of an internally funded Health Sciences PhD, supported by supervisors.

Background: Self-management support can be offered by nurses but requires effective communication. There is little provision for self-management support communication training in undergraduate nurse education. This study aims to understand how nurse education may facilitate knowledge and skills that enable self-management support. Lived experiences of nurse students and educators were explored; to inform the development of person-centred communication education in undergraduate nursing students.

Methods: The study consists of two phases; exploratory phase 1 consisted of interviews with nurse students and educators at one UK University. Data was analysed thematically informing the development of phase 2 - using Delphi Method to gain consensus to inform the development of communication education. Round 1 questions were open-ended and offered to an expert panel recruited via social media from UK-based universities. Responses will be circulated to the panel, level of agreement ranked and repeated until consensus is reached.

Preliminary findings: Phase 1 identified 3 themes;

- 1) Recognition of communication as fundamental to nursing – identifying barriers and facilitators, emphasising information-giving and the challenge of being person-centred whilst retaining professional role.
- 2) Ways of supporting communication learning – the use of tools and frameworks, 'love it, hate it' simulation, recognising reflection, and the differences between taught and practice elements.
- 3) The reality of practice, role modelling, mentorship and self – the impact of the challenges of practice, recognising effective and poor communication skill in others, and the students' personal characteristics and previous experiences. Themes informed the development of phase 2, emphasising person-centred communication education.

Preliminary implications of research: It is anticipated that Phase 2 consensus will serve to inform the development of cross-curricula communication education for local undergraduate nurse student degree programmes.

Request for feedback: How to develop cross-curricula communication thread?

WIP2.6

Lets talk about death - the use of simulated death in undergraduate medical education

Lead Presenter & Author:

Joanna Borowik, Medical University of Lublin, Poland

The presenter is 5th year medical students. She is working on this project with the mentor without funding supporting this project.

Background: The process of dying and death is complex, spanning the continuum of palliative care, diagnosis and certification of death, and support of relatives. At the same time undergraduate education and practical training in caring for dying patients and dealing with patient death is underrepresented in medical schools.

The primary objective of the project is to understand medical students' perspective on simulated death. The question is how to organise medical simulation teaching and learning about death in the safe and effective way.

Methods: Participants are 4th year medical students. There is a mixed methods approach used in the project which allowed the wider perspective on the issue. The first stage was aimed to explore students perspective. The semi-structured interviews were done with 7 students. Based on the literature review and interviews the questionnaire was constructed.

Preliminary findings: Are not available yet

Preliminary implications of research: Teaching about death seems to be crucial on undergraduate level. At the same time it is very challenging to organise teaching on this topic in clinical setting. Teaching can be done in simulation environment. To make this safe and effective we need to understand more about students' expectations, needs and emotions.

Request for feedback: The presenter would like to have discussion about psychological safety of participants. The second topic for discussion would be bias connected with the researcher's attitude, beliefs and opinions.

Symposia

S6

Telehealth – A New Frontier: Fostering Enhanced Communication Skills Through Policy!

Lead Presenter:

Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona College of Medicine, Phoenix

Presenters:

Margarida Figueiredo-Braga, Faculty of Medicine, University of Porto

Meg Chiswell, Cancer Council Victoria

Sarah Bigi, Università Cattolica del Sacro Cuore

Authors:

Sarah Bigi, Università Cattolica del Sacro Cuore, Italy

Rob Lane, University of Leeds, United Kingdom

Shakaib Rehman, Phoenix VA Healthcare Systems/University of Arizona College of Medicine, Phoenix United States

Margarida Figueiredo-Braga, Faculty of Medicine, University of Porto, Portugal

Meg Chiswell, Cancer Council Victoria, Australia

Rationale: This interactive symposium aims to discuss opportunities that a telehealth policy framework offers to resolve many of the communication challenges and endow clinicians/researchers/policy makers with specific abilities to enhance patient-centered telemedicine practice.

Telehealth is the use of telecommunication technologies to support and promote long-distance clinical health care. Telehealth is a promising tool because of its potential to significantly increase access to health care for medically underserved populations, as well as the widespread belief that it can reduce healthcare costs and improve health outcomes. Despite its growth in popularity in recent years, telehealth faces several barriers hindering more widespread adoption. Patient-clinician relationship, information security/patient privacy, insurance reimbursement, and liability concerns are areas where gaps exist in policy/regulations.

Implementing telehealth systems is a newer communication modality and predicated on clinicians having the requisite communication skills. Telehealth policy standards may provide an opportunity to embed communication skill training in order to reduce the variability of clinicians' acquisition of these core skills.

Schedule:

1. Panel discussions on critical interplay between telehealth research/teaching/practice, policy and healthcare communication by organizations/clinicians/leaders/consumers and policy makers (40 minutes).

Speaker 1: Discuss evidence for opportunities and challenges offered by telehealth: Can we speak of a new paradigm of healthcare provision? How do new technologies challenge current healthcare systems and foster change the way we practice now? How healthcare communication scholars contribute in making telehealth an effective way to improve people's health?

Speaker 2: Success and challenges from the trenches - UK Story.

Speaker 3: Discuss success story of approving and implementing telehealth policy by the USA Congress and how impeccable communication skills are relevant in achieving not only policy but also implementing the policy.

Speaker 4: Telemedicine's patient-clinician relationship in Portugal - from text messages to live video-conferencing. How digital devices can maintain and enhance patient's satisfaction, compliance, and trust. Research addressing the role of mobile solutions using digital applications to support patients' follow-up and interaction and live video-conferencing. Focusing communication challenges in telemedicine, how to motivate clinicians, policy makers and patients to think about the maintenance of digital empathy, empowerment and avoiding consumerism. Communication skills training thought digital communication will be presented.

Speaker 5: Nonverbal Communication's impact on current practices. How the current policies impede or enhance communication.

2. Delegates/Attendees Discussion/Contribution (30 minutes).

- Telehealth communication skills.
- What EACH/ pEACH can do?
- pEACH projects to develop workshops or research proposals or write policy/white papers or manuscript.

3. Panel and Delegates Q&A and developing steps for future planning (20 minutes).

Presenters Contributions:

Panelist 1 is Chair of pEACH, a university Professor of Linguistics in Italy, researched the analysis of dialogues in different clinical settings for >10 years, developed an application to support diabetes patients' self-management abilities and improve communication skills.

Panelist 2, UK university professor/Head of many programs, teaching and researching communication and telehealth for more than 25 years.

Panelist 3 is the Chair of Policy Committee of American College of Physicians & was involved in the development of many national policies, chairs a university department and medical school Admissions Committee. He has developed numerous training programs on policy/communication for over 20 years and has held senior roles at Academy on Communication in Healthcare (ACH).

Panelist 4, National Representative and officer in EACH, teaches clinical communication in Specialization Courses, Master & Doctoral Programmes at a university in Portugal. Since 2002 her research includes the impact of clinical communication in e-health.

Panelist 5, Deputy National Representative in EACH, USA University professor, teaches communication courses around the world for more than 20 years. Her specialty is nonverbal communication during tele-visit encounters. She has helped shape the policies of many institutions.

Workshops

W7

Reducing Readmissions: Telling Patients the Story of Their Discharge

Presenter & Author:

Lance Hall, Meaningwell Consulting, United States

Rationale: Reducing readmissions has become part of hospital operations not only because of its link with the quality of care, but because of its use as a factor in reimbursing institutions. Discharge planning is not one event, but a series of communications among a potential multitude of providers and patients. Much has been made in a literary sense of the “patient journey”. Medical literature, however, has begun to notice the very real similarities between a story and what happens to patients leaving hospitals. When information about discharge is presented as their own story, patients are better equipped to handle ongoing medical concerns and stay out of the hospital. The facilitator developed this workshop for UCLA Medical Center. After the pilot, participants were asked if they “felt better prepared” to help patients understand their discharge, and 83% responded positively with a 5 or 6 on a 6-point Likert scale.

Learning Objectives: In this workshop, participants will learn how to reduce recidivism by adapting discharge information into story structure. Every story contains a problem, obstacles, and a resolution. Participants will learn how these touchpoints apply to motivating patients to stay out of inpatient facilities and communicating potential pitfalls during transitional care.

Teaching Methods: The session will open with participants’ reflection on discharge planning and some remarks by the facilitator on story structure. Participants will be asked to draw from their own professional or personal experiences with inpatient stays. The majority of the session will be spent re-presenting these experiences in pairs and to the group. Participants will receive feedback on the effectiveness of their communication.

Evaluation of Outcomes for Participants: At the session’s conclusion, participants will be asked to reread their initial reflections, and share with the group how they might implement this approach in their institutions.

Preferred Maximum Number of Participants: 30

W8

Exploring strategies for experiential online communication skills teaching

Presenters & Authors:

Sandra Winterburn, Norwich Medical School, University of East Anglia, United Kingdom

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Laura Blackburn, University of East Anglia, United Kingdom

It is widely acknowledged that face to face teaching using role-play, feedback & re-rehearsal is the gold standard for communication skills (CS) teaching. However, the Covid-19 pandemic has prompted health professional educators to explore innovative synchronous and asynchronous approaches to CS learning online. . For many teachers this is a wholly new approach and they may be unsure how to adapt previous in-person sessions to a virtual context. Others may have started experimenting with different methods and identified useful strategies as well as challenges to experiential online teaching. The purpose of this workshop is to provide an introduction to strategies for effective online communication skills teaching, drawing on the experiences of educators from several institutions. Participants will be supported in reflecting upon and sharing their experiences and attitudes toward online communication education. The workshop will provide the opportunity for interactive demonstration of key components of experiential CS education and how these can be effectively achieved using online video conferencing platforms. Limitations and challenges of online CS teaching will also be explored. Participants will have the chance to consider how available tools can be used to enhance online teaching at their own institutions. We view this workshop as the beginning of an important ongoing conversation between health professional educators as we all share experiences, resources and support in the necessity to embrace virtual methods for communication skills learning.

After participating in the workshop attendees should be able to:

- Discuss the feasibility of online CS teaching in their own organisation
- Demonstrate specific tips for maximizing the effectiveness of online CS teaching
- Describe challenges and limitations of online CS teaching
- Access additional resources to support online CS teaching

17:15 – 18:15

Orals - Teaching/Assessment 3: Peer and interprofessional

O14.1

Communication skills training and physician assistants: self-efficacy and workshop effectiveness

Lead Presenter:

Minna Saslaw, Columbia University Irving Medical Center

Authors:

Minna Saslaw, Columbia University Irving Medical Center, United States

Steven Kaplan, NY-Presbyterian Hospital, United States

Martina Pavlicova, Mailman School of Public Health, Columbia University, United States

Dana Sirota, Columbia University Irving Medical Center, United States

Background: Physician assistants (PAs) are medical providers in collaborative teams supervised by physicians. Teams with PAs are widespread in the United States, and increasing in Europe. To our knowledge, communication skills training (CST) for PAs has not been widely studied. In 2017 our hospital began enrolling PAs into our Relationship-Centered Communication Workshop. Data was gathered on workshop effectiveness and self-efficacy.

Methods: Effectiveness data was obtained within 1-week post-workshop in a questionnaire on content, medical competence, and perceived usefulness. Self-efficacy, attitudes, and behaviors toward communicating with patients were measured using a retrospective pre-post survey 6-weeks post-workshop. Simple frequencies were used for demographic data and a paired t-test examined changes prior to and 6-weeks post-workshop. Regression analysis was done in SPSS v25.0.

Findings: 205 of 259 (79%) PAs completed the workshop effectiveness survey. The majority (>95%) would recommend the course, felt the workshop was relevant to professionalism and effectiveness with patients and care teams, was evidence-based, and taught new communication methods.

56 (25%) PAs completed the 6-week post-workshop survey. A statistically significant difference ($p < 0.05$) in 9 out of 10 domains measuring self-efficacy, attitudes, and behaviors toward communicating with patients was found. There was no difference between mandated and voluntary attendees. In comparison to previously collected physician data, PAs were more likely to report a significant improvement ($p < 0.05$) in repeating back instructions, asking patients about their condition, and being satisfied with their patient visits after completing the workshop.

Discussion: Our data supports that PAs perceive our CST workshop to be effective and useful regardless of mandated or voluntary participation. A stronger positive effect was found for PAs compared to physicians in some of the communication skills taught. As PAs are an increasing part of patient care teams, our study may be of interest to programs deciding how to utilize their CST resources.

O14.2

Call me: Students connect by phone to build interprofessional team communication skills

Lead Presenter:

Christine Hall, Idaho State University

Authors:

Christine Hall, Idaho State University, United States

Barb Mason, Idaho State University, United States

Michael Biddle, Idaho State University, United States

Background: Utilizing synchronous distance learning technology across 4 locations in 2 rural US states, our non-medical center affiliated university educates Doctor of pharmacy and physician assistant (PA) students. Interprofessional education, though logistically challenging, is essential to meet accreditation standards and to prepare students for collaborative health care. **Objectives:** Students will demonstrate appropriate verbal communication and information exchange skills through interprofessional shared decision-making.

Methods: A within subjects repeated measures design was used for this phone simulation activity between an outpatient clinic PA and a community pharmacist. Interprofessional collaborative competency attainment self-assessment (ICCAS) pre-post activity surveys, assessing roles and skills in collaborating, were completed by all students. PA students individually completed an online patient case teaching scenario and contacted a pre-assigned pharmacy student via cell phone to order prescriptions. A problem with the prescription, detectable only with pharmacy student access to the pharmacy patient record was incorporated into the scenario, requiring additional contact with the prescriber. The students through shared decision-making made changes. Post activity student debriefings were led by faculty.

Findings: Two cohorts comprising 326 total students participated. Overall combined median scores on ICCAS increased between the pre- and post-activity surveys submitted by the two student groups. Statistically significant improvements in overall median scores were identified in 18 of the 20 questions, indicating an improvement in students' overall ability and level of comfort with the interprofessional team model.

Discussion: This novel, logistically feasible activity provides students with a realistic impression of phone exchange between an ordering prescriber and pharmacist. Students draw upon and apply their professional acumen to co-manage a patient's care. Results showed a statistically significant improvement in students' understanding of one another's roles on the healthcare team. Through communication activities like this, students become more adept and comfortable working with other health care professionals.

O14.4

Co-Facilitation in experiential learning – what lessons have we learnt?

Lead Presenter:

Stephanie Smith, Cambridge University

Authors:

Stephanie Smith, Cambridge University, United Kingdom

Debbie Critoph, Cambridge University, United Kingdom

Mandy Williams, Cambridge University, United Kingdom

Rachel Williams, Cambridge University, United Kingdom

Cambridge University provides clinical communications skills (CCS) for medical students through experiential learning (role play) in groups of six. In 2017, the University doubled student intake from 140 to 280 students in each year. This challenged the department to deliver over 1000 experiential sessions annually without compromising quality or group size. In response, we have developed a training programme to increase our faculty to meet demand.

An integral part of faculty development is co-facilitating with an experienced colleague. Challenges exist for both trainee and experienced facilitator as they balance the learning needs of all, whilst meeting the session objectives. We have developed guidelines on how to co-facilitate to support all parties.

- To increase faculty to meet demand, whilst maintaining quality
- To train and develop skilled facilitators
- To produce resources to guide and develop effective co-facilitation

We analysed feedback from facilitators, trainees and students for all co-facilitated sessions over a period of 12 months. Based on these results we designed a guideline and assessed its effectiveness 18 months later.

Prior to the introduction of the guidance, we received mixed feedback from both facilitators, trainees and students. Some students found it confusing to have two facilitators whilst others found it a valuable resource. Some facilitators enjoyed co-facilitating whilst others found it stressful.

Confidence levels of both experienced and trainee facilitators has increased since the introduction of the guidance. Current feedback is consistently demonstrating satisfaction with the guidance covering shared negotiation and responsibilities within a session.

Co-facilitation is a core component of facilitator training. In addressing the challenges through the introduction of resources we have improved the satisfaction and experiences of student, trainees and facilitators. By sharing our experience, we hope that this learning will be transferable to other organisations who use, or are considering using, co facilitation to train faculty.

O14.5

Peer assessment in communication skills training: a medical students' perspective

Lead Presenter:

Marcela Dohms, Radboud University, Nijmegen, Netherlands

Authors:

Marcela Dohms, Radboud University, Nijmegen, Netherlands, Netherlands

Patrick Dielissen, Radboud University, Nijmegen, Netherlands, Netherlands

Ellemieke Rasenberg, Radboud University, Nijmegen, Netherlands, Netherlands

Alba dos Santos Rocha, Radboud University, Nijmegen, Netherlands, Netherlands

Background: Peer assessment is an essential element of multi-source feedback in medical curricula. Although peer feedback has numerous advantages in learning and continuous education, its usefulness seems to be limited in daily practice. The present study aims to understand the medical students' experiences and points of view about peer assessment in communication skills training.

Methods: We explored qualitatively the students' perceptions of peer assessment in medical education. Three focus groups were conducted, audio-recorded, with 15 undergraduate medical students from different levels, lasting about 60 minutes and using a semi-structured guide. We followed Braun & Clarke's 6-step framework for doing thematic analysis.

Findings: As preliminary results, the most common themes derived from text analysis included: the advantages of peer feedback and the factors that can affect the process of providing and receiving peer assessment. Students understand as an advantage receiving feedback from someone at the same level of learning because they can understand better the difficulties. The main facilitating factors reported are: a better training for face to face feedback skills; providing specific and structured feedback; receiving narrative feedback associated with checklists. The main hindering factors reported are: not having enough knowledge about the medical communication subject; providing negative and general feedback; receiving summative and anonymous feedback. The previous relationship with the colleague can either facilitate or hinder the assessment. So they suggest combining feedback from a peer who does not know the student well and from a peer who knows better the student and can see the progress in time.

Discussion: Medical students value peer assessment in their medical training. They provided useful information to implement effective peer assessment in medical communication, contributing to a more engaged and reflexive process.

O14.6

Representation of Surgeons: Are Popular Media Getting It Right?

Lead Presenter:

Kathleen Kieran, Seattle Children's Hospital

Authors:

Jorge Whitley, Seattle Children's Hospital, United States

Kathleen Kieran, Seattle Children's Hospital, United States

Introduction: While surgery residents and attendings identify factors such as time constraints and preferred clinical setting for teaching as barriers to teaching communication skills, many nonsurgical clinicians promote anecdotal reports that surgeons lack the ability to be empathetic, care about patients, and actively participate in communication teaching programs. We wondered whether the popular depiction of the “surgeon personality” might influence how surgeons are perceived, and specifically whether surgeons are depicted differently in popular media. We hypothesized that nonsurgeons on medical series would have positive interpersonal interactions at least 50% more often than surgeons on the same series.

Methods: In 22 total episodes of two popular medical series, we identified five surgeons and nine non-surgeon characters present in all episodes. We reviewed the written script for each episode (including action and dialogue), and identified scenes containing interactions between clinicians, and characterized the language used by each character in the interaction with the other as “positive,” “negative,” or “neutral.” We also characterized situations in which there was conflict between clinicians as “positive” or “negative” for a particular character, based on which clinician’s decision drove the patient’s outcome. The proportion of positive and negative interactions and situations was compared for surgeons and nonsurgeons.

Findings: Compared to nonsurgeons, surgeons were 3.1 times as likely to have a negative interpersonal interaction in Series 1 (OR=3.1, 95% CI: 2.4-4.2), and 8.0 times (OR=8.0, 95% CI: 5.2-12.4) as likely to have a negative interpersonal interaction in Series 2.

Discussion: Surgeons and nonsurgeons are depicted differently in popular media: surgeons have a significantly higher proportion of negative interpersonal interactions. The use of fictional characters who are more frequently depicted as positive or negative may influence unconscious bias that informs patient expectations of their interactions with surgeons. Communication skill teaching for surgeons should take this possible bias into account.

Orals - Shared Decision Making 2 (Patient education & self-management)

O15.1

The impact of patient-centred self-management education targeting people with diabetes - A review

Lead Presenter & Author:

Kasper Olesen, Steno Diabetes Center Copenhagen, Denmark

Background: A person-centered approach may be a promising way to achieve impact in diabetes self-management education. The objective of this systematic integrative review was to 1) synthesise primary research into the impact of person-centred diabetes self-management education and support targeting people with type 2 diabetes on behavioural, psychosocial, and cardiometabolic outcomes and 2) identify effective mechanisms underlying positive outcomes of person-centred diabetes self-management education and support.

Methods: Using Whittemore and Knaf’s integrative review method, we conducted a systematic search of peer-reviewed literature published between January 2008 and June 2019 using PubMed, Scopus, and CINAHL. After article selection according to established criteria, study quality was assessed using Critical Appraisal Skills Programme checklists for cohort studies, randomised controlled trials and qualitative research.

Findings: From 1901 identified records, 20 studies (17 quantitative, 2 qualitative, and 1 mixed methods) were considered eligible for inclusion. Interventions were categorised by content, medium of delivery and

outcomes. Qualitative studies, quantitative cohort studies and randomised controlled trials demonstrated positive outcomes with no differences in success rates across study design. Interventions were largely successful in improving haemoglobin A1c and patient-reported outcomes such as quality of life but had limited success in lowering cholesterol and weight and initiating long-term improvements in lifestyle behaviours. Primary objectives were achieved more often than secondary objectives, and studies with fewer outcomes appeared more successful in achieving specific outcomes.

Discussion: Person-centred diabetes self-management education and support has demonstrated a considerable impact on desired diabetes-related outcomes in populations of people with type 2 diabetes. However, included reports often lacked sufficient details, and mechanisms by which person-centredness contributed to positive outcomes were difficult to assess. Moreover, there was inconsistent use of the concept of person-centeredness among the studies. To further studies should take advantage of systematic frameworks on person-centered approaches in diabetes self-management education to advance the field further.

O15.2

One size doesn't fit all: A person-centred approach in supporting infant feeding in women with ARDs

Lead Presenter:

Denitza Williams, Cardiff University, School of Medicine

Authors:

Denitza Williams, Cardiff University, School of Medicine, United Kingdom

Adrian Edwards, Cardiff University, United Kingdom

Jessica Webber, Cardiff University, United Kingdom

Bethan Pell, Cardiff University, United Kingdom

Aimee Grant, Cardiff University, United Kingdom

Julia Sanders, Cardiff University, United Kingdom

Ernest Choy, Cardiff University, United Kingdom

Ann Taylor, Cardiff University, United Kingdom

Meng-Chieh Wu, Cardiff University, United Kingdom

Rhiannon Phillips, Cardiff Metropolitan University, United Kingdom

Background: Only 1% of babies in the UK are exclusively breastfed until six months, one in ten women who have recently given birth in the UK have a long-term illness are significantly less likely to initiate and maintain breastfeeding. We explored the barriers and facilitators to breastfeeding in women with an Autoimmune rheumatic disease (ARDs) and their decisional support needs when making decisions about infant feeding.

Methods: 13 mothers were selected for interview from 128 women with ARDs who took part in an online survey focusing on their experiences of preconception, pregnancy and early parenting (STARFamily Study). We conducted visual timeline-assisted interviews to focus on women's lived experiences of early parenting. Interviews were audio-recorded, transcribed verbatim and thematically analysed. Interviews took place in person in participants home or over the phone.

Findings: Lack of decisional support when making infant feeding choices including a lack of information about medication safety when breastfeeding, conflicting information from different healthcare professionals and maternal guilt when unable or choosing not to breastfeed were identified. Women also reported concerns relating to managing fatigue and their ability to physically hold the baby in a breastfeeding position.

Discussion: Women with ARDs find it difficult to make decisions about infant feeding and the management of their long-term condition. Most women reported pressure to initiate or maintain breastfeeding along with a lack of information and support on maintaining breastfeeding whilst also achieving optimum disease control. There is a clear need for the incorporation and promotion of person-centred care when it comes to

breastfeeding: a one size fits all approach is not suitable. Tailored decisional support interventions, along with healthcare professional training, are required to support women with ARDs with infant feeding choices.

O15.3

Does Patient Health Engagement Matter? A survey on Patient Engagement and Health-Related Outcomes

Lead Presenter:

Lorenzo Palamenghi, Università Cattolica del Sacro Cuore

Authors:

Lorenzo Palamenghi, Università Cattolica del Sacro Cuore, Italy

Serena Barelli, Università Cattolica del Sacro Cuore, Italy

Guendalina Graffigna, Università Cattolica del Sacro Cuore, Italy

Background: Patients are expected to become active players in their healthcare and Patient Health Engagement (PHE) is a crucial factor in pursuing people to adopt positive change regarding their health. Investigating PHE and its relationships with health-related outcomes is warranted to provide insights into the advantages of engaging patients in their healthcare. We answered the following questions: (1) What is the engagement level of people with chronic diseases? (2) How does PHE relate to patient characteristics and self-reported health-related outcomes in this population?

Methods: 3623 adult chronic patients in different clinical areas were involved. They completed an online questionnaire including the Patient Health Engagement Scale (PHE-S®) and questions on patient characteristics, self-reported health literacy, patient adherence, quality of life, satisfaction with patient-doctor relationship and healthcare utilization. The questionnaire was co-designed by researchers and patients. We examined PHE-S® associations with categorical and continuous outcome measures.

Findings: 36% of participants reported low level of PHE-S®. Patient engagement does not differ depending upon several patient demographic characteristics. Those with the higher PHE-S® scores were more likely to report higher patient satisfaction with patient-doctor relationship, higher quality-of-life scores, higher treatment adherence, higher health literacy skills compared with those with lower PHE-S®. We found that those with the lowest PHE-S® scores were 2 times more likely to report unplanned access to health care services and out-of-pocket expenditure for drugs and medical visits compared to those with higher level of PHE-S®.

Discussion: Chronic patients are expected to be in charge of their own health. One way to accomplish this is by training people to get involved and able to adjust to their health condition. We reinforced prior findings and showed that patient engagement is positively associated with relevant healthcare outcomes. These results suggest that PHE-S® may be useful in identifying more vulnerable patient populations.

O15.4

Patient decision-making about disclosing the diabetes diagnosis: A multi-method inquiry

Lead Presenter:

Christy Ledford, Uniformed Services University of the Health Sciences

Authors:

Christy Ledford, Uniformed Services University of the Health Sciences, United States

Dean Seehusen, Augusta University Medical College of Georgia, United States

Background. Patient disclosure of a disease diagnosis and subsequent discussion with family members and friends can strengthen social support networks and influence behaviors such as healthy eating and physical

activity, which are critical to disease self-management. This study explored individual differences in patient decision-making about disclosing the diabetes diagnosis.

Method. A cross-sectional survey was mailed to patients diagnosed with diabetes at two U.S. medical centers. 697 patients are included in analysis. Follow-up mailings invited respondents to interview. Interview transcripts (n = 33) were analyzed to explore how participants disclosed and discussed their diagnosis with family members and friends.

Findings: Five motivations/goals to disclose the diabetes diagnosis emerged in patient reports: 1) to seek information; 2) to seek social support; and 3) to end the cycle of diabetes; 4) to maintain face, and 5) to protect employment. The first three motivations effected the decision to disclose the diagnosis, whereas motivations 4 and 5 effected the decision to not disclose the diagnosis.

Controlling for age and patient activation, race/ethnicity and gender were tested onto three isolated Diabetes Illness Representations Questionnaire items. Asian-American patients perceived diabetes as more strongly affecting the way other people see them as a person than patients of other races/ethnicities, $p < .001$, and as having greater impact on their self-image than patients of other races/ethnicities, $p < .01$. Male patients perceived their diagnosis as being more difficult for others than female patients, $p < .005$.

Discussion: Results revealed two identity-related barriers to disclosing a diabetes diagnosis: to maintain face or to protect employment. Moreover, survey results identified racial/ethnic and gender differences in patient identity and perceived impact of diabetes diagnosis. Physicians and diabetes educators can encourage patients to disclose the diagnosis to seek information and social support and to end the cycle of diabetes, giving special attention to male patients and Asian-American patients.

O15.5

Conversation aid super users: learning curves and carryover effects

Lead Presenter:

Marleen Kunneman, Mayo Clinic / LUMC

Authors:

Marleen Kunneman, Mayo Clinic / LUMC, United States

Megan Branda, Mayo Clinic, United States

Ian Hargraves, Mayo Clinic, United States

Alexander Lee, Mayo Clinic, United States

Peter Noseworthy, Mayo Clinic, United States

Victor Montori, Mayo Clinic, United States

Background: Research on the efficacy of shared decision making (SDM) tools used by clinicians in the clinical encounter has left a fundamental gap: how many times should clinicians use a tool to normalize it in their practice? Toward answering that question, we aimed to uncover evidence after repeated use of an SDM tool of (A) a learning curve and (B) a carryover effect (contamination) to control encounters.

Methods: We conducted a secondary analysis of data collected in a multicenter encounter-level randomized trial, in which we included patients with nonvalvular AF considering starting/reviewing anticoagulation, and their clinicians. We subsetted the cohort to clinicians who enrolled a minimum of 20 encounters. We compared usual care (UC) with or without ANTICOAGULATION CHOICE (AC), an SDM conversation tool for use during the clinical encounter. Patient-clinician encounters were video-recorded and coded for clinician involvement of patients in SDM (OPTION12 scale) and fidelity (use of tool as intended), and encounter length was captured.

Findings: We analyzed 448 encounters by 11 clinicians (range, 23-74 encounters per clinician). OPTION12 scores were significantly higher in the AC arm (33 vs. 28 points of 100, adjusted mean difference 5 95% CI 3, 7). There was no between-arm difference in encounter duration. Over time, clinicians consistently

demonstrated high fidelity (94% of 212 AC encounters) using the SDM tool as intended. OPTION12 scores varied within clinician across encounters, while on average remaining similar over time.

Discussion: Clinicians' behaviors to involve patients in SDM remain variable even after repeated opportunities to use an SDM tool within a clinical trial. Normalization may need more encounters to be achieved, although variability may suggest clinicians used the SDM tool adapting it to the demands of each patient situation.

O15.6

Positive Technological Development among minority women with uncontrolled Type 2 diabetes mellitus

Lead Presenter:

Suzanne Mitchell, Boston Medical Center

Authors:

Suzanne Mitchell, Boston Medical Center, United States

Ioana Moldovan, Boston Medical Center, United States

Alexa Bragg, Boston Medical Center, United States

Jessica Howard, Boston Medical Center, United States

Shakiyla Woods, Boston Medical Center, United States

Paula Gardiner, University of Massachusetts Medical School, United States

Background: Positive Technological Development (PTD) evaluates innovative technologies that seek to enhance learning and to foster self-efficacy. We aim to explore positive behavioral changes measured by the PTD Questionnaire (PTDQ) in DSME Medical Group Visits (MGV) conducted in a virtual world.

Objective: To study the impact of DSME in a virtual world compared to the in-person format on PTD among minority women with uncontrolled Type II diabetes mellitus.

Methods: Sociodemographic data was analyzed using descriptive statistics. Participants were administered the PTDQ at baseline and after completion of the MGVS. Baseline PTD scores were summarized with the Wilcoxon test, and the maximum score possible was 135. Change in average scores was compared by study arms in an intention to treat analysis.

Findings: The average age of the the 287 eligible participants enrolled in the DSME MGVS was 56 years old. Overall, 33.7% of participants (n=97) self-reported not having internet access at home. The average baseline PTD score was 77 (sd=26) for the 287 eligible participants enrolled in the DSME MGV. The 147 participants in the intervention arm scored an average of 75 (sd=26) compared to a score of 78 (sd=27) in the control arm (n= 140). Average PTD scores increased by 8.10 (sd=23.84) in the intervention arm compared to 2.05 (sd=19.58) in the control arm (pre-to-post intervention).

Discussion: The increased sense of self-efficacy measured with the PTDQ highlights the importance of designing innovative, education-based technologies for older adults living with chronic diseases. Further research will be performed using qualitative data to better understand the participants' experience in the virtual MGV setting.

Orals - Communication about risk and uncertainty

O16.1

Impact of how genetic counselors discuss uncertainty on counselees – an experimental vignettes study

Lead Presenter:

Ellen Smets, Amsterdam UMC, Netherlands

Authors:

Niki Medendorp, Amsterdam UMC, Netherlands
Marij Hillen, Amsterdam UMC, Netherlands
Cora Aalfs, UMC Utrecht, Netherlands
Theo van Os, Amsterdam UMC, Netherlands
Klaartje van Engelen, Amsterdam UMC, Netherlands
Margreet Ausems, UMC Utrecht, Netherlands
Senno Verhoef, LUMC, Netherlands
Lieke Berger, UMC Groningen, Netherlands
Anne Stiggelbout, LUMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands

Background: Uncertainty increasingly needs to be discussed during cancer genetic counseling due to the rise of complex techniques such as multigene panel testing. How discussions about uncertainty affect counselees may vary depending on counselors' communication style. Ideally, counselees are enabled to deal with uncertainty and make well-informed decisions regarding testing. We tested the impact of different ways of conveying uncertainty and addressing counselees' uncertainty on counselees' outcomes. We additionally explored whether counselees' characteristics moderate this relationship.

Methods: An experimental video vignettes design with analogue patients was used. Former counselees viewed one out of six randomly assigned video variants depicting a genetic consultation in which a multigene panel test is discussed. In a 2x3 design, counselors' communication of uncertainty (comprehensive vs. gist) and responses to counselees' uncertainty expressions (providing information vs. providing space vs. balancing uncertainty) were systematically manipulated. Participants completed questionnaires before and after watching the video. Primary outcome was feelings of uncertainty.

Findings: Preliminary analyses were performed on 91% (n=178) of the required sample (n=196). Groups did not differ in mean age (range: 47.8-53.8; p=.527) or gender (range: 60-87% female; p=.261). Counselors' communication of uncertainty was successfully manipulated: the comprehensive version was perceived as more detailed (p=.099). However, counselees did not perceive significant differences in how counselors responded to patients' expressions of uncertainty (p=.303). No effects on feelings of uncertainty were found for counselors' communication about uncertainty (p=.323), or response style (p=.630). Statistical analysis on the complete dataset, including effects on secondary outcomes and moderating effects of counselees' characteristics will be performed and discussed.

Discussion: Preliminary analysis showed that different manners of communicating uncertainty and responding to counselees' uncertainty expressions did not lead to differences in feelings of uncertainty of counselees. Findings will inform a training intervention to support counselors in discussing uncertainty during cancer genetic counseling.

O16.2

Developing genetic test reports that are clearly understood by patients and nonspecialist clinicians

Lead Presenter:

Alexandra Freeman, Winton Centre for Risk & Evidence Communication, University of Cambridge

Authors:

Alexandra Freeman, Winton Centre for Risk & Evidence Communication, University of Cambridge, United Kingdom

George Farmer, University of Manchester, United Kingdom

Gabriel Recchia, Winton Centre for Risk & Evidence Communication, University of Cambridge, United Kingdom

Background: Genetic and genomic testing is an increasing part of medicine, with patients and non-specialists having to understand and act on complex and uncertain numerical information.

We set out to develop report templates that better support understanding of the numbers, make next steps clear for patients and non-specialist clinicians, and facilitate more accurate communication of results through families.

Methods: User-centred design including multiple rounds of semi-structured interviews and 2 online studies, involving the public (n=242), patients (n=32) and healthcare professionals (n=34). Some participants were recruited through targeted advertising, others through the Prolific.ac platform.

Semi-structured interviews were recorded and thematically coded. In the online studies participants were randomised to receive different report formats and asked questions to ascertain objective & subjective comprehension of the results, communication efficacy, actionability and trust as both quantitative and qualitative responses (which were given an abbreviated thematic analysis). Mann-Whitney U tests were used to compare means between conditions.

Findings: When tested against a report in current clinical use, the reports we developed resulted in higher subjective comprehension ($p < .001$, $d = .7$), communication efficiency ($p < .001$, $d = 1.1$), and actionability ($p < .001$, $d = 0.8$). Objective comprehension was equal, suffering ceiling effects. We have developed a summary of 11 recommendations for overall genetic report design.

Discussion: Our findings suggest guidelines for the design of genetic reports to ensure effective communication of results to a non-specialist audience, and that a rapid user-centred design process can be used to tailor such a generic template to specific conditions.

We produced a specific report for cystic fibrosis carrier testing, and are now using the same process to develop one for BRCA testing, involving more complex risk communication.

The reports are designed to be produced from a database to allow implementation within a laboratory system.

O16.3

RCT to identify disclosure best-practices of amyloid imaging results in mild cognitive impairment

Lead Presenter:

Agnetha Fruijtier, Amsterdam UMC

Authors:

Agnetha Fruijtier, Amsterdam UMC, Netherlands
Ingrid van Maurik, Amsterdam UMC, Netherlands
Philip Scheltens, Amsterdam UMC, Netherlands
Femke Bouwman, Amsterdam UMC, Netherlands
Yolande Pijnenburg, Amsterdam UMC, Netherlands
Jarith Ebenau, Amsterdam UMC, Netherlands
Bart van Berckel, Amsterdam UMC, Netherlands
Ellen Smets, Amsterdam UMC, Netherlands
Wiesje van der Flier, Amsterdam UMC, Netherlands
Leonie Visser, Amsterdam UMC, Netherlands

Background: Concerns about Mild Cognitive Impairment (MCI) patients' understanding of disclosure of amyloid-positive status and the emotional impact of this complex message have resulted in disclosure-frameworks based on expert opinion. Our study aimed to empirically study the effectivity of six different communication strategies on patients' understanding, and emotional state when receiving a positive amyloid status.

Methods: We performed a Randomized Controlled Trial with an online video-vignette design. Communication strategies were varied across otherwise standardized, enacted videotaped consultations. Healthy individuals aged > 50, instructed to imagine themselves in the situation of the video-patient [5],

were randomly assigned to one of seven conditions: 1) Control, 2) Non-specified risk, 3) Explicit PET-scan and Alzheimer's disease information, 4) Visualizing the PET-scan, 5) Risk best-practice, 6) Emotional response, and 7) Teach-back. Questionnaires measuring emotional state (PANAS) and anxiety (STAI) were administered prior to- (T0) and directly after viewing the vignette (T1). The T1 questionnaire contained questions assessing information recall (coding of open-ended questions is currently ongoing), information recognition, uncertainty, trust in the clinician, and satisfaction.

Results: We included 1017 participants (age 64 ± 8 (M \pm SD), range 50-94, female 808/1017(79%). We found differences between conditions on information recognition ($P=.001$, figure 1A), uncertainty ($P=.000$, figure 1B), trust in the physician ($P=.008$, figure 1C), and satisfaction ($P=.000$, figure 1D). Of note, information recognition ($P=.046$), and satisfaction ($P=.013$) were highest in the emotional response condition. Risk-best practice led to higher uncertainty ($P=.000$), yet trust in the clinician was higher when risk-estimate was mentioned (control-condition), compared to no mention of a specified risk-estimate ($P=.017$). Satisfaction was best in the emotional response condition ($P=.013$).

Conclusion: This is the first study to provide empirical evidence of best strategies for disclosure of amyloid PET to MCI patients. We can use these results to inform an evidence-based practice recommendation for amyloid disclosure in a clinical setting.

O16.4

Interest in updated genetic risk information among women who previously tested negative for BRCA1/2

Lead Presenter:

Kimberly Kaphingst, University of Utah

Authors:

Kimberly Kaphingst, University of Utah, United States

Ryan Mooney, University of Utah, United States

Whitney Espinel, University of Utah, United States

Kelsey Kehoe, University of Utah, United States

Ashley Elrick, University of Utah, United States

Wendy Kohlmann, University of Utah, United States

Background: Advances in genetic testing allow women who previously tested negative for the BRCA1 and BRCA2 cancer susceptibility genes to receive updated genetic risk information through testing of panels of multiple genes. Little is known about women's interest in and responses to updated genetic risk information. We examined decisions to receive multi-gene panel testing among women who previously tested BRCA1/2 negative and intentions to share this information about inherited risk with biological family members.

Methods: We contacted women with a history of breast or ovarian cancer who had negative BRCA1/2 testing between 2011 and 2013. They were invited to schedule a genetic counseling visit to discuss additional testing. They were also asked to complete a pre-visit survey assessing prior experience with genetic testing, past and intended communication with family about results, and predictors of intended family communication (attitudes, social influence, perceived behavioral control).

Findings: Of 175 eligible women, 62 (35%) declined participation. Of the 109 women who completed genetic counseling, 88 (81%) decided to receive multi-gene panel testing. Participants were 60 years of age on average (range 26-87); the majority (79%) had had breast cancer. Most participants (95%) reported sharing their prior BRCA1/2 results with family members and intended to share updated results (94%). Participants' perception that family members have a favorable opinion of testing ($p=0.002$) and being younger ($p=0.001$) were significant predictors of intention to share updated genetic risk results with family.

Discussion: Genetic testing developments provide unique opportunities to examine responses to changes in genetic risk information among patients and families. Of eligible women who had previously tested

negative for genetic risk for breast and ovarian cancer, the majority opted to receive genetic counseling and updated genetic risk information. Intentions to share updated genetic risk information were related to familial social influence.

O16.5

Clinical communication factors impeding fertility preservation decisions among AYAs with cancer

Lead Presenter:

Mollie Rose Canzona, Wake Forest University/Wake Forest School of Medicine

Authors:

Mollie Rose Canzona, Wake Forest University/Wake Forest School of Medicine, United States

John Salsman, Wake Forest University Health Sciences; Wake Forest Baptist Comprehensive Cancer Center, United States

Bonnie Patel, Atlanta Center for Reproductive Medicine, United States

David Victorson, Feinberg School of Medicine, Northwestern University; Robert H. Lurie Comprehensive Cancer Center's Survivorship Institute, United States

Giya Harry, Wake Forest University Health Sciences, United States

Thomas McLean, Wake Forest University Health Sciences, United States

Karly Murphy, Feinberg School of Medicine, Northwestern University, United States

Marla Clayman, American Institutes for Research., United States

Background Cancer and its treatments affect adolescent and young adult (AYA) cancer patients' fertility. Despite ASCO/NCCN guidelines that providers discuss fertility risk and preservation options with patients, research suggests communication is lacking. This study aims to identify communication factors that may impede AYA's fertility preservation decision-making (FPDM).

Methods Interviews were conducted with 36 adolescent (AD ages 15-17; n = 10), emerging adult (EA ages 18-25; n = 12), and young adult (YA ages 26-39; n = 14) cancer patients and 21 AYA oncology providers (oncologists n = 16; oncology nurses n = 5). Thematic analysis using the constant comparative method was employed. Secondary analysis examined theme variation by age and patient/provider group.

Findings Patient-specific themes were: information about fertility risk/preservation options was absent, incomplete, or confusing; and fertility conversations were uncomfortable or emotional. These themes varied by age group. ADs described shorter fertility discussions, less awareness about fertility risk, and beliefs that fertility could be addressed later. ADs suggested discomfort around fertility contributed to withdrawal from clinical conversations. EAs reported the emotional nature of fertility conversations contributed to difficulty processing information. EAs and YAs understood that cancer severity and preservation costs determined FPDM. They indicated partner involvement in clinical interactions mitigated/amplified decisional conflict. Provider-specific themes suggested failure to discuss fertility was influenced by inability to make clear recommendations and/or perceived lack of patient interest in fertility.

Discussion Resources are needed to facilitate timely, in-depth communication for all AYAs. For ADs, efforts should be made to enhance comfort communicating about fertility and clarify fertility risk. Emotions and information processing, partner involvement, cancer severity, and cost are factors to consider when communicating with EAs and YAs. Providers' and AYAs' perspectives may be discordant in nuanced, meaningful ways. Medical education initiatives should help providers navigate uncertainty around preservation recommendations and elicit patient priorities.

Roundtable

R3

US and Germany vaccine policy, clinical, and social media perspectives on vaccine hesitancy

Presenters & Authors:

Suellen Hopfer, University of California, Irvine, United States

Stefanie Pfisterer-Heise, University Medical Center Hamburg-Eppendorf, Germany

Samantha Garcia, University of California, Irvine, United States

Vaccine hesitancy is increasing among U.S. and German parents, but is also a trend worldwide with vaccine hesitancy listed as one of the top ten global health threats in 2019. It has been suggested that negative mass media and misinformation in social media coverage contribute to parental vaccine hesitancy and lower vaccine coverage. Vaccine hesitancy can arise from a number of parental concerns ranging from safety and side effects to not understanding what a vaccine is for and why it is recommended at a certain age (e.g., HPV) to not having received a recommendation from a healthcare provider. Parental vaccine hesitancy can in part be addressed through quality practitioner communication and persistent recommendation, and through parent reminders that emphasize the importance of vaccinating and sharing authentic relatable parent stories. The literature has provided evidence about the impact of quality provider communication to overcome vaccine hesitancy. This roundtable discussion will take the opportunity to compare and contrast US and Germany approaches to effective vaccine communication at the (a) policy, (b) clinical patient provider communication setting, and (c) social media public discourse contexts. Questions thus, will center on comparing cultural and country policy differences and similarities and the impact of these differences, examine the current state of vaccine messaging and health outcomes. From these discussions, we hope to gain insights and foster future collaboration to identify effective vaccine communication and to understand how vaccine messaging can effectively be disseminated at each of the three levels to improve public health outcomes. This will be a new collaboration between US and Germany.

FRIDAY 11 SEPTEMBER 2020

08:00 – 09:00

Orals - Teaching/Assessment 4

O17.1

Pharmacy students appreciate e-learning modules to prepare for communication skills training

Lead Presenter:

Majanne Wolters, Utrecht University

Authors:

Majanne Wolters, Utrecht University, Netherlands

Jacqueline van Paassen, Utrecht University, Netherlands

Background: In the renewed Pharmacy master curriculum at Utrecht University (2016) patient centred communication is taught and assessed in several courses. In the old curriculum students prepared themselves for communication skills training with written material and a lecture, but trainers experienced that students were insufficiently prepared (students had vague learning goals or insufficient insight in effective consultations).

Because e-learning can be an effective teaching method to increase students' preparation for skills training, e-learning modules were developed. The educational objectives of these modules were: learning the structure of pharmaceutical consultations, getting insight in the concept of patient centred communication, observing effective consultations and difficult situations, and finally reflecting on own competencies and learning goals. The modules contained knowledge clips, examples of consultations, online simulation, reflection assignments and interactive exercises, like multiple-choice questions. Pharmaceutical knowledge was integrated in the modules. To determine how students valued the modules a survey was done.

Methods: Students evaluated the e-modules after the assessment (OSCE) in 2016 (N=75) and 2017 (N=47). The evaluation consisted of fourteen items that were scored on a five-point Likert Scale.

Findings: The evaluation showed that students thought the modules were useful (score 4.01 and 4.28), fun (3.57 and 4.01) and motivating (3.69 and 3.85). Moreover, students reported they were more actively engaged in the learning material (3.84 and 4.06) and felt better prepared for training (3.68 and 3.57) and assessment (3.99 and 3.89).

Discussion: E-modules can be a useful and motivating teaching method improving self-reported study behaviour of students. Due to changes in the curriculum including a new design of the assessment procedure, it is not possible to measure whether the implementation of e-modules affected students' performance on the assessment. However, trainers experience that students are better prepared, for example they have formulated concrete learning goals.

O17.2

Dealing with language discordant care in speech language pathology

Lead Presenter:

Sione Twilt, Rotterdam University of Applied Sciences

Authors:

Sione Twilt, Rotterdam University of Applied Sciences, Netherlands

Kirsten van den Heuij, Rotterdam University of Applied Sciences, Netherlands

Karin Neijenhuis, Rotterdam University of Applied Sciences, Netherlands

Background: During their practice, students in speech and language pathology (SLP) are often challenged by language discordant care. Rotterdam University of Applied Sciences designed the extracurricular program 'Meer Taligheid' for SLP-students to improve their clinical work with multilingual clients. The aim of this program is to create (more) awareness of cultural bias and language use in interaction with bicultural clients who have poor Dutch language sufficiency. One of the educational methods used in this program is analyzing talk in interaction between a speech language pathologist and their multilingual client ('s companion).

Methods: Since 2017 students have been collecting data in the field of SLP, resulting in more than 50 transcribed and interpreted interactions. On an individual level, students gained insights into how clinicians interact with their multilingual clients ('companions') by analyzing the discourse according to certain aspects of Conversation Analysis. Moreover students state this assignment attributes to their ways of interacting with clients in clinical training. On a broader level these data are being analyzed and compared according to Discourse Analysis in order to gain insights into the communicative competences of speech and language pathologists within a multilingual setting.

Findings: Students are developing more awareness of different discourse strategies and styles in order to improve their communicative skills in contact with multilingual clients. Preliminary results of the broad analysis show an asymmetrical relationship between the clinician and the client ('s companion). Also, a lack of sharing useful information and a great interest of the clinician in the language use of their clients ('companions) was seen.

Discussion: Research findings and student reflections suggest that critical discourse analysis of language discordant care within the SLP clinic is a useful educational method. Especially because SLP students apply their knowledge and use of language and linguistics to different kinds of interaction. By applying this (research) method students increase their cultural and linguistic awareness and enhance their communicative skills which can result in better care for patients with poor Dutch language sufficiency.

O17.3

Combined training in psychosomatic medicine and patient-centred communication: pilot project

Lead Presenter:

Christian Fazekas, Medical University of Graz

Authors:

Christian Fazekas, Medical University of Graz, Austria

Evelyn Kunschitz, Hanusch Hospital, Austria

Elisabeth Zwettler, Hanusch Hospital, Austria

Marina Edler, Institut für Gesundheitsförderung und Prävention, Austria

Marlene Sator, Gesundheit Österreich GmbH, Austria

Background: Guidelines across medical disciplines recommend addressing biological and psychosocial factors concurrently. Accordingly, psychosomatic medicine was introduced as mandatory in postgraduate basic training for medical doctors in Austria in 2017. This topic was suggested to be implemented in combination with training in doctor-patient communication. Yet, no evaluated training programs integrating teaching of psychosomatic medicine and communication skills existed for medical doctors in basic training during their first postgraduate year. Therefore, we set out to develop and evaluate such a program in a pilot project for this target group.

Methods: Expert consensus among several scientific medical societies suggested the following content for psychosomatic medicine in basic training: functional disorders, chronic disease, and crisis/conflict management. This content was integrated into communication skills training based on the Calgary Cambridge Guides and agenda-led outcome-based analysis (ALOA). Two internationally-certified communication trainers who are specialists in psychosomatic medicine offered four consecutive half-day workshops including simulated patients for a pilot group of ten doctors within six months. Session topics

included (1) gathering information/patient-centred medical history taking, (2) sharing information/breaking bad news, (3) communicating with patients with functional diseases and (4) supporting patients with chronic conditions/motivational interviewing. Evaluation was based on participants' responses on a structured questionnaire including assessment of their satisfaction with the workshops and retrospective pre-post self-assessment regarding specific communication skills.

Findings: All doctors of the pilot training group who participated in all four workshops (n=9) expressed that the workshops had been beneficial for their job performance and that theory and training had been well-balanced. The pre-post comparison revealed that most participants felt more confident after the training with regard to specific communication skills.

Discussion: The newly developed combined training program seems viable, well accepted by the target group and can contribute to patient-centered care. Results of this pilot are currently validated in further training groups.

O17.4

A pilot of Conversation Analytic Roleplay Method for one-to-one clinical communication training

Lead Presenter & Author:

Sarah White, Macquarie University, Australia

Background: Small differences in scope of clinical practice necessitate emphasis on different communication skills and some clinicians struggle with identifying which skills they specifically need to improve. This was a pilot of a personalised, evidence-informed communication skills training for one doctor, using Conversation Analytic Roleplay Method (CARM). CARM begins with conversation analytic research, analysing how the participants in the target profession or workplace communicate. "Trainables" are identified through this analytic process and presented within a workshop that introduces the science of communication and uses video clips from the naturally occurring interactions as triggers for collaborative analysis and discussion.

Methods: For this project we recruited one surgical registrar who had self-identified as wishing to improve his communication with patients. We recorded eight consultations on his ward rounds in a metropolitan private hospital. These were then analysed and an individualised CARM workshop, utilising the trainables and related published evidence, was developed and delivered. One month after this workshop, another eight consultations were recorded and analysed.

Findings: There were three trainables identified in the initial analysis: 1) elicitation of problem presentation; 2) use of jargon; and 3) stance throughout the consultation. Analysis of the post-training recordings showed that the verbal behaviours were mostly modified but the non-verbal behaviour generally was not.

Discussion: Allowing the doctor to be involved in the close analysis of his own interaction using CARM, we were able to assist him in modifying some of his communication behaviours, evident one month after the training. CARM enables the identification of an individual's practice, allowing for personalised feedback and engaging participants with the analysis of their own talk. This makes it potentially an ideal method for helping those struggling to improve with other training methods.

O17.5

Strategies of medical error disclosure in students

Lead Presenter:

Agata Stalmach-Przygoda, Jagiellonian University Medical College

Authors:

Agata Stalmach-Przygoda, Jagiellonian University Medical College, Poland
Lukasz Malecki, Jagiellonian University Medical College, Poland
Grzegorz Cebula, Jagiellonian University Medical College, Poland

Background: Medical error communication is a problematic and complex issue due to medical, legal and ethical context. Proper disclosure of medical errors is an area for research and education. The aim was to examine what communication strategies the medical students had in relation to the patient's family as to whether or not they talked about the error they had made.

Methods: The study was conducted during The Cracow Simulation Games (competitions for medical students). It was analyzed as to how representatives of teams talk to the patient's family about a medical error. The error made by the team (based on the mistakenly obtained result from the laboratory) was to give the patient intravenous potassium, which she did not need.

Findings: Representatives of the three teams decided to inform the patient's sister about the mistake, saying, "I feel obligated to tell you about this mix-up although I don't think it will have any consequences". Representatives of the three teams did not say about the mistake either arguing that "late there was no problem that occurred even though we gave her that treatment" or explaining it with concern for the patient or family.

The students had difficulties with establishing an honest relationship with the patient's family which resulted in not revealing the mistake or providing minor information or diminishing the importance of the mistake. None of the students said they were sorry. One student tried to implement a proposed prevention for future similar problems. The strategies presented may be classified as avoidance and emotion focused.

Discussion: There is a consensus regarding the desired methods of medical error disclosure; however, several barriers may be identified, such as emotional distress, fear of patient's anger or perceived additional distress for patients. More analysis of these factors in students may lead to addressing them in medical school curricula.

Orals - Health Equity

O18.1

Development of two audio-visual aids for informed consent to a dementia prevalence study

Lead Presenter:

Marta Fadda, Università della Svizzera italiana

Authors:

Marta Fadda, Università della Svizzera italiana, Switzerland

Maddalena Fiordelli, Università della Svizzera italiana, Switzerland

Aliaa Ibnidris, Università della Svizzera italiana, Switzerland

Emiliano Albanese, Università della Svizzera italiana, Switzerland

Introduction: The limits of traditional informed consent are well known. Its goal should be to support individual autonomy and provide assurance that potential research participants are neither deceived nor coerced. For these reasons, they should be designed to give potential research participants control over the amount of information they receive and the opportunity to rescind consent already given. However, most informed consent forms are excessively long and use a technical jargon that is hard to understand for lay people. As part of an epidemiological study on dementia and its impact, we set out to develop two visual aids for informed consent (a video and a printed infographic) through participatory action research.

Methods: We conducted four focus groups with people aged 65 or older and resident in the Italian-speaking Canton of Switzerland (N=30). Participants were shown a preliminary version of the visual aids and were asked to provide feedback on information quality and appeal (speed, duration, color, font etc.). Focus

groups were tape-recorded, transcribed and analyzed to inform refinement of the visual aids before each subsequent focus group.

Results: The two visual aids complied with good clinical practice (GCP) guidelines of informed consent. We adapted the videos to the participants' demand for lower speed and longer duration. We re-arranged information according to a question-and-answer format displayed within the same graphical sequence. Information deemed too complex by participants was simplified using an advanced readability assessment tool (READ-IT), which combines traditional raw text features with lexical, morpho-syntactic and syntactic information.

Conclusions: Participatory action research is crucial for the development of tailored tools to support informed consent in epidemiological research. Further research is warranted to test if compared to traditional informed consents, the use of audio-visual aids developed with potential participants to epidemiological research promotes research participation, and in a better informed fashion.

O18.2

Talking about depression with pregnant migrant women: midwives' perceived communicating barriers

Lead Presenter & Author:

Barbara Schouten, University of Amsterdam

Background: Perinatal depression is the most common mental health problem among pregnant women and women who have recently given birth, with prevalence rates among migrant women being two to three times higher compared to non-migrant women. Adequate communication about depression-related complaints between midwives and their migrant clients is of utmost importance to identify and discuss possible perinatal depression, and refer these women in a timely manner in case further mental care is needed. Given the lack of research, the overall aim of this study was to gain more insight into barriers midwives perceive in communicating about depression with their Moroccan-Dutch clients, who have a prevalence rate of 42% of depression-related complaints during their pregnancy.

Methods: This study employed a mixed-method qualitative and quantitative design. The qualitative part consisted of in-depth interviews with 8 midwives and 6 Moroccan-Dutch women suffering from depression to identify common communication barriers; data were analyzed based on grounded theory. Based on the interview-results, a survey instrument was developed assessing the importance and frequency of 14 communication barriers among a sample of midwives with Moroccan-Dutch clients suffering from depression (N=60). QII-scores were calculated to assess the perceived severity of the communication barriers.

Findings: Interview findings indicated three overall themes:

1. Client-related barriers (e.g. cultural taboo),
2. midwife-related barriers (e.g. lack of cultural competencies), and
3. educational-related barriers (e.g. lack of cultural-sensitive screening instruments).

Survey-results showed that educational-related barriers were perceived as the most severe communication barriers, followed by client-related barriers. Midwife-related barriers were not perceived as severe by midwives.

Discussion: Culturally sensitive screening instruments and educational materials need to be developed to enhance the communication-process between midwives and Moroccan-Dutch clients with depression-related complaints.

O18.3

Video remote interpreting of medical consultations: A multimodal analysis

Lead Presenter:

Martina Klammer, University of Vienna

Authors:

Martina Klammer, University of Vienna, Italy

Stephan Gremmel, neunerhaus Gesundheitszentrum, Austria

Franz Pöchlhammer, University of Vienna, Austria

Background: neunerhaus Gesundheitszentrum is a Vienna-based NGO offering outpatient healthcare services to uninsured individuals. Since many patients present different cultural backgrounds and do not speak the service provider's language (German), a disproportionate share of clinical interactions requires an interpreter to facilitate communication. The institution has started calling on professional video remote interpreters, and our research presents a first interdisciplinary analysis critically evaluating the impact of remote interpreting on the medical interaction.

Methods: We present a case study of a ten-minute interview between a German-speaking physician and a Bulgarian-speaking patient, facilitated by a video remote interpreter. Having obtained permission from all participants, the consultation was video-recorded and transcribed for analysis. Verbal utterances in German and Bulgarian as well as nonverbal features of the interaction are analyzed to assess the impact of mediation on the interviewing process.

Findings: The analysis shows that video remote interpreting is effective in providing immediate access to professional interpreting services and in facilitating successful clinical communication. The interpreter's renditions in both language directions reflect a high degree of accuracy and completeness as well as pragmatic adequacy. Nevertheless, the interpreter's coordination of turn-taking is seen to require additional effort as a result of constraints on nonverbal interaction. If the clinician stands up, moves around the room or examines the patient, nonverbal communication is disrupted, as the speaker(s) may not be in view. Also, the clinician is required to monitor perceptual conditions and devote greater attention to clear enunciation and appropriate segmentation of speech, e.g. when explaining the medication.

Discussion: The study finds that video remote interpreting is useful for both the medical service provider and the patient but requires strategic adjustments to communicative behavior. Further research should investigate how interaction mediated by a video interpreter differs from interviewing with an on-site-interpreter.

O18.4

Information & participation preferences/needs of ethnic minorities: a systematic literature review

Lead Presenter:

Nida Gizem Yilmaz, Amsterdam UMC, Location VUmc

Authors:

Nida Gizem Yilmaz, Amsterdam UMC, Location VUmc, Netherlands

Barbara Schouten, University of Amsterdam/ASCoR, Netherlands

Sanne Schinkel, University of Amsterdam/ASCoR, Netherlands

Julia van Weert, University of Amsterdam/ASCoR, Netherlands

Background: A systematic overview of the information and participation preferences and needs and underlying associated factors among non-Western ethnic minority cancer patients is lacking. Therefore, the aim of our study was to provide a systematic literature review on information and participation preferences and needs of non-Western ethnic minority cancer patients living in Western countries.

Methods: We searched for literature in the databases PsycINFO, PubMed, CINAHL, and EMBASE. The primary search terms used were: communication preferences, migrants, ethnic minority, cancer, information preferences, information needs, decision-making, participation preferences, and participation needs. All studies' methodological quality was appraised. Thematic analysis was performed to synthesize

data, allowing for identification of important themes and synthesis of both qualitative and quantitative study results.

Results: Forty-four papers were included. The results suggested not only differences in preferences and needs between non-Western ethnic minority groups, but also within non-Western ethnic minority groups differences. Non-Western ethnic minority cancer patients/survivors had high information preferences and needs ranging from information about diagnosis and metastasis to information about the healthcare system and services. Younger, female, and unmarried patients/survivors, and patients with better language proficiency reported higher information preferences compared to older, male, and married patients/survivors, and those with less language proficiency. Latin-American and African-American patients/survivors primarily preferred shared or active participation, Asian and Middle-Eastern patients/survivors primarily preferred passive participation. Younger, higher educated, and better acculturated patients were more likely to prefer active or shared participation compared to older, lower educated, and less acculturated patients.

Discussion: Differences in preferences and needs existed both between and within ethnic minority patients. Therefore, ethnicity-specific tailoring of information-provision does not seem to be effective. Preferences and needs of individual non-Western cancer patients should be elaborated upon by healthcare providers in order to tailor information-provision to the individual patient and adequately involve patients in the decision-making process.

Orals - Health literacy 2

O19.1

Co-development of a plain-language guide for discussing breast cancer genetic counseling and testing

Lead Presenter:

Jeanine van der Giessen, University Medical Center Utrecht

Authors:

Jeanine van der Giessen, University Medical Center Utrecht

Margreet Ausems, University Medical Center Utrecht

Els Van Riel, University Medical Center Utrecht

Adam de Jong, Ministry of health, welfare and sport

Mirjam P Fransen, Amsterdam University Medical Center

Sandra Van Dulmen, Nivel, Radboud University Medical Center; University of South-Eastern Norway, Netherlands

Background: Access to breast cancer genetic counseling and testing is suboptimal for communication vulnerable patients. Due to limited health literacy and ineffective communication between healthcare professionals and patients, not all eligible patients are offered genetic counseling and testing. The aim of this study was to co-develop a plain-language guide to increase effective communication about genetic counseling and testing with patients with limited health literacy.

Methods: Together with oncological healthcare professionals we drafted a list with jargon words frequently used during genetic counseling and testing. In a focus group interview with breast cancer patients with limited health literacy who had genetic counseling earlier, we reformulated these jargon words in plain language. Low literate individuals, not familiar with breast cancer care or genetic counseling, reflected on the first draft of the plain-language guide. Completeness, acceptability and perceived usability of the guide were tested in an online questionnaire among intended end-users (healthcare professionals).

Findings: It is feasible to engage patients with limited health literacy and low literate people during the process of developing a plain-language guide for genetic counseling and testing. It seems possible to reformulate jargon words in plain language, based on preferences of patients with limited health literacy and low literate individuals. The result is a plain-language guide with 33 frequently used jargon words and a

reformulation of these words in plain language. The guide could support communication about genetic counseling and testing with communication vulnerable patients and provides opportunities to make informed decisions to participate in genetic counseling and testing. Acceptability and perceived usefulness of the guide under intended end-users (n=58) was high.

Conclusions: Our co-designed plain-language guide is the first tool in the context of breast cancer genetics that intends to facilitate communication about genetic counseling and testing with patients with limited health literacy. Implementation of the guide in a real life setting is promising.

O19.2

Enhancing communication along a fast disease trajectory in cancer: keeping up to speed might help

Lead Presenter:

Mirella Longo, Marie Curie Palliative Care Research Centre, Cardiff University

Authors:

Annmarie Nelson Nelson, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Mirella Longo, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Anthony Byrne, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Stephanie Sivell, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Simon Noble, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Jason Lester, Velindre Cancer Trust, United Kingdom

Lesley Radley, Cardiff University, United Kingdom

David Jones, Cardiff University, United Kingdom

Catherine Sampson Sampson, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Despina Anagnostou, Marie Curie Palliative Care Research Centre, Cardiff University, United Kingdom

Background: Non-small cell lung cancer patients presenting with metastatic disease at diagnosis are unsuitable for curative treatment and have a median survival of 6-8 months. Nonetheless, clinicians' fear of destroying hope and patients' limited understanding of treatment with palliative intent can result in treatment decisions heavily weighted towards chemotherapy. It is estimated that around 10% of patients die on, or within 30 days, of chemotherapy. We studied how treatment decisions are made at different levels of the lung cancer clinical pathway.

Methods : The PACT study was a prospective, multi-centre, multi-methods, five-stage, qualitative study (n=99). Observations of multidisciplinary team (MDT) meetings, patient consultations, and interviews with patients and oncologists were used to map the treatment decision-making process. Mediated discourse, thematic, framework and narrative analysis were used to analyse the transcripts.

Results: At the MDT meetings radiology, pathology reports and performance status were the key references for making treatment recommendations. Information around patients' social context, needs and preferences were limited. The provisional nature of MDTs treatment recommendations was not always linked to future discussions with the patient at identified key points on the pathway, i.e. patients' interpretation of their prognosis, treatment discussions occurring prior to seeing the oncologist. The fast disease trajectory created additional pressure on the oncologist who had to negotiate treatment options different from those recommended by the MDT and in contrast to patient's expectations from prior healthcare interactions. Patients were unaware of the purpose of each consultation and did not fully understand the non-curative intent of treatment-pathways. Patients' priorities were framed around social and family needs, such as being able to attend a family event.

Conclusion: The burden of these missed communications along the clinical pathway is measured by the avoidable harm caused to patients, a sub-optimal use of clinicians' expertise and, a move away from patient-centred care.

O19.3

Clearly understood? Effects of individual differences on understanding written health information

Lead Presenter:

Rob Davies, Lancaster University

Authors:

Michael Ratajczak, Lancaster University, United Kingdom

Judit Kormos, Lancaster University, United Kingdom

Megan Thomas, Blackpool Teaching Hospitals NHS Foundation Trust, United Kingdom

Rob Davies, Lancaster University, United Kingdom

Background: Patient experience surveys suggest there are important limitations in the number of patients who understand the written information they encounter in healthcare in the United Kingdom. Surprisingly, there is little research on what text features impact understanding, or how inequalities among patients may result in differences in understanding. We completed an investigation to identify what factors influence the probability that adults can understand the information in short texts about health matters.

Methods: We tested 200 adults, including 100 native speakers of English and, to examine the impact of language background, 100 Polish-English speakers. We presented all participants with four short texts varying in health topic. For each text, we tested comprehension of the key information by asking participants to respond to two multiple-choice and four open-ended questions. To take into account individual differences, we measured the English proficiency, working memory capacity, health literacy, vocabulary knowledge, phonological awareness, age, and education of participants. We also collected information on the average sentence length, cohesion and other features of the texts.

Findings: We used generalised linear mixed-effects models to estimate the effects of reader attributes or text properties. We found that a participant was more likely to produce a correct response to a question if they were younger, more educated or scored higher on language proficiency, vocabulary knowledge or health literacy. Our optimal model explained 45% of the variance associated with comprehension of health-related texts. The properties of the texts had no impact.

Discussion: Do patients understand the information they receive? Our data suggest that inequalities in the adult population will be reflected in important differences in the accuracy with which written information about health can be understood. Information standards in healthcare promote the adaptation of texts to improve readability. Our results show that promoting patient literacy will be more effective.

O19.4

Association between health literacy and young adults' well-being within a structural model

Lead Presenter:

Gerrit Stassen, German Sport University Cologne

Authors:

Gerrit Stassen, German Sport University Cologne, Germany

Nina Hottenrott, German Sport University Cologne, Germany

Christopher Grieben, German Sport University Cologne, Germany

Ingo Froböse, German Sport University Cologne, Germany

Andrea Schaller, German Sport University Cologne, Germany

Background: Young adults have a high societal relevance as future workforce. At the same time, this target group has to face new challenges in the phase of "emerging adulthood" (age span 18-25 years), such as increasing autonomy and responsibility, which have a substantial impact on health and well-being. In this

context, health literacy is important as a key determinant of health. The aim of this study was to examine the associations between the six constructs of Lenartz's structural health literacy model, which explains health and health behaviour through the indirect and direct influence of "self-perception", "proactive approach to health", "dealing with health information", "self-control", "self-regulation", and "communication and cooperation", and the well-being of young adults.

Methods: The cross-sectional study was based on baseline data of a digital health literacy promotion intervention (495 vocational school students, 59.0 % female, 20.7±1.9 years). Structural equation modelling with partial least squares (SmartPLS 2.0.M3) was used to examine the associations between the six constructs of Lenartz's model (scales 1-4) and well-being (WHO-5, score 0-100, ≤50 indicating reduced well-being).

Findings: Mean WHO 5 score was 47.9±17.6 (53.5% with reduced well-being). Health literacy scores varied between 2.6-3.0. Model's reliability, validity, and structure could be verified. All constructs except "dealing with health information" showed a statistically significant indirect or direct effect, respectively, on well-being (all $p < 0.05$, β path coefficients 0.06-0.32) with the highest coefficients for "self-perception", "self-control" and "self-regulation" (all $\beta \geq 0.20$). The model explained 26.7% of the WHO-5 score variance.

Discussion: Target group-specific prevention and intervention strategies should be developed and researched to improve the well-being of young adults. The structural model offers new facets in the modelling of health literacy and provides starting points for the design of interventions. In future, young adults need to be placed more strongly in the focus of health promotion and communication.

O19.5

Misunderstandings in assisted reproduction interactions: Comparing first and follow-up visits

Lead Presenter:

Maria Grazia Rossi, Institute of Philosophy / NOVA University of Lisbon

Authors:

Maria Grazia Rossi, Institute of Philosophy / NOVA University of Lisbon, Portugal

Julia Menichetti, Institute of Clinical Medicine / University of Oslo, Norway

Elena Vegni, Università degli Studi di Milano, Italy

Background: Misunderstandings in medical interactions can compromise the quality of communication and affect disease management, especially in complex interactions like those happening in the Assisted Reproductive Technology (ART) field. This study aims at detecting misunderstandings in ART triadic visits. We compare first and follow-up visits for frequency, type, actors, and strength of linguistic evidence of misunderstandings.

Methods: We purposively sampled 20 triadic interactions from a corpus of 85 visits. We used a coding scheme previously developed in another health context ([Rossi & Macagno 2019](#)) to detect strong, acceptable and weak evidence of misunderstandings.

Findings: 65% of turns containing evidence of misunderstanding were found in the first-visits, compared to 35% in the follow-ups. Strong and acceptable evidence of misunderstandings were found in the first visits, e.g. declarations of lack of understanding or clarifications. Follow-up visits had a greater number of weak evidence of misunderstandings, e.g. incoherent turns or lack of uptakes. Looking at actors raising misunderstandings, men and women equally contributed, even if men contributed less to the patient talk (37% vs 63% of women). Comparing couples and doctors, doctors were those more easily raising misunderstandings in the first-visits whilst couples in the follow-ups.

Discussion: Findings indicate that first-visits are usually a moment where misunderstandings can more easily occur. In particular, the misunderstandings happening in the first-visit seem mostly related to doctors having to reconstruct the clinical history of patients, whilst those in the follow-ups seem reflecting residual and unsolved doubts and uncertainty from the couple. Male patients, even if less talkative, seem playing an

equal role to women in terms of raising problems of understanding in the consultation. We will enrich findings with a qualitative analysis of topics and tasks where misunderstandings occur. This will provide insights about moments of the consultation that need particular attention and care.

Student Symposium

S8

In the era of Black Lives Matters, what skills need to be taught to help students tackle racism in healthcare?

Facilitators:

Sandra Winterburn, Norwich Medical School, University of East Anglia, United Kingdom
Gozie Offiah, Royal College of Surgeons in Ireland, Dublin 2, Ireland

Presenters:

Christoffer Amdahl, University of Iowa Carver College of Medicine, United States
Bhairavi Hariharan, Norwich Medical School, University of East Anglia, United Kingdom
Louisa Sowah, Norwich Medical School, University of East Anglia, United Kingdom
Rayna Chandavarkar, Royal College of Surgeons in Ireland, Dublin 2, Ireland

The death of George Floyd brought the topic of Black Lives Matter (BLM) to a global platform. Communication in healthcare curricula focuses on communication between learners and patients, peers, and health care team members. Issues of racism, micro-aggressions and implicit bias can have a significant impact on all these healthcare interactions.

This student panel discussion will explore the implications of black lives matter for learning about communication in healthcare. Students from different racial/ethnic backgrounds, different medical schools, different countries and different levels of training will share their experiences with and perspectives on health professional learning and support needs in the context of black lives matter issues.

Discussion will include current and potential curricular needs and approaches to BLM issues, including inclusion of student voices in the curriculum, as well as student experiences with racism and implicit bias. This session should be of interest to health professional educators and researchers as well as health professional learners.

09:15 – 09:45

ePosters

Please see abstracts on pages 42 - 85.

10:00 – 11:00

Orals - Teaching/Assessment 5

O20.1

Towards a consensus on communication skills required for Physical Therapist students.

Lead Presenter:

Wim van Lankveld, HAN University of Applied Sciences

Authors:

Wim van Lankveld, HAN University of Applied Sciences, Netherlands

Sandra Lakke, Hanze University of Applied Sciences Groningen, Netherlands

Evelien Kinds, HAN University of Applied Sciences, Netherlands

Janke Oosterhaven, HU University of Applied Sciences Utrecht, Netherlands

Background: Communication is one of the effective common factors in Physical Therapy interventions. Therefore, physical therapists (PT) must be educated in communication competencies. At this moment there is no consensus on the topics that needs to be incorporated in the PT curriculum at the Bachelor level. Therefore, there is a need for consensus between PT Universities in the Netherlands to determine communication competencies for a starting PT.

Methods: Three rounds of Delphi survey were administered. All 11 Dutch PT universities participated, with each institution recruiting two experts: one lecturer (teacher, educator) in communication and one practicing PT. In the first round all items of the European consensus for a core communication curriculum in health care professions were included, supplemented to include specific communication learning outcomes extracted from the physical therapist competence profile from the Royal Dutch Society of Physical Therapists (KNGF). Furthermore, the participants were invited to add learning outcomes. Each learning outcome was rated on a 5 point Likert scale (not important-extreme important). A predetermined threshold of 75% agreement was used to define consensus.

Findings: After 3 Delphi rounds consensus was reached resulting in a set of 95 communication learning outcomes for Bachelor PT Education: 62 learning outcomes were retrieved from the European consensus, 22 from the Dutch physical therapist competence profile and 11 were suggested by the Delphi participants. The additional items suggested by the expert panel were highly specific for PT (e.g. Give effective exercise instructions), or related to behavioral change (e.g. Uses techniques of Motivational interviewing).

Conclusion: This study developed consensus between all Dutch Universities on communication competencies for the starting PT. The next steps are to compare curricula of the different PT universities, and to align these curricula for communication competencies for the beginning PT.

O20.2

Teaching and learning communication skills in Portuguese medical schools: a critical overview

Lead Presenter:

Diana Moura, Faculty of Medicine, Porto University

Authors:

Diana Moura, Faculty of Medicine, Porto University, Portugal

Manuel João Costa, School of Medicine, University of Minho, Portugal

Margarida Figueiredo-Braga, Faculty of Medicine, Porto University, Portugal

Background: The teaching of communication skills (CS) has been consistently recognized as an essential component of undergraduate medical education. In Portugal, this core clinical skill has been gradually included in undergraduate curricula during the last decades. Our aim is to provide an overview on the

methods of teaching CS to Portuguese medical students, identifying the current academic curricula and teaching methods in order to inform new and better programs.

Methods: In this cross-sectional study, first year residents from all Portuguese medical schools answered a survey on CS teaching strategies and curricular contents during their undergraduate training. The results are followed by a critical review of relevant studies on CS teaching methods.

Findings: Our study discusses the goals or content of the curricula, time spent on communication skills training and methods used, appraised by first year medical residents. Programs' content mostly focused on empathy, interviewing skills and patient-centered care. The time spent in CS teaching and training was seldom reported. Only two faculties offered an integrated approach for CS learning. Most programs relied on lectures and group work, role-play with peers or standardized patients, objective assessment and feedback were less frequent. Although interviewing real patients was a common practice, most participants did not receive feedback on the quality of their CS.

Discussion: Currently, medical schools apply different teaching methods and there is scarce common outcome-based research. Studies show that oral presentations are unlikely to change behavior. Group work has been shown to enhance retention of knowledge and skills, however there was no clear evidence that this strategy is effective for CS. Best practices recommend to practice communication in constructive and supportive environments. Portuguese training programs should further emphasize active, practice-oriented strategies, combined with feedback. Our results will assist more consistent CS programs, eligible across all the medical schools in the country.

O20.4

Formative Experience in a Communication in Healthcare Course at a Brazilian University

Lead Presenter:

Fernanda Novaes, FAIMER, IMIP, UNIVASF

Authors:

Fernanda Novaes, FAIMER, IMIP, UNIVASF, Brazil

Marcelo Ribeiro, UNIVASF, Brazil

Suely Grosseman, ABEM, FAIMER, UFSC, Brazil

João Guilherme Bezerra Alves, IMIP, Brazil

Background: Forming healthcare professionals with communication skills has posed a challenge in the contemporary age defined by hurry and loss of care in relationships. The course Communication in Healthcare (CH) at the Federal University of the São Francisco Valley promotes dialogue, art, and playfulness through ludic-reflective seminars and the online platform DocCom.Brasil. This study's objective is to share formative experience in CH.

Methods: Student-produced videos and mini-documentaries are analyzed through the lens of Gadamer to comprehend the formative experience of CH participants. Ludic-reflective seminars involve: 1) classes planned by students, 2) dialogue, 3) reflection, 4) research, 5) register via word cloud, 6) ludic activities, 7) videos, 8) expository class with dialogue, 9) dramatization, and 10) art. Mini-documentaries summarize the class and represent records of formative experience. Themes and questions are obtained from DocCom.Brasil. The data were evaluated based on Gadamer's Philosophy.

Findings: The mini-documentary from the seminar "Dealing with Strong Emotions" presented the following questions: Under what circumstances would patients feel strong emotions? What reactions of yours tend to help resolve the situation? Students from the class of 2019.1 reported that there are two aspects to professional doctor-patient communication, the linguistic and the emotional, which are interlaced. They discussed verbal and non-verbal communication and empathetic understanding. The experience was characterized by sensitivity and emphasis on dialogue. The word cloud registered the sentiments of empathy, openness, respect, and validation.

Discussion: Formative experience through mini-documentaries, registering what is lived and reflected on, has implications on understanding the formation of beings, who are simultaneously personal and professional. Sensitivity appears to be one of the aspects Gadamer attributes to dialogue, as it means knowing how to ask and listen. It is important to recognize our own concepts and preconceptions and to admit our fragility and limitations in order to strengthen relationships with patients.

O20.5

Evaluation of a Communication Skills Curriculum for Surgical Residents

Lead Presenter:

Muneera Kapadia, University of Iowa

Authors:

Muneera Kapadia, University of Iowa, United States

Anna White, University of Iowa, United States

Kelsey Koch, University of Iowa, United States

Lauren Peters, University of Iowa, United States

Marcy Rosenbaum, University of Iowa, United States

Background: Effective provider-patient communication has several benefits, however few surgical residency programs have communication training and surgical residents have limited time for education. Therefore, we developed a communication curriculum with limited lecturing and emphasis on participant practice.

Methods: A four-module curriculum was implemented for surgical residents (PGY2-4). Each 30-minute module focused on specific skills: empathy, expectations and concerns, avoiding jargon/chunking, and teach-back. Modules included brief lectures, simulated patient interactions, feedback, and group debriefing. Residents completed a pre-curriculum 2-station objective structured clinical examination (OSCE) and a survey on communication skills confidence. Residents evaluated each module, and completed a post-curriculum 2-station OSCE, a confidence survey, and an overall curriculum evaluation. Using validated rating scales, OSCEs were scored by two independent raters. Statistical analysis was performed using SAS.

Findings: Seventeen residents completed the pre- and post-curriculum OSCEs and surveys and 14 attended ≥ 3 modules. Residents rated the modules usefulness modestly (0-4): empathy, 2.5; expectations and concerns, 2.9; avoiding jargon/chunking, 2.8; teach-back, 3.1. Likelihood of skill implementation was higher: 3.2, 3.5, 3.6, and 3.5, respectively. Fourteen residents reported module length as appropriate, and 3 thought they were too short.

Following the curriculum, residents reported increased use of the targeted skills and increased confidence in responding to emotions (3.4 versus 3.0, $p < 0.004$), information sharing (3.2 versus 2.8, $p < 0.002$), and bad-news telling (3.1 versus 2.6, $p < 0.0006$). There was no change in history-taking skills.

The overall post-curriculum OSCE scores increased (versus pre-curriculum scores, $p < 0.001$). Post-curriculum scores also increased for empathy, expectations and concerns, and teach-back. Avoiding jargon/chunking was unchanged. Interrater reliability was found to be $\alpha = 0.80$.

Discussion: The brief modules led to increased self-reported use of targeted communication skills and were effective in improving resident communication in OSCEs. This may be a useful curricular model for both surgical and non-surgical residency programs with limited curricular time availability.

Orals - Shared Decision Making 3 (Concept & Measurement)

O21.1

The influence of personal characteristics of older adults on shared decision making

Lead Presenter:

Ruth Pel-Little, Vilans

Authors:

Ruth Pel-Little, Vilans, Netherlands

Bianca Buurman, Academic Medical Centre, University of Amsterdam,

Mirella Minkman, Vilans, Netherlands

Wilma Scholte op Reimer, ACHIEVE Centre of Expertise, Faculty of Health, Amsterdam University of Applied Sciences, Netherlands

Jos Twisk, Amsterdam UMC, Vrije Universiteit, Netherlands

Julia van Weert, Amsterdam School of Communication Research/ASCoR, University of Amsterdam, Netherlands

Background: We explored the influence of personal characteristics of older adults with multiple chronic conditions (MCC) on shared decision making (SDM) and investigated if SDM communication during consultations can mediate the SDM outcomes.

Methods 216 older adults with MCC visiting the geriatric outpatient departments of two Dutch hospitals participated in a video-observational study with surveys. Data were collected about education, anxiety (STAI-6, score 6-24), health literacy (SAHL-D22, score range 0-22) and frailty (GFI, score >4 indicates frailty). Main self-reported outcomes were perceived SDM (CollaboRATE, % patients that have a Topscore) and decisional conflict (DCS, score 0-100). The mediating variable was SDM communication during consultations with geriatricians, measured with the OPTIONMCC. A two step mixed effect multilinear regression and a mediation analysis were performed to analyse the data.

Findings: The mean (SD) age was 77.3(7.9) years and 56.3 % were female. The mean (SD) health literacy was 11.8(6.9), the mean (SD) frailty was 4.3(2.5), and the mean (SD) STAI-6 was 11.1(4.2). Education ($\beta = -2.43$, $p = .054$) and anxiety ($\beta = -.26$, $p = .058$) had a marginally significant direct effect on perceived SDM. Also, education ($\beta = 12.12$, $p = .002$), health literacy ($\beta = -.70$, $p = .005$) and anxiety ($\beta = 1.19$, $p = .004$) had a significant direct effect on decisional conflict. The effect of education ($\beta = -2.23$, $p = .048$) and anxiety ($\beta = -.33$, $p = .007$) on perceived SDM was mediated by SDM communication during consultation. The effects of education ($\beta = 11.71$, $p = .002$), anxiety ($\beta = 1.28$, $p = .000$) and health literacy ($\beta = -.47$, $p = .065$) on decisional conflict was also mediated by SDM communication.

Conclusions: Education, anxiety and health literacy are associated with SDM outcomes. Furthermore we found that SDM communication during consultation can mediate these effects, indicating that good SDM communication during consultation is important for outcomes of patients with MCC.

O21.2

Self-reported shared decision making in oncology: Validating the iSHAREpatient and iSHAREphysician

Lead Presenter:

Hanna Bomhof-Roordink, Leiden University Medical Center

Authors:

Hanna Bomhof-Roordink, Leiden University Medical Center, Netherlands

Trudy van der Weijden, Maastricht University, Netherlands

Fania Gärtner, Leiden University Medical Center, Netherlands

Anne Stiggelbout, Leiden University Medical Center, Netherlands

Arwen Pieterse, Leiden University Medical Center, Netherlands

Background: Current instruments focus on the consultation and physician behavior. We developed the iSHAREpatient and iSHAREphysician questionnaires to assess the shared decision making (SDM) process in oncology, focusing on physician and patient behaviors, and on time outside consultations. Both total and

domain scores can be reported, based on a formative measurement model. Here we set out to determine construct validity of the questionnaires and test-retest reliability of the patient version.

Methods: Physicians from six Dutch hospitals recruited cancer patients, and completed the iSHAREphysician and SDM-Q-Doc post-consultation. Patients completed the: iSHAREpatient, SDM-Q-9, Decisional Conflict Scale (DCS), Combined Outcome Measure for Risk communication and treatment Decision making Effectiveness (COMRADE), and Perceived Efficacy in Patient-Physician Interactions (PEPPI-5). We formulated a priori hypotheses for correlations ($>.30$) between the iSHARE questionnaires and these constructs at total and domain score levels. Patients completed the iSHAREpatient again 1-2 weeks later, and we calculated the intraclass correlation coefficient (ICC).

Findings: 174 consultations of unique patients (41% female, mean age 67.4 ± 12.7 years) with 54 physicians (46% female, mean age 45.4 ± 9.7 years) were rated. Total scores (possible range, 0-100) were high: 74.7 ± 19.0 (physicians) and 85.4 ± 19.6 (patients), as were scores on the domains (possible range, 0-5): Choice Awareness (physicians: 3.8 ± 1.3 and patients: 4.2 ± 1.3), Medical information (3.9 ± 0.8 and 4.1 ± 1.1), Preferences (3.5 ± 1.2 and 4.3 ± 1.0), Deliberation (3.6 ± 1.1 and 4.2 ± 1.2), Time for deliberation (3.5 ± 1.4 and 4.3 ± 1.4), and Decision (4.0 ± 1.1 and 4.6 ± 1.0). The hypotheses were confirmed for the SDM-Q-9, SDM-Q-Doc, COMRADE, and DCS. Not all were confirmed for the PEPPI-5. The ICC was 0.61 ($n=84$).

Discussion: The iSHARE questionnaires show good construct validity and provide more extensive process information than the commonly-used SDM-Q-9 and SDM-Q-Doc, but also show ceiling effects. The iSHAREpatient shows moderate reliability. Results obtained using the iSHARE questionnaires may inform both physician- and patient-directed efforts to improve SDM in clinical practice.

O21.3

What is Patient Readiness for Shared Decision Making? Results from two qualitative studies

Lead Presenter:

Sascha Keij, Leiden University Medical Center

Authors:

Sascha Keij, Leiden University Medical Center, Netherlands

Nanny van Duijn-Bakker, Leiden University Medical Center, Netherlands

Anne Stiggelbout, Leiden University Medical Center, Netherlands

Arwen Pieterse, Leiden University Medical Center, Netherlands

Introduction: Shared decision making (SDM) requires an active role from patients, which they might find difficult to take. We aimed to identify what makes that patients are ready to participate in SDM about treatment.

Methods: We conducted two semi-structured interview studies. In Study 1 we interviewed patients who had faced a decision about treatment for cancer, diabetes, or cardiovascular disease in the past six months, and professionals (physicians, nurses, general practitioners, researchers). Transcripts were analyzed through open, axial, and selective coding. In Study 2 we interviewed patients with cancer three times: first when patients faced a treatment decision, then shortly after the decision had been made, and lastly approximately two months later. Results were analyzed by building further on the coding from Study 1.

Findings: In Study 1 we interviewed 15 patients and 16 professionals. We identified five elements of patient readiness:

- 1) understanding of and attitude towards SDM,
- 2) health literacy,
- 3) skills in communicating and claiming space,
- 4) self-awareness,
- 5) consideration skills.

We further identified 10 characteristics that may influence elements of readiness:

- 1) age,
- 2) cultural background,
- 3) educational background,
- 4) close relationships,
- 5) mental illness,
- 6) emotional distress,
- 7) acceptance of diagnosis,
- 8) clinician-patient relationship,
- 9) decision type,
- 10) time.

In Study 2 we interviewed seven patients. Preliminary results point to a sixth element, i.e., self-efficacy, and an eleventh characteristic, i.e., prior experience with disease and SDM. Further, the results provided a deeper understanding of the identified elements and characteristics, and how some of these may change over time.

Discussion: We identified a wide range of elements that may constitute patient readiness for SDM, and characteristics that may influence readiness. Not all patients might be ready for SDM in a given situation, which does not preclude SDM, but points out a need for specific support.

O21.4

The role of general practitioners and nurses in shared decision-making about cancer treatment

Lead Presenter:

Danique Bos, Amsterdam UMC, AMC

Authors:

Danique Bos, Amsterdam UMC, AMC, Netherlands

Naomi van der Velden, Amsterdam UMC, AMC, Netherlands

Jan Wind, Amsterdam UMC, AMC, Netherlands

Ellen Smets, Amsterdam UMC, AMC, Netherlands

Inge Henselmans, Amsterdam UMC, AMC, Netherlands

Maureen Thode, Amsterdam UMC, VUmc, Netherlands

Irene Jongerden, Amsterdam UMC, VUmc, Netherlands

Hanneke van Laarhoven, Amsterdam UMC, Netherlands

Dorien Tange, Dutch Federation of Cancer Patient Organizations (NFK), Netherlands

Roeline Pasman, Amsterdam UMC, VUmc, Netherlands

Background: Patients with incurable cancer face many preference-sensitive treatment decisions that require shared decision-making (SDM). Next to medical specialists, general practitioners (GPs) and nurses discuss treatment with patients. There still is much unknown about the role these healthcare providers have – or could have. Our aim was to explore GPs' and nurses' perception of their contribution to SDM about palliative (oncological) treatment decisions and the preconditions for such contribution.

Methods: In two separate qualitative studies, 15 GPs and 18 hospital nurses were interviewed. The audio recordings were transcribed verbatim and analysed thematically by two researchers.

Findings: Both GPs and nurses described experiencing various degrees of influence on treatment decision-making. Although not all participants recognised their contribution to SDM, they all described engaging in SDM-supporting behaviour to some extent, such as checking patients' understanding of information and discussing patients' quality of life. Some themes were described in both groups. Overall, we distinguished three strategies for supporting SDM: 1) check and point out the quality of a decision and 2) complementing as well as 3) facilitating the SDM-process. Preconditions differed for each discipline, but overall themes

deemed important were: 1) a good relationship and cooperation with the patient and medical specialist, 2) good transfer of information between healthcare providers and 3) consciousness, knowledge and skills to engage in conversations with patients about treatment decision-making.

Discussion: GPs and hospital nurses contribute to SDM about palliative (oncological) treatment in various ways, but are not always aware of this role. In order to increase their contribution to SDM, it is of great importance to advance awareness and provide tools for supporting SDM among GPs and nurses. We developed a training that promotes awareness and communication skills for supporting SDM in palliative (oncological) care, which is currently being evaluated.

O21.5

Shared Decision Making Process Measures and Patient Problems

Lead Presenter:

Ian Hargraves, Mayo Clinic

Authors:

Sarah McCarthy, Mayo Clinic, United States

Ian Hargraves, Mayo Clinic, United States

Marleen Kunneman, Leiden University Medical Center, Netherlands

Victor Montori, Mayo Clinic, United States

Juan P Brito, Mayo Clinic, United States

Background: Shared Decision Making (SDM) has mostly focused on situations where choices between known options are made. The Purposeful SDM schema, recently published in PEC, demonstrates that collaborative decision making occurs in other kinds of situations than choosing between options, e.g. problem-solving competing treatment and life demands for patients with multiple chronic conditions.

The Purposeful SDM schema identifies four kinds of SDM that arise in response to patient problems of—choosing between options, intra or interpersonal conflict, a problematic situation, and existential fracture or transition. Different methods of SDM are appropriate for these situations: weighing alternatives, negotiating intra/interpersonal conflict, problem solving a problematic situation, and developing insight into existential significance.

It is unclear if and to what extent current SDM process measures evaluate the variety of methods of SDM identified in the Purposeful SDM schema.

Method: We analyzed 197 items of the most recent revisions of 12 English language observer SDM process instruments identified in a recently published content review. Two researchers rated each item's pertinence to the methods of SDM identified in the Purposeful SDM schema and resolved conflicts through consensus.

Results: Preliminary results indicate that many items representing general communicative practices apply across the range of Purposeful SDM patient problems. Those that were specific to a problem kind overwhelmingly focused on the weighing alternatives method. Significant gaps exist in instruments' abilities to evaluate SDM negotiating, problem-solving, and insight development processes. Final results will be presented.

Discussion: Linking process measures to the problem that a SDM process addresses is required to understand and improve the performance of SDM interventions. Existing instruments should be used to evaluate the particular SDM process and decisional situations for which they were intended. New or extensions to current instruments are required to evaluate different SDM methods.

Orals - Patient reported outcomes & outcome measures

O22.1

The relationship between empathy and information recall in advanced cancer and the role of anxiety

Lead Presenter:

Janine Westendorp, Nivel

Authors:

Janine Westendorp, Nivel, Netherlands

Jacqueline Stouthard, Netherlands Cancer Institute, Amsterdam, Netherlands

Maartje C. Meijers, University of Amsterdam & Leiden University, Netherlands

Bart A. M. Neyrinck, Utrecht University, Netherlands

Margot Leeuwenburgh, Nivel, Netherlands

Paul de Jong, St Antonius Hospital, Netherlands

Sandra van Dulmen, Nivel & Radboud university medical center & University of South-Eastern Norway, Netherlands

Liesbeth M. van Vliet, Leiden University, Netherlands

Background: Experimental studies have found that clinicians' empathy might improve patients' recall in (advanced) cancer consultations. Whether these results are also found in clinical care, and if so, what the underlying mechanism is, remains unclear. We aimed to: i) determine the relationship between oncologists' use of empathy and advanced cancer patients' information recall in clinical consultations and ii) test whether the relationship between empathy and recall is mediated by patients' anxiety.

Method: Forty-five consultations between oncologists and female patients with advanced (incurable) breast cancer were audio recorded. Patients completed questionnaires to assess their (pre/post-consultation) anxiety levels (0-100 VAS) and the level of recalled information. The research team (73-100% double coded) used a self-created coding scheme to assess the percentage of correct recall and single VAS (0-100) to determine oncologist's use of empathy. Structural Equation Modelling was used to determine the relationship between empathy and recall and the mediating role of anxiety.

Findings: Participants remembered 61% of the discussed information (77% of treatment options; 63% of treatment aims/positive effects; 40% of side effects). Empathy significantly increased patients' total recall ($B=0.70$, $p=.04$, 95% CI=0.03-1.38) and recall of treatment aims/positive effects ($B=0.88$, $p=.03$, 95% CI=0.10, 1.66), but not recall of side effects ($B=0.70$, $p=.13$, 95% CI=-.20, 1.59) and recall of treatment options ($B=0.46$, $p=.12$, 95% CI=-.13, 1.05). The mediating role of anxiety could not be established (total recall: $B=0.05$, $p=.56$, 95% CI=-0.11, 0.21; aims/positive effects recall: $B=0.19$, $p=0.32$, 95% CI=-0.18, 0.56).

Discussion: This study illustrates that oncologists' empathic communication during consultation has a powerful impact on seriously ill patient's overall recall of provided information. Oncologists should display empathy in consultations with advanced cancer patients, for which practical communication training might be helpful. The underlying mechanism remains unclear and needs to be further studied. Methodological shortcomings need to be considered.

O22.2

Exploring patient feedback on hospital pharmacy consultations: a mixed-methods feasibility study

Lead Presenter:

Hiyam Al-Jabr, University of East Anglia

Authors:

Hiyam Al-Jabrh, University of East Anglia, United Kingdom

Michael Twigg, University of East Anglia, United Kingdom

Thando Katangwe, University of East Anglia, United Kingdom

Robin Saadvandi, Norfolk and Norwich University Hospital, United Kingdom
James Desborough, University of East Anglia, United Kingdom

Background: Literature indicates that improvement of practitioners' consultation skills (CSs) can be driven by patient feedback. However, there is a dearth of research on collecting feedback on hospital pharmacists' consultations. Therefore, this study aimed to explore the feasibility of collecting patient feedback on hospital pharmacists' CSs using the Interpersonal Skills Questionnaire, and to explore patients' and pharmacists' views on the feedback process.

Methods: A 10% sample of pharmacists with patient facing roles were purposively recruited from a single hospital in the East of England. The study included three phases. Pharmacists collected feedback from patients following their consultation through a third person whenever possible (phase-1). Data analysis and individual report writing was conducted by a private company. At least one patient per pharmacist was interviewed by telephone (phase-2), and pharmacists were interviewed face-to-face after receiving feedback reports (phase-3). Interviews were thematically analysed.

Findings: Six pharmacists were included and five reported using a third person. Out of 119 distributed questionnaires, 111 were returned (response rate 93%). Patients generally rated their pharmacists' CSs highly in the questionnaire. Interviewed patients (n=14) were positive about the feedback process and its role in enhancing CSs and quality of healthcare. Pharmacists valued patient feedback, particularly when areas to improve were highlighted by given reports. However, most reported challenges with patient recruitment, such as finding a third person (the number of patients recruited per pharmacist ranged between seven to 36, 28% using a third person), thus, highlighting the need for organisational support.

Discussion: Findings indicate that collecting patient feedback is feasible, well received and can help in enhancing CSs, however, it was associated with challenges. Standardised approaches should be considered alongside encountered challenges to facilitate the feasibility and practicality of the process. The role of organisational support in enhancing CSs should be investigated in future studies.

O22.3

Development of a patient-reported experience measure (PREM) to assess patient-centeredness

Lead Presenter:

Stefan Zeh, University Medical Center Hamburg-Eppendorf

Authors:

Stefan Zeh, University Medical Center Hamburg-Eppendorf, Germany

Eva Christalle, University Medical Center Hamburg-Eppendorf, Germany

Jödis Zill, University Medical Center Hamburg-Eppendorf, Germany

Isabelle Scholl, University Medical Center Hamburg-Eppendorf, Germany

Background: In order to foster patient-centeredness (PC) as a relevant attribute of healthcare associated with positive outcomes, it is important to assess the experienced degree of PC from patients' perspective. To our knowledge, there exists no comprehensive patient-reported experience measure (PREM) of (PC) in German. Based on an internationally validated integrative model of PC, we aim to develop a German PREM to the extent of PC in different health care settings.

Methods: Items were generated based on three sources: 1) focus groups with patients, 2) interviews with various stakeholders, 3) existing measures assessing certain dimensions of PC. Every source was analyzed using qualitative content analysis and items were developed based on results, followed by iterative team discussions to synthesize and delete duplicates. The resulting items were rated regarding relevance and assessability by experts (content validity rating). Finally, items were tested for comprehensibility in cognitive interviews with patients.

Findings: Items were developed based on n=10 stakeholder interviews, 6 focus groups with n=40 patients and 36 existing measures. This yielded 641 items, which were reduced to 152 after team discussions.

Ratings conducted by N=x stakeholders (including patient representatives) showed high content validity for most items, except 9. Thus, the item set was reduced to 143 items, which underwent cognitive testing with n=34 patients. As interviews showed high comprehensibility, we made minor adaptations to the item set.

Discussion: The developed items showed high content validity and are explicitly based on data and feedback of the target users. As a next step, this item set will be tested psychometrically in a sample of N=2000 chronically ill patients. The resulting PREM enables a comprehensive assessment of PC in German. This will allow evaluation of quality of health care delivery and identification of options for improvement.

O22.5

The development of a Patient Reported Experience Measure for liver transplant care in the UK

Lead Presenter:

Megan Bilas, Picker Institute Europe

Authors:

Megan Bilas, Picker Institute Europe, United Kingdom

Harriet Hay, Picker Institute Europe, United Kingdom

Amy Tallett, Picker Institute Europe, United Kingdom

Douglas Thorburn, The Royal Free London NHS Foundation Trust, United Kingdom

Background: There are various national patient surveys in England that gather data about healthcare experiences but these do not cover care associated with specific procedures. This project therefore aimed to develop an instrument to measure the experiences of patients who have received a liver transplant in the UK, to compare, improve and plan service provision.

Objectives: The goal of this research was to understand care priorities and experiences for liver transplant patients and to develop and assess the validity of a Patient Reported Experience Measure (PREM) for collecting patient feedback across liver transplant care pathways.

Methods: Twenty Depth interviews with liver transplant patients explored care pathways, experiences and priorities, informing the development of a set of patient experience questions. A stakeholder and patient advisory group was consulted during development. The questions were cognitively tested with 23 liver transplant patients to ensure that they were fit for purpose, before being piloted with seven transplant centres. Each centre sampled patients who had received a liver transplant between three months and three years ago. A postal methodology with two reminder mailings was used to invite patients to take part in the PREM. Survey validity was assessed by exploring response frequencies, provider-level reliability and comparability, and structural analysis.

Findings: A response rate of 60% (N=1198) across seven Liver transplant centres was achieved. Exploration of item non-response, drop-out, differentiation and structural analysis did not identify a need for removing any survey items, but some minor amendments were recommended.

Discussion: A new liver transplant PREM yielded a successful response rate using a postal methodology with reminder mailings, and functioned well in the measurement of liver transplant care experiences. The PREM is now available to liver transplant centres to enable the collection of actionable data to understand experiences and identify areas for improving care across the pathway.

O22.6

We care to involve communication vulnerable care users: improving implementation of a narrative PREM

Lead Presenter:

Marjolein van Rooijen, Maastricht University

Authors:

Marjolein van Rooijen, Maastricht University, Netherlands
Stephanie Lenzen, Zuyd University of Applied Sciences, Netherlands
Ruth Dalemans, Zuyd University of Applied Sciences, Netherlands
Albine Moser, Zuyd University of Applied Sciences, Netherlands
Anna Beurskens, Maastricht University, Netherlands

Background: Implementation of patient reported experience measures (PREMs) is complex and cannot be successful without good implementation strategies. To develop adequate implementation strategies, the inclusion of stakeholders from all levels is required, especially the involvement of the, in this study, communication vulnerable care users themselves. This study shows methods to engage communication vulnerable care users in the implementation strategy development process. We aim to provide insights in methods used to involve communication vulnerable care users in the strategy development for PREM implementation.

Methods: For the development of the implementation strategies stakeholders were engaged in the process using a participatory action research, consisting of four steps: 1) development of draft methods, 2) testing of usability in context, 3) reflection and evaluation, and 4) development of final version. Three development groups were composed of communication vulnerable care users, care professionals, policy advisors and researchers, and 19 sessions were conducted over a period of six months. Data collection consisted of audio tapes of development sessions, reports and field notes. We used content analysis.

Findings: Communication vulnerable care users experienced difficulties providing ideas for draft versions and preferred reflecting on visual ideas. In the testing usability, reflecting and evaluation, and development of the final version steps care users provided valuable information. This was possible using both language based strategies and visual strategies. Language-based strategies were using short sentences (max 10 words per sentence), highlighting important words, and one message per sentence in reports and presentations. Visual strategies applied were bright colors, drawings, photos, pictos and smileys.

Discussion: The study shows that the inclusion of communication vulnerable care users is possible and valuable in the development of implementation strategies for a narrative PREM. We recommend using both language-based strategies (e.g. short sentences and highlighting important words) and visual strategies (e.g. bright colors, drawings and photos).

Orals - Virtual teaching of communication skills during COVID-19

O23.1

Silver Linings of Covid-19: A chance to explore perspectives of TEL in Communication Skills Teaching

Lead Presenter:

Supreet Sidhu, St. George's University of London

Authors:

Supreet Sidhu, St. George's University of London, United Kingdom
Angela Kubacki, St. George's, University of London, United Kingdom
Cherry Buckwell, St. George's, University of London, United Kingdom

Background: In recent years, the use of Technology Enhanced Learning (TEL) in Medical Education has soared, its uptake stimulating both excitement and apprehension, and polarising many. The Covid-19 Pandemic was a catalyst for rapid engagement with technology, as educators harnessed novel ways to ensure delivery of skills based teaching such as clinical communication.

This research project aims to explore medical students' and educators' perspectives of:

- a) Learning clinical communication skills online
- b) The perceived usefulness of

(i) Online teaching methods for learning clinical communication

(ii) Types of online clinical communication resources

Methods: This single-site study utilised a mixed-method approach. Students and tutors were invited to complete anonymous online questionnaires immediately following their teaching sessions. Tutors were also invited to undertake 1:1 semi-structured interviews. Quantitative data was analysed in SPSS and Inductive Thematic Analysis conducted on qualitative data. Ethical approval was obtained.

Findings: Fifty-nine questionnaires and five tutor interviews were completed. Initial analysis revealed the following themes:

a) Online learning is perceived as a useful adjunct, but not replacement, for face-to-face learning of clinical communication skills. Flexibility of timing and easy access to learning was valued.

b) (i) Live, interactive sessions such as virtual small group work were perceived as the most useful online teaching format, with online role-play with peers/actors considered less effective.

(ii) Recorded video consultations with real patients are perceived to be the most useful online resource.

Discussion: This study provides insight into student and tutor perceptions of the effectiveness of TEL of clinical communication skills.

Findings show that aspects of TEL are perceived as useful as an adjunct to traditional teaching, and highlight which methods, session formats and resources are most valued by learners. In considering students' perspectives, we can further determine how to optimise the use of TEL in facilitating learning of this crucial skillset.

O23.2

Online communication skills teaching for veterinary students using peer feedback by video annotation

Lead Presenter:

Annelies Decloedt, Ghent University

Authors:

Annelies Decloedt, Ghent University, Belgium

Valentine Martlé, Ghent University, Belgium

Alix Baert, Ghent University, Belgium

Pia Keller, Ghent University, Belgium

Background: Pre-clinical veterinary students should be able to apply basic communication skills for gathering information, provide feedback to peers and reflect about their own communication skills. On campus experiential learning activities to acquire these skills were replaced by an online assignment following Covid-19 restrictions.

Methods: 182 veterinary bachelor students performed a compulsory assignment in groups of three to four students. All students had received four lectures about basic communication skills. Each student performed a 5-10 minute recorded videocall interview with one of their peers about study choice. This was followed by peer feedback by two students from the group and writing a short self-reflective essay. Peer feedback was provided through a video annotation platform which allowed adding comments to the video timeline and responding to previous comments. The students' communication skills, feedback by video annotation and self-reflective essay were scored by the lecturers using a rubric in the online learning management system.

Findings: All students completed the assignment. The students were scored by the lecturer as poor, intermediate or good for the following skills: non-verbal communication, active listening, empathy and providing feedback by video annotation. Non-verbal communication (69%) and empathy (69%) were more

frequently evaluated as 'good' compared to active listening (52%). The types of questions used and the amount of information gathered during the conversation was rated good or very good for 70% of the students. Only 10/182 students provided poor feedback to their peers, while 46% gave good feedback including positive comments as well as constructive criticism. In the self-reflective essay, most students indicated that the assignment and the feedback provided by their peers was valuable to gain insight into their own communication skills.

Discussion: Basic communication skills for gathering information can be trained by online videocall conversations with peers, using peer feedback by video annotation.

O23.3

Online synchronous clinical communication training during the Covid-19 pandemic

Lead Presenter & Author:

Noelle Junod Perron, Geneva University Hospitals and Geneva Faculty of Medicine, Switzerland

Background: Traditionally, structured clinical communication training activities include in-person small group discussions, video observations and role plays. The aim of the study was to evaluate the usefulness and feasibility of online synchronous clinical communication training from both students and tutors' perspectives during the Covid-19 pandemic.

Methods: We conducted a cross-sectional study. Our Faculty of Medicine' 3rd year medical students and tutors involved in clinical communication training (two synchronous online workshops) were asked to respond to an online survey on the usefulness, feasibility, advantages/disadvantages of online clinical communication workshops (how to prescribe a medication and how to present a clinical case).

Findings: 85/149 students and 15/16 tutors responded. Students highly valued both online workshops in terms of usefulness (mean 4.78 SD 0.42) and reported little technical difficulty (mean 1.34 SD 0.77). They felt that tutors were well prepared (mean 4.60 SD 0.50) and actively involved them in experiential learning (mean 4.64 SD 0.56). Tutors globally reported little technical difficulty in facilitating the workshop (mean 1.71 SD 1.10) and felt rather well prepared to do so online (mean 3.80 SD 0.78). Although both students and tutors preferred the in-person format, half of them could consider using such online format in the future outside the pandemic. Analysis of participants' answers to open-ended questions indicated that students particularly enjoyed keeping contact with peers and tutors reported that online workshops boosted their motivation to learn. Online practice mirrored the needed skills for teleconsultation. Both tutors and students valued the reduction in travel time. Disadvantages included loss of social and human contact with both peers and tutors, difficulty to perceive non-verbal interactions and technical problems such as connexion disturbances and/or noisy environment.

Discussion: Our results suggest that clinical communication can be taught and practiced online and that tutors can quickly adapt to such changes.

O23.4

Simulated Patients Online vs Classroom? Student, teacher and SP preferences during COVID19 lockdown

Lead Presenter:

Katrien Bombeke, University of Antwerp

Authors:

Benedicte de Winter, Belgium

Katrien Bombeke, University of Antwerp, Belgium

Sophie Ampe, University of Antwerp, Belgium

Kristin van den Bogerd, University of Antwerp, Belgium

Nele Michels, University of Antwerp, Belgium
Sonja Spee, University of Antwerp, Belgium

Background: Forced by the COVID-19 lockdown, the skills lab at our Medical School, University of X, transformed the classroom experiential communication skills trainings into online sessions.

While e-learning has gained attention in the past decade, little is known about the differences in key educational issues such as learning opportunities and studentcenteredness between both formats.

Methods: We developed online sessions similar to the 'Top Tips' for e-sessions (COVID-19-EACH page), with Blackboard Collaborate. 288 medical students practiced 'motivational interviewing' (2ndyear) or 'dealing with conflict' (3rdyear) in 2-hour role-play e-sessions, in groups of 6 students with trained simulated patients (SPs) and a teacher. Afterwards, all parties completed an online survey (open-ended and closed questions). Data are currently researched using Thematic Analysis and descriptive statistics.

Findings: 145 students (RR50%), 16 SPs (RR100%) and 8 teachers (RR80%) completed the survey. Here we report preliminary findings of student data, final results of all parties will be presented at the conference. During the e-sessions, students felt less stressed (56%, equally stressful 30%) and more safe (42%, equally safe 35%) compared to classroom teaching. However, students reported more concentration (64%, equally concentrated 30%) in classroom. 52% of the students found both formats equally educational while 45% stated to learn more from SPs in classroom. Regarding mindful attentiveness, space for active participation and quality feedback, 50-70% experienced no difference while about one third preferred classroom teaching. In future, most students (70%) prefer classroom teaching, while 20% prefer a combination. In the open-ended questions, students valued the unexpected 'real feeling' online and highquality teaching and organization. Dealing with non-verbal communication and technical difficulties seems troublesome.

Conclusion: Contextual factors such as stress level of students (eg novices), teaching topic and feasibility may alter the choice for online, classroom or blended teaching with SPs. Technical support and training remain crucial to successful online teaching.

O23.5

Medical students reflect on telemedicine communication skills in an online classroom.

Lead Presenter:

Stella Major, Weill Cornell Medicine - Qatar

Authors:

Reshma Bholah, Weill Cornell Medicine - Qatar

Stella Major, Weill Cornell Medicine - Qatar

Lan Sawan, Weill Cornell Medicine- Qatar

Christina Bernardo, Weill Cornell Medicine - Qatar

Joshua Vognsen, Weill Cornell Medicine - Qatar

Background: In response to the COVID-19 pandemic, Weill Cornell Medicine – Qatar launched an initiative to create an elective in telemedicine. One of the goals was for students to acquire communication skills using a video-based telemedicine platform. Students completed a novel two-hour experiential workshop aimed at providing an overview of what a telemedicine journey might resemble and this provided an opportunity for learners to observe and critique a telemedicine encounter.

Methods: The Academy of Communication in Healthcare (ACH) communication skills toolkit and video resources were provided as recommended material for students to review as part of a flipped classroom model. The online session began with an introduction of the domains of the ACH communication toolkit. An observational tool was created from the ACH communication toolkit, which students were provided with to discuss and complete in a small group activity. In groups of four, students watched a 20-minute video of a simulated telemedicine encounter and were instructed to critique the communication aspect

using a Plus-Delta process. Once completed, students regrouped to present their findings. At the conclusion of the session, students were tasked with completing a post-activity survey.

Findings: Eight students participated and 88% completed the post-activity survey. All agreed that the learning objectives of the session were met and they would recommend the activity to a peer. Students reported the recommended resources, observational tools, and simulated telemedicine encounter video were all strengths of the session. One student commented, “this exercise is very helpful and can help you recognize and improve your own behaviors”.

Discussion: This activity successfully introduced medical students to a new communication skills framework in an online classroom and set the scene for students to conduct subsequent telemedicine encounters. With minimal resources, educators can design and execute a high-quality educational initiative to address communication skills needs of learners remotely.

O23.6

Medical students practice offering smoking cessation counseling advice to patients by Web-OSCE.

Lead Presenter:

Sumeja Zahirovic, Weill Cornell Medicine - Qatar

Authors:

Stella Major, Weill Cornell Medicine - Qatar

Sumeja Zahirovic, Weill Cornell Medicine - Qatar

Mohamud Verjee, Weill Cornell Medicine - Qatar

Lan Sawan, Weill Cornell Medicine - Qatar

Joshua Vognsen, Weill Cornell Medicine - Qatar

Background: Family Medicine clerkship students at Weill Cornell Medicine in Qatar practice providing smoking cessation advice to simulated patients (SP), as part of their clerkship curriculum. During the COVID-19 pandemic, students in-person clinical experiential training was replaced by remote instruction. Web-OSCE methodology was utilized to offer these students an opportunity to practice offering smoking cessation counseling advice remotely.

Methods: Students attend a case discussion on smoking cessation prior to the web-OSCE highlighting the five A's of intervention (Ask, Advise, Assess, Assist, Arrange). 14 learners conduct a 15-minute encounter with an SP through Zoom. Post encounter, two observing faculty members provide learners with 10 minutes of one-on-one feedback using ADAPT model. SPs complete a checklist which generates a score and provides students with written feedback. Students provide feedback shortly following the encounter by completing an online survey regarding their perceptions on the effectiveness of the activity.

Findings: All 14 learners strongly agreed that the activity provided a valuable learning experience. 13 would recommend this type of online OSCE to other learners, stating, “we are in the 21st century and the use of telemedicine is widely used and I anticipate that after the current pandemic, there will be a bigger role for telemedicine in clinical practice” and “It ... can easily replace real-life OSCEs if students cannot take them in-person”. “I actually enjoyed the telemedicine experience, and it really allowed me to concentrate on the matter at hand and challenged me to develop verbal and nonverbal rapport with the patient”.

Discussion: Web based OSCE was an effective alternative to in-person training, and offered additional experience in telemedicine. Students valued real-time immediate faculty feedback and requested hearing the standardized patient's feedback too. Such remote instructional methods have enabled medical student training to resume and offered students insight into the future of telemedicine consultations.

14:00 – 15:00

Orals - Mediated health communication

O24.1

Analysis of Resident Physician Patient Communication while using the Electronic Medical Record

Lead Presenter:

Kelly Skelly, University of Iowa Carver College of Medicine

Authors:

Kelly Skelly, University of Iowa Carver College of Medicine, United States

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Meredith Arpey, University of Minnesota, United States

Background: Medical Resident trainees use the electronic medical record (EMR) as part of patient care. Though some studies suggest EMRs can negatively affect patient communication, the EMR can also potentially positively impact patient communication. Since research on resident communication during EMR use is limited, we conducted a study to identify the extent which residents use effective communication skills in the interview while utilizing the EMR. We developed the ATTEND tool as a method of teaching and assessing residents' communication while using the computer.

Methods: 28 Family Medicine resident patient encounters were video-recorded and content transcribed. The total resident time spent interviewing without the computer and interacting with the computer were observed and recorded. Resident-patient communication with the EMR were analyzed using the ATTEND instrument for specific stepwise communication behaviors. **Findings**

26/28 residents used the EMR in the patient room. On average residents spent 35% of their time during the encounter looking at the computer. Following the ATTEND steps: (A) 52% of residents acquainted themselves with the EMR before the appointment while 16% did this in the patient room. (T) 64% took time to establish rapport prior to EMR use and (T) 76% triangulated the computer so the patient could see. (E) 44% used the EMR to engage and educate the patient. (N) 91% disengaged from the EMR "no screen" when discussing sensitive information and emotions. 84% logged off the computer "don't (D) forget" when leaving the room.

Discussion: While resident physicians demonstrated effective communication behaviors while using the EMR, some areas could still be improved particularly establishing rapport before using the EMR and using the EMR more explicitly in educating the patient. The ATTEND tool provides a useful way to identify effective EMR communication behaviors. Opportunities exist to reinforce the ATTEND tool by direct observation of resident physician clinical encounters.

O24.3

mHealth intervention preferences of Spanish-speaking People Living with HIV in the Southern U.S.

Lead Presenter:

Tabor Flickinger, University of Virginia School of Medicine

Authors:

Tabor Flickinger, University of Virginia School of Medicine, United States

Jacqueline Sherbuk, University of Virginia School of Medicine, United States

Kristen Petros de Geux, University of Virginia School of Medicine, United States

Diego Añazco Villarreal, Universidad San Francisco de Quito, Ecuador

Kathleen McManus, University of Virginia School of Medicine, United States

Karen Ingersoll, University of Virginia School of Medicine, United States

Rebecca Dillingham, University of Virginia School of Medicine, United States

Background: Latinx people living with HIV (PLWH) in the non-urban Southern United States face many challenges that contribute to health disparities. Opportunities to access social support are limited by a low density of Spanish speaking PLWH. A paucity of Spanish-speaking healthcare providers exacerbates barriers to accessing medical care. PositiveLinks (PL) is a successful mHealth intervention for PLWH developed with a mostly African-American population that includes tools for self-monitoring, care coordination, information resources, and a community message board. We aimed to conduct formative work to guide adaptation of PL for Spanish-speaking Latinx PLWH.

Methods: We conducted semi-structured interviews to explore participants' attitudes toward technology, desired mHealth features, and feedback on a Spanish-language PL prototype. Participants were Spanish-speaking Latinx patients recruited from a non-urban HIV/AIDS clinic and a community-based organization. Interviews were conducted in Spanish, audio-recorded, transcribed, and translated, then coded by at least two team members with discrepancies resolved by consensus. The codebook was developed iteratively with high reliability.

Findings: Participants (n=22) included 10 men, 10 women, and 2 transgender women. Mean age was 41.1 (SD 11.6) years, and all were born outside the United States. Participants expressed desire for access to information (86%), positive reinforcement/support (82%), personal connection (64%), ease of use (45%), and connection to their care team (41%). Of the participant-generated suggestions for improvement, priorities included creation of an integrated Spanish-language community board and redesign of the laboratory results feature.

Discussion: Spanish-speaking Latinx PLWH, who face many barriers to care, voiced a need for reliable information and social support and felt that a linguistically and culturally tailored adaption of the PL mHealth intervention could help meet these needs. This work informs the next phase of implementation of PL for Spanish speakers with evaluation of app usage, engagement in care, and quantification of clinical outcomes.

O24.5

The Power of Illness Identity in Motivating Online Help-Seeking to Manage COPD Uncertainty

Lead Presenter:

Samantha Paige, University of Florida

Authors:

Samantha Paige, University of Florida, United States

Angela Palmer-Wackerly, University of Nebraska - Lincoln, United States

Elizabeth Flood-Grady, University of Florida, United States

Maribeth Williams, University of Florida, United States

Carma Bylund, University of Florida, United States

Background: Social media builds networks to help patients with chronic obstructive pulmonary disease (COPD) alleviate illness uncertainty and build self-management efficacy. The connection between uncertainty management through online health information seeking has been established; however, limited attention has been paid to the role of illness identity in this relationship. Consistent with Uncertainty-Illness Theory, we hypothesize that patients with high uncertainty will orient themselves with online COPD information, but only if they identify with members of the COPD illness community (Study 1). We also explore how patients expressing this communal illness uncertainty orient themselves within online communities by communicating various illness identity frames (personal, relational, communal) to other members (Study 2).

Methods: Study 1 was an online survey with 418 patients recruited from a university research registry and social media listing. Data were analyzed with a multivariate linear regression model. Study 2 included a content analysis of 72 online posts, and data were analyzed by frequency statistics.

Findings: In Study 1, participants were 54.28 (SD=11.53) years old with a current history of smoking tobacco (46.2%) and moderate-to-severe respiratory symptoms (M=3.05; SD=.84). Less COPD uncertainty ($b=-.04$; $p<.05$) and high communal illness identity ($b=.17$; $p<.001$) was associated with online COPD information orientation. Consistent with our hypothesis, people with low communal illness identity were less likely to orient themselves with online COPD information despite experiencing a high degree of uncertainty ($p<.001$). In Study 2, online community members recently diagnosed with COPD communicated a relational identity (“doc says COPD”; 87.5%), communal identity (“looking for people like me”; 45%), and personal identity (“I have COPD”; 23.6%).

Discussion: Communal illness identity is protective in promoting the use of online communities to manage COPD uncertainty, especially among adults recently diagnosed and feeling prognostic uncertainty. Illness identity is an important tailoring feature to empower patients to manage their uncertainty through active information seeking.

O24.6

Complexity and simplicity in doctor-patient email consultations

Lead Presenter:

Jane Ege Møller, Aarhus University

Authors:

Jane Ege Møller, Aarhus University, Denmark

Antoinette Fage-Butler, Aarhus University, Denmark

Matilde Nisbeth Brøgger, Aarhus University, Denmark

Background: New technologies and media have facilitated doctor-patient email consultations (e-consultations). Guidelines for e-consultation use in Denmark state that they should be used for simple, concrete and non-urgent queries. However, research has suggested that doctors encounter e-consultations that do not always match the guidelines. The purpose of this study was to explore whether e-consultations reflect recommendations that they should be simple, short, concrete and well-defined in practice, and if not, what forms of complexity were evident.

Methods: We used a qualitative, inductive and explorative design where we analyzed e-consultations between general practices and patients. We asked four general practitioners from four different practices to provide us with all email correspondences from 10 patients each.

Findings: We inductively analysed 1,671 e-consultations from 38 patients aged 21-91 years and found both quantitative and qualitative complexity. Quantitative complexity was seen in the number of interaction turns, number of communication participants, and number of questions asked. Qualitative complexity related to patients’ illness perspective, e.g. their emotions, social context, and life situation, as well as the biomedical complexity in the GPs’ communication, e.g. relating to pathology and treatment, biomedical problems, test results and emotional support.

Discussion: Despite existing guidelines and the leanness associated with the e-mail medium, various forms of complexity were evident in our data-set. Doctor-patient e-consultations often went beyond one simple, short question and one answer, because the medical, emotional and social complexity inherent in the problems that the patients presented often demanded longer and more comprehensive communication. We suggest therefore that it is illusory to expect that e-consultations can just be used for simple, straightforward doctor-patient communication.

Orals - Clinician emotions & challenges

O25.1

Patients’ and oncologists’ perceptions of empathy in advanced cancer

Lead Presenter:

Hinke Hoffstädt, Nivel

Authors:

Hinke Hoffstädt, Nivel, Netherlands

Maartje Meijers, Nivel, Netherlands

Janine Westendorp, Nivel, Netherlands

Sandra van Dulmen, Nivel, Netherlands

Peter Spreeuwenberg, Nivel, Netherlands

Paul de Jong, St. Antonius Hospital Utrecht, Netherlands

Jacqueline Stouthard, Antoni van Leeuwenhoek Hospital, Netherlands

Liesbeth Mirjam van Vliet, Universiteit Leiden, Netherlands

Background: Empathy is a cornerstone of effective communication. However, clinicians' and patients' perceptions on clinician-expressed empathy might differ. Whether disagreement exists in the setting of advanced cancer is unknown. It is also unclear what the association is of patients' and oncologists' empathy perceptions with affective patient outcomes. We assessed 1) whether patients and oncologists agree on clinician-expressed empathy in advanced cancer consultations; and 2) the separate effects of patients' perceptions and oncologists' perceptions on affective patient outcomes.

Methods: This observational study included data from 41 consultations between incurable breast cancer patients and their oncologists. Patients' and oncologists' perceptions of clinician-expressed empathy were assessed. Post-consultation, patients' level of anxiety (two measures; (1) pre-post consultation difference; (2) post-consultation), (3) emotional well-being and (4) satisfaction were assessed. Multilevel regression analyses were run to draw conclusions.

Results: Patients perceived more empathy than oncologists ($M=85.47$, $SD=14.00$ versus $M=61.88$, $SD=15.30$ on a 0-100 scale; $\beta=-23.29$, $p<0.001$, 95% CI=-32.58,-14.00).

Higher patient-perceived empathy decreased anxiety on one out of the two anxiety measures ((1), $\beta=-0.79$, $p=0.015$, 95% CI=-1.42--0.15; (2) $\beta=-0.14$, $p=0.071$, 95% CI=-0.28-0.01), improved satisfaction ($\beta=0.05$, $p<0.001$, 95% CI=0.03-0.08) and decreased emotional distress ($\beta=-0.29$, $p<0.001$, 95% CI=-0.45--0.13). There were no effects of oncologists' perceptions ((1) $\beta=-0.84$, $p=0.068$, 95% CI=-1.74-0.06; (2) $\beta=0.05$, $p=0.633$, 95% CI=-0.17-0.27; (3) $\beta<0.01$, $p=0.861$, 95% CI=-0.03-0.04; (4) $\beta=0.20$, $p=0.081$, 95% CI=-0.02-0.43).

Discussion: Patients' and oncologists' perceptions of empathy differed. In improving patient outcomes, the focus should lay on patients' perceptions of clinician-expressed empathy. Future research could focus on ways to facilitate communication between patients and oncologists based on patients' perceptions of clinician-expressed empathy.

O25.2

Workplace Bullying and Nurses' Intention-to-Leave: Implications for Communication Interventions

Lead Presenter & Author:

Anna Filipova, University of Wisconsin Oshkosh, United States

Background: Recent reports suggest that workplace bullying has become endemic to nursing. However, studies on its prevalence among licensed practical nurses and its impact on their intention to leave jobs are very sparse. Workplace bullying refers to situations where a person is exposed to negative acts (e.g., emotional abuse, offensive remarks, social exclusion and other destructive communication forms) by co-workers, supervisors or subordinates. Its primary feature is persistence, and communication is central in its perpetuation. This study examines nurses' perceptions of bullying prevalence and tests a model of its impacts on emotional exhaustion, job satisfaction, organizational commitment, and intention-to-leave.

Methods: A simple random sample of 855 licensed practical nurses was drawn from a population of 4,306 nurses in a single United States Midwestern state. A cross-sectional survey design and mixed mail/online methods of data collection were implemented. A total of 168 useable questionnaires were analyzed, performing descriptive statistics, Pearson's correlation, mediation and multiple regression tests.

Findings: Although nurses had 'never' experienced most of the 22 negative acts, 43% had experienced at least two negative acts on a weekly/daily basis in the last 6 months (e.g., withholding information that affects performance [32%]; having opinions ignored [36%]). The most cited perpetrators were peers and immediate supervisors. The robust regression analysis showed that the model explained 72% of the variance in intention-to-leave with commitment being the strongest predictor ($b = -.31$; $p < .001$), followed by emotional exhaustion ($b = .29$; $p < .001$) and bullying ($b = .14$; $p < .05$). Emotional exhaustion completely mediated the relationship between bullying and commitment.

Discussion: Some interventions informed by organizational communication scholarship include incorporating anti-bullying language into organizational policies; multi-rater 360° evaluations and other forms of confidential staff input; educating/training employees on the commonalities/patterns in bullying and recognizing types of language use that are more or less empowering.

O25.3

Breaking bad news about cancer in China: Concerns and conflicts faced by doctors

Lead Presenter:

Xiaomin Wang, The Third Xiangya Hospital of Central South University

Authors:

Xiaomin Wang, The Third Xiangya Hospital of Central South University, China

Xin Li, The Third Xiangya Hospital of Central South University, China

Xing Liu, Xiangya Hospital of Central South University, China

Ting Liang, The Third Xiangya Hospital of Central South University, China

Jessica Hahne, Yale University, United States

kaveh khoshnood, Yale University, United States

Objectives: We aimed to explore how doctors in China decide whether to inform cancer patients about diagnosis and prognosis.

Methods: We conducted in-depth, semi-structured interviews with 24 doctors and residents from a leading hospital in Hunan, China. Data were analyzed by content analysis.

Results: Doctors routinely told the family about cancer first, then withheld information from patients if the family did not want to tell the patient. Three main themes emerged in relation to hiding bad news from patients: 1) fear that most patients lack resilience to cope with bad news; 2) fear of direct or legal conflict with the family, and 3) a value conflict between respecting the patient's "right to know" and respecting the family's interest in protecting the patient.

Conclusions: Doctors consider decisions to withhold information from cancer patients to be a non-ideal but necessary compromise of the patient's "right to know." Culturally adjusted training and guidelines could help with including the patient in information disclosure while still respecting China's cultural value of family decision-making.

Practice Implications: Future training and guidelines should help doctors mediate between patient and family interests and understand changing laws and regulations. Other important elements include reflection, senior mentorship, self-awareness, and building trust.

O25.4

Physician-patient communication in the orthopedic clinic: surgeon-identified challenges

Lead Presenter:

Olivia O'Reilly, University of Iowa Hospitals and Clinics

Authors:

Olivia O'Reilly, University of Iowa Hospitals and Clinics, United States

Marcy Rosenbaum, University of Iowa Carver College of Medicine, United States

Brendan Patterson, University of Iowa Hospitals and Clinics, United States

Physician-patient communication in the orthopedic clinic: surgeon-identified challenges

Background: Effective communication between the physician and the patient is crucial to quality healthcare. The orthopedic surgery clinic setting provides an environment for cultivating the physician-patient relationship, eliciting diagnostic data, and developing treatment strategies. However, little is known about the orthopedic surgeon perspective on communicating with patients. The purpose of the study was to identify patient communication and care issues faced in the orthopedic surgery clinic setting that physicians categorize as challenging.

Methods: All surgeons in the department of orthopedics (19) in a large tertiary care center were invited to respond to an online survey on common communication challenges. Physicians were asked to rate 13 challenges identified by the literature and opinion leaders using a four-point Likert scale ranging from "Not at all challenging" to "Extremely challenging". Mean scores and ranges were calculated. In addition, the survey included open ended questions regarding common challenges in communicating with patients and types of encounters, and thematic analysis was applied.

Findings: Orthopedic surgeons identified unrealistic expectations for surgical intervention for a nonsurgical diagnosis as the most challenging encounter in the clinic (84%). Managing postoperative patient expectations (74%) and communicating with patients who were dissatisfied with their surgical outcome (68%) were also commonly rated as particularly challenging. Open ended responses echoed these ratings and additionally identified managing patients with chronic pain as well as difficulty facilitating patient understanding of complex information as common communication challenges.

Discussion: Common challenges in the orthopedic clinic often surround managing patient expectations and providing effective explanations, particularly involving patients who do not require surgical intervention. Identifying these issues can guide training efforts to help orthopedic physicians in managing these and improving communication. These findings can also provide basis for collecting information about communication challenges from orthopedic surgeons across institutions.

O25.5

Nurse Educators' Navigation of Communication and Compliance Complexities in Regulated Environments

Lead Presenter & Author:

Timothy Barshinger, Indiana University Purdue University Indianapolis, United States

Background: This qualitative study explored the communication experiences of nurse educators who provide patient education on behalf of pharmaceutical companies. The study used the ecological model of communication in medical encounters and the theory of Communication Privacy Management (CPM) as the lenses for interpreting the data. The two research questions were: (1) How do ecological factors, such as regulatory requirements, function within pharmaceutical nurse educators' communication with patients? (2) How do those ecological factors influence the way educators establish and manage communication privacy boundaries with patients?

Methods: Data included one-on-one telephonic interviews with twenty-six educators who delivered drug product education. Primary cycle coding of transcripts was used to assign descriptive phrases to recurring concepts. Secondary cycle coding was employed to synthesize primary cycle codes into sensitizing concepts. These secondary-levels codes were then analyzed, giving way to themes that aligned within the two theoretical frameworks.

Results: The educators shared their frustration with compliance regulations as factors that would curtail communication and inhibit patients' comprehension of information. The frustration with compliance regulations built to the point that some educators admitted to engaging in purposeful non-compliant behaviors. Their justifications for non-compliance were driven by personal philosophies that put patient care as the primacy of their role.

Discussion: Educators felt ethically and morally bound to do whatever was necessary to avoid breaching the trust they established with patients. For some, this attitude prevailed over their obligation to deliver a compliant educational engagement. Pharmaceutical companies need to recognize that for many of their educators, the question of whether to be compliant is not a legal or policy matter. It is a moral and ethical issue. There will be educators who will engage in purposeful non-compliant behaviors because they believe them to be the more ethical options and the ones necessary to avoid a trust breach.

O25.6

Accepting “lack of control” on diabetes care as a precursor to shared decision making

Lead Presenter:

Galit Neufeld-Kroszynski, Tel Aviv University

Authors:

Orit Karnieli-Miller, Tel Aviv University, Israel

Galit Neufeld Kroszynski, Tel Aviv University, Israel

Liat Kidar, Tel Aviv University, Israel

Joelle Singer, Rabin Medical Center, Beilinson Hospital, Israel

Ofri Mosenzon, Hadassah Medical Center, Israel

Anat Jaffe, Hillel Yaffe Medical Center, Israel

Eddy Karnieli, Technion, Israel

Background: Diabetes is a chronic disease in which patients play a major role in controlling their blood glucose levels and preventing complications through lifestyle modifications and adherence to treatment. Shared Decision Making (SDM) is a recommended model for involving patients in their care. However, SDM implementation is limited. This study focused on healthcare professionals' perceptions and challenges regarding implementing SDM and the gap between theory and daily practice.

Methods: A qualitative study using an Immersion/Crystallization approach that includes a thematic analysis of 23 semi-structured interviews with healthcare professionals, specializing in diabetes. The interviews focused on their decision-making processes with patients. Data analysis included horizontal and vertical analysis to learn how different professionals perceive working with diabetes patients and patients' involvement.

Findings: Most healthcare professionals stated they believe in patient involvement. They emphasized the challenges due to their own limited “control” over patient's day-to-day diabetes management and treatment success. Some have come to terms with this limited “control” and therefore find involving patients relevant and important. They tend to implement most of SDM components. Others, who are concerned with their responsibility and feel frustrated and intimidated by the limited or “lack of control”, tended to focus on tactics to increase adherence. They usually presented only one treatment option and tried to tailor it to the patient, focused on persuasion and used intimidation against possible complications.

Discussion: The way in which professionals deal with the issue of limited “control” regarding the execution of the treatment plan can be a precursor or barrier to their engagement in SDM. Providing tools to reflect and deal with their sense of limited “control”, can help them live with this challenge and learn why and how communicating in a patient-centered manner and truly implementing patient engagement through SDM can be helpful in helping patients “control” their diabetes.

Roundtables

R4

Workplace Based Teaching of Communication Skills

Presenters & Authors:

Mary Ann Gilligan, Medical College of Wisconsin, United States

Amal Shibli-Rahhal, University of Iowa Carver College of Medicine, United States

Effective communication with patients is a core skill of clinical competence. Many medical schools now include formal communication skills training in their curricula although this training typically occurs in the first two years when students have minimal patient contact. Once students reach the clinical years they frequently experience a lack of reinforcement, and even contradiction, of the communication skills previously learned. Faculty development is the most common strategy to give faculty training in best practices regarding how to reinforce the skills of the formal curriculum and develop advanced skills for common communication challenges. As newer technologies become more sophisticated, they may be able to play a role in communication skills training.

Our goal is to facilitate discussion among those at the table regarding common challenges and potential strategies to improve workplace-based communication skills training drawing on their personal experience. It is possible that some of those present will have attended the pre-course on this topic and will be “primed” for discussion.

Timeline:

1. Introductions (10 minutes): Name and role (eg, direct supervision of learners in workplace or supervisor, formal communication skills teaching, level of learner)
2. Challenges to teaching communication skills in the workplace (20 minutes)
3. Strategies for teaching communication skills in the workplace (20 minutes)
4. Summary and next steps (10 minutes)

Outline of Topics for Discussion:

1. Strategies to make role modeling an active process
2. Case presentations as an opportunity for teaching communication skills, linking skills to common challenges in clinical communication (eg, agenda setting to help when patients have multiple complaints; rapport building to improve patient adherence)
3. Best practices for direct observation and feedback on communication skills in the clinical context
4. Potential for new technologies to be used for communication skills training

R5

Special Interest Group: Communication in Surgical Subspecialties

Presenters & Authors:

Kathleen Kieran, Seattle Children's Hospital, United States

Muneera Kapadia, UNC Health Care, United States

Peter Gillen, Royal College of Surgeons in Ireland, Ireland

Eva Doherty, Royal College of Surgeons in Ireland, Ireland

Topic and Purpose of Discussion: Historically, communication in healthcare has focused on primary care, or other settings where care is longitudinal. Surgical care is different: it is inherently problem-based, often emergent, and based in singular or episodic visits. The skills that are routinely employed for medical specialties are not directly translatable to surgical care.

As surgeons, however, we are acutely aware of the dearth of research on communication in surgical subspecialties, as well as the lack of opportunities for surgeons to acquire, retain, and refine communication skills pertinent to their interactions with patients. This SIG will focus not only on teaching, but also on basic communication research to identify and share best practices and future directions for content, teaching, and assessment of surgical communication.

Brief Outline of Session:

- 10 minutes: Introduction, roles, one sentence statement of interest
- 15 minutes: Group discussion: How is communication in surgery different?
- 15 minutes: Group discussion: What are the barriers to the teaching communication skills in surgery?
- 10 minutes: Group discussion: What are research topics and/or questions in surgical communication?

Outcomes Hoped for from the Discussion: This SIG aims to foster collaboration among all members of EACH interested in research, teaching, and assessment of communication skills in surgery and surgical subspecialties. Acknowledging that the topics listed above are broad, and that we anticipate that rich discussions will need to be continued offline and over time, we propose the following goals:

1. Identify EACH members interested in surgical communication and this SIG.
2. Identify pertinent topics for communication skill research from the perspectives of the various stakeholders in surgical communication.
3. Identify barriers to implementation of surgeon-specific curricula to teach communication skills.
4. Identify research ideas and potential collaborations.
5. Set time and place for next meeting (over Zoom).

This SIG is new.

16:00 – 17:30

Innovative Technology

IT1.1

Results from a Virtual World Diabetes Education Program For Older Adults with Uncontrolled Diabetes

Lead Presenter:

Suzanne Mitchell, Boston University School of Medicine

Authors:

Suzanne Mitchell, Boston University School of Medicine, United States

Alexa Bragg, Boston University School of Medicine, United States

Ioana Moldovan, Boston University School of Medicine/Boston Medical Center, United States

Jessica Howard, Boston University School of Medicine/Boston Medical Center, United States

Shakiyla Woods, Boston University School of Medicine/Boston Medical Center, United States

Paula Gardiner, University of Massachusetts Medical School, United States

Background: DSME improves diabetes outcomes yet less than 7% of older adults with diabetes complete diabetes self-management education (DSME). Technology can increase access and engagement in an 8-week DSME programs. We studied the comparative effectiveness of a virtual world (VW) versus in-person (IP) DSME program to improve diabetes control and patient engagement among minority women with uncontrolled diabetes.

Methods: We used a non-inferiority study design to determine if delivering DSME in a VW is equally effective as the IP classroom DSME. A total of 291 Black/African American and Hispanic women with uncontrolled diabetes were randomly assigned to DSME in a VW online platform (n=149) or IP setting (n=142). We measured differences in the mean changes in HgbA1c and patient activation at baseline and 9-weeks post enrollment using the validated Patient Activation Measure (PAM).

Findings: A total of 312 women with uncontrolled type 2 diabetes (A1c>8%) were enrolled and 9-week data was available for 291 participants. Baseline characteristics were similar between study arms. On average, 70% attended 6 of 8 DSME sessions in both arms. Both study arms demonstrated similar improvements in mean A1c values at 9 weeks post-enrollment (-0.5% for IP vs -0.4% for VW) showing that the VW program is non-inferior to standard DSME programs in improving diabetes control. A greater proportion of IP participants reported an increase in PAM score compared to the VW participants (29% vs 17%).

Discussion: Technology can improve access to, and patient engagement in, DSME programs. We demonstrated that an immersive online virtual world classroom is equally effective to in-person DSME education for improving diabetes control. Both arms showed high levels of patient engagement in DSME programming although a higher proportion of IP participants showed an improvement in patient activation.

IT1.2

The user-centered development of HealthPAL, an audio-based personal health library

Lead Presenter & Author:

Paul Barr, Dartmouth College, United States

Background: Providing digital recordings of clinic visits to patients can promote patient-centered communication. Natural language processing allows the value of recordings to be optimized for patients by automatically tagging key information e.g., medication, with links to online resources. In this paper, we describe the user-centered design of HealthPAL.

Methods: Our approach incorporated iterative rounds of usability design sessions. We aimed to recruit five older adults (≥65 years) and caregivers (≥18 years) per round from community and clinic settings. Participants listened to a standardized primary care visit recording before completing a series of tasks in the system e.g., find where medication was discussed, and a debriefing interview. Findings from each round informed the agile software development of HealthPAL. In round one, we used paper-prototypes, and focused on feature development. In later rounds, we moved to low-fidelity and high-fidelity versions of HealthPAL focused on functionality: task completion and usability (System Usability Scale, SUS: >68 indicates acceptable usability) were analyzed. In the final round, we recorded participants' primary care visits for use in sessions.

Results: We completed six rounds of usability sessions with 40 participants (n=12 caregivers), with an average age of 'x' and 60% female. Feedback from sessions resulted in design improvements including color coding and highlighting of information tags, a more prominent play/pause button, a clearer structure for switching between users' accounts, the addition of tag filtering, a 10 second forward/rewind controls, a help link, and search bar. SUS scores improved from 45.6 in round 3 to 83 in round 6. Task completion with assistance decreased from 43% in Round 3 to 9% in Round 6.

Discussion: HealthPAL is a HIPAA-Compliant, highly usable recording/sharing platform. We plan to move to real-world user-testing of HealthPAL, before a pilot-trial in primary care with older adults.

IT1.3

STOP Project: Innovative use of technologies to support communication in healthcare

Lead Presenter:

Anne Moorhead, Ulster University

Authors:

Anne Moorhead, Ulster University, United Kingdom

Huiru Zheng, Ulster University, United Kingdom

Binh Vu, FTK - Forschungsinstitut für Telekommunikation und Kooperation e.V., Germany

Felix Engel, FTK - Forschungsinstitut für Telekommunikation und Kooperation e.V., Germany

Matthias Hemmje, GLOBIT GmbH, Germany

Raymond Bond, Ulster University, United Kingdom

Haiying Wang, Ulster University, United Kingdom

Mike McTear, Ulster University, United Kingdom

Background: Obesity is a global health priority, and technology has the potential to contribute to addressing this challenge. This research is part of the STOP project, a H2020 RISE project funded by European Commission (No 823978) to address the challenge of preventing obesity in Europe. The interdisciplinary European STOP project aims to establish a data and Knowledge Ecosystem as a basis for the STOP Portal to enable healthcare professionals (HPs) in decision support, and persons with obesity (PwO's) in analysis and feedback of health information to optimise healthy nutrition.

Methods: This is a mixed methods study. Data used in this study include 1) physical activity data collected by wearable sensors such as fitbit wrist bands, smart watches and smart mobile phones; 2) nutrition information provided retailers and self-reporting; 3) physiology information, such as BMI, heart rate, blood pressures by measurement; and 4) other self-reporting data, such as physical activities that are not recorded by sensors, feedbacks. The participants are PwO and HPs, and data collection is ongoing.

Findings: To date, the STOP platform has been designed, consisting of the following elements: Ecosystem Portal (nutrition, physical activity & physiological data, knowledge resources, biomedical data); data fusion; data analysis (AI dialog); chatbot, serious games; educational info and gaming; supportive feedback; wearable sensors; self-reporting/chatbot; and MyFood platform. This now will be developed on a mobile app, a secured multiclient web-based portal, integrating several machine learning based support tools.

Discussion: The STOP platform has been designed to capture various PwO's data from different technologies, manage and enrich available data with existing knowledge bases and fuse these by machine learned based data fusion approaches for sophisticated data analysis. This provides intelligent interactive communication with users, besides access to information from a broad range of relevant knowledge bases to support decision making of HPs.

IT1.4

PREDICT: Developing a tool to give clear, individualised risk communication to cancer patients

Lead Presenter:

Alexandra Freeman, Winton Centre for Risk & Evidence Communication, University of Cambridge

Authors:

Alexandra Freeman, Winton Centre for Risk & Evidence Communication, University of Cambridge, United Kingdom

George Farmer, University of Manchester, United Kingdom

Gabriel Recchia, Winton Centre for Risk & Evidence Communication, University of Cambridge, United Kingdom

Background: The objective was to provide greater opportunities for shared decision-making and informed consent by designing online, individualised risk communication tools based around prognostic algorithms. Our aim was to maximise objective comprehension of the numbers involved.

Methods: We employed user-centred design including online surveys, online quantitative studies, audio-recorded semi-structured interviews, focus groups and usability testing. Participants included public (n=2,811), clinicians (n=131), and breast cancer patients (n=18).

The quantitative online studies were carried out using Prolific.ac. Participants were given information about breast or prostate cancer and asked to imagine being recently diagnosed. They were randomised to view information in one of several formats and asked questions to measure objective comprehension, hypothetical treatment choices and demographics including numeracy. Analysis used ANCOVA.

Results: Key findings included: clinicians were surprised by how treatment effects cited in clinical trials change when competing risks among treatments are taken into account and the popularity of being able to choose among multiple visualisations.

Quantitative testing of visualisations revealed that 8.5-14.4% participants misunderstood stacked bar charts, not realising that the 'additional benefits' shown on top of a baseline survival rate are 'additional'. However, changing the legend to give absolute survival reduced misunderstandings to 3.8-6.6% participants.

The PREDICT:Breast Cancer tool is now used >30,000 times/month worldwide.

Implications: Individualisable prognostic algorithms could improve shared decision-making and informed consent. As online tools, they can ensure patients receive accurate and relevant information about potential benefits and harms when making healthcare decisions. However, in order to make complex and emotionally difficult information available clearly, unambiguously and sensitively requires iterative user-centred design methods to ensure that any such tool serves the needs of all its users.

We have produced generalisable information about perceptions of different types of data visualisation but have also provided a methodology that can be employed to develop online risk communication tools.

IT1.5

A Virtual Reality Training Tool to Improve Weight-Related Communication Across Healthcare Settings.

Lead Presenter:

Fiona Quigley, Ulster University

Authors:

Fiona Quigley, Ulster University, United Kingdom
Anne Moorhead, Ulster University, United Kingdom
Raymond Bond, Ulster University, United Kingdom
Toni McAloon, Ulster University, United Kingdom
Huiru Zheng, Ulster University, United Kingdom

Introduction: Talking about weight is a sensitive topic and many healthcare professionals (HCP) report a lack of training in this area. Current research shows there are few studies on the sensitive communication skills needed to discuss weight in healthcare settings. Virtual Reality (VR) offers a safe, immersive and embodied way to acquire practical skills through reflection and feedback, but it hasn't yet been used for training in weight-related communication. The aim of this research is to develop and evaluate a VR-based training tool to improve weight-related communication with patients who are overweight and obese in healthcare settings.

Methods: This research is part of a mixed method, 5-phase study design. The current study addresses Phase 3 - design and development and Phase 4 - usability testing. The design of the VR training tool uses a novel wizard-of-oz (WOZ) experimentation technique. WOZ facilitates the usability and acceptance testing of intelligent agents without having fully developed the intelligence. HCP interact with an avatar patient, controlled by the researcher to simulate weight-related communication scenarios. HCP 'speak' to the avatar through a VR headset, in a cycle of two scenarios - before and after. In the before scenario, HCP will engage with the patient avatar, but not explicitly told to discuss weight. In the after scenario, HCP receive hints on how to communicate about weight. Both scenarios will be recorded and conversation analysis will be used to compare the scenarios.

Results: A prototype of the VR training tool has been developed. This will be demonstrated, along with usability data.

Implications of research for communication in health care: WOZ experimentation allows flexibility in testing scenarios, which hasn't been included in weight-related communication training before. This has the potential to enhance the communication between HCP and patients and to reduce the barriers to effective weight-related communication.

Symposium

S7

Cross-cultural Implementation of the Program to Enhance Relational and Communication Skills (PERCS)

Lead Presenter:

Giulia Lamiani, University of Milan

Presenters:

Elaine C Meyer, Starship Child Health, Boston Children's Hospital, Center for Bioethics, and Harvard Medical School, Boston
Melissa Heywood, Royal Children's Hospital, Melbourne
Nadir Ayrad, Fundación Garrahan, Buenos Aires
Pia Kuhlmann, University Witten/Herdecke, Witten

Authors:

Giulia Lamiani, University of Milan, Italy

Melissa Heywood, Royal Children's Hospital, Melbourne, Australia
 Nadir Ayrad, Fundación Garrahan, Buenos Aires, Argentina
 Pia H. Kuhlmann, University Witten/Herdecke, Witten, Germany
 Jo Hegarty on behalf of the Difficult Conversations Faculty, Starship Hospital, Auckland, New Zealand
 Elaine C. Meyer, Starship Child Health, Boston Children's Hospital, Center for Bioethics, and Harvard Medical School, Boston, United States
 Elena Meyer, University of Milan, Italy
 Lidia Vegni, University of Milan, Italy
 Juan Carlos Borghi, Hospital Garrahan, Argentina
 Susana Vasallo, Hospital Garrahan, Argentina
 Thorsten Rodriguez, Center for Pediatrics, Faculty of Medicine, University of Freiburg, Germany
 Jenni Langer, Royal Children's Hospital & University Department of Paediatric, University of Melbourne, Australia
 Jan Sokol, Department of Neonatology, University of Tuebingen and ARCIM Institute, Filderstadt, Germany

Communication and relational skills are recognized as pivotal skills in healthcare education internationally. However, communication skills trainings often differ in methodology and format, and their transferability to other countries has typically not been assessed. This symposium describes the applicability, implementation and efficacy across five countries of the simulation-based, interprofessional Program to Enhance Relational and Communication Skills (PERCS), an initiative of the Institute for Professionalism and Ethical Practice at Boston Children's Hospital.

Speaker 1 will present the adaptation of PERCS to the Italian healthcare context. PERCS-Italy was launched in 2008 at San Paolo Hospital, Milan. To date, 73 workshops have been offered across several healthcare topics including: medical error; oncology; chronic renal illness; infertility; and end-of-life conversations. 830 interprofessional clinicians have participated reporting improved preparation, communication and relational skills, confidence and decreased anxiety following the workshop training.

Speaker 2 will present the adaptation of PERCS-Royal Children's Hospital program and its incorporation into the RCH Melbourne Simulation program. To date, 270 workshops/simulations were offered to 3152 clinicians on topics including: breaking bad news; open disclosure; advance care planning; graded assertiveness; giving/receiving feedback; management of clinical aggression; and post-critical event leadership. Recently, 44 immersive, high-fidelity programs were offered combining deteriorating patient simulation and communication scenarios.

Speaker 3 will present the adaptation of PERCS for Argentina and Peru, focused on Argentinean pediatric public hospital/community settings and Peruvian adult patients. Hospital grand rounds reached 200 participants and the 2017 Congreso Latinoamericano de Simulación reached over 660 participants across South America. In Argentina, workshops were conducted on Everyday and BIG Conversations in Healthcare at Garrahan Hospital, Fundación Garrahan and the Congreso, reaching 118 participants. In Peru, a four-day workshop addressed everyday ethics, conveying bad news, medical error disclosure, and end-of-life conversations for 50 participants, including opportunities to design customized scenarios.

Speaker 4 will present the adaptation of PERCS to the German healthcare context. At Filderklinik, an anthroposophical hospital for integrative medicine, PERCS was adapted as grand rounds and a PERCS-Oncology curriculum is under development. In Freiburg, at post/undergraduate programs, 12 simulation-based workshops (131 participants) focused on collaboration/conversations between non-German speaking family-actors, interpreters and clinicians to practice interpreted conversations and professional-interpreter roles. Additionally, clinical-research focused on pre-surgical informed consent conversations to identify and adapt new educational approaches optimizing informed consent-related communication and relational skills.

Speaker 5 will present the adaptation of PERCS to the bicultural (Māori and Pakeha/European) healthcare environment of Aotearoa (New Zealand). As part of the Starship Simulation Programme, 93 interprofessional participants attended immersive Difficult Conversation Workshops with content emphasizing: cultural awareness; open disclosure; managing conflict; and 'breaking bad news.' The

program won the Matariki Award for improving family (whanau) experience, eliminating health inequities, and improving health outcomes of Maori people.

Speaker 1 learned the PERCS model during her Fulbright scholarship and at Boston Children's Hospital. She has developed and taught communication skills for over 10 years.

Speaker 2 learned the PERCS model through site visits to Boston Children's Hospital and completion of Boston Children's Hospital Nursing Science Fellowship, which was funded by Dame Elisabeth Murdoch Nursing Development Scholarship.

Speaker 3 learned the PERCS model through participation in workshops at Boston Children's Hospital. He has 8-years of experience as a bilingual curriculum designer, educator, actor and public-relations specialist.

Speaker 4 learned the PERCS model through a 6-month rotation at Boston Children's Hospital where she participated in workshops and research on pre-surgical informed consent. She has 2-years of experience in educational-research focusing on communication/relational skills.

Speaker 5 learned the PERCS model through on-site workshops and pedagogical consultation. She has taught curricula for simulation in healthcare workshops including communication and human factors for over 10 years.

Workshops

W9

How to Communicate with Patients and Parents about electronic media exposure and use

Presenters & Authors:

Kuan-chin Jean Chen, The College of Family Physicians of Canada

Sapna Khosla, The College of Family Physicians of Canada, Canada

Cathy MacLean, University of Saskatchewan, Canada

Jennifer Potter, The College of Family Physicians of Canada, Canada

Rationale: The use of social media, online websites, and video communities is on the rise. Many patients/parents have concerns about their children and even their own electronic media use, which in excess may lead to adverse outcomes in mental health, quality of sleep, and performance in school/work. Nonetheless, there is a lack of guidelines or formal educational resources provided to primary care physicians on how to counsel patients/parents on the safe use of electronic media. This workshop is presented by the College of Family Physicians of Canada's Patient Education Committee and is based on practicing and applying concepts and approaches to initiate discussion on safe electronic media use.

Learning objectives: At the end of this workshop, participants will be able to:

- describe the effects of electronic media and health outcomes;
- employ useful communication approaches when educating patients and parents about electronic media use;
- effectively utilize both screening tools and strategies to "unplug".

Teaching methods: This interactive workshop is presented by the College of Family Physicians of Canada's Patient Education Committee and will utilize case studies that consist of several detailed description of concerned patients and parents to lead discussion and learning. These cases are taken from real-life clinical encounters. The group will break-out into 4 and will identify some of the common causes and solutions to electronic media overuse. There will be hands-on practice for some basic approaches to shared-decision making with patients/parents.

Evaluation of outcomes for participants: Reflective group discussions, self-assessment and peer assessment will be utilized for the attendees to critically evaluate their knowledge gained through this

workshop. Based on the objectives, the presenter will provide prompts as starting point for the attendees to critically reflect on their practice and cognitive process.

W10

Giving Gifts: Use of Visual Arts to practice caring when the going gets tough

Presenters & Authors:

Mariah Quinn, University of Wisconsin School of Medicine and Public Health, United States

Amy Zelenski, University of Wisconsin School of Medicine and Public Health, United States

Rationale: Therapeutic relationships between patients and clinicians require empathy. We often think of empathy as “walking in someone else’s shoes.” However, this definition is limited—both in that this is truly not possible and relies upon an imagined projection of the self into an experience, rather than a focus on the perspective of the person with whom one is empathizing. Jeffrey writes about this as “other-oriented perspective-taking.” The latter can be a difficult task, especially when the two people involved are very different and the time allotted to an interaction is brief. We created this exercise to help our learners practice other-oriented perspective-taking using art and improvisational theatre methods.

Learning Objectives:

1. Differentiate between self and other oriented perspective-taking.
2. Describe how physician mood states may inform how physicians understand their patients.
3. Understand how the cultivation of a growth mindset can aid in learning and reduce distress in the face of discomfort or challenge.

Teaching Methods: We will begin with a brief practice to get everyone “in the room.” We will move into activities that combine independent work and small and large group discussion.

Evaluation of outcomes for participants: A visual analog scale will be provided with the cue to focus on emotional sensations participants experience when considering a difficult person in their life or work.

“Rate on the scale below how you feel when you think about seeing the “difficult” person for a follow-up appointment (or again in the hospital)”: https://www.researchgate.net/figure/sual-analog-pain-scale_fig1_273614107

Score: _____

After the art selection activity and narrative writing, participants complete the same visual analog scale with the same prompt.

After the reading and discussion, participants will have the opportunity to write independently about how and where they might utilize this activity.